

EL PASO COUNTY
PUBLIC HEALTH

2026

Adopted

BUDGET





GOVERNMENT FINANCE OFFICERS ASSOCIATION

*Distinguished
Budget Presentation
Award*

PRESENTED TO

**El Paso County Public Health
Colorado**

For the Fiscal Year Beginning

January 01, 2025

Christopher P. Morrill

Executive Director

2026 ADOPTED BUDGET
El Paso County Public Health
Colorado

Prepared for:

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

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About El Paso County Public Health

El Paso County Public Health is located in Colorado Springs, Colorado and serves over 750,000 residents of El Paso County. El Paso County covers 2,130 square miles and includes the cities and towns of Colorado Springs, Manitou Springs, Calhan, Fountain, Green Mountain Falls, Monument, Palmer Lake, and Ramah. The five military bases, multiple colleges, and mixture of rural and urban areas across its plains and mountainous areas make the county unique.

The El Paso County population is 50.2 percent male and 49.8 percent female, with a median age of 35.5 years. In 2024, 66 percent of the county population identified as White, 20 percent as Hispanic, 6 percent as Black/African-American, 4 percent as Two or More Races, 3 percent as Asian, less than 1 percent as Native Hawaiian or Other Pacific Islander, and less than 1 percent as American Indian/Alaskan Native.

EPCPH was established in 1872 as a City Health Department; it became an organized County Health Department in 1939. Public Health provides a broad spectrum of services to address ongoing and critical public health and safety issues.

EPCPH divisions, programs and services are aligned with Colorado's core public health services, comprised of foundational capabilities and foundational public health services.

EPCPH's programs include both those mandated by state statute as well as those that reflect the unique needs of El Paso County.

MISSION

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

VISION

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

VALUES

Integrity, Transparency, Respect, Collaboration, Innovation and Accountability

PUBLIC HEALTH IMPROVEMENT PLAN

The Colorado Department of Public Health and Environment is required every five years to develop a statewide public health improvement plan that assesses and sets priorities for the public health systems. Specific plan requirements can be found in state statute. After CDPHE approves its plan, a county public health agency must prepare a county public health plan that is not inconsistent with the state plan. The county public health plan must be approved by the county board of health.

CORE PUBLIC HEALTH SERVICES AND CAPABILITIES

Both the statewide and local public health plans must address strategies and funding availability to implement core public health services. “Core public health services” are defined by the Colorado Board of Health and are comprised of foundational capabilities and foundational public health services.

Foundational public health capabilities

Foundational capabilities are the cross-cutting capacities and expertise needed to support foundational services and any public health program.

- Assessment and planning
- Communications
- Policy development and support
- Partnerships
- Organizational competencies
- Emergency preparedness and response
- Social determinants of health

Foundational public health services

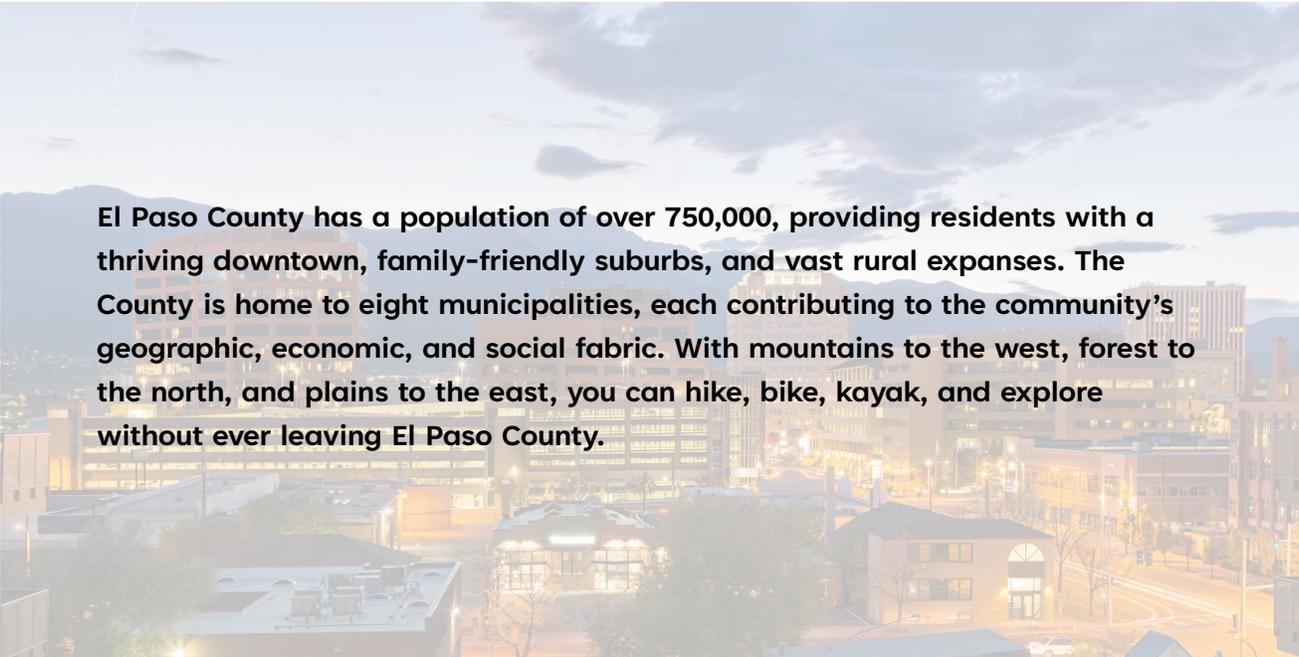
Foundational services are the subset of services in each public health program area that are foundational to building and maintaining healthy communities.

- Communicable disease prevention, investigation and control
- Environmental health
- Maternal, child, adolescent, and family health
- Chronic disease, injury prevention, and behavioral health promotion
- Access to and linkage with health care

A county public health agency has a duty to provide or arrange for the provision of quality, core public health services.

Additional required duties can be found in Colorado Revised Statutes 25-1-106.

El Paso County Demographics



El Paso County has a population of over 750,000, providing residents with a thriving downtown, family-friendly suburbs, and vast rural expanses. The County is home to eight municipalities, each contributing to the community's geographic, economic, and social fabric. With mountains to the west, forest to the north, and plains to the east, you can hike, bike, kayak, and explore without ever leaving El Paso County.

EL PASO COUNTY DEMOGRAPHIC AND ECONOMIC INDICATORS

Median Household Income	\$91,009
Households	304,631
High School Graduate or Higher, percent of age 25+	95.10%
Bachelor's Degree or Higher, percent of age 25+	42.80%
Employer Establishments (2023)	18,852
Total Employment Rate	59%
Average Travel Time to Work (minutes)	24.6

Source: [United States Census Bureau- ACS-1-Year Estimates\(2024\)](#).

The table provides a snapshot of El Paso County's economic and demographic conditions, highlighting income levels, household counts, education rates, count of employer establishments, employment rate, and average travel time to work.

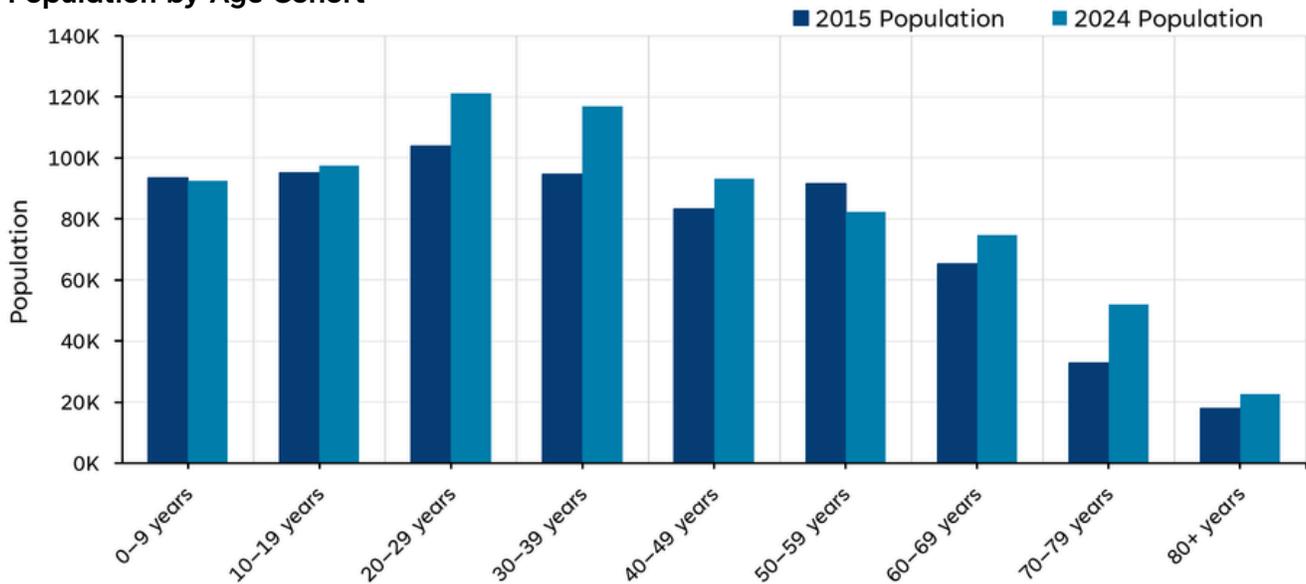
EL PASO COUNTY DEMOGRAPHICS

Race	2021	2022	2023	2024
American Indian or Alaska Native	2,206	1,901	1,732	2,505
Asian	19,039	19,665	20,290	22,793
Black or African American	41,773	40,741	40,725	40,683
Hispanic or Latino	129,324	133,004	134,942	147,228
Native Hawaiian and Other Pacific Islander	1,789	1,860	1,802	1,668
White	488,828	488,923	488,925	482,514
Other	2,549	3,047	3,715	3,874
Two or more Races	37,228	41,182	43,877	51,507
Total	722,736	730,323	736,008	752,772

The table shows changes in El Paso County’s population by race from 2021 to 2024, highlighting steady overall growth and increases across most racial groups. White residents make up the largest racial group each year, followed by Hispanic or Latino residents. Native Hawaiian and Other Pacific Islander is consistently the smallest racial group. Overall population increases from 2021 to 2024, with the largest growth seen in the Hispanic or Latino and Two or More Races groups.

EL PASO COUNTY 2024, POPULATION BY AGE

Population by Age Cohort

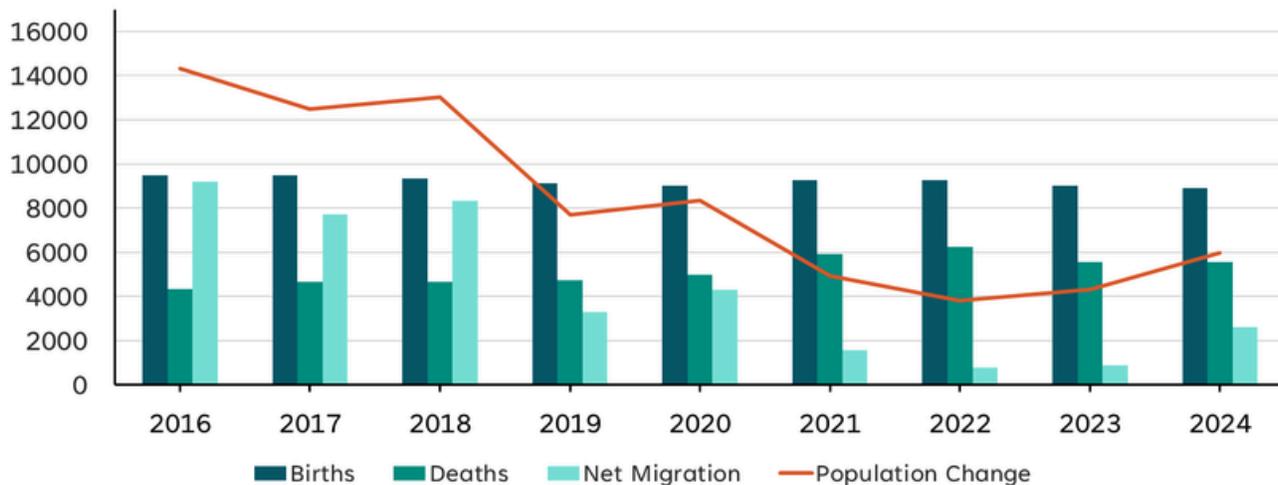


Source: Colorado Department of Local Affairs (2015-2024)

The chart compares El Paso County’s 2015 and 2024 populations by age, showing that adults aged 20 to 45 and those over 60 experienced noticeable growth, while populations under age 15 remained relatively steady.

EL PASO COUNTY CHANGE IN POPULATION 2016-2024

Population change



Source: Colorado Department of Local Affairs (2016-2024)

The chart shows births, deaths, net migration, and total population change in El Paso County from 2016 to 2024. Births remain steady around 9,000 to 9,500 each year, while deaths gradually increase over time. Net migration drops sharply after the pandemic, falling from more than 12,000 in 2016 to under 2,000 by 2021 before beginning to rise again in 2024. The line showing total population change reflects the formula ‘births + migration – deaths,’ which declines significantly during years with low migration and higher deaths.

MUNICIPAL POPULATION AND HOUSING

El Paso County & Municipalities Populations 2015-2023

	El Paso County	Calhan	Colorado Springs	Fountain	Manitou Springs
2015	677,969	778	451,067	28,270	4,932
2016	692,295	785	460,505	28,699	4,933
2017	704,797	785	467,285	28,997	4,904
2018	717,812	785	474,691	29,480	4,877
2019	725,498	772	478,507	29,667	4,883
2020	733,831	760	482,266	29,753	4,837
2021	738,767	763	484,866	29,830	4,844
2022	742,583	763	487,774	29,856	4,845
2023	746,917	762	490,670	29,896	4,849

	Monument	Palmer Lake	Ramah	Green Mountain Falls (Part)	Unincorporated
2015	7,658	2,513	119	736	181,896
2016	8,088	2,551	119	759	185,856
2017	8,914	2,583	119	748	190,461
2018	9,770	2,619	118	759	194,713
2019	10,142	2,632	117	708	198,070
2020	10,479	2,629	110	619	202,378
2021	10,700	2,645	110	619	204,390
2022	10,809	2,651	110	619	205,156
2023	11,090	2,655	110	619	206,266

Source: Colorado Department of Local Affairs (2015-2023)

The table on the previous page shows population trends for El Paso County and its municipalities from 2015 to 2023. It highlights steady growth across the county overall, with Colorado Springs and the unincorporated areas contributing the largest increases over time.

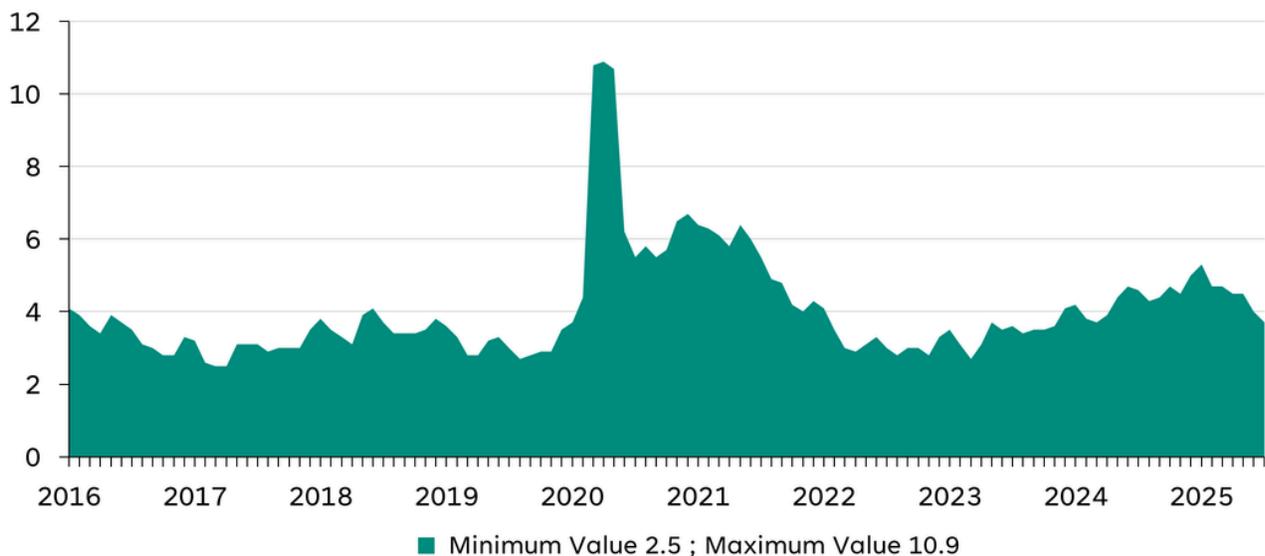
EL PASO COUNTY LABOR FORCE PARTICIPATION BY AGE 2016-2023

Age	2016	2017	2018	2019	2020	2021	2022	2023
16 to 19	12,997	12,910	12,931	12,575	13,729	14,518	15,479	15,426
20 to 24	35,326	36,077	36,753	37,173	37,193	37,646	39,034	39,394
25 to 34	74,155	76,613	79,578	82,118	83,830	87,405	89,896	90,207
35 to 44	62,800	64,783	67,603	70,020	71,869	76,494	79,421	81,270
45 to 54	64,213	63,969	63,682	62,918	62,242	64,138	65,217	65,533
55 to 64	50,306	52,009	53,015	54,309	54,686	53,581	50,916	50,547
65 to 74	14,186	15,261	16,469	17,623	17,930	18,885	19,006	19,212
75+	2,311	2,500	2,707	2,915	3,166	3,315	3,473	3,723

Source: Colorado Department of Local Affairs (2016-2023)

The table shows changes in labor-force-age populations from 2016 to 2023. Most working-age groups, especially adults ages 25 to 44, grew steadily over time, while older age groups also increased as the population continued to age.

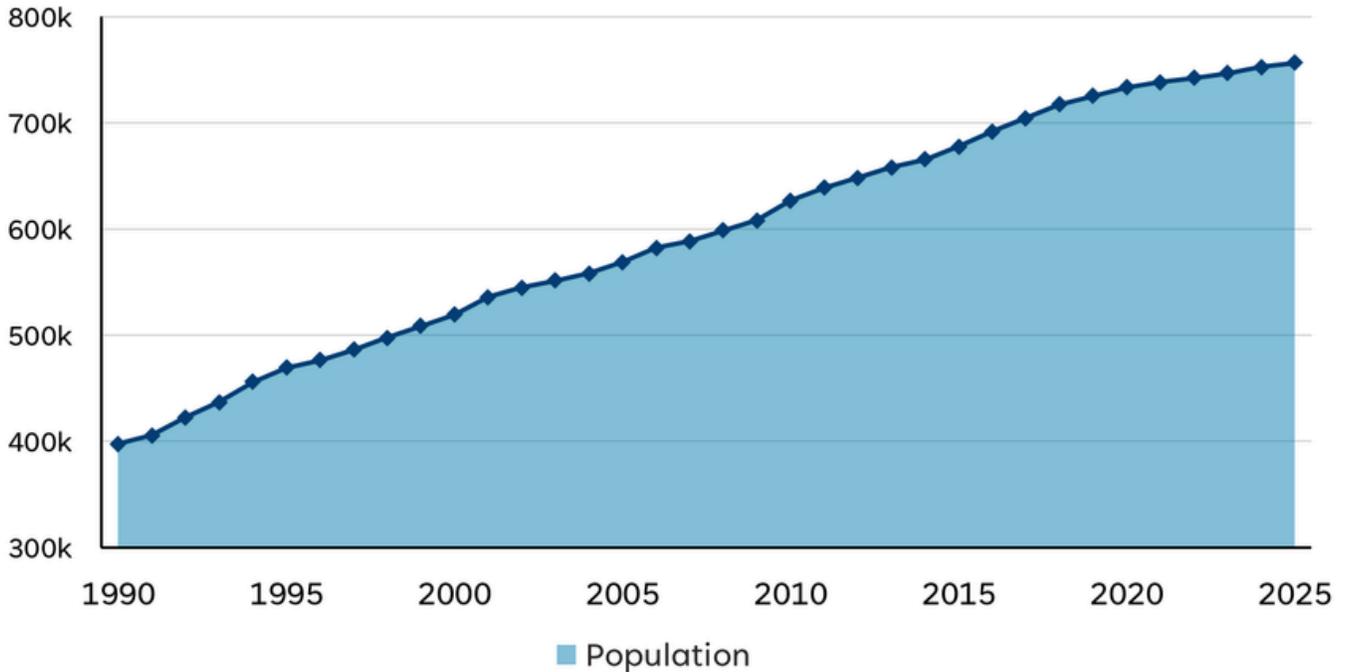
EL PASO COUNTY HISTORICAL UNEMPLOYMENT RATE 2016-2025



Source: United States Department of Labor- BLS Beta Labs (2016-2025).

The chart on the previous page shows unemployment trends in El Paso County from 2016 to 2025. Rates stayed mostly between 3% and 4% except for a sharp spike in 2020, followed by gradual declines and moderate fluctuations through 2025.

EL PASO COUNTY POPULATION BY YEAR



Source: Colorado Department of Local Affairs (1990-2025).

The chart shows El Paso County’s population steadily increasing from 1990 to 2025, with no major declines, illustrating long-term and consistent growth over the 35-year period.

EL PASO COUNTY HOUSEHOLDS

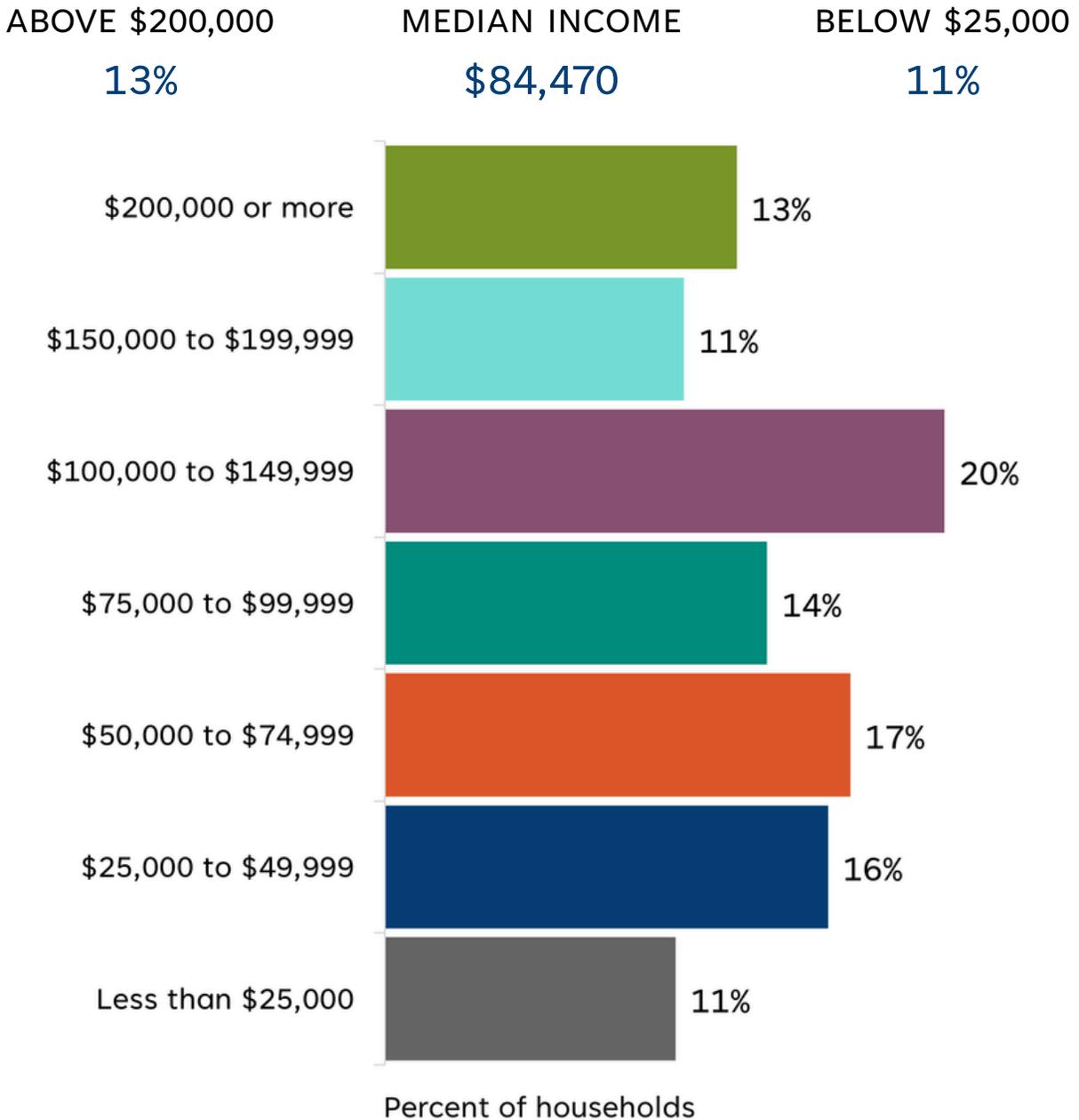
Total Households: 283,174



Source: United States Census Bureau- ACS 5-Year Estimates (2023).

The set of charts shows the share of different household types in El Paso County. Family households make up the largest share at 68%, followed by married couples at 53%. Singles and seniors living alone represent smaller shares.

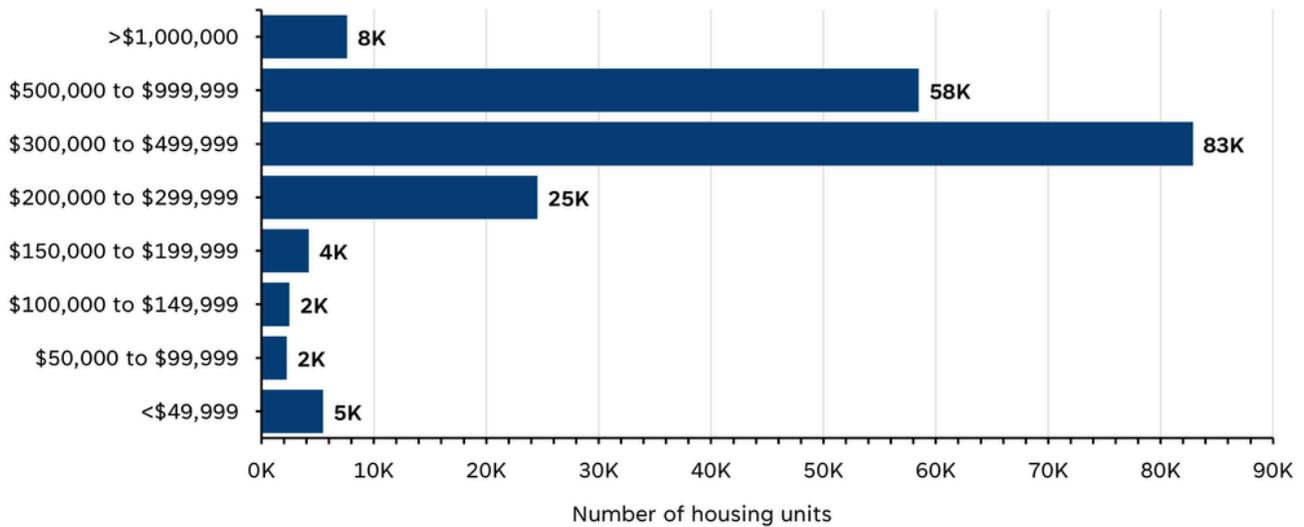
HOUSEHOLD INCOME DISTRIBUTION



Source: United States Census Bureau-ACS 5-Year Estimates (2023)

The chart shows the share of households by income level, with the largest group earning between \$100,000 and \$149,999. Mid-range income brackets make up the biggest portion overall, while the lowest and highest income groups each represent smaller shares.

DISTRIBUTION OF HOME VALUES IN EL PASO COUNTY, 2023



Source: United States Census Bureau- ACS 5-Year Estimates (2023).

The chart shows the number of homes in El Paso County by value range in 2023. Around 83,000 homes fall between \$300,000 and \$499,999, followed by the \$500,000 to \$999,999 range, while very few homes are valued below \$150,000 or above \$1 million.

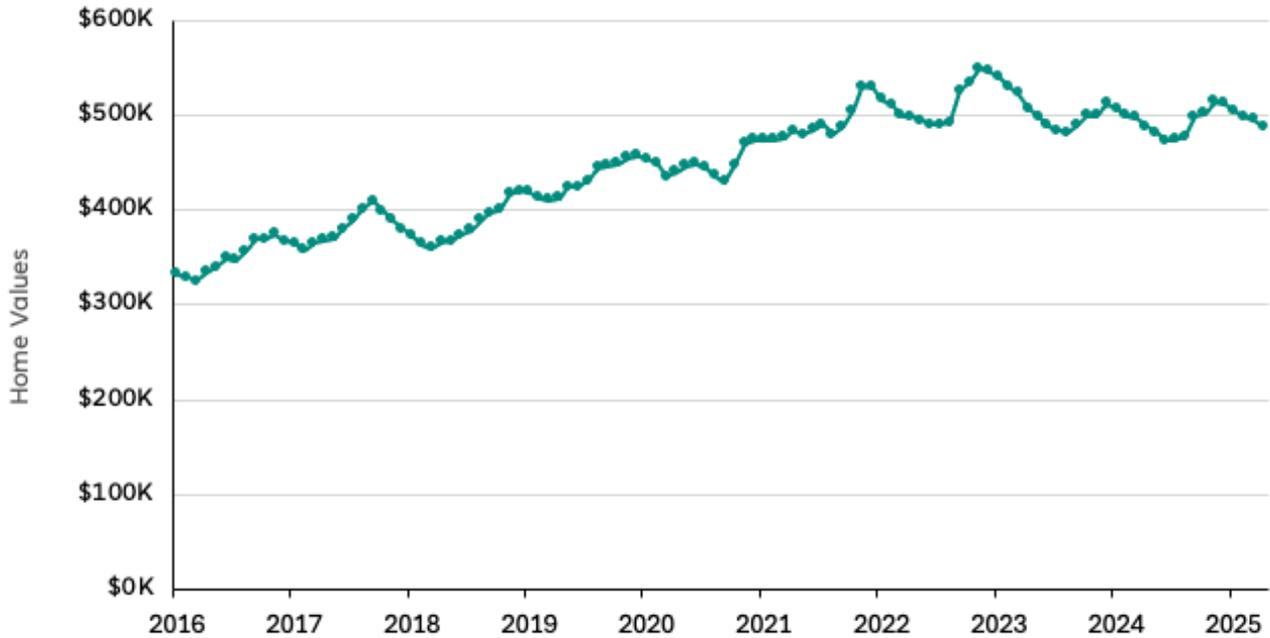
HOMEOWNERS VS. RENTERS IN EL PASO COUNTY AND COLORADO, 2023



Source: United States Census Bureau- ACS 5-Year estimates (2023).

The chart compares housing tenure in El Paso County to the state average, showing identical patterns: about two-thirds of households own their homes, while one-third rent.

HISTORICAL HOME VALUES IN EL PASO COUNTY 2016-2025



Median Home Value and Home Value Distribution Data Source: Federal Reserve Bank of St. Louis Housing Inventory: Median Listing Price 10/1/2016-10/1/2025

The chart shows home values in El Paso County rising steadily from 2016 through 2022, followed by moderate fluctuations through 2025. The lowest home value is around \$332,000 in early 2016. The highest home value reaches just above \$550,000 in 2023. The most recent point in 2025 shows values near \$500,000, indicating a slight leveling after earlier peaks.

MEDIAN HOME VALUE
(October 2025)
\$488,444

Awards and Recognitions

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

For the sixth straight year, the Government Finance Officers Association of the United States and Canada (GFOA) presented El Paso County Public Health (EPCPH) with the Certificate of Achievement for Excellence in Financial Reporting for its 2023 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 2025 Distinguished Budget Presentation Award. The award was in recognition of the 2025 budget book, which marks the sixth 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 six 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 2023 Popular Annual Financial Report, which marks the third consecutive year EPCPH has received this award. 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.

Certificate of Promising Practice from National Association of County & City Health Officials (NACCHO) for the program: Combatting Congenital Syphilis: A Collaboration with Correctional Facilities and Public Health

EPCPH received recognition as a promising practice from NACCHO for its innovative congenital syphilis prevention program. Promising Practice Award winners are recognized for innovative and effective public health practices that address critical needs in their communities. This program stands as a leading public health innovation, while addressing the urgent health care needs of a vulnerable population. With programs such as these, EPCPH is making substantial strides towards reducing congenital syphilis rates, improving health outcomes, and building a healthier future for our community.

Premiere Award for the USDA's Breastfeeding Award of Excellence

The EPCPH Women, Infants and Children program's (WIC) Breastfeeding Peer Counselor (BFPC) program received the Premiere Award for the USDA's Breastfeeding Award of Excellence. The award recognizes local WIC agencies with a BFPC program that have provided exemplary breastfeeding promotion and support activities. The intent of the award is to model excellent work and inspire other local agencies to strengthen their breastfeeding promotion and support activities, ultimately increasing breastfeeding initiation and duration rates among WIC participants. EPCPH WIC is one of two agencies in Colorado, and one of only 56 agencies nationwide, to receive the award.

Excellence in Inclusive Education from D11's Special Education Advisory Committee (SEAC)

EPCPH's Maternal and Child Health (MCH) program was recognized with an award for Excellence in Inclusive Education from Colorado Springs School District 11's Special Education Advisory Committee (SEAC). This award acknowledges MCH's efforts to support children and youth with special health care needs. MCH received this award for fostering relationships and collaborations with district staff and the SEAC that support the needs of families within the community.

Community Safety Champion Award from Pikes Peak Area Council of Governments

Injury and Violence Prevention (IVP) Planner Emma Bernick received a Community Safety Champion Award from Pikes Peak Area Council of Governments for supporting their Drive Smart Colorado program to integrate traffic safety outreach in rural middle and high schools across El Paso County.

Outstanding Community Partnership Award from CommonSpirit Trauma Services

IVP Planner Bernick also received an Outstanding Community Partnership Award from CommonSpirit Trauma Services for supporting the Choose S.A.F.E. program, which offers interactive traffic safety outreach in middle and high schools throughout the City of Colorado Springs. S.A.F.E. stands for "seatbelts and safe speeds, avoid alcohol and drugs, focus and eliminate distractions."

Performance Management, Goals and Strategies



El Paso County Public Health Staff

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:

- Ensures 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 drive 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.

Budget Message

Jan. 1, 2026

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

As we prepare for the year ahead, El Paso County Public Health (EPCPH) remains committed to the continued delivery of high-quality core public health services through a fiscally responsible approach. By exercising conservative budget management, EPCPH is effectively navigating ongoing disruptions to its historic funding streams. Compared to 2025, the agency has experienced a \$1.7 million reduction in categorical grant funding and a \$248,000 decrease in state local public health agency funding, with additional reductions anticipated. In a positive development, the agency received \$200,000 in new funding dedicated to chronic disease initiatives.

Despite challenges, EPCPH has proactively anticipated funding changes and taken deliberate steps to ensure a balanced budget while maintaining program effectiveness. Actions to date include evaluating revenue across all programs; restructuring and realigning positions to achieve appropriate staffing levels; reviewing operational processes and expenses to identify efficiencies; establishing a local public health roundtable to explore medical billing opportunities; updating fee schedules; providing staff education on budgetary issues; and engaging the Board of Health through additional work sessions focused on fiscal challenges.

These efforts have yielded both immediate and long-term benefits. For example, a review of operational expenses resulted in a 50 percent reduction in monthly internet costs and a 21 percent reduction in monthly mobile phone charges. In addition, revenues from fees, licenses, and permits are projected to increase by \$509,000 compared to 2025 collections.

As we move into 2026, we are committed to maintaining a high level of service to our community while continuing to navigate funding constraints. While our 2025 goals centered on implementing new plans and streamlining operations in response to the conclusion of pandemic-era funding, our focus this year is on sustaining core services amid broader economic challenges.

Planned and potential actions for 2026 include the sale of the underutilized Public Health South location, diversification of funding sources, proactive planning for further budget reductions, and the development of contingency and sustainability plans as we approach the sunset of major Centers for Disease Control and Prevention infrastructure grants in 2027. While our financial future continues to evolve, EPCPH remains steadfast in its commitment to delivering essential public health services and pursuing innovative, fiscally responsible approaches to serving our community.

DeAnn Ryberg



Interim Public Health Executive Director

Budget Overview

The 2026 El Paso County Public Health (EPCPH) budget reflects a forward-looking and fiscally responsible approach focused on long-term sustainability, workforce investment, and the continued delivery of essential public health services. The budget was developed in accordance with El Paso County financial policies and generally accepted accounting principles (GAAP), using the modified accrual basis of accounting and fund-based reporting, as required by statute.

Revenues and expenditures and trends

Total budgeted revenues for 2026 are \$26,282,943, representing a 5.12 percent decrease from the 2025 adopted budget. This reduction is primarily driven by declines in program-specific grant funding due to shifting federal priorities, state budget constraints, and a return to steady-state funding following pandemic-related increases. Program-specific grants account for approximately 48 percent of total revenue and are generally restrictive and time-limited. EPCPH continues to actively pursue new funding opportunities aligned with departmental priorities.

Total expenditures are budgeted at \$26,567,543, a 7.92 percent decrease from 2025. Expenditures were developed through a collaborative process to align resources with statutory requirements and organizational priorities. Strategic use of one-time expenditures, largely funded through operational savings and limited use of fund balance, supports targeted investments while maintaining fiscal stability.

Budget priorities

Investment in human capital remains a central priority. Personnel costs account for 77.2 percent of total expenditures in 2026. The budget includes funding for pay adjustments, allowing for an average 3 percent personnel increase primarily through pay-for-performance, consistent with El Paso County's policy. This reflects our ongoing commitment to attracting and retaining high-quality employees. Future budgets will continue to prioritize employee investment as a cornerstone of service quality. To balance rising workforce costs and anticipated program delivery needs, the budget reflects a net reduction of 28 full-time equivalent positions from 2025.

EPCPH maintains conservative revenue projections; actively seeks state, federal, and private grant opportunities; and carefully reviews expenditures with the aim of underspending. This conservative approach has helped EPCPH weather uncertain economic conditions while preserving essential services.

Long-term financial priorities include:

- Maintaining sufficient operational and emergency reserves
- Funding ongoing personnel and operational needs
- Addressing capital investments in facilities and infrastructure
- Evaluating and increasing fee-for-service revenue as appropriate for cost recovery

Changes to the 2026 budget

Revenue estimates increased by \$609,075 from the preliminary to the adopted budget due to updated grant award notices for existing programs, including Title X, CDC Infrastructure A2, and Public Health Emergency Preparedness, restoring funding to historical levels. These adjustments reduced the planned use of fund balance by \$11,413, and enabled the inclusion of one-time personnel incentive funding, contingent upon County approval.

The 2026 budget incorporates key investments to support operations, compliance, and service delivery, including:

- \$15,600 for DocAccess, third party remediation, and back-end website support to comply with Colorado law regarding digital accessibility
- \$40,000 for Crestron system, which provides audio-visual hardware and software for public meeting access. This nonrecurring capital expenditure reduces the need for ongoing annual maintenance costs for aging hardware
- \$215,000 for five trucks for Onsite Wastewater Treatment Systems (OWTS) staff in the Environmental Health Division. Annual operating costs for this nonrecurring capital acquisition will be covered by savings related to mileage reimbursements previously paid to staff to drive their personal vehicles
- \$14,000 for contracted professional services related to Human Resources recruitment

The budget process

EPCPH continues to maintain a conservative approach to staffing levels and operating expenses while maximizing revenues, enabling EPCPH to stabilize operations in an uncertain fiscal environment.

During the budget process, EPCPH leadership educated staff on budgetary changes and involved division directors, division and program managers and the budget team in analyzing revenue streams and operational needs with the goal of involving the agency as a whole in adapting to the changing fiscal environment. This allowed for efficiencies across all levels of the agency, many of which were initially devised at the program level, while encouraging an atmosphere of shared responsibility and accountability.

Recognition and appreciation

The 2026 budget is balanced in compliance with Colorado law and reflects EPCPH's

commitment to sound financial stewardship. EPCPH has received the Government Finance Officers Association’s Distinguished Budget Presentation Award for the past six years and has submitted the 2026 budget for continued consideration.

- We extend our sincere appreciation to the Board of County Commissioners, El Paso County Board of Health, support staff, and the EPCPH Budget team, for their efforts in preparing this budget.
- Overall, the 2026 Budget demonstrates EPCPH’s commitment to fiscal discipline, workforce sustainability, and its mission to protect and promote the health of El Paso County residents while supporting a safe, resilient, and thriving community.

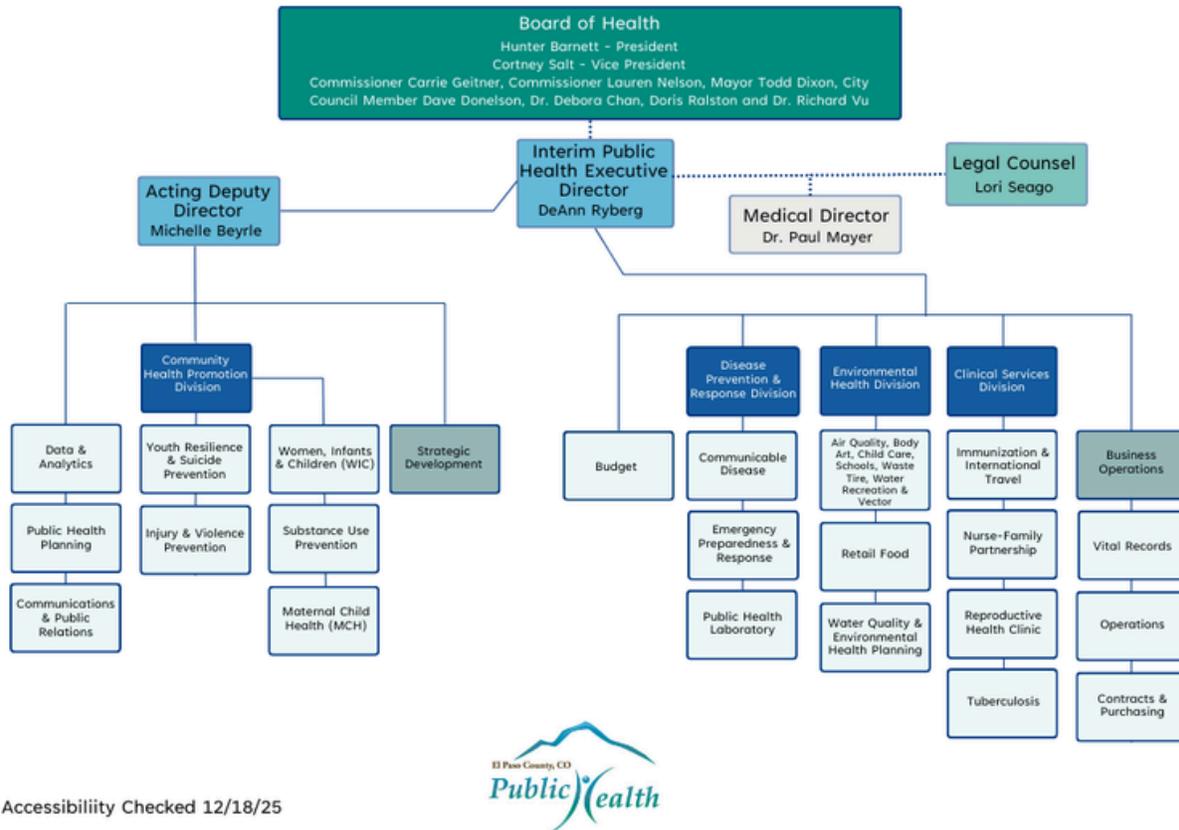


El Paso County Immunizations staff

Organizational Chart

EL PASO COUNTY PUBLIC HEALTH INTERIM STRUCTURE

Updated
December 2025



Accessibility Checked 12/18/25



EL PASO COUNTY PUBLIC HEALTH INTERIM STRUCTURE

- Reporting to the Board of Health – Interim Public Health Executive Director
- Reporting to Interim Public Health Executive Director – Acting Deputy Director, Legal Counsel, Medical Director, Budget Manager, Business Operations Division Manager, Disease Prevention and Response Acting Division Director, Environmental Health Division Director, Clinical Services Division Director
- Reporting to Acting Deputy Director – Data & Analytics Program Manager, Senior Public Health Planner, Communications & Public Relations Manager, Community Health Promotion Division Director, and Strategic Development Manager
- Reporting to Community Health Promotion Division Director – Women, Infants & Children (WIC) Division Manager, Youth Resilience & Suicide Prevention Planner, Injury & Violence Prevention Planner, Substance Use Prevention Division Manager, Maternal and Child Health (MCH) Division Manager

- Reporting to Disease Prevention & Response Acting Division Director – Communicable Disease Division Manager, Emergency Preparedness & Response Division Manager, Public Health Laboratory Program Manager,
- Reporting to Environmental Health Division Director – Air Quality, Body Art, Child Care, Schools, Waste Tire, Water Recreation and Vector Division Manager; Retail Food Division Manager; Water Quality & Environmental Health Division Manager
- Reporting to Clinical Services Division Director – Immunization & International Travel Division Manager, Nurse-Family Partnership Division Manager, Reproductive Health Clinic Division Manager, Tuberculosis Program Manager
- Reporting to Business Operations Division Manager – Vital Records Program Manager, Operations Supervisor, Contracts & Purchasing Coordinator



El Paso County staff celebrating work anniversaries.

BOARD OF HEALTH

El Paso County Public Health (ECPH) is governed by a nine-member Board of Health, which establishes policy, oversees financial matters and appoints the public health director. Each member is appointed by the El Paso County Board of Commissioners and serves in a voluntary capacity for a maximum of two consecutive five-year terms. The Board is made up of two county commissioners; one Colorado Springs city council member; one elected official from another municipality within El Paso County; an active or retired physician; an active or retired medical professional; a business or financial professional; a nonprofit/private organization or public education professional; and a citizen-at-large member. The Board meets regularly once each month.



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1) Board of Health President Hunter Barnett, representing nonprofit, public, or private or public education sector

2) Dr. Debora Chan, representing active/retired medical professional

3) Todd Dixon, representing elected Official from a municipal corporation other than Colorado Springs

4) Dave Donelson, representing Colorado Springs City Council

5) Carrie Geitner, representing El Paso County Board of County Commissioners

6) Lauren Nelson, representing El Paso County Board of County Commissioners

7) Doris Ralston, representing business, banking or financial professional

8) Board of Health Vice President Courtney Salt, representing citizen-at-large

9) Dr. Richard Vu, representing active or retired physician



FINANCIAL BREAKDOWN

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 six 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, and federal funds, as well as related fees.

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



Colorado Springs

Revenues by Division (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Changes	2025 Revised	2026 OAB
Administration	11,664,871	12,375,922	13,261,509		13,261,509	12,824,783
Strategy, Data and Communication	-	-	42,287		42,287	-
Clinical Services	4,339,426	4,498,166	4,613,568		4,613,568	4,028,553
Community Health Promotion	5,496,469	5,841,006	5,610,083	112,404	5,722,487	5,351,349
Environmental Health	1,779,750	2,201,756	2,256,804		2,256,804	2,577,026
Disease Prevention and Response	2,762,955	1,445,232	1,499,710	305,471	1,805,181	1,501,232
Total Revenues	26,043,471	26,362,082	27,283,961	417,875	27,701,836	26,282,943
Personnel by Division (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2025 Revised	2026 OAB
Administration	4,919,631	5,519,878	3,721,791	-	3,721,791	4,688,530
Strategy, Data and Communication	-		1,165,818		1,165,818	1,188,760
Clinical Services	3,403,464	4,206,242	4,949,477		4,949,477	4,486,940
Community Health Promotion	5,185,740	5,781,582	6,113,043	77,964	6,191,007	5,025,983
Environmental Health	3,293,119	3,115,104	3,447,304		3,447,304	3,028,214
Disease Prevention and Response	2,372,780	1,966,072	2,473,894	279,710	2,753,604	2,091,785
Total Personnel	19,174,734	20,588,878	21,871,327	357,674	22,229,001	20,510,212

Operating by Division (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2025 Revised	2026 OAB
Administration	3,998,062	3,120,526	3,425,455	(542,327)	2,883,128	2,842,695
Strategy, Data and Communication	-		92,750	12,843	105,593	81,582
Clinical Services	1,243,649	1,224,654	1,166,929	189,104	1,356,033	1,382,236
Community Health Promotion	654,267	808,932	680,507	304,113	984,620	769,967
Environmental Health	361,294	376,729	366,300	77,050	443,350	427,051
Disease Prevention and Response	629,542	363,582	565,707	19,418	585,125	298,800
Total Operating	6,886,815	5,894,423	6,297,648	60,201	6,357,849	5,802,331
Capital by Division (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2025 Revised	2026 OAB
Administration	871,736	827,421	85,000	-	85,000	40,000
Environmental Health	-	-	-	-	-	215,000
Total Capital	871,736	827,421	85,000	-	85,000	255,000

Total by Division (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2025 Revised	2026 OAB
Total Expenditures	26,933,285	27,310,722	28,253,975	417,875	28,671,850	26,567,543
Change in Fund Balance	(889,814)	(948,640)	(970,014)	-	(970,014)	(284,600)

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. 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.



Budget Process Policy

El Paso County Public Health follows the Budget Process Policy of El Paso County. The full text can be found in Appendix A, excerpt below.

El Paso County must follow the requirements of the "Local Government Budget Law of Colorado," Title 29, Article 1, Part 1 (Appendix C of Budget Policy in Appendix A). Additional statutory deadlines for the submittal of the entire budget are due by January 31st of the budget year to the state of Colorado (please refer to Appendix D of Budget Policy in Appendix A from the Colorado Department of Local Affairs (DOLA) for specific deadline dates).

- The proposed budget must be balanced. Specifically, no budget shall provide for expenditures in excess of available revenues and beginning fund balances.
- The budget must be separated into funds. The expenditure data must show the objects of expenditure and anticipated revenue data must show its different sources.
- The budget must show a beginning fund balance, anticipated revenue, expenditures, and ending fund balance.

Investment Policy

El Paso County Public Health follows the Investment Policy of El Paso County. The full text can be found in Appendix B, excerpt below.

The responsibility for conducting investment transactions resides with the Treasurer. No person shall engage in any banking or investment transactions except as approved by the Treasurer.

The County Treasurer (the "Treasurer") is not compelled by state law to purchase security investments with the County's funds; however, the County may earn additional revenue through a security investment portfolio. While the Treasurer acts as the County banker for all County revenues, there is also an on-going function of collecting and disbursing property tax revenues for all taxing entities and special districts in the County. Short-term investment practices that maximize investment of the "pass through" revenues, in addition to the County's operating revenues, can provide additional revenue ensuring the public of fiscal responsibility.

Colorado Revised Statute 25-1-511

Additionally, Colorado Revised Statutes Title 25-1-511 provides requirements related to responsibilities of the county treasurer and requirements for county boards of health to provide estimates to the board of county commissioners for the following fiscal year's fiscal activities.

2026 Budget Development and Process

BUDGET DEVELOPMENT CALENDAR

June – July 2025: A preliminary planning process was conducted with the Interim Executive Director and Executive Team.

August – September 2025: A thorough review of staffing and budgetary discussions was conducted with managers.

- Education was provided to all staff on the public health budget.
- The budget was compiled and division-level budget reviews were held.
- A preliminary review was conducted with the Executive Team.
- A work session was held with the Board of Health.
- A strategic evaluation of staffing levels was completed.

October 2025: Ongoing review was conducted with the Executive Team.

- The fund request reserve was reviewed and refined.
- A Preliminary Balanced Budget (PBB) was prepared.
- The PBB was presented to the Board of Health.

October 22, 2025: The Board of Health Preliminary Balanced Budget was presented at a public meeting with the opportunity for the public to participate.

November 4, 2025: Public Health presented the Preliminary Balanced Budget to the Board of County Commissioners at a public meeting with the opportunity for the public to participate.

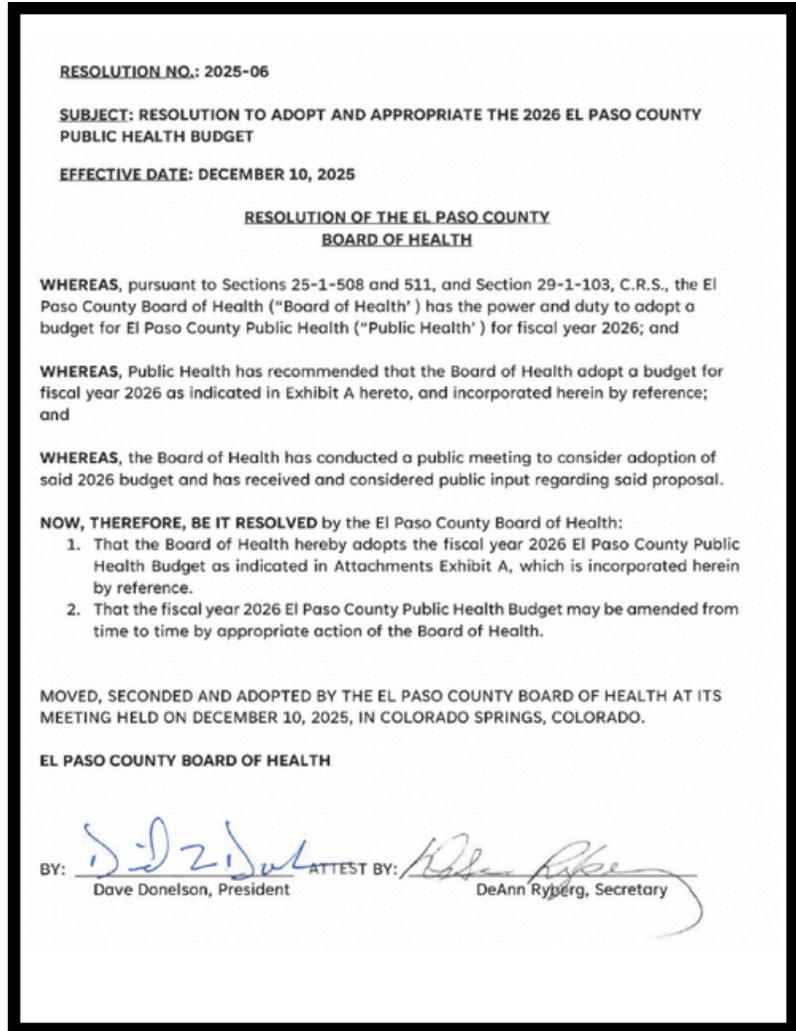
November – December 2025: Continued refinement of budget was conducted with the Executive Team.

December 10, 2025: The Board of Health Resolution to Adopt & Appropriate 2026 Budget was adopted at a public meeting with the opportunity for the public to participate.

Pursuant to 25-1-508 and 511, and Section 29-1-103, C.R.S, the El Paso County Public Health Board of Health adopted, via resolution 2025-06, the 2026 Originally Adopted Budget (OAB).

Any subsequent changes to the OAB must be adopted by the El Paso County Public Health Board of Health via resolution.

RESOLUTION NO.: 2025-06
SUBJECT: RESOLUTION TO
ADOPT AND APPROPRIATE THE
2026 EL PASO COUNTY PUBLIC
HEALTH BUDGET
EFFECTIVE DATE: DECEMBER 10,
2025
RESOLUTION OF THE EL PASO
COUNTY BOARD OF HEALTH
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
2026; and
WHEREAS, Public Health has
recommended that the Board of
Health adopt a budget for fiscal
year 2026 as



indicated in Exhibit A hereto, and incorporated herein by reference; and
WHEREAS, the Board of Health has conducted a public meeting to consider adoption of said 2026 budget and has received and considered public input regarding said proposal.
NOW, THEREFORE, BE IT RESOLVED by the El Paso County Board of Health:
That the Board of Health hereby adopts the fiscal year 2026 El Paso County Public Health Budget as indicated in Attachments Exhibit A, which is incorporated herein by reference.
That the fiscal year 2026 El Paso County Public Health Budget may be amended from time to time by appropriate action by the Board of Health.

MOVED, SECONDED AND ADOPTED BY THE EL PASO COUNTY BOARD OF HEALTH AT ITS MEETING HELD ON DECEMBER 10, 2025, IN COLORADO SPRINGS, COLORADO.
EL PASO COUNTY BOARD OF HEALTH time to time by appropriate action of the Board of Health.

Fund Balance Policy

August 24, 2016

Adopted Per Resolution 2016-04

Fund Balance Estimates

Generally, fund balance is the difference between a fund's assets and liabilities. For a given year, on a budgetary basis, the beginning fund balance plus estimated revenue less budgeted expenditures equals the ending fund balance. Maintaining an adequate fund balance is important for reasons that include, having funds available for emergencies, unexpected events, and to maintain a strong financial position.

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. EPCPH 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.

Purpose of this policy

To establish a policy to maintain a satisfactory level of the Public Health Fund unrestricted fund balance reserves to ensure 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 EPCPH 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 Annual Comprehensive 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 GFOA of approximately 16.67% the equivalent of two months of Revenues or Expenditures. EPCPH’s desired level is 18% to 21% 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

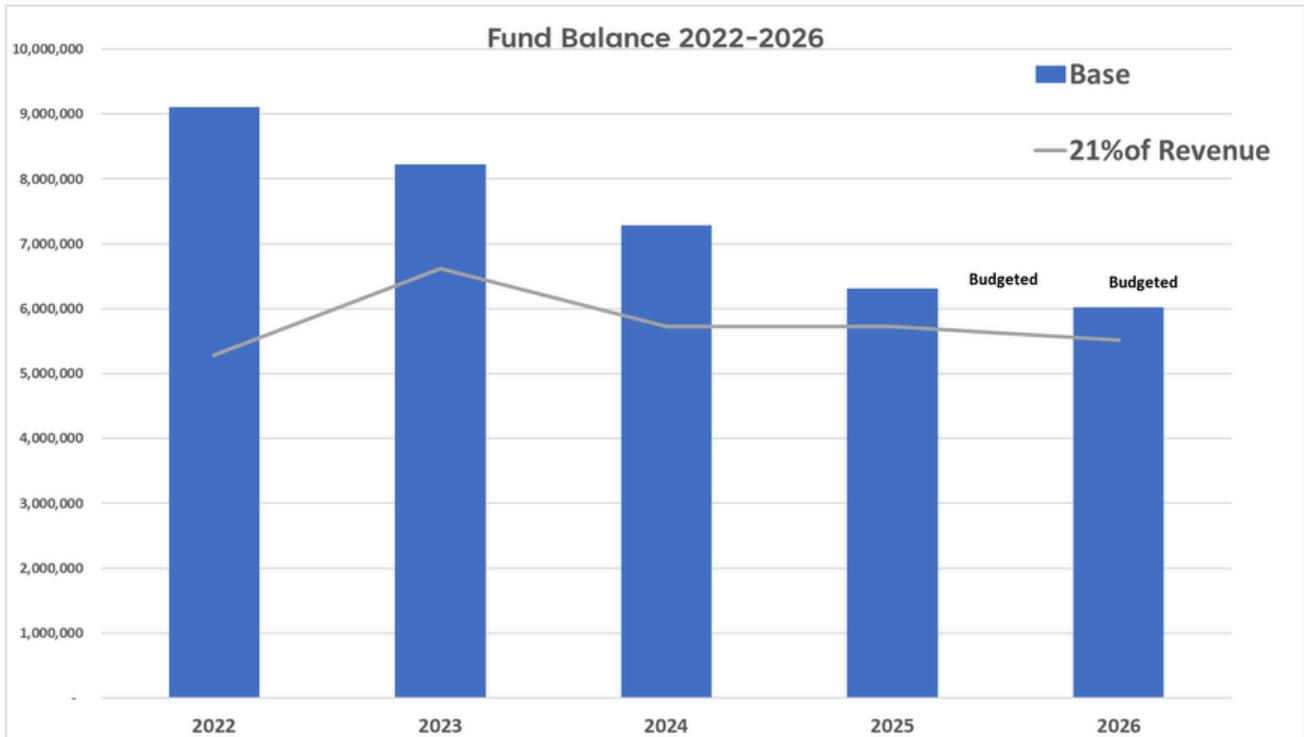
The Board of Health has established:

1. The appropriate minimum level of unrestricted fund balance to be maintained is the range of 18% to 21% of unrestricted revenues.
2. The unrestricted fund balance may be used in the following circumstances:
 - a. Revenues received are at least 4 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. PH Emergency Preparedness and Response
3. Board of Health determined emergency one-time cost
4. Fund balance will be used 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.

Unassigned Fund Balance	\$6,689,059
Restricted TABOR Reserve	\$500,523
Nonspendable	\$91,651
Total Fund Balance 12/31/2024	\$7,281,233
Unassigned as a percentage of 2024 collected revenue	25.40%
2025 OAB to decrease Fund Balance	\$(970,015)
Projected 2026 OAB change in Fund Balance	\$(284,600)



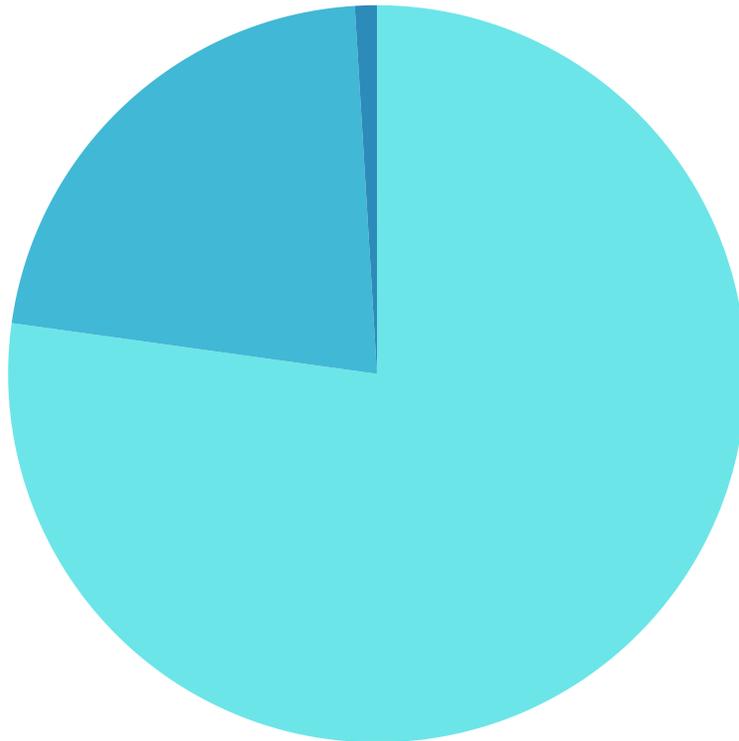
The chart shows historical fund balance for the fiscal years 2022 through 2026. The chart also reflects the target of 21 percent for the same time frame. During 2022, fund balance was increased substantially due to the timing of expenditure of pandemic-era dollars. Fund balance has been strategically utilized from 2022 through 2026 to bring the target more in line with Board of Health policy.

2026 Original Adopted Budget

Revenue	
El Paso County	\$7,180,080
State LPHA Funding	\$1,468,072
Revenues from Program Specific Grants	\$12,635,715
Revenues from Licenses, Fees, and Permits	\$4,778,403
Revenue from Interest Income	\$200,000
Revenue from Miscellaneous/Contributions	\$20,673
Total Revenues	\$26,282,943
Expenditures	
Personnel Expense	\$20,510,212
Operating	\$5,802,331
Capital Expense	\$255,000
Total Expenditures	\$26,567,543
Net Change in Fund Balance	(\$284,600)

2026 Original Adopted Budget Expenditures

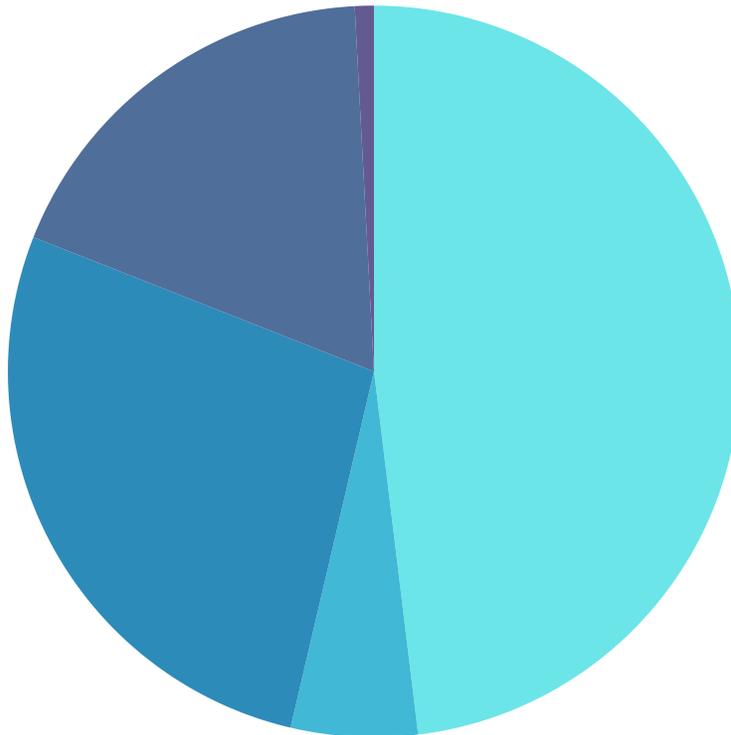
- Personnel \$20,510,212
- Operating \$5,802,331
- Capital \$255,000



The chart shows the composition of personnel, operating and capital expenditures as approved by the Board of Health and appropriated for the 2026 Original Adopted Budget totaling \$26.6 million. Personnel is the largest category of expenditure at \$20.5 million or 77.2 percent, with operating at \$5.8 million or 21.8 percent. Capital expenditures represents \$255,000 or less than 1 percent.

2026 Original Adopted Budget Revenues

- Program-Specific Grants \$12,635,715
- State LPHA Funding \$1,468,072
- El Paso County \$7,180,080
- Licenses, Fees & Permits \$4,778,403
- Interest Income/Misc \$220,673



The chart shows the composition of revenues by source as approved by the Board of Health and appropriated for the 2026 Original Adopted Budget totaling \$26.3 million. Program-specific grants are the largest source of revenue at \$12.6 million or 48.1 percent. El Paso County support accounts for \$7.2 million or 27.3 percent. Licenses, Fees and Permits is derived from services and represent \$4.8 million or 18.2 percent. Funding from the state of Colorado for Local Public Health Agencies (LPHA) is \$1.5 million or 5.6 percent. Interest income earned from investments and miscellaneous income comprises the remainder of the budgeted revenues, \$220,673 or less than 1 percent.

Revenues by Category	2025 Original Adopted Budget	2025 Revised Adopted Budget	2026 Preliminary Balanced Budget	2026 Original Adopted Budget
EPC Funds to Public Health	\$6,918,277	\$6,918,277	\$7,180,080	\$7,180,080
State LPHA Funding	\$1,715,927	\$1,715,927	\$1,468,072	\$1,468,072
Program-Specific Grants	\$13,980,577	\$14,398,452	\$12,076,640	\$12,635,715
Licenses, Fees and Permits	\$4,269,139	\$4,269,139	\$4,778,403	\$4,778,403
Interest Income	\$369,491	\$369,491	\$150,000	\$200,000
Misc/Contributions	\$30,550	\$30,550	\$20,673	\$20,673
Total Revenues	\$27,283,961	\$27,701,836	\$25,673,868	\$26,282,943

Expenditures by Category	2025 Original Adopted Budget	2025 Revised Adopted Budget	2026 Preliminary Balanced Budget	2026 Original Adopted Budget
Personnel	\$21,871,327	\$22,229,001	\$19,935,057	\$20,510,212
Operating	\$6,297,648	\$6,357,849	\$5,779,823	\$5,802,331
Capital Outlay	\$85,000	\$85,000	\$255,000	\$255,000
Total Expenditures	\$28,253,975	\$28,671,850	\$25,969,880	\$26,567,543

Net Change in Fund Balance	\$(970,014)	\$(970,014)	\$(296,012)	\$(284,600)
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Revenues and Long-Range Financial Planning

REVENUES

Approximately 48 percent of total ECPH revenues are derived from program-specific grants, of which 30 percent are federal, and 17 percent are state, with 1 percent from private sources. Historical grant programs have experienced a decrease in funding largely due to significant changes at the federal level, which has resulted in a decrease of approximately \$1.76 million dollars in revenue for 2026 from 2025. This equates to a decrease in program-specific grant revenue of 12.2 percent. These changes to historical grant revenues make projecting future years challenging. 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.

During 2025 the following grant proposals were submitted and awarded:

Sponsor	Programmatic Area	Funding Source	Summary of Work	New or Renewal	Proposed Amount	Awarded Amount
CDC	WIC/EH	Federal	Strategic Partnerships	Renewal	\$791,344.00	\$791,344.00
CDPHE	Clinical Services/CHP	State	Community Assessment	New	\$100,000.00	\$100,000.00
CDPHE	Clinical Services	State	Medicare Roundtable	New	\$18,662.33	\$14,000.00
Total					\$910,006.33	\$905,344.33

Each year, ECPH 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 federal level
- Community health needs as outlined through the Community Health Assessment (CHA) or other relevant data analyses
- Emergent issues

Fee for service revenues comprise approximately 18 percent of the total 2026 revenue budget.

This includes a budgeted increase from 2025 to 2026 of approximately \$509,000.

- In 2025, EPCPH launched a medical billing roundtable to improve our reimbursements from insurance and Medicaid. This is identified in the Colorado Association of Local Public Health Officials (CALPHO) report on areas for improvement for Colorado. EPCPH also initiated an increase in fees charged for Immunization and Reproductive Health Clinic services.
- In the Environmental Health Division, increases to fees for Retail Food Licenses, resulting from state legislation via Senate Bill 25-285, is expected to increase EPCPH cost recovery for the program from approximately 45 percent to 70 percent over the next several years.
- Increased transaction volume in Laboratory services led to an increase of 70 percent for 2026 over 2025, related to increased work from a specific grant.
- Vital Records is experiencing an increase in volume of transactions and is expected to see an 8 percent increase in revenue for 2026 over 2025.

Local Public Health (LPHA) dollars distributed from the Colorado Department of Public Health and Environment (CDPHE), based on per capita formulas, decreased by 14.5 percent from 2025 to 2026 as a direct result of shortfall in the state budget. This decrease is significant, but the annual appropriation still remains well above the funding level that was in place pre-pandemic. LPHA dollars represent approximately 6 percent of the 2026 revenue budget. This revenue source is discretionary and provides support for executive leadership, environmental health, communications and operations staff support. It is difficult to predict what the future of this revenue source is as federal and state budgets remain unclear and subject to change in the near term.

El Paso County (EPC) funds are allocated to EPCPH to support programs and provide resources to address issues affecting the health and well-being of individuals, families, and communities. Support from El Paso County remains consistent and EPCPH values this continued support. This revenue source equates to 28 percent of the 2026 revenue budget. This supports EPCPH infrastructure to provide the delivery of services, allowing the agency to operate efficiently, effectively and in compliance with its obligations.

This funding is used to support:

- Communicable disease (C.R.S. 25-1-506)
- Environmental health (Retail food fees are set at the state level. The current estimate is that fees represent a 45 percent cost recovery and will rise to approximately 75 percent in three years. There are also limitations on full cost recovery for all programs other than Onsite Wastewater Treatment Systems)
- Data analytics, communications, IT, finance and budget, HR, benefits, rent and maintenance as well as a portion of compensation for performance increases
- Child Fatality Review Team (CFRT) (C.R.S. 25-20.5-404) (EPCPH is statutorily required to operate CFRT, for which there is very minimal funding)
- Community Health Improvement Plan (C.R.S. 25-1-505)

An important note for estimating revenue, is that this fiscal environment is changing and relying on past year trends is not as informative as in prior years. EPCPH continues to evaluate information and stay attuned to state and federal budget updates as well as maintaining a strong partnership with the advocacy organization CALPHO for updates. EPCPH is focusing on core capabilities and activities required by statute while trying to maximize funding through new grant opportunities and ensure cost recovery through fees charged for services.

LONG-RANGE FINANCIAL PLAN

Through intentional work with budget and executive teams, long-range financial plan priorities were developed that address the following.

Our priorities include:

- Aligning staff positions with funding streams
- Planning for sustainable workforce levels inclusive of annual compensation adjustments
- Organizational and structural changes to work more flexibly across programs
- Reviewing priorities and statutorily required activities
- Reviewing processes to identify efficiencies and to reduce redundant expenditures
- Analyzing fee revenue to increase cost recovery in applicable programs
- Pursuing opportunities to sell appropriate assets that are no longer supporting needs
- Maximizing insurance billing through process improvements for contracting and collaborating with other local public health agencies, including Medicaid
- Planning for when Centers for Disease Control Infrastructure Grant A1 is complete at the end of 2027
- Maximizing the strategic use of fund reserve for deferred maintenance and capital requests
- Actively seeking out new grant funding opportunities that align with existing programs and priorities by utilizing Strategic Development Manager position



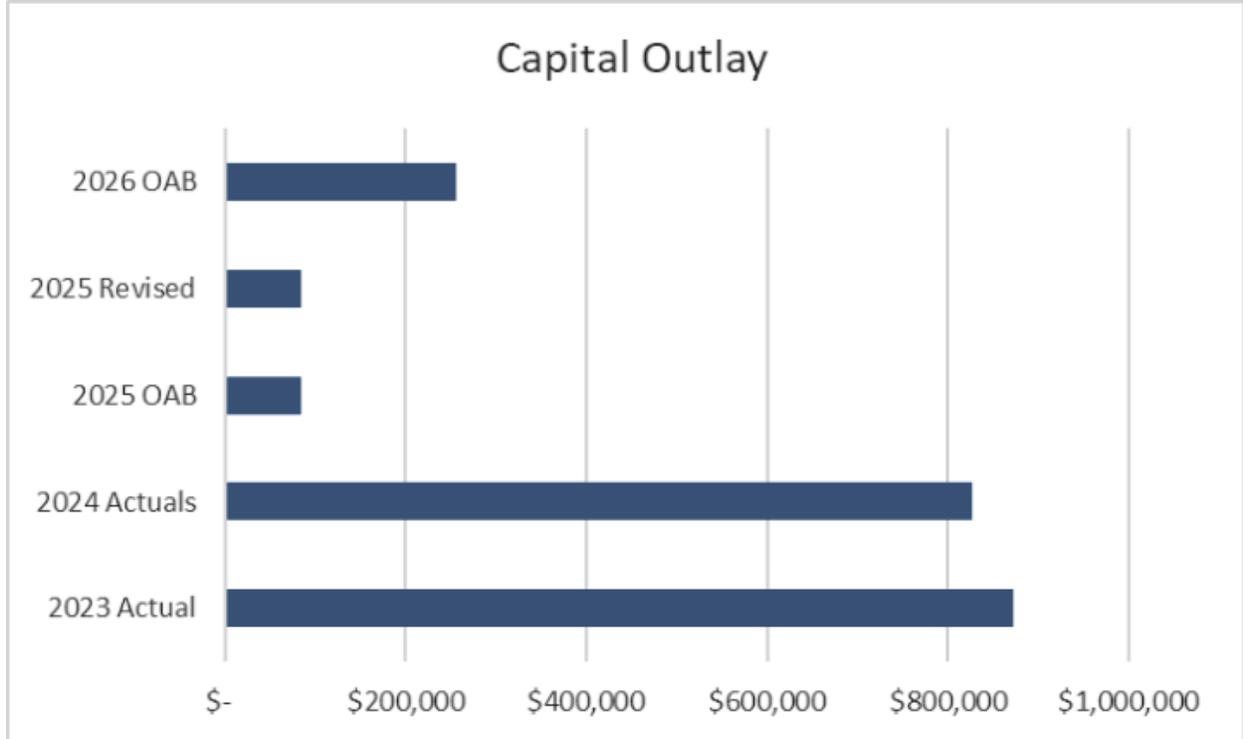
Debt and Capital

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 are a large majority of the expenditures. Capital expenditures are expenditures resulting in the acquisition of or addition to EPCPH’s fixed asset inventory.

For 2026, planned expenditures include the purchase of five fleet vehicles that will be used for Onsite Wastewater Treatment Systems (OWTS) staff in the Environmental Health Division. Additionally, the audio-visual system used by EPCPH for public meetings will be upgraded. These capital expenditures will be paid for using fund balance as a strategic one-time investment in the long-term operations of EPCPH.

Expenditures by Category	2023 Actual	2024 Actuals	2025 OAB	2025 Revised	2026 OAB
Capital Outlay	\$871,736	\$827,420	\$85,000	\$85,000	\$255,000
Total Expenditures	\$871,736	\$827,420	\$85,000	\$85,000	\$255,000



The chart shows capital outlay peaked in 2023, and remained steady over 2024, for renovation of the El Paso County Public Health South building. This capital construction project was completed in early 2025.

Position Summary

Department Total	2023	2024	2025	2025 Adj	2026 Authorized
	203	197	195	(28)	167

Administration	2023 Authorized	2024 Authorized	2025 Authorized	2025 Adj	2026 Authorized
Director's Office			7		7
Operations			7	(1.30)	5.7
Vital Statistics	5	5	5	(1.00)	4
CDC Workforce Infrastructure Grant	2	12	18.4	(5.45)	12.95
A2 Foundational Capabilities			6	(0.30)	5.7
Chronic Disease Grant				1	1
Administration Division Total	7	17	43.4	(7.05)	36.35

Strategy, Data and Communications	2023 Authorized	2024 Authorized	2025 Authorized	2025 Adj	2026 Authorized
Public Health Data Analytics			3.1	0.9	4
Office of Communication			4.58	(2.58)	2
R16 Opioid Abatement Council			0.7	(0.70)	-
SDC Administration			1	2	3
Strategy, Data and Communication Division Total	-	-	9.38	(0.38)	9

Clinical Services	2023 Authorized	2024 Authorized	2025 Authorized	2025 Adj	2026 Authorized
Tuberculosis Program	3.5	3.5	3.3	(0.30)	3
Immunizations	6.1	5.5	5	7	12
IMM #3			7	(7.00)	-
IMM #4	5.5	5.5	-	-	-
Clinical Services Division Administration		1	2.8	0.1	2.9
Nurse-Family Partnership	10	10	10.5	0.25	10.75
Reproductive Health Clinic	6.4	6	5.85	(1.55)	4.3
Congenital STI Prevention		1	2.2	(0.40)	1.8
Clinical Services Division Total	31.5	32.5	36.65	(1.90)	34.75

Community Health Promotion	2023 Authorized	2024 Authorized	2025 Authorized	2025 Adj	2026 Authorized
Southeast Colorado Springs Initiative	1				
Impaired Driving Prevention		0.5	0.6	(0.10)	0.5
Tobacco Education Prevention & Cessation	5.5	5.5	6.9	(0.55)	6.35
Baby and Me Tobacco Free			0.3	(0.08)	0.22
Maternal and Child Health	4.8	4	4.8	(1.00)	3.8
WIC	35.4	37.5	33.1	(6.40)	26.7
WIC Breastfeeding Peer Counseling	0.6	0.5	0.5	(0.22)	0.28
Community Health Promotion Division Administration			3.9	(2.50)	1.4
Youth Suicide Prevention			1	(0.50)	0.5
Communities That Care	2.3	2.6	1.8	(0.45)	1.35
Drug-Free Communities	1.2	0.45	1.15	0.25	1.4
Regional Food System Partnership		0.4			
Colorado Trust Grant		0.45			
Community Health Promotion Division Total	50.8	51.9	54.05	(11.55)	42.5

Environmental Health	2023 Authorized	2024 Authorized	2025 Authorized	2025 Adj	2026 Authorized
Retail Foods					12.95
SCWAB					7.05
OWTS					7
Environmental Health Administration					1
Environmental Health Division Total	32.8	39	31.95	(3.95)	28

Disease Prevention and Response	2023 Authorized	2024 Authorized	2025 Authorized	2025 Adj	2026 Authorized
Communicable Disease			7	1	8
Laboratory	3.8	4	3.95	0.05	4
Emergency Preparedness	3.9	3.8	4.9	(2.05)	2.85
Cities Readiness Initiative	1.05	1	1.1	0.35	1.45
ELC	24.15		2.63	(2.63)	
Disease Prevention and Response Division Total	32.9	8.8	19.58	(3.28)	16.3



**PROGRAM GOALS,
OBJECTIVES &
PERFORMANCE
MEASURES**

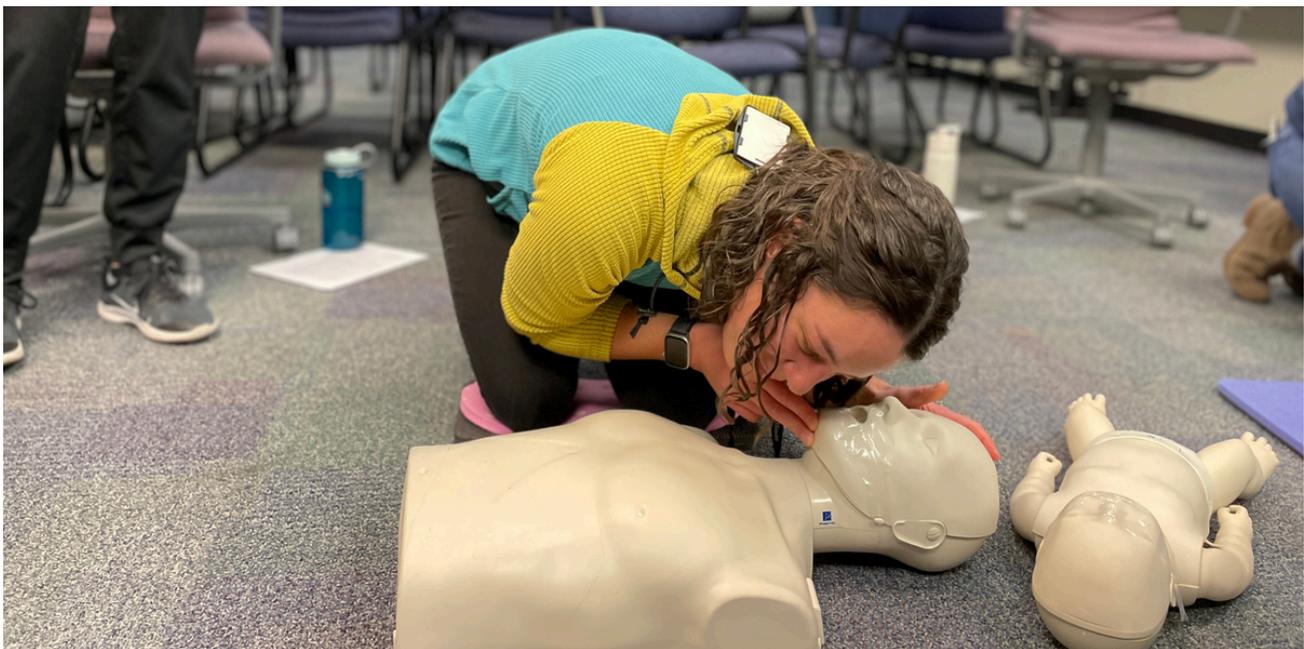
Budget by Division

Administration			
Program Number	Department/Division /Office	Revenue (USD)	Expenditures (USD)
5310001	Director's Office	8,848,152	1,727,070
5365087	Operations	-	1,863,714
5366098	Emergency Response	-	100,000
5366101	Building Expenses - EPCPH South	19,673	240,792
5366103	CDC Workforce Infrastructure Grant	1,928,855	1,928,855
5366195	A2 Foundational Capabilities	791,344	791,753
5322018	Vital Statistics	1,036,760	719,042
5310051	Chronic Disease Grant	200,000	200,000
	Total	12,824,783	7,571,226



EPCPH staff attend monthly informational meetings.

Clinical Services			
Program Number	Department/Division /Office	Revenue (USD)	Expenditures (USD)
5330022	Clinical Services Division	-	771,169
5321007	Tuberculosis	86,300	401,211
5321008	Immunizations	1,195,291	1,897,201
5332028	Nurse Family Partnerships	1,741,833	1,723,681
5336035	Reproductive Health Clinic	605,129	675,761
5335036	Congenital STI Prevention	400,000	400,153
	Total	4,028,553	5,869,176



EPCPH staff at a nurse skills training.

Community Health Promotion			
Program Number	Department/Division/ Office	Revenue (USD)	Expenditures (USD)
5342051	ADM - HLTH Promo & Disease Prevention	26,350	505,545
5310011	Impaired Driving Prevention	119,000	118,527
5324034	Baby & Me Tobacco Free	20,000	20,000
5324024	Tobacco Education Prevention & Cessation	988,941	975,995
5331032	Maternal and Child Health	615,272	610,335
5334032	WIC	3,014,294	2,975,053
5334033	WIC Breast Feeding Peer Counseling	109,792	116,285
5344053	Communities That Care	202,871	192,449
5344055	Drug Free Communities	155,000	181,601
5310013	Youth Suicide Prevention	99,829	100,159
	Total	5,351,349	5,795,950

Disease Prevention and Response			
Program Number	Department/Division/Office	Revenue (USD)	Expenditures (USD)
5321005	Communicable Disease	-	902,516
5326020	Laboratory	486,318	693,808
5366091	Emergency Preparedness	593,584	560,662
5366100	Cities Readiness Initiative	171,399	212,523
5366395	ELC 2.3	249,931	21,077
	Total	1,501,232	2,390,586

Environmental Health			
Program Number	Department/Division/Office	Revenue (USD)	Expenditures (USD)
5351073	Environmental Health Administration	30,950	558,325
5330040	Retail Foods	1,622,798	1,416,360
5330020	OWTS	668,010	914,496
5330030	SCWAB	255,268	781,084
	Total	2,577,026	3,670,265

Strategy, Data and Communications			
Program Number	Department/Division /Office	Revenue (USD)	Expenditures (USD)
5310031	SDC Administration	-	445,048
5310006	Public Health & Data Analytics	-	550,929
5364086	Communication	-	274,365
	Total	-	1,270,342

	Revenue (USD)	Expenditures (USD)
Fund 95 Total	26,282,943	26,567,543



A meeting of the Crisis Communications Network.



ADMINISTRATIVE AND SUPPORT SERVICES



Administration and Support Services 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.

PURPOSE STATEMENT

Administration and Support Services provides the leadership, infrastructure, and operational support that enable EPCPH to function effectively and advance its mission. Through

oversight of administration, budget, and business operations, Administration ensures accountability, compliance, strategic alignment, and efficient day-to-day operations—building the foundation that supports all agency programs and services.

OVERVIEW

EPCPH’s Administration consists of multiple programs 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 develops and implements effective policies and strategies to address issues in partnership with community stakeholders; issues birth and death records for Colorado residents; and supports the entirety of the department regarding funding opportunities, monitoring, and reporting. During 2025, a Budget team was created, bringing this functionality in-house and which provides timely and accurate financial support to the agency.

AREAS OF SERVICE/PROGRAMS

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 and workforce development. Administration ensures 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 as a liaison to El Paso County Information Technology, Human Resources, Payroll, Finance, Budget and Procurement teams and other County administrative entities. **Funding source: Local, State, and Indirect funding**

The Budget team was brought in-house during 2025, transitioning from a function previously managed by the El Paso County Financial Services Department. The Budget team includes two full-time equivalent staff: one budget manager and one financial analyst. The team continues to evolve and enhance services, supporting staff across the agency with tools, training, and processes that promote transparency, efficiency and strategic resource allocation. **Funding source: Indirect funding**

Business Operations has oversight of agency operations, vital records, and contracts and purchasing. The role of Business Operations is to strengthen coordination and collaboration across the agency with a focus on business operations and strategic planning. Key goals include evaluating and improving processes, procedures and workflows to increase efficiency, supporting agency alignment with strategic plans, and leading the development of program profiles that include a concise overview of each program’s purpose, core processes and procedures, associated contracts, and initiatives that align with workforce and strategic planning. **Funding source: Local and State funding**

Operations provides oversight of the agency’s day-to-day functions, serving as liaison to El Paso County Facilities and Digital Services and Technology (DST), managing cross-agency billing, onboarding and off-boarding staff, distributing and tracking equipment, supporting facility maintenance and repairs to ensure a safe and efficient work environment, managing fleet vehicles, and staffing the ECPH 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. **Funding source: Birth and Death Certificates fees (statewide)**

The Development team researches and applies for grants 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, State, and Federal funding**

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
- 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
- Provide meaningful budget support to the agency
- Prepare timely and accurate reports for program managers, division directors and board members
- Develop policies and procedures to support the effectiveness of financial management and reporting
- Provide training and tools for management and staff on grant management and best practices



Staff hear a presentation from a member of the Board of Health.

Business Operations					
Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Workforce Strategy 2: Improve operational resilience to support the workforce.		Create standard operating procedures for the operations team to enhance productivity and efficiencies.	Develop a framework for Public Health approach to policies, processes, and procedure development and implementation as an agency.	N/A	Met
Workforce Strategy 3: Establish recruiting and retention metrics.			Complete Test Phase of New Employee Orientation (NEO) presentation and process, and develop monitoring controls for NEO review.	N/A	N/A
Workforce Strategy 4: Continue building support for funding sustainability.		Develop a framework for PH approach to fee analysis process as an agency.	Implement a strategic framework to ensure consistent and efficient transaction fee recovery.	N/A	Met



Business Operations

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Workforce Strategy 1: Enhance a culture of collaboration, learning, and growth mindset.	Utilize community training resources and organizations to develop and build leadership skills among all staff.	Develop and implement a training series for managers and supervisors to empower supervisory staff through targeted training, skill-building, and leadership development initiatives.		Met	Met

Development Office					
Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Partnerships Strategy 3: Increase funding from diverse sources to support core public health services, programmatic services, and innovative strategies.	Develop and implement a funding strategy with community partners to maximize collaborative efforts.	Develop dynamic and strategic funding plan aligned to EPCPH key priority areas.	Apply emergency preparedness principles to develop a flexible, agile Incident Action Plan for Funding.	Not Met	Met
Workforce Strategy 2: Improve operational resilience to support the workforce.	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.	Assess partnerships to support optimization of programmatic efforts.		Met	Met

ADMINISTRATION DIVISION SUMMARY

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Federal Reimbursements	4,401,193	1,420,952	-	-	
EPC Funds to Public Health	2,781,022	6,639,673	6,918,277	6,918,277	7,180,080
State LPHA Funding	1,776,895	1,638,379	1,715,927	1,715,927	1,468,072
Licenses, Fees and Permits	950,420	914,983	960,000	959,999	2,920,199
Program-Specific Grants	2,242,258	2,355,738	3,268,014	3,268,015	1,036,760
Interest Income	436,336	302,687	369,491	369,491	200,000
Contributions & Donations	-	-	-	-	
Other Misc	29,031	23,784	29,800	29,800	19,673
Total Revenues	12,617,155	13,296,195	13,261,509	13,261,509	12,824,784

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	5,474,815	5,468,230	3,721,791	3,721,791	4,688,530
Operating	4,264,788	3,301,584	3,425,455	2,883,128	2,842,695
Capital Outlay	871,736	827,420	85,000	85,000	40,000
Total Expenditures	10,611,339	9,597,233	7,232,246	6,689,918	7,571,226

DIRECTOR'S OFFICE (5310001)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
EPC Funds to Public Health	2,781,022	6,639,673	6,918,277	6,918,277	7,180,080
State LPHA Funding	1,246,220	1,255,509	1,715,927	1,715,927	1,468,072
Licenses, Fees and Permits	-	-	-	-	
Program-Specific Grants	-	-	-	-	
Interest Income	436,336	302,687	369,491	369,491	200,000
Contributions & Donations	-	-	-	-	
Other Misc	4,195	3,761	4,500	4,500	-
Total Revenues	4,467,773	8,201,630	9,008,195	9,008,195	8,848,152

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	(623,776)	691,691	(831,621)	(741,225)	898,717
Operating	2,387,288	2,329,637	1,254,119	798,424	828,354
Capital Outlay	-	-	-	-	
Total Expenditures	1,763,512	3,021,329	422,498	57,199	1,727,070

VITAL STATISTICS (5322018)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	950,420	914,983	1,054,214	960,000	1,032,000
Program-Specific Grants	5,006	4,940	5,780	6,000	4,760
Other Misc	240	350	150	300	-
Total Revenues	955,666	920,273	1,060,144	966,300	1,036,760

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	558,259	557,235	521,107	478,541	408,142
Operating	369,049	353,847	457,227	259,000	310,900
Total Expenditures	927,309	911,082	978,334	737,541	719,042

OPERATIONS (5365087)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Total Revenues	-	-	-	-	-
Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	294,995	679,945	679,945	513,965
Operating	69,539	80,677	1,434,449	1,434,448	1,309,749
Capital Outlay	-	21,064	-	-	40,000
Total Expenditures	69,539	396,735	2,114,394	2,114,393	1,863,714

BUILDING EXPENSES-EPCPH SOUTH (5366101)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Other Misc	24,596	19,673	25,000	25,000	19,673
Total Revenues	24,596	19,673	25,000	25,000	19,673

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Security Personnel	-	98,035	102,687	102,687	105,768
Operating	82,419	40,993	(21,557)	(21,558)	135,024
Total Expenditures	82,419	139,028	81,130	81,129	240,792

EMERGENCY RESPONSE (5366098)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Total Revenues	-	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Operating	-	-	300,000	300,000	100,000
Total Expenditures	-	-	300,000	300,000	100,000

CDC WORKFORCE INFRASTRUCTURE GRANT (5366103)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	491,396	1,321,713	2,470,670	2,470,670	1,928,855
Total Revenues	491,396	1,321,713	2,470,670	2,470,670	1,928,855

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	470,042	1,425,981	2,371,027	2,371,027	1,863,625
Operating	23,782	95,160	99,641	99,641	65,230
Total Expenditures	493,823	1,521,141	2,470,668	2,470,668	1,928,855

A2 FOUNDATIONAL CAPABILITIES (5366195)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	362,954	848,034	791,344	791,344	791,344
Total Revenues	362,954	848,034	791,344	791,344	791,344

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	784,826	830,816	830,816	786,343
Operating	362,954	63,205	13,171	13,170	5,411
Total Expenditures	362,954	848,031	843,987	843,986	791,754

CHRONIC DISEASE (5310051)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	-	-	-	-	200,000
Total Revenues	-	-	-	-	200,000

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	-	-	-	111,901
Operating	-	-	-	-	88,099
Total Expenditures	-	-	-	-	200,000

STRATEGIC INITIATIVES OFFICE (5310004)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Total Revenues	-	-	-	-	-
Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	63,573	-	-	-
Operating	1,418	2,343	-	-	-
Total Expenditures	1,418	65,917	-	-	-

PUBLIC HEALTH WORKFORCE (5310022)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	78,106	51,103	-	-	-
Total Revenues	78,106	51,103	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	9,367	16,881	-	-	-
Operating	68,739	34,222	-	-	-
Total Expenditures	78,106	51,103	-	-	-

CDC GRANT (5366096)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program Specific Grants	1,304,796	49,948	-	-	
Total Revenues	1,304,796	49,948	-	-	

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	726,402	40,131	-	-	
Operating	578,915	9,452	-	-	
Total Expenditures	1,305,317	49,583	-	-	

BUSINESS OPERATIONS DIRECTOR GRANT(5310021)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	-	80,000	-	-	-
Total Revenues	-	80,000	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	80,331	-	-	-
Operating	-	-	-	-	-
Total Expenditures	-	80,331	-	-	-

EPC-ARPA (5366092)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised
EPC Funds to Public Health	4,401,193	1,420,952	-	-
Total Revenues	4,401,193	1,420,952	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised
Personnel	4,051,058	1,031,682	-	-
Operating	314,922	292,047	-	-
Capital Outlay	35,213	97,223	-	-
Total Expenditures	4,401,193	1,420,952	-	-

ARPA-STATE (5366094)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
EPC Funds to Public Health	530,675	382,870	-	-	-
Total Revenues	530,675	382,870	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	283,464	382,870	-	-	-
Operating	5,765	-	-	-	-
Capital Outlay	241,447	-	-	-	-
Total Expenditures	530,675	382,870	-	-	-

CLINICAL SERVICES



Clinical Services provides programs and services that help prevent disease and promote health across all age groups and populations. These programs equip individuals and families with the knowledge, tools, and support needed to achieve and maintain optimal health through prevention, education, and early intervention.

PURPOSE STATEMENT

Provide accessible, evidence-based clinical and preventive care to individuals, families, and at-risk populations to reduce disease, improve health outcomes, and strengthen community

well-being 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.

AREAS OF SERVICE/PROGRAMS

The Immunization Program provides patient education and immunizations for children and adults of all ages. Administering routine vaccines helps keep individuals and families healthy, mitigating 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 to regular vaccinations, the program provides health education and required vaccinations for international travelers. 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. Other services include providing needed vaccines for refugees entering the United States and responding to disease outbreaks.

Additionally, the Disease Response Team reduces barriers to access by bringing vaccines to homebound individuals, as well as into communities, providing accessible services in

coordination with partners including schools, faith-based organizations, the El Paso County Criminal Justice Center, and community events. **Funding source: State, Federal, Grants, Private Insurance, Medicaid, the Vaccines for Children (VFC) Program, Local and Client Fees funding**

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 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. **Funding source: Medicaid Fees and Grants funding**

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; comprehensive birth control options, including the placement of long-acting reversible contraceptives (IUCs, Nexplanons); and Human Immunodeficiency Virus (HIV) prevention therapy with HIV pre-exposure prophylaxis (PrEP). RHC can help connect pregnant women to obstetric care in the community, in addition to local community resources. If a woman is pregnant and tests positive for any STI, RHC can offer treatment in addition to linkage 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 (CDPHE). The RHC also refers clients needing more specialized services, such as HIV treatment, mammograms, colonoscopies, etc. to community providers.

RHC has continued to administer 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 and treatment for syphilis, HIV, gonorrhea, and chlamydia, and increasing access to key resources by connecting participants to the RHC upon release. **Funding source: Federal and State Grants, Client Fees, Medicaid, Private Insurance, Local 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 Human Immunodeficiency Virus (HIV), and clients referred to ECPH by safety net clinics. ECPH TB provides consultation services to primary care physicians and hospitals, staying in close communication with health care providers to identify cases quickly, support isolation for infectious cases, and evaluate contacts and family members who may be at risk. **Funding source: Medicaid, local, State, and Federal funding**

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)
- Decrease the rates of congenital syphilis through the testing of incarcerated women of reproductive age at the Criminal Justice Center (CJC)
- Provide reproductive health education and linkage to resources for all individuals that are seen at the RHC or in CJC.

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Workforce Strategy 1: Enhance a culture of collaboration, learning, and growth mindset.	Provide continuing education and training opportunities to clinical services division staff to maintain quality of services provided and compliance with adverse event policy.	Provide training and education necessary for Nurse-Family Partnership (NFP) nurses to help increase initiation and maintenance of breastfeeding in NFP participants for the first six months, in accordance with standards set by the NFP National Services Office.	Increase organizational knowledge of HIPAA requirements and maintain compliance through structured audits and targeted staff education, enhancing the protection of EPCPH clients' protected health information.	Met	Met

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Community Trust & Engagement Strategy 1: Develop and support community outreach and education.	<p>Increase access to clinical services including immunization and reproductive health services.</p> <p>Participate in community collaboratives that help address health outcomes around reproductive and sexual health.</p> <p>Conduct outreach to community groups to provide vaccine education, prioritizing those with barriers to care.</p>	Increase awareness of RHC program and services available to the community through community outreach participation.	Expand access to evidence-based chronic disease prevention services through the launch of a Centers for Disease Control and Prevention (CDC)-recognized Diabetes Prevention Program (DPP).	Met	Met
Workforce Strategy 4: Continue building support for funding sustainability.		Improve cost recovery in Reproductive Health Center and Immunizations through fee analysis and adjustment.		N/A	Met

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Partnerships Strategy 3: Increase funding from diverse sources to support core public health services, programmatic services and innovative strategies.		To support the funding of the Tuberculosis (TB) program and its activities through the implementation of standardized billing processes and procedures with Medicaid.		N/A	Met
Community Trust & Engagement Strategy 2: Provide opportunities for community input, feedback, and information sharing.	Participate in community collaboratives that help address health outcomes around reproductive and sexual health.	Protect the privacy of of EPCPH patients' health information through updated HIPAA policies, processes, and procedures.		Met	Met

CLINICAL SERVICES SUMMARY

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	914,952	861,894	833,319	833,319	861,415
Program-Specific Grants	3,423,364	3,636,067	3,779,999	3,779,999	3,167,138
Contributions & Donations	1,111	205	250	250	-
Total Revenues	4,339,426	4,498,166	4,613,568	4,613,568	4,028,553

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	3,403,464	4,206,242	4,949,477	4,949,477	4,486,940
Operating	1,243,649	1,224,654	1,166,929	1,356,034	1,382,236
Total Expenditures	4,647,113	5,430,895	6,116,406	6,305,511	5,869,176

CLINICAL SERVICES DIVISION ADMINISTRATION (5330022)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Total Revenues	-	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	22,611	242,281	422,969	422,969	421,375
Operating	67,527	228,787	15,680	336,720	349,794
Total Expenditures	90,139	471,068	438,649	759,689	771,169

TUBERCULOSIS PROGRAM (5321007)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	215	-	500	500	1,000
Program-Specific Grants	117,776	143,466	102,000	102,000	85,300
Total Revenues	117,991	143,466	102,500	102,500	86,300

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	370,582	348,670	457,967	457,967	376,711
Operating	38,834	22,982	27,286	27,286	24,500
Total Expenditures	409,416	371,651	485,253	485,253	401,211

EMERGENCY RESPONSE TB (5310096)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Total Revenues	-	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	269	-	-	-	-
Personnel Benefits	21	-	-	-	-
Total Expenditures	290	-	-	-	-

IMMUNIZATIONS (5321008)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	648,100	616,154	562,000	562,000	602,000
Program-Specific Grants	639,921	829,092	733,079	733,079	593,291
Total Revenues	1,288,021	1,445,245	1,295,079	1,295,079	1,195,291

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	452,219	915,510	548,186	548,186	1,371,601
Operating	594,744	568,223	638,886	506,950	525,600
Total Expenditures	1,046,963	1,483,733	1,187,072	1,055,136	1,897,201

IMM #3 (5321012)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	309,079	334,055	612,185	612,185	-
Total Revenues	309,079	334,055	612,185	612,185	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	87,276	330,387	1,004,290	1,004,290	-
Operating	221,803	3,808	8,679	8,679	
Total Expenditures	309,079	334,195	1,012,969	1,012,969	-

IMM #4 (5321013)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	538,913	109,996	-	-	-
Total Revenues	538,913	109,996	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	526,893	109,761	-	-	-
Operating	12,220	36	-	-	-
Total Expenditures	539,113	109,796	-	-	-

REPRODUCTIVE HEALTH CLINIC (5336035)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	245,322	225,479	249,000	249,000	242,000
Program-Specific Grants	347,137	368,658	338,577	338,577	363,129
Contributions & Donations	1,111	205	250	250	
Total Revenues	593,570	594,342	587,827	587,827	605,129

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	595,016	572,790	672,249	672,249	464,861
Operating	161,644	201,541	219,680	219,681	210,900
Total Expenditures	756,661	774,331	891,929	891,930	675,761

CONGENITAL STI PREVENTION (5366036)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	93,953	386,147	400,000	400,000	400,000
Total Revenues	93,953	386,147	400,000	400,000	400,000

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	72,630	232,831	274,996	274,996	274,996
Operating	21,322	135,703	125,157	125,157	125,157
Total Expenditures	93,953	368,534	400,153	400,153	400,152

NURSE FAMILY PARTNERSHIP PROGRAM (5332028)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	21,315	20,261	21,819	21,819	16,115
Program-Specific Grants	1,376,584	1,537,368	1,586,286	1,586,286	1,725,718
Total Revenues	1,397,899	1,557,629	1,608,105	1,608,105	1,741,833

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	1,275,946	1,454,013	1,517,092	1,517,092	1,577,396
Operating	125,555	118,411	151,559	151,560	146,285
Total Expenditures	1,401,500	1,572,424	1,668,651	1,668,652	1,723,681

COMMUNITY HEALTH PROMOTION



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.

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.

AREAS OF SERVICE/PROGRAMS

The El Paso County Child Fatality Review Team (CFRT) reviews all injury and violence-related and undetermined deaths among in El Paso County.

The prevention recommendations, trends, and demographic data from 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 El Paso County Youth Suicide Prevention Workgroup and the Safe Kids Colorado Springs Coalition. Priority prevention areas identified through reviews of deaths, and initiatives in these prevention areas are facilitated by two full-time public health planners. **Funding source: State (CDPHE)**

The El Paso County Community-Based Impaired Driving Prevention Grant is a safety initiative that aims to reduce fatalities and injuries from motor vehicle crashes by preventing impaired driving and substance misuse. This funding was awarded to EPCPH in 2023 through the Colorado Persistent Drunk Driving Cash Fund, which is comprised of driving under the influence fines and minor in possession fines. This initiative implements a variety of impaired driving prevention strategies including changing community perceptions of impaired driving, disseminating information about the risks and consequences of impaired driving, and collaborating with community partners to offer impaired driving education and outreach.

Funding source: State (CDPHE) grant funding

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 fifth award year for the Drug-Free Communities (DFC) grant from the Centers for Disease Control and Prevention (CDC), which focuses on prevention efforts for marijuana and prescription drug use, with targeted efforts around opioids and fentanyl.

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: CDPHE, and Federal funding**

Maternal and Child Health (MCH) 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 implements activities and strategies that promote wellness, decrease the incidence of poor mental health, increase healthy childhood outcomes, and remove barriers to accessing health care and resources.

MCH seeks to support whole-person care and make it easier for women, children, youth and families living in Colorado to access the comprehensive services and supports they need. In addition, MCH seeks to improve healthy childhood outcomes through training and creation of educational material on topics such as early literacy, supportive environments for children, improving health and well-being of caregivers caring for a child with complex health needs, infant safe sleep education, and the unique needs of families with infants in the neonatal intensive care unit.

MCH also included a care coordination program that provided community resource navigation to individuals in El Paso County. **Funding source: Title V MCH funding and Local, State, and Federal funding**

The Tobacco Education and Prevention Partnership (TEPP) is grant-funded by CDPHE. The funding comes from Amendment 35 and Proposition EE. Both measures tax combustible cigarettes, vape products, and other products that contain tobacco and/or nicotine. 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 CDC, 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.

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, improved childhood growth rates, 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 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 worked with an average of 14,780 clients per month and completed 58,153 appointments.

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**

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. The YSP Workgroup continues its efforts to increase mental health literacy, reduce stigma, and increase knowledge of mental health resources for youth. **Funding source: Local and State funding**

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



Children interact with staff at the EPCPH Healthy Start for Happy Learning event.

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
<p>Health & Data Communication Strategy 4: Modernize data infrastructure and increase access to timely, relevant and actionable local data to support data-driving decision-making.</p>	<p>Expand agency's participation in an annual health marketing schedule for planned approach to develop and implement health promotion activities.</p>	<p>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.</p>	<p>Measure, document, and share relevant data to support the impacts and outcomes of Community Health Promotion initiatives.</p>	<p>Met</p>	<p>Met</p>
<p>Partnerships Strategy 1: Develop and strengthen relationships with partners across all sectors.</p>	<p>Continue to decrease barriers to WIC program enrollment and increase participation through WIC mobile services and virtual appointments.</p>	<p>Utilize co-location model to reduce disparities by maintaining mobile clinic partnerships in areas of the community with the highest need, with asset map/gap analysis for future expansion.</p>	<p>Ensure continuity of Women, Infants and Children (WIC) services in southern El Paso County/Fountain area.</p>	<p>Met</p>	<p>Met</p>

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Community Trust & Engagement Strategy 1: Develop and support community outreach and education.	Improve access to, and awareness of, health care, health equity and social determinants resources through information and resource activities, care coordination, and workgroups.	Improve access to, and awareness of care coordination, Maternal and Child Health (MCH) resource navigation and workgroups through community engagement activities.		Met	Met
Partnerships, Strategy 3: Increase funding from diverse sources to support core public health services, programmatic services, and innovative strategies.			Assess feasibility of billing for services within the Community Health Promotion division.		

COMMUNITY HEALTH PROMOTION SUMMARY

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	5,487,030	5,835,825	5,610,083	5,722,487	5,351,349
Other Misc	9,439	5,181	-	-	-
Total Revenues	5,496,469	5,841,006	5,610,083	5,722,487	5,351,349

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	5,185,740	5,781,582	6,113,043	6,191,007	5,025,983
Operating	654,267	808,990	680,507	984,620	769,967
Total Expenditures	5,840,007	6,590,572	6,793,550	7,175,627	5,795,950

COMMUNITY HEALTH PROMOTION - ADMINISTRATION (5342051)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	27,750	27,375	27,500	27,500	26,350
Total Revenues	27,750	27,375	27,500	27,500	26,350

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	178,094	475,975	475,975	218,367
Operating	31,179	15,650	53,965	323,638	287,177
Total Expenditures	31,179	193,744	529,940	799,613	505,544

TOBACCO EDUCATION PEVENTION & CESSATION (5324024)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	736,476	817,991	988,941	988,941	988,941
Total Revenues	736,476	817,991	988,941	988,941	988,941

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	596,080	605,433	834,206	834,206	772,447
Operating	140,443	213,007	237,202	237,202	203,548
Total Expenditures	736,522	818,439	1,071,408	1,071,408	975,995

BABY & ME TOBACCO-FREE (5324034)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	-	25,177	18,800	18,800	20,000
Total Revenues	-	25,177	18,800	18,800	20,000

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	20,838	26,395	26,395	20,000
Operating	-	4,339	2,800	2,800	
Total Expenditures	-	25,177	29,195	29,195	20,000

MATERNAL AND CHILD HEALTH (5331032)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	564,976	618,977	615,272	615,272	612,272
Total Revenues	564,976	618,977	615,272	615,272	612,272

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	536,149	643,095	696,348	696,348	581,829
Operating	21,895	55,289	45,264	45,264	28,507
Total Expenditures	558,044	698,385	741,612	741,612	610,336

WIC (5334032)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	3,448,649	3,490,515	3,273,628	3,273,628	3,014,294
Other Misc	9,439	5,181	-	-	-
Total Revenues	3,458,089	3,495,696	3,273,628	3,273,628	3,014,294

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	3,494,877	3,691,011	3,470,851	3,470,851	2,846,853
Operating	270,608	227,161	225,733	225,733	128,200
Total Expenditures	3,765,486	3,918,173	3,696,584	3,696,584	2,975,053

WIC BREAST FEEDING PEER COUNSELING (5334033)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	149,935	153,638	148,767	148,767	109,792
Total Revenues	149,935	153,638	148,767	148,767	109,792

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	145,394	142,609	137,167	137,167	108,890
Operating	6,590	14,058	16,520	16,520	7,395
Total Expenditures	151,984	156,667	153,687	153,687	116,285

IMPAIRED DRIVING PREVENTION (5310011)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	14,905	137,339	120,000	120,000	119,000
Total Revenues	14,905	137,339	120,000	120,000	119,000

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	12,864	101,154	78,093	78,093	67,786
Operating	2,041	55,884	46,415	46,414	50,741
Total Expenditures	14,905	157,037	124,508	124,507	118,527

COMMUNITIES THAT CARE (5344053)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	224,450	249,585	292,175	292,175	202,871
Total Revenues	224,450	249,585	292,175	292,175	202,871

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	186,496	190,605	244,856	244,856	170,299
Operating	38,417	60,573	47,358	47,359	22,151
Total Expenditures	224,914	251,179	292,214	292,215	192,450

DRUG-FREE COMMUNITIES (5344055)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	99,548	115,880	125,000	125,000	155,000
Total Revenues	99,548	115,880	125,000	125,000	155,000

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	82,558	99,164	149,152	149,152	179,403
Operating	17,002	16,710	5,250	5,250	2,199
Total Expenditures	99,560	115,875	154,402	154,402	181,602

REGIONAL FOOD SYSTEM PARTNERSHIP (5366102)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	41,929	94,499	-	-	-
Total Revenues	41,929	94,499	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	11,471	65,277	-	-	-
Operating	44,732	75,751	-	-	-
Total Expenditures	56,203	141,028	-	-	-

COLORADO TRUST GRANT (5366104)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	117,370	104,849	-	-	-
Total Revenues	117,370	104,849	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	42,916	35,065	-	-	-
Operating	74,454	70,475	-	-	-
Total Expenditures	117,370	105,541	-	-	-

SOUTHEAST COLORADO SPRINGS INITIATIVE (5310009)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	61,041	-	-	-	-
Total Revenues	61,041	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	76,934	9,236	-	-	-
Operating	6,906	91	-	-	-
Total Expenditures	83,840	9,328	-	-	-

5310013 SUICIDE PREVENTION

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	-	-	-	112,404	99,829
Total Revenues	-	-	-	112,404	99,829
Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	-	-	77,964	60,109
Operating	-	-	-	34,440	40,050
Total Expenditures	-	-	-	112,404	100,159

DISEASE PREVENTION AND RESPONSE



Disease Prevention and Response is dedicated to safeguarding the health of El Paso County residents through the prevention, detection, and response to infectious diseases and public health threats. The division integrates three core programs—Communicable Disease (CD), Emergency Preparedness and Response (EPR), and the Public Health Laboratory—to deliver a comprehensive and coordinated approach to public health protection. These programs work together to fulfill the agency’s statutory responsibility to investigate and control the spread of epidemics and communicable

diseases, ensuring a proactive and effective response to health threats across the community.

PURPOSE STATEMENT

To protect and promote the health of El Paso County residents by preventing the spread of infectious diseases, preparing for and responding to public health emergencies, and providing accurate, timely laboratory testing to support disease detection and environmental safety.

OVERVIEW

Disease Prevention and Response Division works to protect the community through comprehensive efforts in disease surveillance, emergency preparedness, and laboratory testing. The Communicable Disease Program monitors, investigates, and manages over 90 reportable diseases, provides 24/7 consultation for urgent public health issues, responds to outbreaks, and analyzes epidemiological data to guide public health actions. The Emergency Preparedness and Response Program ensures readiness for all-hazards incidents through coordinated planning, training, and response activities that strengthen the agency’s emergency capabilities. The EPCPH Laboratory conducts critical testing for infectious diseases and environmental threats, including water quality and select agent detection, helping to identify risks early and support timely public health interventions. Together, these programs form a coordinated and responsive system that safeguards the health and well-being of El Paso County residents.

AREAS OF SERVICE/PROGRAMS

Communicable Disease (CD) Program is responsible for conducting interviews, investigations, and surveillance related to reportable disease cases and outbreaks in El Paso County. The

program collects and analyzes infectious disease data to guide public health responses aimed at preventing and controlling the spread of disease, while minimizing its impact on the community. This program provides information and education to keep both the medical community and the public informed about infectious disease concerns or threats. The program monitors over 90 reportable diseases and conditions, provides 24/7 expert consultation for urgent public health concerns, and manages outbreaks across a variety of settings, including schools, long-term care facilities, correctional facilities, and child care centers. **Funding source: Local and State funding**

Emergency Preparedness and Response (EPR) is a nationally recognized program that guides EPCPH staff in preparing for, responding to, and recovering from all-hazard incidents that may pose actual or potential threats to the health, medical, and environmental safety of El Paso County residents. Understanding that disasters and emergencies often have wide-ranging public health impacts, EPCPH is committed to maintaining a skilled and ready workforce. EPCPH builds and sustains this readiness by continuously developing its Public Health Emergency Preparedness (PHEP) capabilities through the ongoing cycle of planning, organizing, training, exercising, and evaluation.

EPCPH may be activated to serve as the lead agency for Emergency Support Function (ESF) #8 – Public Health and Medical Services, as defined in the National Response Framework (NRF). When requested by the Pikes Peak Regional Office of Emergency Management (PPROEM), EPCPH assumes this leadership role in support of El Paso County. In this role, EPCPH is responsible for ensuring the effective coordination of all ESF-8 activities to support a comprehensive and efficient incident response. **Funding source: Federal Grants**

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 U.S. Environmental Protection Agency-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 for private well owners of El Paso County as well as several 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 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 Judicial Services program which administers personal recognizance bonds for the El Paso County court system. **Funding source: Local and State funding**

OBJECTIVES

- Monitor, investigate, and respond to reportable diseases and outbreaks to reduce the spread of communicable diseases in El Paso County
- Collect, analyze, and interpret public health data to inform decision-making, guide interventions, and monitor emerging health threats
- Build and maintain the capacity to effectively prepare for, respond to, and recover from all-hazards incidents that impact the health and safety of the community
- Maintain all required laboratory certifications to ensure compliance with state and federal standards, support the delivery of high-quality and reliable testing services, and uphold the laboratory's capacity to perform critical public health functions
- Provide 24/7 consultation and guidance to health care providers, schools, and members of the community on communicable disease management and emergency response
- Conduct high-quality laboratory testing for infectious diseases and environmental hazards to support public health programs and community health
- Maintain and regularly update the agency's All-Hazards Public Health Emergency Operations Plan (PHEOP), ensuring it aligns with the National Incident Management System (NIMS) and outlines standardized procedures and strategies for effective incident management within EPCPH
- Educate residents and stakeholders on disease prevention and preparedness practices to foster a healthier, more informed community
- Serve as the Emergency Support Function 8 (ESF-8) lead for El Paso County when activated by the Pikes Peak Regional Office of Emergency Management (PPROEM), ensuring coordinated delivery of public health and medical services during emergency response efforts



An EPR Field Day provided valuable staff training.

Communicable Disease

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Health Data & Communication Strategy 4: Modernize data infrastructure and increase access to timely, relevant and actionable data to support data-driven decision-making.	Regularly disseminate important and emerging health information to community partners.	Create data dashboards for reportable enteric diseases.	Communicable Disease will launch an external-facing Power BI enteric disease dashboard to enhance public and partner understanding of enteric infection transmission in El Paso County.	Met	Not Met
Health Data & Communication Strategy 4: Modernize data infrastructure and increase access to timely, relevant and actionable data to support data-driven decision-making.	Facilitate and convene internal stakeholder meeting to review expectations and roles for addressing zoonotic conditions in advance of seasonal increase.	Along with Public Health Data Analysis Team, draft agency-wide guidelines for data suppression and release.		Met	Not Met

Communicable Disease

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Workforce Strategy 4: Continue building support for funding sustainability.		Provide training opportunities to CD staff to further job satisfaction and engagement, while providing additional depth of knowledge in the program.		N/A	Met

Emergency Preparedness and Response

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
<p>Workforce Strategy 1: Enhance a culture of collaboration, learning, and growth mindset.</p>	<p>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.</p>	<p>Develop, coordinate, and facilitate quarterly EPR trainings for EPCPH staff to strengthen their ability to effectively support and respond to public health emergencies and incidents within the local jurisdiction.</p>	<p>EPR will develop and facilitate an administrative preparedness exercise to clarify roles and responsibilities, identify gaps, and strengthen understanding of how local administrative functions integrate and operate during a public health emergency.</p>	<p align="center">Met</p>	<p align="center">Met</p>
<p>Health Data & Communication Strategy 3: Conduct effective emergency and health risk communications.</p>	<p>Conduct quarterly call-down drills to test the agency's internal emergency notification system through the Colorado Notification System (CNS).</p>	<p>Test Agency's internal emergency notification system through the Colorado Notification System (CNS) to ensure readiness and familiarity with the system before an emergency occurs.</p>	<p>Emergency Preparedness and Response (EPR) will conduct quarterly tests of the agency's internal emergency notification system to ensure staff readiness and familiarity with emergency notification procedures.</p>	<p align="center">Met</p>	<p align="center">Met</p>

Emergency Preparedness and Response

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Partnership Strategy 1: Develop and strengthen relationships with partners across all sectors.	Provide one EPR coordinator to serve as direct liaison to the Pikes Peak Regional Office of Emergency Management (PPROEM) to enhance communication and coordination of emergency response plans, taining, and response activities.	Participate in community- wide planning, training, and exercises to enhance Public Health Emergency Preparedness (PHEP) capabilities.	EPR will partner with Pikes Peak Regional Office of Emergency Management to support the development and validation of a Mass Violence Recovery Plan through the design and facilitation of a discussion-based exercise.	Met	Met

Laboratory

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Partnerships Strategy 3: Increase funding from diverse sources to support core public health services, programmatic services, and innovative strategies.			Lab will work with the EPCPH budget team to assess pretrial services program costs, existing fee structures, and propose fee adjustments aligned with program sustainability.	N/A	N/A
Partnerships Strategy 1: Build internal and external capacity for strong partnership engagement.	Transition laboratory functions related to communicable disease reporting from current platform to new disease reporting software EPI TRAX.	Ensure the timely entry of infectious disease reportable disease data required by the Colorado Department of Public Health and Environment via CDPHE Reportable Database.		Met	Met

Laboratory					
Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Workforce Strategy 1: Enhance a culture of collaboration, learning, and growth mindset.		Ensure the laboratory maintains proficiency on clinical, environmental, and select agency surveys.		N/A	Met
Workforce Strategy 1: Enhance a culture of collaboration, learning, and growth mindset.		Ensure consistent and timely annual competency review of all technologists for the CLIA required six elements.		N/A	Met
Health Data and Communication Strategy 1: Increase clarity in agency communications.	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.			Met	N/A



DISEASE PREVENTION AND RESPONSE SUMMARY

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	331,798	405,274	412,818	412,818	486,318
Federal Reimbursements	1,586,918	-	284,044	589,515	
Program-Specific Grants	828,423	1,037,325	802,848	802,848	1,014,914
Other Misc	15,815	2,633	-	-	
Total Revenues	2,762,955	1,445,232	1,499,710	1,805,181	1,501,232

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	2,372,780	1,966,072	2,473,894	2,753,604	2,091,785
Operating	629,542	363,582	565,707	585,125	298,800
Total Expenditures	3,002,322	2,329,654	3,039,601	3,338,729	2,390,585

COMMUNICABLE DISEASE (5321005)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	-	28,218	25,000	25,000	-
Total Revenues	-	28,218	25,000	25,000	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	571,812	796,637	796,637	880,316
Operating	40,567	57,593	47,275	47,275	22,200
Total Expenditures	40,567	629,405	843,912	843,912	902,516

ELC SUPPLEMENTAL 2 (5366095)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Federal Reimbursements	1,586,918	-	-	-	-
Total Revenues	1,586,918	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	1,302,398	-	-	-	-
Operating	284,520	-	-	-	-
Total Expenditures	1,586,918	-	-	-	-

ELC 2.2 (5366295)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Federal Reimbursements	-	-	284,044	284,044	-
Program-Specific Grants	-	157,946	-	-	-
Total Revenues	-	157,946	284,044	284,044	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	139,837	351,750	351,750	-
Operating	-	18,165	180,489	180,489	-
Total Expenditures	-	158,002	532,239	532,239	-

ELC 2.3 (5366395)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Federal Reimbursements	-	-	-	305,471	249,931
Total Revenues	-	-	-	305,471	249,931

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	-	-	279,710	-
Operating	-	-	-	25,761	21,077
Total Expenditures	-	-	-	305,471	21,077

EMERGENCY PREPAREDNESS (5366091)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	638,956	697,361	606,408	606,408	593,584
Total Revenues	638,956	697,361	606,408	606,408	593,584

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	530,789	687,413	721,289	721,289	550,847
Operating	108,508	82,220	63,071	63,071	9,814
Total Expenditures	639,296	769,633	784,360	784,360	560,661

CITIES READINESS INITIATIVE (5366100)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	189,467	153,800	171,440	171,440	171,399
Total Revenues	189,467	153,800	171,440	171,440	171,399

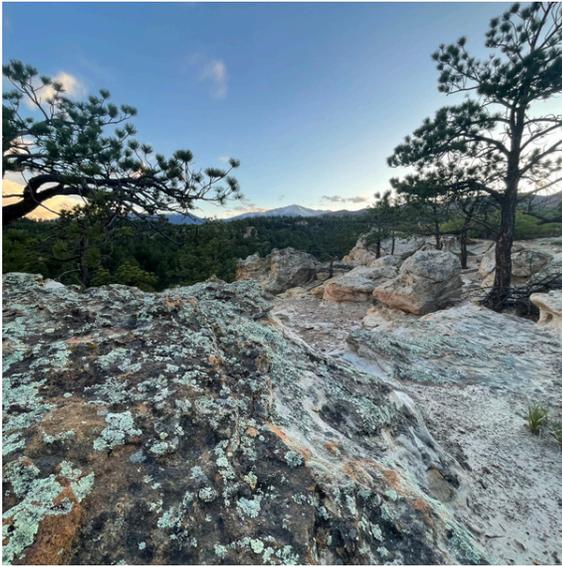
Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	154,741	145,068	172,495	172,495	210,793
Operating	34,727	8,732	10,329	10,330	1,729
Total Expenditures	189,467	153,800	182,824	182,825	212,522

LABORATORY (5326020)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits	331,798	405,274	412,818	412,818	486,318
Other Misc	15,815	2,633	-	-	-
Total Revenues	347,613	407,907	412,818	412,818	486,318

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	384,852	421,943	431,723	431,723	449,828
Operating	161,221	196,871	264,543	258,200	243,980
Total Expenditures	546,072	618,814	696,266	689,923	693,808

ENVIRONMENTAL HEALTH



Environmental Health (EH) works to ensure 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.

PURPOSE STATEMENT

Work to ensure 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, body art facilities, child care facilities, schools, public pools, spas, waste tire generators and air quality investigations.

AREAS OF SERVICE/PROGRAMS

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 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; and enforcement of local public health regulations at body art establishments and temporary events. El Paso County has more than 120 licensed body art establishments. **Funding source: License and Exam 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 regulates more than 400 child care facilities. Environmental health specialists inspect child care facilities to ensure 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 Onsite Wastewater Treatment Systems (OWTS) Program protects public health and the environment by preventing human exposure to sewage. It works to prevent the contamination of groundwater by ensuring adequate treatment of wastewater through individual OWTS or septic systems. The program accomplishes this by ensuring proper placement, design, installation, and maintenance of systems. EPCPH implements the OWTS regulation associated with both commercial and residential facilities that 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. Operation and maintenance requirements for OWTS systems helps maintain systems functionality, potentially reducing the need for permitted repairs. **Funding source: Permits and License Fees**

The Public Swimming Pool (Water Recreation) Program ensures proper pool and spa maintenance and operation to prevent waterborne disease. Environmental health specialists routinely inspect public swimming pools and spas, providing education to ensure compliance with Colorado's Safe Swimming Pool and Mineral Baths Regulations. El Paso County has 260 public swimming pools and spa facilities. **Funding source: Plan Review and Inspection Fees**

The Retail Food Safety Program helps prevent foodborne illness in El Paso County's retail food establishments through regulatory and educational efforts. In 2025, El Paso County had over 3,021 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 ensure 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 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 ensure 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 Waste Tire Program ensures 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**

OBJECTIVES

- Prevent the spread of disease through education and regulatory enforcement
- Provide education on safe food handling practices in retail food establishments to prevent foodborne illness through routine inspections and plan review of new facilities
- Ensure safe body art practices through licensing and enforcement of local public health regulations
- Ensure 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
- Ensure proper disposal of waste tires by inspecting waste tire generators and haulers

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Partnership Strategy 2: Build internal and external capacity for strong partnership engagement.		Enhance and streamline industry partnerships by developing transparent, clear, and consistent division communications.	Enhance and streamline industry partnerships by developing transparent, clear, and consistent division communications.	N/A	Not Met
Workforce Strategy 1: Enhance a culture of collaboration, learning, and growth mindset.	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.	Develop and promote a culture of collaboration within Environmental Health Division. Enhancing staff connection through incorporating staff feedback to improve staff retention.		Not Met	Met

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Partnerships Strategy 1: Develop and strengthen relationships with partners across all sectors.	Collaborate with industry partners to disseminate information about the 2022 Food Code prior to its implementation.		Improve service response metrics to strengthen partnerships with community members and industry professionals.	Met	N/A
Health Data and Communication Strategy 4: Modernize data infrastructure and increase access to timely, relevant and actionable local data to support data-driving decision making.	To improve the efficiency of communication and response efforts, and to facilitate effective investigations and interventions, develop and implement a foodborne outbreak protocol.	Ensure all program data within Health Space is accurate, consistent, and complete. Standardization of data will allow for efficient analysis and informed data-driven decision making.	Ensure all program data within Health Space is accurate, consistent, and complete. Standardization of data will allow for efficient analysis and informed data-driven decision making.	Met	Not Met

ENVIRONMENTAL HEALTH SUMMARY

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
State LPHA Funding	45,000	70,000	95,000	95,000	81,348
Licenses, Fees and Permits	1,651,093	2,037,424	2,063,002	2,063,002	2,394,210
Program-Specific Grants	81,256	92,505	98,302	98,302	100,468
Other Misc	2,401	1,826	500	500	1,000
Total Revenues	1,779,750	2,201,756	2,256,804	2,256,804	2,577,026

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	3,293,119	3,115,104	3,447,304	3,447,304	3,028,214
Operating	361,294	376,729	366,300	443,350	427,051
Capital	-	-	-	-	215,000
Total Expenditures	3,654,414	3,491,833	3,813,604	3,890,654	3,670,265

ENVIRONMENTAL HEALTH ADMINISTRATION 5351073

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
State LPHA Funding	45,000	70,000	95,000	95,000	
Licenses, Fees and Permits	1,651,093	2,037,424	2,063,002	2,063,002	
Program-Specific Grants	81,256	92,505	98,302	98,302	29,950
Other Misc	2,401	1,826	500	500	1,000
Total Revenues	1,779,750	2,201,755	2,256,804	2,256,804	30,950

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	3,293,119	3,115,104	3,447,304	3,447,304	131,274
Operating	361,294	376,729	366,300	443,350	427,051
Total Expenditures	3,654,413	3,491,833	3,813,604	3,890,654	558,325

RETAIL FOODS 5330040

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits					1,531,450
Program-Specific Grants					91,348
Total Revenues	-	-	-	-	1,622,798

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel					1,416,360
Total Expenditures	-	-	-	-	1,416,360

OWTS 5330020

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits					668,010
Total Revenues	-	-	-	-	668,010

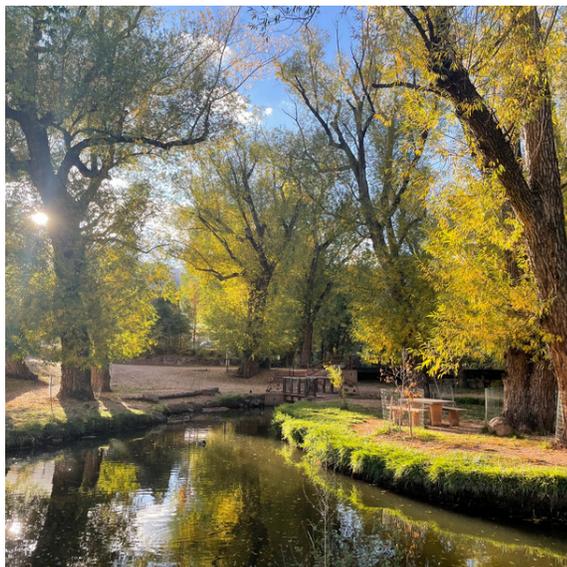
Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel					699,496
Capital					215,000
Total Expenditures	-	-	-	-	914,496

SCWAB 5330030

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Licenses, Fees and Permits					194,750
Program-Specific Grants					60,518
Total Revenues	-	-	-	-	255,268

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel					781,084
Total Expenditures	-	-	-	-	781,084

STRATEGY, DATA AND COMMUNICATION



Strategy, Data and Communication (SDC)

advances community health by delivering data-driven insights through population health epidemiology and analysis, fostering public understanding through education and communication, and guiding strategic initiatives such as community health assessments, community health improvement plans, and strategic plans.

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 SDC Division leverages data, 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

The Communications Program serves as an in-house marketing, public relations, and advertising team, providing numerous services to support EPCPH in fulfilling its overall agency, division and program goals. Communications serves both internal and external customers, including the broader El Paso County community. Its role is to provide accurate, timely, accessible and credible information on a wide variety of public health issues to the public, community partners, stakeholders, staff and other relevant parties. Communications services 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; and video and photography. **Funding source: Local and State funding**

The Public Health and Data Analytics Program (PHDA) provides high-quality data products and consultations to internal and external stakeholders to inform data-driven decisions. 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. **Funding source: Local and State funding**

The Strategy team provides leadership and coordination for key organizational initiatives that drive continuous improvement and community impact. Through robust internal and external collaboration, the program ensures alignment with national standards, fosters data-driven decision-making, and promotes accountability and transparency. The Strategy team supports accreditation, community health assessment and improvement planning, performance management, quality improvement, and strategic planning. **Funding source: Local and State Funding**

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 (CHIP) 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

Strategy, Data, and Communication

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Health Data & Communication Strategy 2: Promote stakeholder education highlighting agency programs and activities.	<p>Expand opportunities to provide public health information to the media and improve capabilities to respond to media inquiries.</p> <p>Provide opportunities for media relations training, maintain relationships with media partners, and seek new partnerships with diverse media outlets.</p>	Enhance proactive media relations by building relationships with media partners and generating exclusive pitches and story ideas.		Met	Met

Strategy, Data, and Communication

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Health Data & Communication Strategy 4: Modernize data infrastructure and increase access to timely, relevant and actionable data to support data-driven decision-making.	Create a catalogue of internal data systems to enhance and streamline the ability to collect, analyze, share and use internal data.	Expand mapping capabilities to support internal stakeholders with population data.	Make care coordination and community resources available to the public to support access to care and information sharing with the community as outlined in the Community Health Improvement Plan.	Met	Met
Health Data & Communication Strategy 4: Modernize data infrastructure and increase access to timely, relevant and actionable data to support data-driven decision-making.			Lead the department in responsibly and efficiently using new technology such as AI to more efficiently deliver services to the community.	N/A	N/A

Strategy, Data, and Communication

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Workforce Strategy 1: Enhance a culture of collaboration, learning, and growth mindset.	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.	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.	To standardize efforts, avoid errors, and increase the knowledge of all staff members, the Communications Team will create policies, procedures and/or SOPs that pertain to important duties and provide cross-training.	Met	Met
Health Data and Communication Strategy 1: Increase clarity in agency communications.	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.	To ensure the public health website is meeting all WCAG guidelines, conduct quarterly audits.		Met	Met

Strategy, Data, and Communication

Strategic Plan Pillar Alignment	2024 Goal	2025 Goal	2026 Goal	FY 2024 Actual	FY 2025 Actual
Health Data and Communication Strategy 1: Increase clarity in agency communications.		Ensure all Portable Document Format (PDF) files 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.		N/A	Met
Health Data and Communication Strategy 1: Increase clarity in agency communications.		Conduct internal training for public health staff on ADA digital accessibility and expectations according to WCAG's accessibility guidelines.		N/A	Met
Partnerships Strategy 2: Build internal and external capacity for strong partnership engagement.		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.	To forge a better relationship with members of our local media and earn positive news coverage, the Communications Team will conduct media trainings and perform proactive outreach.		Met

STRATEGIC, DATA, AND COMMUNICATION SUMMARY

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
State LPHA Funding	-	-	42,287.00	42,287.00	-
Other Misc	3,382.44	-	-	-	-
Total Revenues	3,382.44	-	42,287.00	42,287.00	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	3,074.94	608,883.39	1,165,818.00	1,165,818.00	1,188,760.00
Operating	102,323.36	54,765.68	92,750.00	105,593.00	81,582.00
Total Expenditures	105,398.30	663,649.07	1,258,568.00	1,271,410.00	1,270,342.00

SDC ADMINISTRATION (5310031)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Total Revenues	-	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	-	175,293	175,293	416,396
Operating	-	-	-	12,843	28,652
Total Expenditures	-	-	175,293	188,136	445,048

OFFICE OF COMMUNICATION (5364086)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Total Revenues	-	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	269,242	494,534	494,534	235,545
Operating	100,105	41,855	65,050	65,050	38,820
Total Expenditures	100,105	311,097	559,584	559,584	274,365

PUBLIC HEALTH DATA & ANALYTICS (5310006)

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Other Misc	3,382	-	-	-	-
Total Revenues	3,382	-	-	-	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	3,075	339,641	413,998	413,998	536,819
Operating	2,218	12,910	27,700	27,700	14,110
Total Expenditures	5,293	352,552	441,698	441,698	550,929

R16 OPIOD ABATEMENT COUNCIL

Revenues by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Program-Specific Grants	-	-	42,287	42,287	-
Total Revenues	-	-	42,287	42,287	-

Expenditures by Category (USD)	2023 Actual	2024 Actual	2025 OAB	2025 Revised	2026 OAB
Personnel	-	-	81,993	81,993	-
Operating	-	-	-	-	-
Total Expenditures	-	-	81,993	81,993	-

Appendix A: Budget Policy

Document: AFS-2016-P01	Title: Budget Process Policy	BoCC Approval: June 28, 2016
Effective Date: June 28, 2016	Reviewed By: Sherri Cassidy, County Controller Lori Cleaton, Budget Manager Nikki Simmons, Finance Manager	Reassessment: Annually
Standard: Local Government Budget Law of Colorado Revised Statutes (C.R.S. §29-1-101 through 115)	Approved By: Nicola Sapp, Chief Financial and Administrative Officer	Administration Approval: June 13, 2016

Mandate: The El Paso County Board of County Commissioners (BoCC) has the authority and responsibility to adopt and oversee the implementation of a budget approving the use of public funds for the operation of all County functions. In preparing its budget, El Paso County (EPC) follows the provisions of the Local Government Budget Law of Colorado, and all budgets are adopted on a basis consistent with U.S. Generally Accepted Accounting Principles (GAAP). State law requires the adoption of an annual budget by all Colorado Counties. Colorado state law (C.R.S Title 29) specifies requirements that must be followed in budgeting.

Purpose: This policy replaces budgetary and financial related resolutions, 05-345, 09-453, and 15-513, and is designed to provide the public, BoCC, appointed and elected officials and department directors with an understanding of the EPC Annual Budget Process and the associated governing statutes and regulations.

Scope: All EPC employees, officials, and agents are required to adhere to all statutory requirements and use this policy when administering the annual budget process. EPC functions on a calendar year (CY) for its financial reporting which begins January 1st and ends December 31st. Additionally EPC receives other sources of funds, which operate on

varying fiscal years (FY). For example, the state of Colorado's FY is July 1st to June 30th and the Federal FY is October 1st to September 30th. This must be considered when determining the EPC budget.

Responsibilities: Per C.R.S 29-1-104, the BoCC is required to designate or appoint a person to prepare the budget and submit it to the BoCC. This person is designated as the "Budget Officer". The Preliminary Balanced Budget (PBB) must be presented to the BoCC no later than October 15th of each year by the Budget Officer for EPC. The Budget Officer will work with all elected and appointed officials and department heads on behalf of the BoCC to prepare the proposed budget.

1.0 Statutory Deadlines and Requirements– EPC must follow the requirements of the "Local Government Budget Law of Colorado," Title 29, Article 1, Part 1 (Appendix C). Additional statutory deadlines for the submittal of the entire budget are due by January 31st of the budget year to the state of Colorado (please refer to Appendix D from the Colorado Department of Local Affairs (DOLA) for specific deadline dates).

1. **Adoption of the Original Adopted Budget (OAB)** – In order to be in compliance with the deadlines and requirements, EPC's Budget Policy uses the following basic parameters.
2. The proposed budget must be balanced. Specifically, no budget shall provide for expenditures in excess of available revenues and beginning fund balances.
3. The budget must be separated into funds. The expenditure data must show the objects of expenditure and anticipated revenue data must show its different sources.
4. The budget must show a beginning fund balance, anticipated revenue, expenditures and ending fund balance.
5. The Budget Officer must present a Preliminary Balanced Budget (PBB) to the BoCC by October 15th.
6. A notice of the Budget must be published.
7. Any elector of EPC has the right to file or register a protest with the BoCC prior to the time of the adoption of the budget.
8. The BoCC must adopt the OAB by December 15th prior to the certification of levies for EPC.
 - a. The Budget Resolution is the Resolution to Adopt the OAB. It must summarize the budget by fund and expenditures and the appropriation must not exceed revenues plus available fund balances.
 - b. The Mill Levy Resolution certifies the mill levy after the Resolution to Adopt has been approved.
 - c. The Transfer Resolution authorizes the Treasurer to make transfers between funds.
 - d. The OAB with additional documentation as mandated must be submitted to DOLA by January 31st.
9. **Supplemental Changes to the Original Adopted Budget (OAB and Base Budget)** - All

annual appropriations lapse at the end of the fiscal year.

10. EPC can only budget one year at a time and cannot obligate future years; therefore, unexpended funds currently obligated under a project or encumbrance in the current year must be reappropriated into the next budget year via a resolution approved by the BoCC.
11. Adjustments to the 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 expenditure of additional funds. Whenever EPC 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.
12. **Budgetary Fiscal Structure** – the budgetary fiscal structure is established in compliance with GAAP and the Governmental Accounting Standards Board (GASB), which define the fund accounting structure and how to classify governmental activity.
13. Fund Accounting – EPC uses fund accounting to ensure compliance with finance-related legal requirements. Fund accounting is used as a control device to segregate financial resources and ensure segregated resources are only used for their intended purposes. There are three (3) fund types; governmental, proprietary, and fiduciary.
14. Governmental Funds – Are used to account for tax-supported activities. There are five (5) different types of governmental funds: The General Fund, special revenue funds, debt services funds, capital projects funds, and permanent funds. The County currently has no debt service funds or permanent funds.

1. General Fund – used to account for all financial resources except those required to be accounted for in another fund and typically serves as the chief operating fund of EPC. This fund is used to account for general purpose activities of EPC supported by taxes and other non-dedicated revenues such as license fees, user charges and intergovernmental revenues.
2. Special Revenue Funds – used to account for the proceeds of specific revenue sources (other than for major capital projects) and are legally restricted expenditures for specified purposes. Examples of these funds include Road and Bridge Fund, Road and Bridge Escrow Fund, Human Services Fund, and Conservation Trust Fund.
3. Capital Projects Fund – used to account for financial resources used for the acquisition or construction of major capital facilities or capital projects and replacement (other than those financed by proprietary funds and trust funds). This fund also accounts for all annual lease obligations entered into by EPC. This is the Community Investment Project (CIP) Fund.
 - a. Proprietary Funds – focus on the determination of operating income, changes in net assets (or cost recovery), financial position, and cash flows. There are two (2) types of proprietary funds: enterprise funds and internal service funds.

- i. Enterprise Funds – used to report an activity for which a fee is charged to external users for goods or services. Enterprise funds are used for accounting purposes and not for Taxpayer Bill of Rights (TABOR) purposes and include: the Household Hazardous Waste Fund.
 - ii. Internal Service Funds – used to report any activity providing goods or services to other funds, departments, or agencies of the primary government, its component units, or other governments on a “cost reimbursement” basis and include: The Self Insurance Fund (SIF).
 - iii. Fiduciary Funds – used to report assets held in a trustee or agency capacity for others and cannot be used to support EPC’s own programs. The fiduciary fund category includes pensions (and other employee benefit) trust funds, investment trust funds, private-purpose trust funds, and agency funds.
 - 1. Pension Trust Funds – used to report resources required to be held in trust for the members and beneficiaries of defined benefit pension plans, defined contribution plans, postemployment benefit plans, or other employee benefit plans. EPC is not required to budget for these funds and must only budget for the annual contribution to this fund, which is housed in the General Fund.
 - 2. Private-Purpose Trust Funds – used to report all trust arrangements, other than those properly reported in pension trust funds or investment trust funds, under which principal and income benefit individuals, private organizations, or other governments. They include the School Trust Fund.
 - 3. Agency Funds – used to report resources held by EPC in a purely custodial capacity (assets equal liabilities). Agency funds typically involve only the receipt, temporary investment, and remittance of fiduciary resources to individuals, private organizations, or other governments. EPC only has to budget for the activity in Local Improvement District Funds.
4. **Level of Budgetary Control** – the level at which BoCC must approve a budgetary change. For EPC and in compliance with GAAP, this is at the fund level. EPC further institutes a managerial level of control where all budgets cannot be overspent at the Business Unit (or cost center) level. While EPC will continue to establish budgets at the major category level (personnel, operating, and capital) EPC will not institute levels of control at that level.
- 5.1. Additional Levels of Control
- a. The BoCC shall have the right to adopt a budget with more specific levels of control as necessary to ensure expenditures are used for the intended purposes. All board approved projects, major projects with total anticipated costs of over \$100,000, all grants, and any capital projects at the level required by the federal guidelines or greater (currently \$5,000) requires an assigned project number within EPC’s financial management system.

2. The official budgetary and accounting system for EPC is the JD Edwards/Oracle Financial Management System. All departments and offices utilize this system to account for all budgetary tracking and reporting for both internal and external purposes.
3. All levels of budgetary and managerial control will be monitored and enforced by Administration and Financial Services (AFS) throughout each fiscal year to assure compliance with this Policy and BoCC direction and/or action. This includes the daily monitoring and budgetary enforcement. In addition, the independent auditors review and audit these transactions to ensure compliance with policies.
 - a. Budget Process – This is the general process EPC follows in adopting the OAB each year. This process may be modified slightly at the direction of the BoCC or request of the Budget Officer if all requirements are adhered to. EPC implements different budgeting processes for the various accounting funds based on the legal restrictions of the accounting funds, funding sources, required expenditures, or BoCC direction. This section outlines the budget process based on whether the funds are Restricted, Partially Restricted or Unrestricted.
 - i. Restricted Funds are determined based on federal, state, and outside agency compliance requirements. EPC’s Restricted Funds are the Road and Bridge Escrow, Conservation Trust Fund, Household Hazardous Waste Fund, School Trust Fund, and Local Improvement Districts.
 - ii. Partially Restricted Funds are determined based on restrictions as outline above, but are partially funded by sales and use tax, property tax, or specific ownership tax. EPC’s Partially Restricted Funds are the Community Investment Project Fund (CIP), Self- Insurance Fund, Department of Human Services Fund (DHS), and Road & Bridge Fund.
 - iii. Unrestricted Funds are the remaining funds in the General Fund that do not fall under a restricted cost center.
 1. There are also Restricted, Committed, and Assigned Cost Centers (Business Units) within the General Fund that maintain their own fund balances and are accounted for separately to be in compliance with their various restrictions.
 - b. Restricted Funds Process – In the 2nd and 3rd quarters of the current year, the Budget Division coordinates with departments and offices on their restricted budget estimates for the upcoming FY. This includes all restricted funds and restricted cost centers in the General Fund. This process includes:
 - i. Reviewing current year activity.
 - ii. Reviewing pending legislation that will impact the upcoming budget year.
 - iii. Analyzing three (3) year trending to assess deviations in trends impacting the upcoming budget year.

1. Assessing operational changes or one-time projects that need to be addressed in the upcoming budget year to include: the increase of full-time employees (FTEs), as long as on-going restricted funds support the personnel.
2. Analyzing cash flow requirements.
3. Results of analysis and assessments determine the budget for the upcoming year and FTE authorizations are established for revenues, expenditures, and fund balances.
4. These budgets are included in the PBB and adopted as part of the OAB.
 - a. Partially Restricted Funds Process – In the 2nd and 3rd quarters of the current year, the Budget Division coordinates with departments and offices on their partially restricted budget estimates for the upcoming fiscal year. This process includes all the review and analysis, as outlined for the Restricted Budget Process, but these funds have their own individual process. On-going budgetary changes to these funds are assessed based on legal requirements and available revenues and fund balance. Changes resulting in increases or decreases to personnel will be assessed for impacts and FTE counts will be updated accordingly.
 - i. The Community Investment Project (CIP) Fund’s budget is closely monitored by federal bond raters and state agencies to ensure adequate budget is allocated to make the annual lease obligation payments per EPC’s required payment schedule. EPC’s first priority is to allocate sufficient sales and use tax or property tax to the CIP Fund to make the annual payments. EPC also ensures the restricted funding sources within this fund are being optimized and expended in compliance with their restricted purposes. The required amount of sales and use tax or property tax is allocated prior to any other budget obligation being met.
 - a. Bond raters require EPC to have a Debt Policy. EPC has not historically maintained a Debt Policy because EPC has not had any General Obligation Debt since 1985. This section serves as EPC’s Debt Policy.
 - b. EPC does not issue debt without voter approval as outlined in TABOR. EPC does currently have annual lease obligations, such as Certificates of Participation (COP’s) and Capital Leases.
 - ii. The Self Insurance Fund budget houses all of EPC’s self-funded activities to include: all insurance policies, providing risk management, workers compensation, unemployment, and healthcare benefits. The El Paso County Health Plan Trust is a major component of this fund.

Health care benefits consist of medical, dental, disability, life, wellness programs, flexible spending accounts (FSA), and health savings accounts (HSA). EPC is legally required to insure its facilities and officers. EPC is also legally required, by the Affordable Care Act (ACA), to offer medical benefits to its employees, retirees, and elected officials. EPC relies on a benefit consultant to advise of any changes in federal legislative impacts and to provide an estimate of health claims for the upcoming budget year. Based on the

consultant’s options, the Health Plan Trust Board (HPTB) approves the healthcare plan for the upcoming budget year. The appropriate allocation of restricted funds and sales and use tax or property tax is used to fund the anticipated claim expenditures for the upcoming budget year.

1. The **Department of Human Services Fund** must abide by numerous federal and state compliance requirements. These requirements are used to define the amount of legally required EPC match for mandated programs. EPC allocates the appropriate allocation of restricted funds and sales and use tax or property tax to be in compliance with the required match of funds.

a. The Road and Bridge Fund has many federal and state compliance requirements related to the restricted funds received. The allocation of property tax and specific ownership tax ensures compliancy with the Maintenance of Effort (MOE) as required by the Pikes Peak Rural Transportation Authority (PPRTA).

2. General Fund Unrestricted Budget Process – Budgeting for the General Fund Unrestricted Budget is the core of the budget process, where revenue streams are identified, and expenditures are determined by the BoCC. This process begins during the 2nd and 3rd quarters of the year and commences with the adoption of the OAB for the upcoming budget year by December 15th.

i. Revenue Estimates – core revenues streams are analyzed to determine sustainability and the projected receipts for the upcoming year. Analysis includes, but is not limited to:

1. Reviewing current year activity.
2. Analyzing a minimum of three (3) years trending to assess deviations in trends impacting the upcoming budget year.
3. Recognizing Economic Impacts.
4. Assessing BoCC Actions Affecting Anticipated Revenue Collections.
5. Identifying or anticipating state or federal allocation changes.
6. Identifying or anticipating grants resources including those from state, federal, or private sources.
7. Sales and use tax is EPC’s largest revenue stream and supports most of its operations. Significant analysis, trending, and economic assessment are completed when determining the projected sales and use tax collections for the upcoming budget year.
8. Projected property tax collections are determined by completing a mill levy calculation to determine the allowable mill levy and revenue collections under the Tax Payers Bill of Rights (TABOR). This is based on information provided by the Assessor; the Preliminary Certification of Valuation and estimated assessed value for EPC. TABOR contemplates a yearly calculation based on inflation and annual growth, but property values are assessed only



in even/odd years. Therefore, the EPC mill levy in any given year may need to be temporarily reduced to ensure allowable revenue collections under TABOR. In this circumstance, EPC will institute a temporary mill levy reduction pursuant to

C.R.S 39-1-111.5 to preserve the established mill levy rate and avoid long term detrimental impacts to services caused by the ratchet down effect.

1. Budget Moves within the Base Budget – The offices and departments have managerial discretion to adjust the budgets of individual expenditure line items within the base budget, which results in a zero-net impact to the budget. All budget moves are coordinated with, and processed by, the Budget Division.

- a. On-going budget moves between the major categories of personnel, operating and capital can be submitted to address changing operational needs or where cost efficiencies can be captured.
- b. When an on-going budget move results in an increase in County personnel or new positions, the adjustments will only be processed upon authorization of Human Resources (HR) regarding job description and appropriate pay scale. FTE counts and Position Control Numbers (PCNs) will be adjusted to reflect increases and decreases in personnel.

1. Updating the Five (5) Year Budget Forecast/Financial Roadmap (5YBF) – The Financial Roadmap is a five-year budget projection anticipating the known budgetary impacts through the next five budget years. The Financial Roadmap allows the BoCC, offices, departments, employees, and citizens to anticipate the financial direction of EPC. This supports strong fiscal management providing time to plan and address potential impacts to EPC’s financial position for future years.

Annually, after reviewing and updating all revenue estimates, the Budget Division will assess the impacts on the Financial Roadmap. Based on these impacts, the Budget Officer will hold meetings with the Countywide elected officials and department directors to discuss revenue impacts and EPC’s critical needs. During these meetings, objectives of the Strategic Plan are reviewed to ensure alignment with the Financial Roadmap. Through an additional series of meetings, the Budget Officer will update the Financial Roadmap to address changes brought forward. This revised Financial Roadmap is then built into the PBB and presented to BoCC no later than October 15th. The compilation of the Financial Roadmap consists of three phases:

1. **Initial Compilation** – priorities are addressed prior to discussions and deliberations.
2. **Strategy Phase** – accomplished through several meetings with all departments and offices responsible for providing specific services to EPC citizens or supporting offices and departments.
3. **BoCC Deliberations and Direction** – public budget process where budget hearings are held to receive direction from BoCC on how to proceed with the upcoming budget year.

a. Initial Compilation of the Financial Roadmap – the following priorities are addressed during this process:

i. The first priority is to establish a sufficient cash flow for the General Fund and to ensure compliancy with EPC’s Fund Balance Policy written in compliance with GASB. The BoCC has established the following:

1. The appropriate minimum level of General Fund unrestricted fund balance to be maintained is the sum of:

a. Historical uncollectable amounts for property taxes averaging 0.5%

b. Sales tax for all funds (excluding restricted Public Safety Sales Tax) of 10%

c. All other Unrestricted General Fund Revenues of 5%

d. The General Fund unrestricted fund balance may be used in the following circumstances:

i. Revenues received are at least 4% less than budgeted due to economic conditions.

ii. Federally declared natural disasters within the County.

iii. Elimination of core (tax related, non-grant) revenue streams, such as:

1. Sales and/or use tax

2. Property tax

3. Clerk and recorder fees.

4. Specific ownership tax.

a. BoCC determined emergency with one-time costs.

b. Fund balance will be used in the order of committed, assigned, and unassigned.

I. The General Fund Unrestricted Fund Balance will be replenished using the following methods:

I. The General Fund Unrestricted Fund Balance will be replenished using the following methods:

I. Adjust the 5YBF so spending is adjusted downward (or economic recovery predicted), and the desired levels of Unrestricted Fund Balance is replenished.

II. Natural disaster use is replenished when anticipated reimbursement will be received from state/federal government.

III. Fund balance will be replenished in the order of: Committed, Assigned, and Unassigned.

I. The General Fund unrestricted fund balance will be replenished using the following timeline:

- The amount that needs to be replenished will be adjusted in the 5YBF to be brought to the minimum required level over a maximum of five (5) budget years.

II. The highest level of decision-making authority to establish, modify and rescind Committed Funds is the BoCC by resolution.

III. The officials authorized to assign funds for specific purposes are the BoCC or the County Administrator and Budget Officer.

IV. The Second Priority is to ensure adequate reserves are in place to address any potential emergencies in a given budget year. This will allow EPC to successfully navigate one-time emergency issues, as well as most unanticipated significant reductions in core revenue streams. An appropriate level of reserve can be established in the General Fund Balance or can be appropriated in the current budget as a line item but cannot be expended without official approval by a majority of the BoCC. This reserve will provide EPC will the ability to respond quickly and appropriately. It also allows time to address long term impacts, so the unforeseen emergencies do not result in unnecessary budget reductions or freezes.

V. The third priority is to ensure an appropriate reserve is established to address a projected TABOR refund in the upcoming budget year if the TABOR calculation projects a refund.

VI. The fourth priority is to ensure an appropriate budget level exists to cover anticipated utility costs for the upcoming budget year based on the utility rate increases/decreases and ensuring all energy savings programs are implemented.

VII. The fifth priority is to ensure the El Paso County Retirement Plan's (EPCRP) annual distributions have an appropriate level of County contributions flowing in. This is done through a reimbursement of the EPCRP's administrative costs with an amount not to exceed \$600,000 from General Fund sources. This will not be accomplished through an increase in retirement plan contribution percentage increases or to address the actuarially projected unfunded deficit in its entirety. The actuarially identified deficit will need to be

addressed through the “strategy phase” of the Financial Roadmap compilation process.

4. Strategy Phase of the Financial Roadmap – Through various meetings and discussions with the offices and departments, the following items will be discussed and built into the 5YBF:

- a. Personnel Adjustments – EPC is a service-based organization, and our largest asset is human capital (employees who provide services to EPC citizens). Therefore, any necessary personnel adjustments based on inequities identified through an outside third- party comprehensive compensation study, will be captured in the Financial Roadmap. Other personnel adjustments may be captured in the Financial Roadmap, such as pay for performance (PFP), cost of living adjustment (COLA), and equity adjustments.
- b. New Positions – as needed and requested by offices or departments because of increased service needs and where the base budget cannot absorb the cost.
- c. Increases in Operational Costs – as needed based on increases in costs of services, contracted costs, commodities, and/or legislative or statutory changes.
- d. Increases in Maintenance and Replacement Programs – when needed to provide Countywide support services to offices/departments in the most cost-effective manner.
- e. Needed Capital projects – capital projects that need to be addressed and do not fall within a major maintenance or replacement program must be coordinated with the following:
 - i. All Capital Project needs must be coordinated with the appropriate supporting department such as Public Works, Community Services Department (CSD), Procurement and Information Technology (I.T.). Additionally, all projects and purchases must follow all procurement processes and policies.
 - ii. After all strategy and deliberations have commenced, the Financial Roadmap will be built into the PBB and presented to BoCC to include projections and changes to the prior year Financial Roadmap, on or before the statutory deadline of October 15th.
- f. BoCC Deliberations and Direction - Original Adopted Budget Process – the process between the presentation of the PBB and the adoption of the OAB on or before December 15th.
 - i. After presentation of the PBB to the BoCC, the Budget Officer will present the Financial Roadmap to a citizen committee to review the parameters of the Financial Roadmap and receive input from that group.
 - ii. Additional budget hearings (BoCC meetings) will be held as needed:

1. Presentations from elected officials and department directors are given to support any changes or continuations of critical needs identified (included or not included) in the Financial Roadmap.
2. Citizen committee input of the Financial Roadmap.
3. Citizen discussion.
4. BoCC discussion of the proposed Financial Roadmap and impacts of budget presentations.
5. BoCC will provide direction to the County Budget Officer on how to proceed with the OAB (final budget).
6. Adoption of the OAB, Mill Levy Resolution, and Transfer Resolution on or before December 15th

Appendix B: Investment Policy

I. Introduction

The intent of the Investment Policy (the “Policy”) of El Paso County (the “County”) is to define the parameters within which funds are to be managed. In methods, procedures and practices, the Policy formalizes a framework within which the County’s investment activities must be exercised in order to ensure effective and judicious fiscal and investment management of El Paso County’s funds. The guidelines herein are intended to be broad enough to allow the Treasurer’s Office to function properly within the parameters of its stated responsibility and authority, yet specific enough to provide flexibility while adequately safeguarding the investment assets.

The County Treasurer (the “Treasurer”) is not compelled by state law to purchase security investments with the County’s funds; however, the County may earn additional revenue through a security investment portfolio. While the Treasurer acts as the County banker for all County revenues, there is also an on-going function of collecting and disbursing property tax revenues for all taxing entities and special districts in the County. Short-term investment practices that maximize investment of the “pass through” revenues, in addition to the County’s operating revenues, can provide additional revenue ensuring the public of fiscal responsibility.

II. Governing Authority

The investment program shall be operated in conformance with federal, state, and other legal requirements, as well as in accordance with Colorado Revised Statutes. These include C.R.S. 24-75-601, (et seq) Funds–Legal Investments; C.R.S. 30-10-708 Deposit of funds in banks and savings and loan associations; C.R.S. 11-10.5-101, (et seq) Public Deposit Protection Act; C.R.S. 24-75-603 Depositories; and C.R.S. 24-75-702 Local governments- authority to pool surplus funds.

III. Scope

This Policy applies to activities of El Paso County with regard to investing the financial assets of all funds under the control of the Treasurer’s Office, including County government funds and “pass through” revenues. The covered funds, and any new funds created by the County, unless specifically exempted by this Policy, are defined in the County’s Comprehensive Annual Financial Report.

Except for funds in certain restricted and special funds, the County shall commingle its funds to maximize investment earnings and to increase efficiencies with regard to investment

pricing, safekeeping and administration. Investment income will be allocated to the various funds based on their respective participation and in accordance with generally accepted accounting principles.

IV. General Objectives

The primary objectives, in priority order, of investment activities shall be:

1. Safety

Safety of principal is the foremost objective of the investment program. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. The goal will be to mitigate credit risk and interest rate risk.

2. Liquidity

The investment portfolio shall remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated.

3. Return (Yield)

The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints of safety and liquidity needs.

V. Standards of Care

1. Prudence

The standard of prudence to be used shall be the “prudent person” standard and shall be applied in the context of managing an overall portfolio. Per C.R.S. 24-75-601.4, the Treasurer, or his designee, acting in accordance with written procedures and this Investment Policy and exercising due diligence shall be relieved of liability for an individual security’s credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and appropriate action is taken to control adverse developments.

The “prudent person” standard states that,

“Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.”

2. Ethics and Conflicts of Interest

Employees involved in the investment process shall refrain from personal activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial investment decisions. Employees shall disclose any material interests in financial institutions with which they conduct business and recuse themselves from participation in investments with that financial institution. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Employees shall refrain from undertaking any personal investment transactions with the same individual with whom business is conducted on behalf of El Paso County.

3. Delegation of Authority and Responsibilities

Investment Officer

The responsibility for conducting investment transactions resides with the Treasurer. No person shall engage in any banking or investment transactions except as approved by the Treasurer.

The Treasurer may designate responsibility for the operation of the investment program to specific staff members, who shall act in accordance with established written procedures and internal controls for the operation of the investment program consistent with this Investment Policy.

All participants in the investment process shall seek to act responsibly as custodians of the public trust. The Treasurer or designee may not engage in an investment transaction except as provided under the terms of this Policy and supporting procedures.

Investment Adviser

El Paso County may engage the services of one or more external investment managers to assist in the management of the County's investment portfolio in a manner consistent with the County's objectives. Such external managers may be granted discretion to purchase and sell investment securities in accordance with this Investment Policy. Such managers must be registered under the Investment Advisers Act of 1940.

VI. Authorized Financial Institutions, Depositories, and Broker/Dealers

1. Authorized Financial Institutions, Depositories, and Broker/Dealers

The Treasurer will maintain a list of financial institutions and depositories authorized to provide investment services per C.R.S. 30-10-708. In addition, a list will be maintained of

approved security broker/dealers selected by conducting a process of due diligence. Selection of financial institutions and broker/dealers authorized to engage in transactions with El Paso County shall be at the sole discretion of the Treasurer.

The County shall only purchase securities from authorized firms on the Treasurer's approved list of broker/dealers. To be eligible, a firm must meet at least one of the following criteria:

1. be recognized as a Primary Dealer by the Federal Reserve Bank of New York, or have a Primary Dealer within their holding company structure;
2. report voluntarily to the Federal Reserve Bank of New York; or
3. qualify under Securities and Exchange Commission (SEC) Rule 15c-3 (Uniform Net Capital Rule).

Broker/dealers will be selected by the Treasurer on the basis of their expertise in public cash management and their ability to provide services for the County's account.

Approved broker/dealers are subject to the provisions of the Colorado Revised Statutes, including but not limited to C.R.S. 24-75-601.

The County may engage the services of one or more professional investment advisory firms to assist in the management of its portfolio. Such investment advisors may purchase and sell investment securities in accordance with this Policy and may utilize their own approved list of broker/dealers; however, the list shall comply with the criteria listed above and shall be provided to the County on an annual basis.

In the event that the County does not utilize an external investment advisor, each authorized broker/dealer shall be required to submit and annually update a County approved Broker/Dealer Information Request form which includes the firm's most recent financial statements and the Treasurer shall maintain a file of these forms. Such broker/dealers must attest in writing that they have received a copy of this Policy.

The County may purchase Commercial Paper from direct issuers even though they are not on the approved broker/dealer list as long as they meet the criteria outlined in the Suitable and Authorized Investments section of this Policy.

All financial institutions who desire to become depositories must supply the following:

- Audited financial statements demonstrating compliance with state and federal capital adequacy guidelines;
- Evidence of FDIC membership;
- Proof of state registration;
- Evidence of adequate insurance coverage; and must
- Qualify as depository of public funds in the State of Colorado, C.R.S. 24-75-603, (et seq)

An annual review of the financial condition and registration of all qualified financial institutions and broker/dealers will be conducted by the Treasurer's Office.

3. Competitive Transactions

A. The Treasurer or designee will obtain competitive bid information on all investment instruments purchased or sold on the secondary market. A competitive bid can be executed through a bidding process involving at least three separate brokers/financial institutions or through the use of a nationally recognized trading platform.

B. If the County hires an investment adviser to provide investment management services, the adviser must provide documentation of competitive pricing execution on each transaction. The investment adviser will retain documentation and provide upon request.

C. If El Paso County is offered a security for which there is no readily available competitive offering on the same specific issue, than the Treasurer shall document quotations for comparable or alternative securities. When purchasing original issue instrumentality securities, no competitive offerings will be required as all dealers in the selling group offer those securities as the same original issue price.

VII. Safekeeping and Custody

1. Delivery vs. Payment

All trades of marketable securities will be executed (cleared and settled) on a delivery vs. payment (DVP) basis to ensure that securities are deposited in El Paso County's safekeeping institution prior to the release of funds.

2. Third-Party Safekeeping

Investment securities purchased for the County will be delivered by either book entry or physical delivery and held in third party safekeeping by a Federal Reserve member financial institution designated as the County's custodian bank. The Treasurer shall approve one or

more banks to provide safekeeping and custodial services for the County. To be eligible for designation, a bank shall meet the criteria described in Section VI. Authorized Financial Institutions, Depositories, and Broker/Dealers of this Investment Policy. The County shall execute a written Safekeeping Agreement with each custodian bank, prior to utilizing that bank's safekeeping services.

Custodian banks will be selected on the basis of their ability to provide services for the County's account and the competitive pricing of their safekeeping related services.

It is the intent of the County that all purchased securities be perfected in the name of the County. Sufficient evidence to title shall be consistent with modern investment, banking, and commercial practices.

All investment securities purchased by the County will be delivered by book entry and will be held in third-party safekeeping by a County approved custodian bank, its correspondent bank or the Depository Trust Company (DTC).

All fed wireable book entry securities owned by the County shall be evidenced by a safekeeping receipt, issued to the County by the custodian bank stating that the securities are held in the Federal Reserve system in a "customer account" for the custodian bank which names the County as "customer."

All non-fed wireable securities shall be held by the custodian bank's correspondent bank or the bank's participant account with the Depository Trust Company (DTC) and the custodian bank shall issue a safekeeping receipt to the County evidencing that the securities are held by the correspondent bank or the DTC for the County.

3. Internal Controls

The Treasurer shall establish a system of internal controls, which shall be documented in writing. The internal controls shall be reviewed by the independent auditor who audits the County. The controls shall be designed to prevent the loss of public funds arising from fraud, employee error, and misrepresentation by third parties, unanticipated changes in financial markets, or imprudent actions by employees of El Paso County.

VIII. Suitable and Authorized Investments

1. Investment Types and Credit Guidelines

Consistent with CRS 24-75-601, (et seq) Funds—Legal Investments, the following investments

will be permitted by this Policy. If additional types of securities are approved for investment of public funds by state statute, they will not be eligible for investment by El Paso County until this Investment Policy has been amended and approved. Eligible types of securities include:

- U.S. Treasury Obligations: Treasury Bills, Treasury Notes, Treasury Bonds and Treasury Strips or those for which the full faith and credit of the United States are pledged for the payment of principal and interest with maturities not exceeding five years from the date of trade settlement. There is no limit on the amount of the portfolio that may be invested in U.S. Treasury Obligations.
- Federal Agency and Instrumentality Securities: Obligations, participations or other instruments of any Federal agency, instrumentality or United States government-sponsored enterprise, including those issued or fully guaranteed as to principal and interest by Federal agencies, instrumentalities or United States government sponsored enterprises. Such securities shall be rated at least AA or the equivalent at the time of purchase by at least two Nationally Recognized Statistical Rating Organizations (NRSROs) and have maturities not exceeding five years from the date of trade settlement. No more than 85% of the portfolio may be invested in Federal agency and instrumentality securities, and no more than 35% may be invested in any one issuer. Subordinated debt may not be purchased.

Authorized Federal Instrumentalities include, but may not be limited to:

- Federal Home Loan Bank
- Federal Home Loan Mortgage Corporation
- Federal National Mortgage Association
- Federal Farm Credit Bank
- International Bank for Reconstruction and Development (World Bank)
- Time Certificates of Deposits (CDs): Non-negotiable CDs with maturities less than one year and in FDIC insured state or nationally chartered banks or savings banks. CDs exceeding the FDIC insured amounts shall be collateralized in accordance with the Colorado Public Deposit Protection Act C.R.S. 11-10.5-101, (et seq). No more than 5% of the portfolio may be invested in time certificates of deposit, and no more than 2% of the portfolio may be invested in CDs of a single institution.
- Negotiable Certificates of Deposit: Negotiable certificates of deposit denominated in U.S. dollars, issued by a bank that is organized and operating within the United States, that

matures within three years from the date of trade settlement, and that at the time of purchase has either a) a long-term rating in one of the two highest categories by a NRSRO, or b) short-term ratings not less than A1, P1, or F1 by any NRSRO. No more than 30% of the portfolio may be invested in negotiable certificates of deposit, and no more than 5% of the portfolio may be invested with a single issuer.

- **Corporate Bonds:** with any United States denominated corporation organized and operating within the United States with a net worth in excess of \$250 million. The debt must be rated at least AA- or the equivalent by at least two NRSROs. The maximum maturity of such securities shall not exceed three years from the date of trade settlement. No more than 35% of the portfolio may be invested in corporate bonds, and no more than 5% may be invested with a single corporation.
- **Municipal Bonds:** General Obligations and Revenue Obligations of state or local governments. Such obligations of Colorado (or any political subdivision, institution, department, agency, instrumentality, or authority of the state) shall be rated at least A or the equivalent at the time of purchase by at least two NRSROs. Such obligations of any other governmental entity shall be rated at least AA or the equivalent at the time of purchase by at least two NRSROs. In addition, certificates of participation or other security evidencing rights in payments to be made by a school district under a lease, lease-purchase agreement, or similar agreement if the security carries at least two ratings by NRSROs and each rating is at least A or the equivalent at the time of purchase. All Municipal Bonds shall have a final maturity not exceeding five years from the date of trade settlement. The County shall limit its combined investment in such securities to no more than 25% of the total portfolio and 5% per issuer.
- **Commercial Paper:** with maturities not exceeding 270 days from the date of trade settlement that is rated at least A-1 or the equivalent at the time of purchase by at least two NRSROs. If the commercial paper issuer has a senior debt outstanding, the senior debt must be rated by each service that publishes a rating on the issuer of at least A or the equivalent. Furthermore, the issuer's commercial paper program's size shall not exceed \$200 million. No more than 30% of the portfolio may be invested in commercial paper, and no more than 5% may be invested with a single issuer.

- Eligible Bankers Acceptances: with maturities not exceeding 180 days from the date of trade settlement and issued by FDIC insured state or national banks with combined capital and surplus of at least \$250 million. Bankers Acceptance shall be rated at least A-1 or the equivalent at the time of purchase by at least two NRSROs. If the issuing bank has senior long-term debt, it shall be rated at the time of purchase A or the equivalent. No more than 20% of the portfolio may be invested in bankers acceptances, and no more than 5% may be invested with a single institution.
- Local Government Investment Pools (“LGIP”): authorized under C.R.S. 24-75-702, that 1) are “no-load” (i.e. no commission or fee shall be charged on purchases or sales of shares); 2) have constant net asset value per share of \$1.00; 3) limit assets of the fund to securities authorized by state statute; 4) have a maximum stated maturity and weighted average maturity in accordance with Rule 2a-7 of the Investment Company Act of 1940; and 5) have a rating of AAAM or the equivalent. There is no limit on the amount of the portfolio that may be invested in LGIPs, however, no single LGIP may constitute more than 50% of the portfolio.
- Money Market Mutual Funds: registered under the Investment Company Act of 1940 and are authorized under C.R.S. 24-75-601 that 1) are “no-load (i.e. no commission or fee shall be charged on purchases or sales of shares); 2) have constant net asset value per share of \$1.00; 3) limit assets of the fund to securities authorized by state statute; 4) have a maximum stated maturity and weighted average maturity in accordance with Rule 2a-7 of the Investment Company Act of 1940; and 5) have a rating of AAAM or the equivalent. There is no limit on the amount of the portfolio that may be invested in money market mutual funds, however, no single fund may constitute more than 50% of the portfolio.
- Repurchase Agreements and Reverse Repurchase Agreements: Agreements between a seller and a buyer whereby the seller agrees to repurchase the securities at an agreed upon price and usually at a stated time. Such securities subject to these agreements must have a coupon rate that is fixed from the time of settlement until its maturity date, and must be marketable. The title to or a perfected security interest in such securities, along with any necessary transfer documents, must be transferred to the County or to a custodian acting on behalf of the County. Such securities must actually be delivered to a

third-party custodian or third-party trustee for safekeeping on behalf of the County. The collateral securities of repurchase agreements must be collateralized at no less than 102% and marked-to-market no less frequently than weekly. Eligible securities consist of only those referenced above (U.S. Treasury obligations and GSEs). Maximum maturity of such securities shall not exceed one year from the date of trade settlement. No more than 50% of the portfolio may be invested in repurchase agreements and reverse repurchase agreements, and no more than 5% may be invested with a single counterparty.

- Deposits in State or Nationally Chartered Depository Institutions: such depositories must be participants in the State’s Public Deposit Protection Act (PDPA) collateralization program as defined in C.R.S. 11-10.5-103, whereby, the bank must pledge its own securities. Demand Deposit, Savings, and Money Market accounts have no final maturity; therefore, can remain on deposit as long as the financial institution retains a Bauer Financial rating of two stars for deposits fully insured by the FDIC or three stars for deposits subject to PDPA.

Securities that have been downgraded below the minimum ratings described herein may be sold or held at the County’s discretion. The portfolio will be brought back into compliance with Investment Policy guidelines as soon as is practical.

Any investment currently held that does not meet the current guidelines of this Policy shall be exempted from the requirements of this Policy. At maturity or liquidation, such monies shall be reinvested only as provided by this Policy.

2. Collateralization

As required by state statute, C.R.S. 11-10.5-101, (et seq) Public Deposit Protection Act, full collateralization will be required on all demand deposit accounts, including checking accounts, savings accounts, money-market deposits, and negotiable and non-negotiable certificates of deposit.

IX. Investment Parameters

1. Mitigating credit risk in the portfolio

Credit risk is the risk that a security or a portfolio will lose some or all of its value due to a real or perceived change in the ability of the issuer to repay its debt. El Paso County shall mitigate credit risk by diversifying the investment portfolio through:

- Limiting investments to avoid overconcentration in securities from a specific issuer or business sector (excluding U.S. Treasury securities),
- Limiting investment in securities that have higher credit risks,
- Investing in securities with varying maturities, and
- Continuously investing a portion of the portfolio in readily available funds such as local government investment pools (LGIPs) or money market funds to ensure that appropriate liquidity is maintained in order to meet ongoing obligations.

2. Mitigating market risk in the portfolio

Market risk is the risk that the portfolio value will fluctuate due to changes in the general level of interest rates. El Paso County recognizes that, over time, longer-term/core portfolios have the potential to achieve higher returns. On the other hand, longer-term portfolios have higher volatility of return. El Paso County shall mitigate risk by providing adequate liquidity for short-term cash needs, and by making longer-term investments only with funds that are not needed for current cash flow purposes. El Paso County further recognizes that certain types of securities, including variable rate securities, securities with principal pay downs prior to maturity, and securities with embedded options, will affect the market risk profile of the portfolio differently in different interest rate environments. El Paso County, therefore, adopts the following strategies to control and mitigate its exposure to market risk:

- Liquidity funds will be held in investment instruments maturing within one year at the time of purchase;
- Longer term/core funds will be defined as funds in excess of liquidity requirements. The investments in this portion of the portfolio will have maturities between 1 day and 5 years and will be invested in higher quality and liquid securities.

X. Performance Standards/Evaluation

El Paso County's portfolio is managed with the objective of obtaining a market rate of return, commensurate with identified risk constraints and cash flow characteristics. Because the composition of the portfolio fluctuates depending on market and credit conditions, various indices may be used to monitor investment performance.

Preservation of capital and maintenance of sufficient liquidity will be considered prior to attainment of market return performance. Given these considerations, the County's portfolio goal should be to provide a net yield that is equal to or better than those attained by the selected indices over interest rate cycles. Return comparisons of the portfolio to the market

benchmark will be calculated on a monthly basis. When comparing the performance of the County's portfolio, all fees and expenses involved with managing the portfolio shall be included in the computation of the portfolio's rate of return.

XI. Reporting/Disclosure

The Treasurer's Office shall prepare a quarterly management summary that provides an analysis of the status of the current investment portfolio and the individual transactions executed over the past quarter. This management summary will ascertain whether investment activities during the reporting period have conformed to the Investment Policy. The report will include, at a minimum, the following:

- An asset listing showing par value, cost and accurate and complete market value of each security, type of investment, issuer, and interest rate;
- Average maturity of the portfolio and modified duration of the portfolio;
- Maturity distribution of the portfolio;
- Average portfolio credit quality;
- Time-weighted total rate of return for the portfolio for the prior three months, twelve months, year to date, and since inception compared to the Benchmark Index returns for the same period;
- Average weighted yield to maturity of portfolio on investments as compared to applicable Benchmarks; and,
- Distribution by type of investment.

Annual reports

A. A comprehensive annual report shall be presented in conjunction with the Investment Policy review. This report shall include comparisons of El Paso County's return to the selected benchmarks, shall suggest policies and improvements that might enhance the investment program, and shall include an investment plan for the coming year.

XII. Approval of Investment Policy

This Policy shall be reviewed at least annually within 120 days of the end of the fiscal year to ensure its applicability to the overall objectives of preservation of principal, liquidity and return, its consistency with current law, and its relevance with financial and economic trends.

Any changes to this Policy must be approved by the Treasurer as well as the individuals charged with maintaining internal controls. The Investment Policy shall be adopted by the Board of County Commissioners of El Paso County.

Suitable and Authorized Investments Summary

The table below provides only a summary of the authorized investments of the County. For a detailed description of the investment parameters that govern the County’s investments, please see the “Suitable and Authorized Investments” section of this Policy.

Security Type	Maximum Portfolio %	Maximum Issuer %	Maturity Restrictions	Rating Restrictions
U.S. Treasuries	100%	100%	5 years	N/A
Federal Agencies and Instrumentalities	85%	35%	5 years	AA by 2 NRSROs
Time Deposit/CD	5%	2%	1 year	N/A
Negotiable CDs	30%	5%	3 Years	A1/P1/F1
Corporate Bonds	35%	5%	3 years	AA- by 2 NRSROs
Municipal Bonds of a Colorado Issuer	25%*	5%*	5 years	A by 2 NRSROs
Municipal Bonds of a Non-Colorado Issuer	25%*	5%*	5 years	AA by 2 NRSROs
Municipal Bonds, School District Certificates of Participation	25%*	5%*	5 years	A by 2 NRSROs
Commercial Paper	30%	5%	270 days	A-1 by 2 NRSROs

Security Type	Maximum Portfolio %	Maximum Issuer %	Maturity Restrictions	Rating Restrictions
Banker Acceptances	20%	5%	180 days	A-1 by 2 NRSROs
Repurchase Agreements and Reverse Repurchase Agreements	50%	5%	180 days	N/A
Local Government Investment Pools	100%	50%	N/A	AAAm
Money Market Funds	100%	50%	N/A	AAAm
Bank Deposits	100%	50%	N/A	2 stars for FDIC/3 stars for PDPA**

*The aggregate exposure to municipal bonds may not exceed 25% of the Portfolio, and no more than 5% of the Portfolio may be invested with a single issuer.

** Bauer Financial ratings required for deposits fully insured by the FDIC or subject to PDPA collateral requirements.

Note: The Portfolio will be limited to an aggregate exposure of 50% for the following investment types: Municipal Bonds, Corporate Bonds, Commercial Paper, Time Certificates of Deposit, Negotiable Certificates of Deposit and Bankers Acceptances.

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.

Adopted budget: Refers to the budget amounts originally approved by the Board of Health 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 that 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.

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

American Rescue Plan Act (ARPA): ARPA provided 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 Health 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 Health 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 Health 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 one year, such as cash, accounts receivable, and inventories. A fixed asset provides benefits for more than one 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 Health 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.

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 El Paso County Public Health.

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 Health, is the legal basis for expenditures in the budget year.

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 lease: An agreement that conveys the right to use property, plant, or equipment, usually for a stated period of time.

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.

CDPHE: Colorado Department of Public Health and Environment

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.

CHP: Community Health Promotion

Committed fund balance: Amount that can be used for specific purposes determined by formal action of the Board of Health. Commitments may be established, modified, or rescinded, only through resolutions approved by the BoH.

Contingency: A possible future event or condition arising from causes unknown or at present indeterminable.

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.

Debt: An obligation resulting from the borrowing of money or from the purchase of goods and services. A government's debts can include bonds, leases, and notes. Debt instruments are used to finance projects with high capital costs and long useful lives.

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).

Depreciation: A financial mechanism to allocate the cost of a capital item over its service life. A decrease in an asset's value due to wear and tear, decay, or decline in price. Through this process, the entire cost on an asset is ultimately charged off as an expense over its service life.

E

EH: Environmental Health Division

Elected official: An official elected by El Paso County voters to manage an elected county office.

El Paso County (EPC): One of 64 counties in the state of Colorado.

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 for goods 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 Public Health'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 40-hour weeks).

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.

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.

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 or EPCPH 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 state or federal governments require the county/EPCPH to perform for which no revenue or partial revenue is provided.

Maternal and Child Health (MCH): A program to improve the health and well-being of the maternal and child population.

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/EPCPH 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).

Onsite Wastewater Treatment Systems (OWTS): Decentralized, localized structures that collect, treat, and disperse wastewater directly on the property where it is generated. Used when connection to a central sewer is unavailable, they protect public health and the environment by treating sewage—often from homes or businesses—through natural processes and mechanical components like septic tanks and soil absorption fields (leachfields).

Operating budget: Budget that accounts for the costs of carrying on activities that do not meet the criteria capitalization.

P

Personnel expenditures: One of six major categories of expenditures used in ECPH's 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 Budget Manager (the Budget Officer) to the Board of Health.

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 RFSP 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 Health 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

SWAB: Acronym for business unit that captures the activity of swimming pools, child care, waste tire, air quality and body art revenues and expenditures in the Environmental Health Division.

T

Transfers: 1) Interfund transfers: are internal transactions only and do not represent actual outflow from the county/EPCPH. They represent one fund sending cash to another fund. Interfund transfers done without regard to repayment or an 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): A Special Supplemental Nutrition Program for Women, Infants and Children, within an approved service area.

X

Y

Z