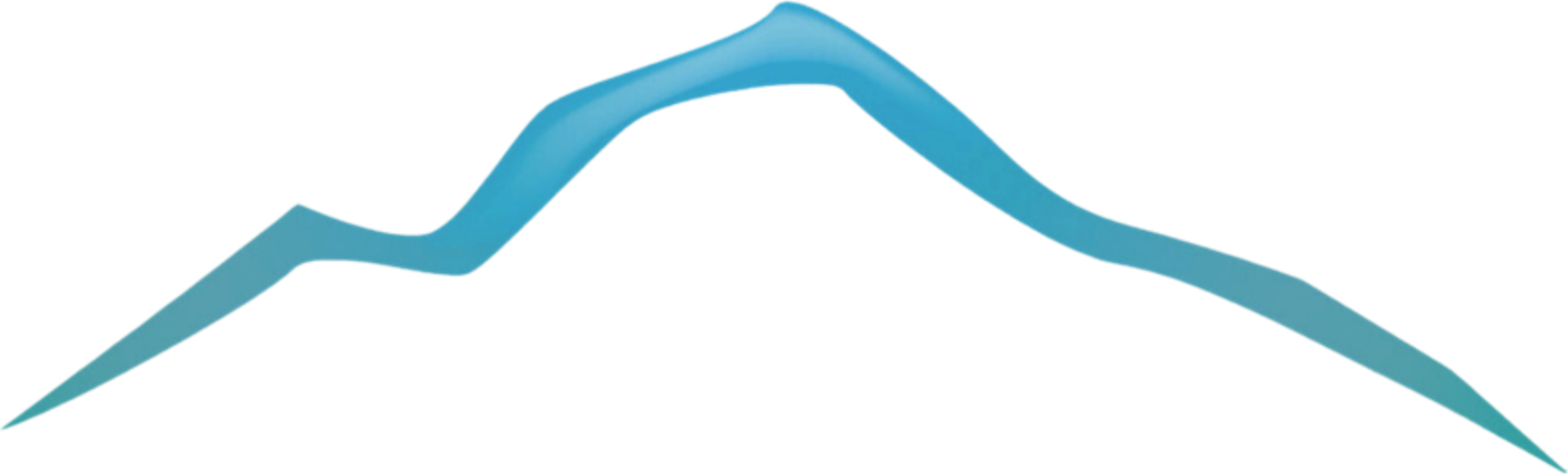




El Paso County Public Health Board of Health Meeting

Date: August 6, 2026

Accessibility Check 8/4/26

Board Member Roll Call

Approval of Agenda

1. Board Member Roll Call
2. Approval of Agenda (*action required*)
3. Board of Health Comments
4. Public Comment Regarding Items Not on the Agenda
5. 2027 Budget Work Session
6. Adjourn

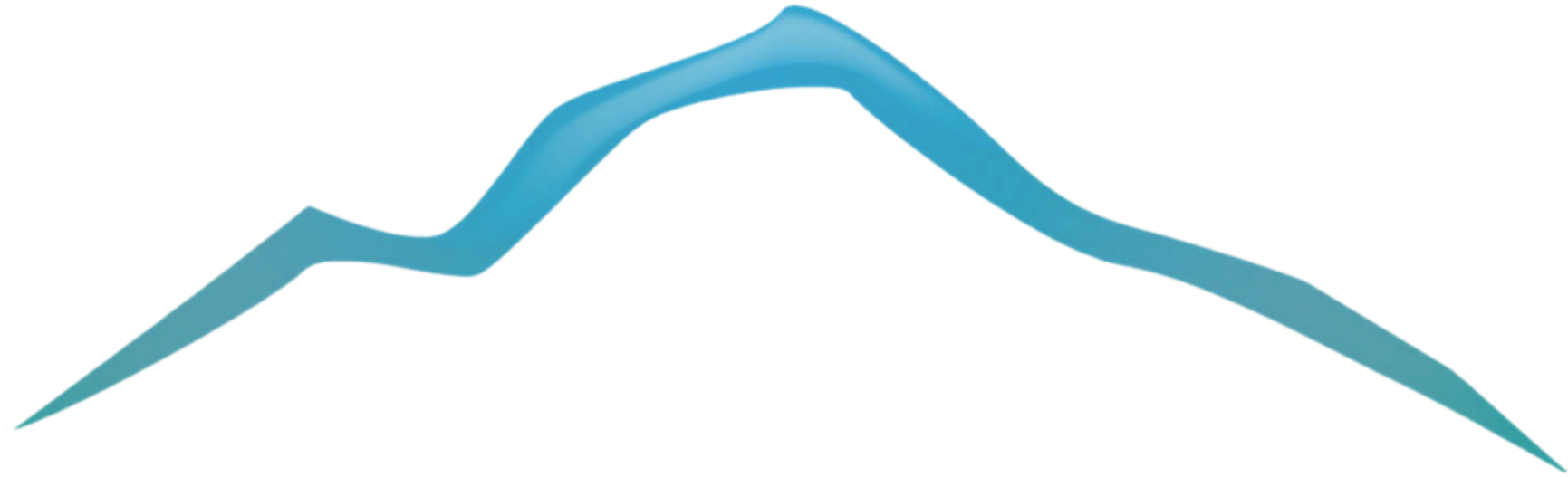
Board of Health Comments

Public Comment Regarding Items Not on the Agenda

Each speaker will be limited to
three minutes.

03:00

A three-minute timer will play



Fiscal Year 2027 Budget Work Session

Building a Financially Resilient Public Health Agency Through
Transparency, Accountability and Intentional Investment

August 6, 2026

“A responsible budget doesn't simply fund the organization we have today. It invests in the organization we will need tomorrow.”



Today's Plan



CONTEXT

FINANCIAL STEWARDSHIP

FUTURE RISKS

STRATEGIC INVESTMENTS

REVENUES AND EXPENDITURES

DIVISION LEVEL BUDGETS

BOARD DISCUSSION

Budget Development Timeline

- August 6, 2026 - Board of Health Work Session
- August 26, 2026 - Preliminary Balanced Budget
- Sept. 1, 2026 – Presentation to the Board of County Commissioners
- Oct. 28, 2026 – Preliminary Balanced Budget updates
- Dec. 9, 2026 - Board of Health approval of FY 2027 Original Adopted Budget

Budget Planning Assumptions

- Anticipated revenues (\$26.4M) and expenditures (\$26.4M) align
- Earlier cadence this year necessitates some assumption in building the FY 2027 budget
- Further refinement will be informed by El Paso County budget process (compensation plan, county contributions, etc.) and Federal fiscal year (Oct. – Sept.).
- Last year's efforts to realign structure and workforce have resulted in stability for our FY2027 budget
- Fund balance on Jan. 1, 2027, projected to be \$7.3M or 28%



Government Finance Officers Association Alignment

Priorities and
Organizational
Challenges/Opportunities

Value

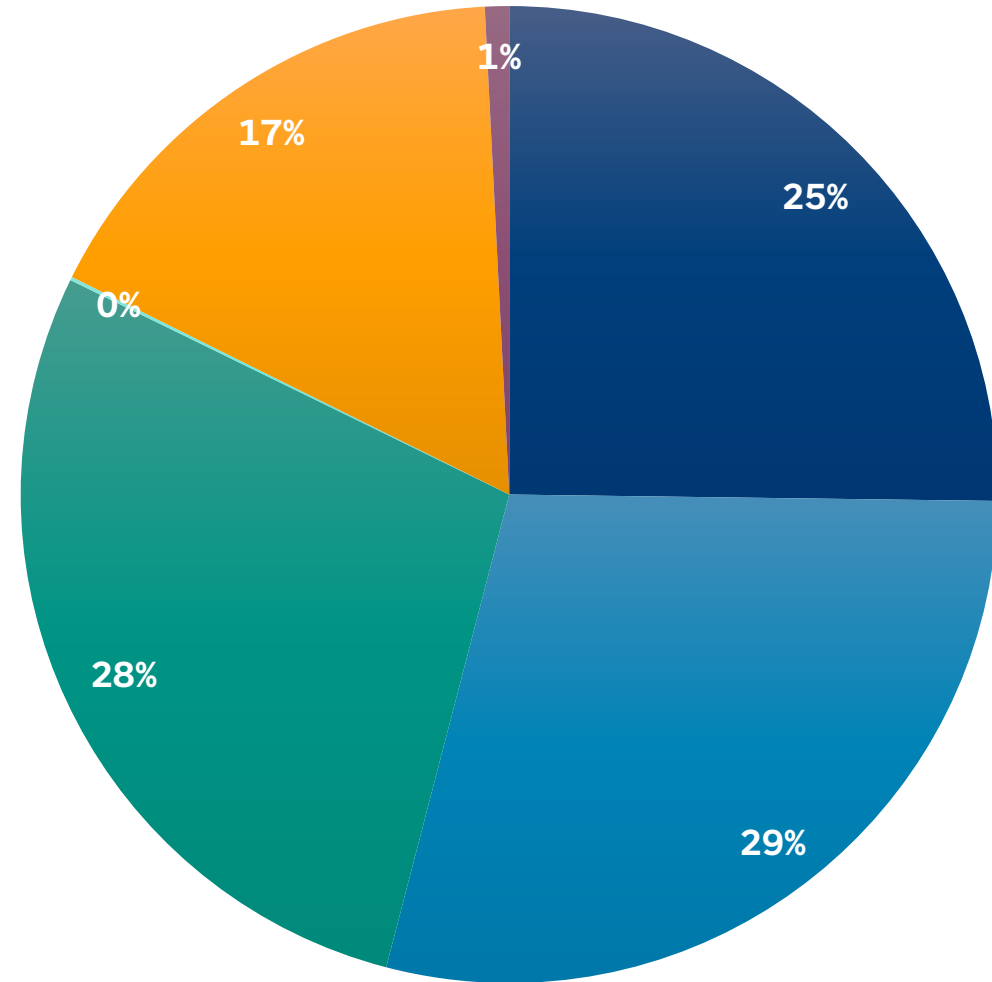
Long-Term Outlook



Context

How Public Health is funded

2027 Preliminary Budget Revenues



■ State - \$6,646,782

■ Federal - \$7,605,643

■ El Paso County - \$7,430,080

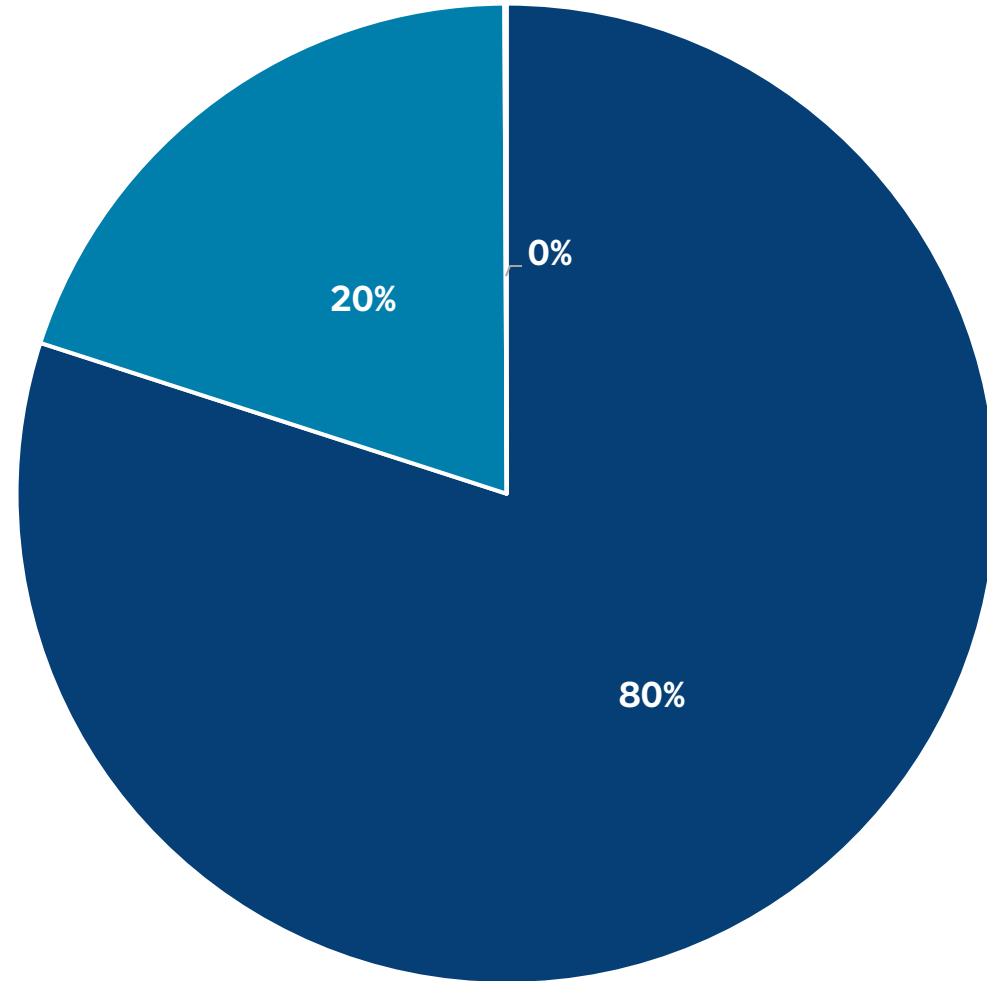
■ Other/EPC - \$29,950

■ Licenses, Fees and Permits - \$4,443,593

■ Interest/Other - \$210,837

What Public Health does

2027 Preliminary Budget Expenditures



■ Personnel - \$21,054,436 ■ Operating - \$5,250,773 ■ Capital - \$20,000 ■

Public Health funding is dynamic



Funding comes with constraints



Multiple funding sources



One-time, renewable and ongoing funding sources



Core government responsibilities



Flexible resources

Financial landscape ahead

Funding variability, workforce and operations

Priorities and scope

Strategic Investments

Financial Stewardship

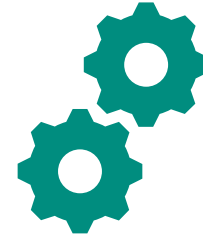
1



PLANNING

- Forecast
- Prioritize
- Plan

2



OPERATIONS

- Strengthen
- Standardize
- Improve

3



ACCOUNTABILITY

- Review
- Prioritize
- Align

4



SUSTAINABILITY

- Predict
- Prepare
- Invest

Future risks

Leveraging term-limited, part-time, internship, and contract support

Identify and implement modern and efficient systems

Selling a non-performing asset (Public Health South)

Strategic Investments



Grant Management System



Electronic Health Record



WIC Service Delivery Assessment



Environmental Health process mapping and clinical billing capture



Community Health Assessment data support

These investments strengthen our infrastructure, improve service delivery, and position EPCPH to meet future community needs



Revenues and expenditures

Revenues

Revenues: Fees, licenses and permits

Decrease:

- OWTS reduced by \$156K due to Property Sale changes
- Medicaid reduced by \$300K due to changes in client population served

Increase:

- Laboratory fees increased by \$9K due to changes in volume and fee structure
- Retail Food increased by \$457K per statutory change

Revenues: Grants

Decreased or ended:

- Epidemiology, Laboratory and Capacity \$250K (pandemic-related funding ended in April 2026)
- Communities That Care \$200K (end of 10-year funding cycle in June 2026)
- Drug Free Communities \$125K (end of funding cycle Sept. 2026)
- Decrease in Tuberculosis Prevention funds by \$30K

New or increased:

- Chronic Disease Implementation \$682K funding in July 2026
- Overdose Fatality Review \$25K funding in August 2026
- Tobacco Education and Prevention Core and multi-unit housing \$230K funding increase
- Public Health Infrastructure A2 funding increased \$200K over 2026

Revenues: Flexible Funding

El Paso County and Colorado Department of Public Health and Environment flexible funding:

- Assumed EPC increase of approximately \$250K
- State Local Public Health Funding increased by \$73K
- No significant changes anticipated to interest income

Expenditures

Expenditures: Operating

Evaluate operational costs:

- Implement new credit card processor to reduce bank fees by \$150K
- Reduced operating costs at Public Health South by \$173K (assumed six months of operating at location)
- Reduce operating expenses (supplies and vaccine purchase) in programs by \$105K due to reduced volume of clients (IZ)
- Prioritize investments in technology and contract support of \$200K

Expenditures: Personnel

Assumed changes to Personnel Expenditures:

- Reduced FTE from 167 to 163
- Inclusive of cost allocation for county support services (Human Resources and Financial Services)
- Assuming a 3 percent increase to compensation and 7 percent to benefits
- Personnel costs increased by \$516K

Expenditures: Capital projects

- In 2026 capital projects included vehicle purchase and AV refresh (\$255K)
- In 2027, Environmental Health customer service desk (\$20K)

Key Decisions

- Continue work to move to sustainable baseline staffing.
- Review expenditures, processes and identify opportunities to realize efficiencies and cost savings
- Reduced four FTE through vacancy eliminations and sunseting planner position.
- Identify risk and transitions to put in place mitigation strategies and structure changes
- Decrease programmatic silos to better utilize existing expertise (e.g. integrating chronic disease services into Clinical Services)



Division-level budgets



Board discussion