ADMINISTRATION

EL PASO COUNTY PUBLIC HEALTH DIVISION-LEVEL BUDGETS

Administration Division	2027 PBB
El Paso County	7,430,080
State LPHA Funding	1,541,368
Revenues from Program Specific Grants	3,711,050
Revenue from Interest Income	200,000
Revenue from Miscellaneous/Contributions	9,837
Total Revenues	12,892,335
Administration Personnel	4,273,416
Administration Operating	2,769,552
Administration Total Expenditures	7,042,968
Administration Agency Support	5,849,367

How this division supports statutory requirements and core public health capabilities:

Core public health capabilities:

- Leadership and governance
- Human resources
- Information technology
- Legal services
- Financial management, contract and procurement services, and facilities management

Please note the Administration division pays approximately $3.25 million to El Paso County for high-quality, consolidated services critical to agency success, including facilities, security, human resources, IT, legal, and finance.

Significant changes occurring in this division:

Anticipating the sale of Public Health South, an underperforming asset, which will reprioritize funding that currently supports building operations. The sale of this asset will add to our fund reserve and be available for future appropriation for agency priorities.

Efforts or funding sources that are starting, ending or changing in this division:

The new Chronic Disease Prevention grant is housed in the Administration division and provides new revenue to implement five strategies: access to diabetes prevention, increasing cancer screening, improving cardiovascular disease education, advancing breastfeeding support, and strengthening alcohol and substance use awareness and services. These strategies will be implemented across the Clinical Services and Community Health Promotion divisions.

Additionally, Public Health Infrastructure Grant (PHIG) funding is anticipated for a fifth year, with some carry-forward of residual dollars. This grant supports the agency's strategic investments and future capabilities, including: a grant management system; an improved electronic health record system; a Women, Infants and Children (WIC) service delivery assessment; Community Health Assessment; improved data visualizations; and billing improvements projects.

Organizational shifts that are occurring:

- Process improvements related to transaction processes, reconciliation and financial reporting.
- Utilizing new tools to improve workflow for approvals, invoices and other document-routing, reducing processing time and creating efficiencies and standardization.
- Improving internal controls related to grant compliance.
- Shifting from a historically reactive model of budgeting to a forward-thinking one.
- Continuous evaluation of organizational structure and vacancies.
- Investing in technology and infrastructure. These changes will support long-term goals of the agency, reduce silos, empower staff, and build institutional knowledge and capabilities.

STRATEGY, DATA & COMMUNICATION
EL PASO COUNTY PUBLIC HEALTH DIVISION-LEVEL BUDGETS

Strategic, Data and Communication Division	2027 PBB
Revenues from Licenses, Fees and Permits	800,000
Total Revenues	800,000
SDC Personnel	1,583,710
SDC Operating	92,653
SDC Total Expenditures	1,676,363
SDC Agency Support	(876,363)

How this division supports statutory requirements and core public health capabilities:

Statutory requirements:

- Public Health Improvement Plan (C.R.S. 25-1-505)

Core public health capabilities:

- Assessment and Planning
- Communications
- Organizational competencies (performance management and quality improvement)

Significant changes occurring in this division:

EPCPH realigned its organizational structure. The Operations and Vital Records programs now report under the SDC division. EPCPH also converted the Business Operations Division Manager (one FTE) into a Part-Time Project Manager role. In addition to generating cost savings, this change allows for a more targeted, project-based approach to the work.

Efforts or funding sources that are starting, ending or changing in this division:

With the realignment described above, the SDC budget now includes a new revenue stream from Vital Records fees. Historically, SDC has been an infrastructure-focused division that did not generate revenue, apart from this recent addition through Vital Records.

Organizational shifts that are occurring:

The division is making intentional efforts to break down silos and strengthen collaboration across SDC programs, each of which provides essential infrastructure and cross-functional support for the agency. In parallel, the division is prioritizing process improvement and standardization through the development of comprehensive standard operating procedures (SOPs) to better document and capture core work.

This approach positions the division for long-term success by reducing reliance on person-dependent knowledge and advancing more consistent, cross-functional operating practices that build institutional knowledge. Beyond streamlining onboarding—enabling new team members to integrate more quickly—it also enhances succession planning by ensuring that critical processes are well-documented and sustainable.

CLINICAL SERVICES

EL PASO COUNTY PUBLIC HEALTH DIVISION-LEVEL BUDGETS

Clinical Services Division	2027 PBB
Revenues from Program Specific Grants	3,024,470
Revenues from Licenses, Fees and Permits	404,000
Revenues from Insurance/Medicaid	189,074
Total Revenues	3,617,544
Clinical Personnel	4,544,734
Clinical Operating	1,195,722
Clinical Total Expenditures	5,740,456
Clinical Agency Support	(2,122,912)

How this division supports statutory requirements and core public health capabilities:

Statutory requirements:

- Investigation and control of tuberculosis (C.R.S. 25-4-500)
- Investigation and control of sexually transmitted infections (C.R.S. 25-4-401)
- Investigation and control of causes of epidemic or communicable disease (C.R.S. 25-1-506 (3)(b)(V))
- Infant Immunization Act (C.R.S. 25-4-1701, *et seq*.)

Core public health capabilities:

- Partnerships

Core foundational public health services:

- Maternal, Child, Adolescent, and Family Health
- Chronic Disease, Injury Prevention, and Behavioral Health Promotion
- Access to and Linkage with Healthcare

Significant changes occurring in this division:

Clinical Services (CSD) is expanding its focus on prevention to include more focus on chronic disease while continuing to provide essential clinical and disease-control services. The division is also pursuing an updated electronic health records to improve clinical workflows, billing, referrals, data collection, and reporting across multiple programs. Clinical Services continues to evaluate the demand for services, staffing structures, fees, clinic workflows, and general operations to ensure resources are being used responsibly and remain aligned with community needs and the division's highest-priority responsibilities.

Efforts or funding sources that are starting, ending or changing in this division:

CSD will be implementing new chronic disease prevention strategies. To mitigate the impact of flat or reduced funding in some grants, CSD is reducing operating expenses where possible, updating fee schedules, improving insurance billing practices, pursuing additional payer contracts, evaluating Medicare participation, and working with external billing consultants.

Organizational shifts that are occurring:

The division is moving toward a more flexible and integrated way of operating. Examples include:

- registered nurse supporting both reproductive health and syphilis-prevention activities
- division-level nursing support for TB, providing increased surge capacity during increased workloads or response needs,
- and shared leadership and staffing across clinical and chronic disease prevention work

As a part of this shift, clinical services and chronic disease prevention will be housed under one program. Increased collaboration with Community Health Promotion, Data and Analytics, and other programs in the agency, also helps reduce silos and supports more coordinated planning, implementation, and evaluation.

COMMUNITY HEALTH PROMOTION
EL PASO COUNTY PUBLIC HEALTH DIVISION-LEVEL BUDGETS

Community Health Promotion Division	2027 PBB
Revenues from Program Specific Grants	5,061,438
Total Revenues	5,061,438
CHP Personnel	5,135,615
CHP Operating	679,413
CHP Total Expenditures	5,815,028
CHP Agency Support	(753,590)

How this division supports statutory requirements and core public health capabilities:

Statutory requirements:

- The Colorado Child Fatality Prevention System (C.R.S. 25-20.5-401-409)

Core public health capabilities:

- Assessment and planning
- Policy Development and Support
- Partnerships

Core foundational public health services:

- Maternal, child, adolescent, and family health
- Chronic disease, injury prevention, and behavioral health promotion
- Access to/Linkage with Clinical Healthcare

Significant changes occurring in this division:

After a decade of leadership, EPCPH recognizes that many community partners now have the infrastructure, trainers, and leadership capacity to sustain youth suicide prevention efforts. A dedicated youth suicide prevention planner within EPCPH is no longer necessary. EPCPH will remain an active community partner and continue providing ongoing data insights to support local youth suicide prevention efforts.

Efforts or funding sources that are starting, ending or changing in this division:

EPCPH is launching the Overdose Fatality Review pilot in partnership with the El Paso County Coroner's Office. The multidisciplinary OFR Team will allow El Paso County to conduct a limited case study collecting more qualitative data. This will allow the team to identify missed opportunities for intervention, develop recommendations for community-specific prevention strategies, and improve coordination among agencies involved in overdose investigations.

Community Health Promotion (CHP) will be implementing new chronic disease prevention strategies with funding from the Chronic Disease Prevention grant. EPCPH received Integrated Tobacco Cessation Support in Affordable Multi-Unit Housing funding to implement a resident-centered cessation initiative in partnership with Homeward Pikes Peak and Greccio Housing.

Grant funding for EPCPH's Fountain Valley Communities That Care (FV-CTC) concluded June 30, marking the close of 10 years of service to the Fountain Valley. Staff of FV-CTC have transitioned roles to EPCPH's Substance Use Prevention program.

Drug Free Communities, a five-year funding opportunity, will conclude in September 2026. The Substance Use Prevention program is working to restructure the Tobacco-Free Alliance to encompass more substances and ensure we have data collection mechanisms in place to position the agency to be able to apply for this funding again during the next cycle.

Organizational shifts that are occurring:

EPCPH has strategically aligned all substance use prevention funding streams under a single program, the Substance Use Prevention program. Instead of siloed initiatives, we now have the chance to integrate tobacco and vaping, alcohol, cannabis, and other substance use prevention efforts into one cohesive program.

In order to better align grant resources with program operations, Women, Infants and Children (WIC) is contracting with Omni Institute to assess WIC's organizational structure, operations, staffing model, and funding environment.

ENVIRONMENTAL HEALTH
EL PASO COUNTY PUBLIC HEALTH DIVISION-LEVEL BUDGETS

Environmental Health Division	2027 PBB
Revenues from Program Specific Grants	183,192
Revenues from Licenses, Fees and Permits	2,554,710
Revenue from Miscellaneous/Contributions	1,000
Total Revenues	2,738,902
EH Personnel	3,404,866
EH Operating	224,090
EH Capital	20,000
EH Total Expenditures	3,648,955
EH Agency Support	(910,053)

How this division supports statutory requirements and core public health capabilities:

Statutory requirements:

- Provide or arrange for the provision of services necessary to carry out the public health laws and rules of:
  - the state board
  - the water quality control commission
  - the air quality control commission
  - and the solid and hazardous waste commission
- Regulation and licensing of retail food establishments (C.R.S. 25-4-1601, et seq.)
- Regulation and licensing of body artists (C.R.S. 25-4-2101, et seq.)
- Regulation and permitting of on-site wastewater treatment systems (C.R.S. 25-10-101, et seq.)
- Regulations Governing the Health and Sanitation of Child Care Facilities (6 CCR 1010-7)
- Safe Swimming Pool and Mineral Baths regulations (5 CCR 1003-5)
- Rules and Regulations Governing Schools (6 CCR 1010-6)

Foundational public health services:

- Environmental public health

Significant changes occurring in this division:

Environmental Health (EH) is developing consistent, structured standard operating procedures and external messaging. EH is also evaluating and refining application processing and turnaround times to improve efficiency and alignment with regulatory requirements.

Efforts or funding sources that are starting, ending or changing in this division:

The Retail Food Establishment (RFE) program is entering into Year 2 of a three-year, state-approved

phased fee increase. These adjustments are intended to move programs closer to cost recovery while providing a gradual transition for industry. Additionally, the recent regulatory update removing the requirement for the Property Sales Program is anticipated to reduce revenues to the OnSite Wastewater Treatment System (OWTS) program. EH fees that are determined at the local level will undergo review and evaluation in 2027.

Organizational shifts that are occurring:

EH continues to strengthen operational continuity, improve program oversight, and support staff through clearer systems and expectations. Current efforts focus on:

- evaluating programs for alignment with core obligations
- ensuring consistent delivery of minimum requirements
- planning for long-term system needs
- and maintaining appropriate and equitable staff workloads

Investments in enhanced data systems, standardized processes, and efficiency-focused workflow design are building the infrastructure necessary to support sustained operations, rising service demand, and the division's statutory responsibilities. A key initiative underway is the development of public-facing dashboards that will provide the community with accessible, real-time information on important environmental health metrics.

DISEASE PREVENTION & RESPONSE

EL PASO COUNTY PUBLIC HEALTH DIVISION-LEVEL BUDGETS

Disease Prevention and Response Division	2027 PBB
Revenues from Program Specific Grants	760,858
Revenues from Licenses, Fees and Permits	495,809
Total Revenues	1,256,667
DPR Personnel	2,083,449
DPR Operating	317,990
DPR Total Expenditures	2,401,439
DPR Agency Support	(1,144,772)

How this division supports statutory requirements and core public health capabilities:

Statutory requirements:

- Investigate and control the causes of epidemic or communicable diseases and conditions affecting public health (C.R.S. 25-1-506 (3)(b)(V))
- Establish, maintain, and enforce isolation and quarantine (C.R.S. § 25-1-506(3)(b)(VI))
- Establish or make available chemical, bacteriological, and biological laboratories (C.R.S. § 25-1-506(3)(b)(IX))
- Rabies control (C.R.S. 25-4-601, *et seq*.)

Core public health capabilities:

- Emergency preparedness and response

Significant changes occurring in this division:

No significant programmatic or organizational changes are anticipated.

The Division will continue its focus on preventing and controlling communicable diseases, maintaining emergency preparedness and response capabilities, and providing laboratory services that support disease detection and environmental health. Ongoing efforts will emphasize operational efficiency, cross-program coordination, workforce development, and continuous improvement.

Efforts or funding sources that are starting, ending or changing in this division:

The laboratory is collaborating with EPCPH Budget to assess current fee structures and ensure appropriate cost recovery for services. The previous assessment was completed in FY24, with revised fees implemented in FY25. Additionally, the anticipated expiration of the Epidemiology and Laboratory Capacity (ELC) 2.3 grant in April 2026 will result in an approximately 25 percent reduction in program-specific grant revenue for FY27. This reduction was planned for and is not expected to

affect programmatic services.

Organizational shifts that are occurring:

Disease Prevention and Response continues to strengthen emergency preparedness through increased coordination among Communicable Disease, Emergency Preparedness and Response, and Laboratory Services. This collaborative structure supports cross-jurisdictional training and exercises, shared after-action improvements, and stronger regional planning and Emergency Support Function 8 coordination with the Office of Emergency Management. The division is also expanding its leadership at the state and national levels by sharing lessons learned and subject matter expertise through conference presentations, professional publications, workgroup participation, and innovation award submissions. Together, these efforts enhance local and regional readiness and position EPCPH as a leader in public health preparedness.