Creating a Sustainable Future

Budget 2026



BOULDER COUNTY PUBLIC HEALTH

Opportunity for a Healthy Life

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2026 Adopted Budget

Boulder County Public Health (BCPH)

Prepared for: The Boulder County Board of Commissioners (BOCC) and the people of Boulder County, Colorado.

Boulder County Board of Health

- Lindy Hinman, president (term expires Aug. 31, 2026)
- Landrey Fagan, MD, board member (term expires Aug. 31, 2029)
- Amber Johnson, DNP, CNM, vice president (term expires Aug. 31, 2028)
- Morgan McMillan, board member (term expires Aug. 31, 2027)
- Steven Yoon, ScD, MPH, board member (term expires Aug. 31, 2030)

With the Cooperation of the 2025 Boulder County Board of Commissioners

- Claire Levy, District 1
- Marta Loachamin, District 2
- Ashley Stolzmann, District 3

Public Health Leadership Team

- Lexi Nolen, executive director
- Indira Gujral, deputy director
- Kelli Hinch, director, Strategic Initiatives Branch
- Armando Guardiola, director, Administration and Finance

Prepared by

- Armando Guardiola, director, Administration and Finance
- Desiree Kazarosian, finance manager
- Sarah L. DeVore, senior budget analyst

Great appreciation is given to the Boulder County Board of Commissioners and the Boulder County Board of Health for their strategic guidance, leadership, collaboration and support of BCPH in its work to support our community. Recognition and gratitude are given to BCPH staff for their support in compiling the information presented in this budget book.

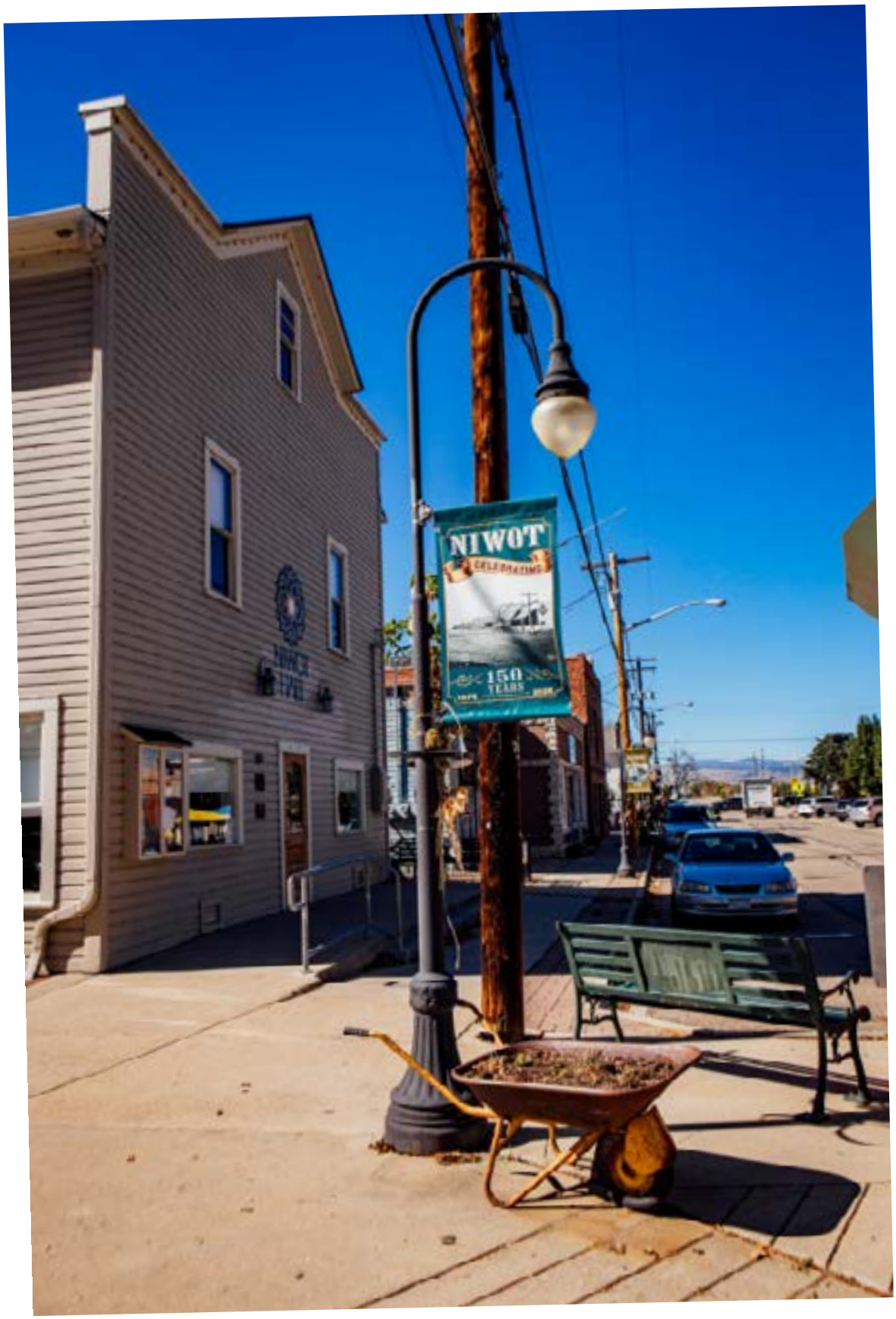

NIWOT
CELEBRATING
150
YEARS

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Budget Guide

The budget is BCPH's fundamental policy document, serving as a tool for the Board of Health (BOH), an operational guide for public health staff, a financial plan for County stakeholders and a communication resource for the public.

Key information is presented through data, graphs and tables for clarity and accessibility.

Please note: The numbers in the following tables and figures may not add due to rounding.

Elements of the Budget Guide

The budget information that follows includes the following key elements:

Budget Message

The budget message from BCPH's executive director summarizes BCPH's current and long-term financial position, highlights new programs and organizational changes addressed in the budget and outlines both short and long-term goals of our agency.

Organization

The organization section includes an overview of Boulder County, the National Public Health Network and BCPH. This section includes organizational charts and an overview of the BOH and BCPH leadership. Finally, the section closes with the BCPH's mission, vision, values and strategic plan.

Budget Process

The budget guide includes tools to assist the reader in identifying key terminology in the budget document, including an overview of the guide's sections, budget development process, timelines, hearings and budget amendments.

Financial Summaries

The financial summaries section provides financial information including projected revenues, expenditures, fund balances and reserves. This section includes the following:

- Budget summary of funds as well as detailed fund descriptions and information on all revenue sources and expenditure projections.
- Fund balance trends, including analysis of all BCPH revenues by category.

Division Operating Budgets

This section details historical and proposed expenditures by programmatic divisions. BCPH is organized into four key programmatic areas: Community Health (CH), Communicable Disease and Emergency Management (CDEM), Environmental Health (EH) and Family Health (FH). The four programmatic divisions are supported by the Administration and Finance (A&F) division and the Strategic Initiatives Branch (SIB).

Each division's operating budget includes a section with a summary narrative and financial information regarding the division, its major programs and personnel information, as well as its key performance indicators.

Budget Message

Dear Board of Health, Board of County Commissioners and people of Boulder County,

Each year, our primary goal in developing the upcoming budget is to meet the current and emerging needs of the Boulder community. Given the fiscal and political landscape ahead, BCPH structured its 2026 budget to safeguard essential services, equitably direct resources based on community need, and maintain long-term financial sustainability.

This document presents the adopted 2026 BCPH budget, prepared in accordance with the Boulder County Charter and state budget laws. In the midst of continuing volatility in public health funding nationally and in Colorado, BCPH has strengthened its governance practices. Notable improvements this year include adopting a formal funding hierarchy policy and further enhancing internal controls.

BCPH's total anticipated 2026 revenue from all sources is projected at $20,610,639. While our revenue base remains diverse, general revenue sources are expected to decrease by 8.4% compared to projected 2025 levels. This decline reflects reductions in federal and state funding — including the sunset of COVID-19-related grants — and revised forecasts of slower overall revenue growth.

Amid these shifting conditions, the agency has aligned fiscal resources and staffing to support the sustainability of key strategic priorities: climate action and sustainability, community engagement, emergency preparedness, response and recovery, health and racial equity and organizational sustainability, transparency and stewardship. We will continue to seek innovation and pursue funding opportunities to meet emerging community needs while remaining nimble and responsive.

As we advance these strategic priorities, we continue to assess our staffing and organizational structure with a focus on preserving essential public health services, allocating resources equitably, and ensuring fiscal resilience in future years. This work is especially important as multiple pandemic-era funding streams end and federal funding priorities shift, resulting in reductions in federal and state support.

In 2026, we will continue aligning our services with Board of Health and County priorities, guided by agency values and community expectations. This alignment will help us achieve meaningful outcomes that move us toward our vision: "At BCPH, we envision a Boulder County that is a socially just and inclusive community where physical and mental health, social well-being and the environment are valued, supported, and accessible to all."

I am deeply proud of our staff — their commitment, expertise and resilience in meeting community needs. With the support of the BOH, BOCC and our many partners, our agency has accomplished significant work that positions us to build long-term community resilience.

Sincerely,



Alexandra (Lexi) Nolen
Executive Director

Boulder County Public Health
Board of Health
RESOLUTION 2025-01

A RESOLUTION SUMMARIZING EXPENDITURES AND REVENUES FOR EACH FUND AND ADOPTING A BUDGET FOR BOULDER COUNTY PUBLIC HEALTH, BOULDER, COLORADO, FOR THE CALENDAR YEAR BEGINNING ON THE FIRST DAY OF JANUARY 2026 AND ENDING ON THE LAST DAY OF DECEMBER 2026.

Whereas, the Boulder County Board of Health has appointed Director of Administration and Finance Armando Guardiola to prepare and submit an amended budget to said governing body at the proper time summarizing any changes; and

Whereas, the Boulder County Board of Health adopted Resolution 2024-03 on December 16, 2025, which approved and adopted a recommended budget for Boulder County Public Health for calendar year 2025 in the amount of **$24,427,935**; and

Whereas, whatever increases may have been made in the expenditures, like increases were added to the revenues so that the budget is in balance, as required by law.

Now, therefore, be it resolved by the Boulder County Board of Health of Boulder County Public Health, Boulder, Colorado:

Section 1. That estimated expenditures for 2025 are as follows:

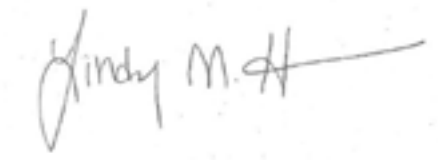
GENERAL FUND – TOTAL EXPENDITURES	$20,610,639

Section 2. That estimated revenues for 2025 are as follows:

GENERAL FUND	
Boulder County Appropriation	$7,000,000
County Passthrough Funding	$2,262,451
County Tax	$1,671,679
Local Funding	$281,401
State Funding	$4,698,655
Federal Funding	$1,309,291
Fee Funding	$2,433,831
Private Funding	$261,766
Holding	$0
Reserve Funding	$691,563
TOTAL REVENUES	**$20,610,639**
RESTRICTED FUNDS	**$500,000**

Section 3. That the budget, as submitted, amended, and hereinabove summarized, is approved and adopted as the budget of Boulder County Public Health for the year stated above.

Adopted, this 15th day of December 2025.



Signed, Lindy Hinman
Boulder County Board of Health President

Organization

Profile of Boulder County

Boulder County was incorporated in November 1861 as one of the original 17 counties created by the Territory of Colorado. It is 28 miles northwest of Denver, Colorado. The projected population in 2025 is 325,815, which is 508 fewer than in 2024 or a growth rate of -0.16%, according to the County Population by Characteristics: 2020-2024, published in March 2025[1]. In 2025, Boulder County was the ninth-largest county in Colorado based on population and covers 740 square miles. BCPH serves all people of and visitors to Boulder County with 121 authorized full-time equivalents (FTEs), in addition to hourly employees and contracts with community partners.

Please note that the data used for the tables and figures in this section is from the 2023 American Community Survey as more current data was not available from the U.S. Census Bureau Statistics due to the federal government shutdown. Data sources are noted as appropriate.

Local Economy

There are several major industries located within Boulder County, including aerospace, bioscience, cleantech, information technology/software, natural products, outdoor recreation, quantum computing and their supporting operations. Boulder County also has numerous financial institutions and nonprofit, charitable and cultural organizations. Finally, the county is home to the University of Colorado, a flagship public university offering 2,500 courses in more than 150 areas of study.

Boulder County Demographics

Table 1. Boulder County: Demographics and Economic Indicators, illustrates demographic and economic indicators based on the 2023 American Community Survey, unless another data source is noted.

Table 1. Boulder County: Demographic and Economic Indicators		
Indicator		**Data Source**
Median Household Income	95,363	
Households	137,425	
High School Graduate or Higher, percent of age 25+	94.9%	
Bachelor's Degree or Higher, percent of age 25+	65.4%	
Employer Establishments (Employers w/5 or more employees)	2,500	Boulder Economic Council Market Profile, 2022
Total Unemployment Rate	3.7%	October 2025, Bureau of Labor Statistics
Average Travel Time to Work	23.6 minutes	
Source:	United States Census Bureau - 2023 ACS 1 Year Estimates, unless otherwise noted	

Table 1. Boulder County: Demographics and Economic Indicators

1 County Population Totals: 2020-2024

Figure 1. Boulder County Demographics illustrates the population of Boulder County in 2023 by race using data from the American Community Survey, ACS 1-Year Estimates (2023) Table B03002.

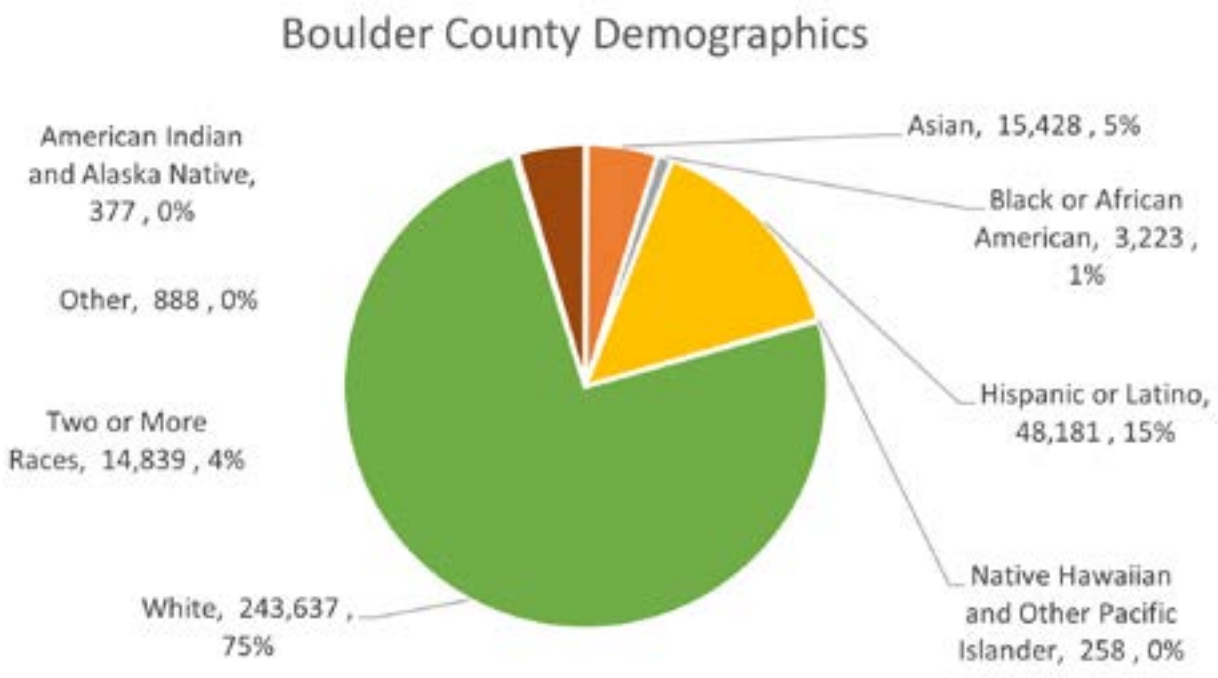


Figure 1. Boulder County Demographics

Figure 2. Boulder County Population Change 2015-2025 shows changes in the Boulder County population from 2015 to 2025. Actual data is shown for 2015 through 2023, with 2024 and 2025 being projections from the Colorado Department of Local Affairs, State Demographers Office.

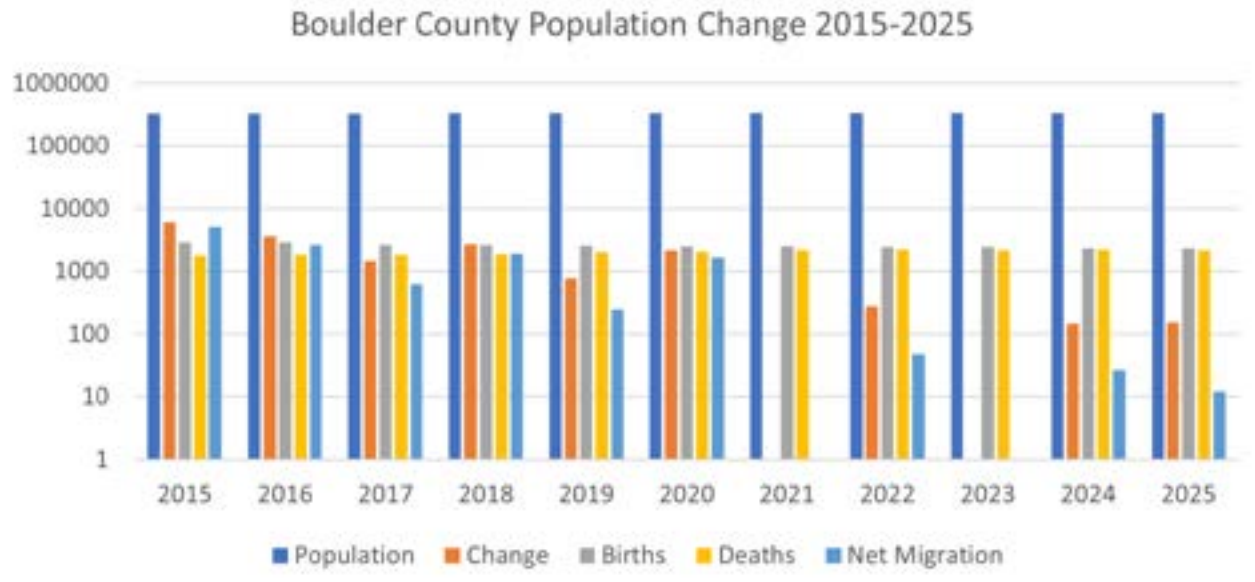


Figure 2. Boulder County Population Change 2015-2025

National Public Health Agencies

BCPH is one of many local public health agencies (LPHAs) that are part of a larger national public health network as seen in Figure 3. National Public Health Network. This network embodies broad oversight from the Centers for Disease Control and Prevention (CDC). Locally, oversight of LPHAs is provided by the Colorado Department of Public Health and the Environment (CDPHE). The CDC and CDPHE provide substantial funding to BCPH to support local public health activities.

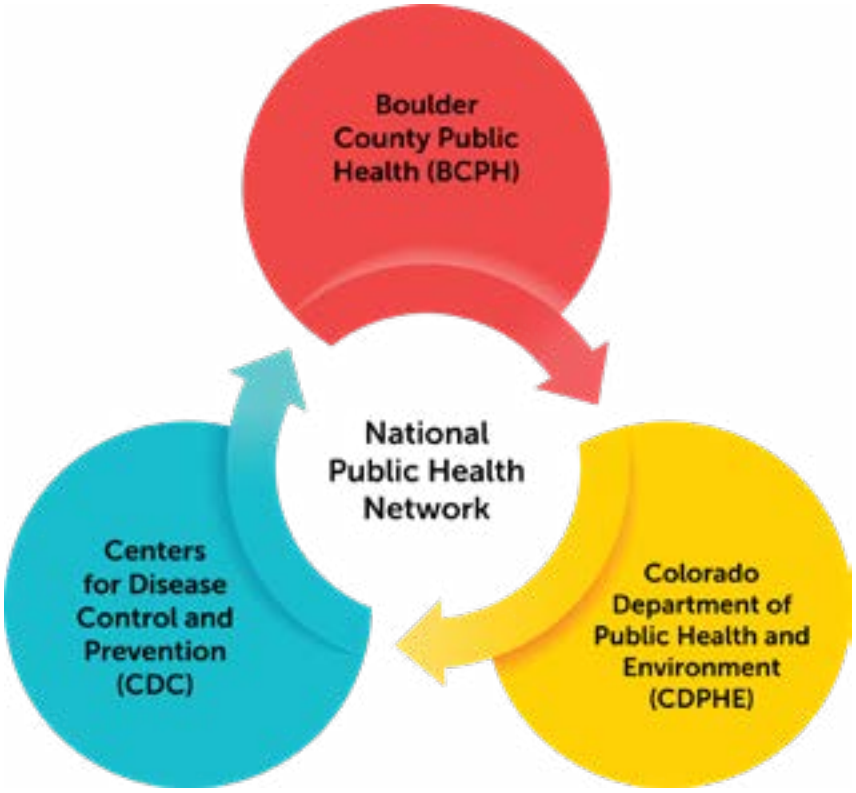


Figure 3. National Public Health Network



Foundational Public Health Services

In 2008, the Colorado Public Health Act required the State Board of Health to establish by rule the core public health services that each county and district public health agency must provide or assure, as well as to establish minimum quality standards for these services.

Public health is defined in Colorado state statute by the Colorado Public Health Act as the prevention of injury, disease and premature mortality; the promotion of health in the community; and the response to public health and environmental health needs and emergencies. The Colorado Public Health Act, (C.R.S. § 25-1), lists the following as core public health services in Colorado:

- Assessment and planning
- Communications
- Policy development and support
- Partnerships
- Organizational competencies, including accountability, performance management, quality improvement, human resources, legal services and analysis, financial management, contract and procurement services, facilities management, information technology, informatics and leadership and governance
- Emergency preparedness and response
- Health equity and social determinants of health

Required duties of all local public health agencies under C.R.S. § 25-1-506 include:

- Complete a community health assessment
- Create a community health improvement plan
- Advise the local board of health on public policy issues necessary to protect public health and the environment
- Provide or arrange for quality core public health services
- Administer and enforce laws relating to public health, air pollution, solid and hazardous waste, sanitation, water quality and vital statistics
- Investigate and control the causes of epidemic or communicable diseases and conditions affecting public health
- Form and lead a child fatality review team

The agency provides the core services and duties listed above, except for forming and leading the Boulder County child fatality review team, which is overseen by the county's Community Services Department.

A revised regulation, 6 Colorado Code of Regulations 1014-7, effective Jan. 1, 2020, now requires state and local public health departments in Colorado to assure the provision of eight foundational capabilities and five foundational service areas called Foundational Public Health Services. BCPH fulfills its statutory requirements, prioritizing services that meet the needs of all people in Boulder County and communities, while the foundational services are the cross-cutting capacities and expertise needed to support foundational capabilities and public health programs.

Foundational public health services pursuant to 6 Colorado Code of Regulations 1014-7 include the following:

- Communicable Disease Prevention, Investigation and Control
- Environmental Health
- Maternal, Child, Adolescent and Family Health
- Chronic Disease and Injury Prevention and Behavioral Health Promotion
- Access to/linkage with Clinical Health Care

Boulder County Public Health

As a component unit of Boulder County, BCPH, a local public health agency, is part of the broader county government structure that serves communities within the county. BCPH specifically supports the larger Boulder County 2024-2026 strategic plan as follows:

- Economic Security and Social Stability
  - Objective 2: Resident Self-Sufficiency
  - Objective 3: Mental and Behavioral Health
- Climate Action and Environmental Stewardship
  - Objective 3: Community Environmental Climate Action
- Good Governance
  - Objective 1: Racial Equity and Inclusive Community Engagement
  - Objective 2: Balanced Budget to Available Resources

As described in the following division sections, the organizational structure has shifted with the implementation of the 2026 budget compared to the 2025 structure. Significant structural changes in 2026 are as follows and are described in more detail in the Division Operating Budget sections:

- **Communicable Disease and Emergency Management (CDEM):** The Immunizations program remains within the division but is consolidated with the Communicable Diseases program.
- **Community Health:** The Tobacco Education Partnership and Prevention (TEPP) program is consolidated with the Community Substance Abuse Program (CSAP) and renamed the Youth Substance Use Prevention program within the Community Health division.
- **Community Health:** The GENERATIONS program and Open and Affirming Sexual Orientation and gender identity Support (OASOS) programs are combined and restructured to create the Youth Leadership Development and Mental Health program within the Community Health division.
- **Family Health**: The Child Health Promotion program is moved to the Environmental Health division, Consumer Protection program and the Built/HEAL program.

Figure 4. BCPH Organizational Chart, 2024-2025 illustrates the 2024-25 organizational chart:



Figure 4. BCPH Organizational Chart, 2024-2025

Figure 5. BCPH Organizational Chart, 2026, reflects the changes to the Community Health, Communicable Diseases and Emergency Management, Environmental Health and Family Health divisions as previously described.

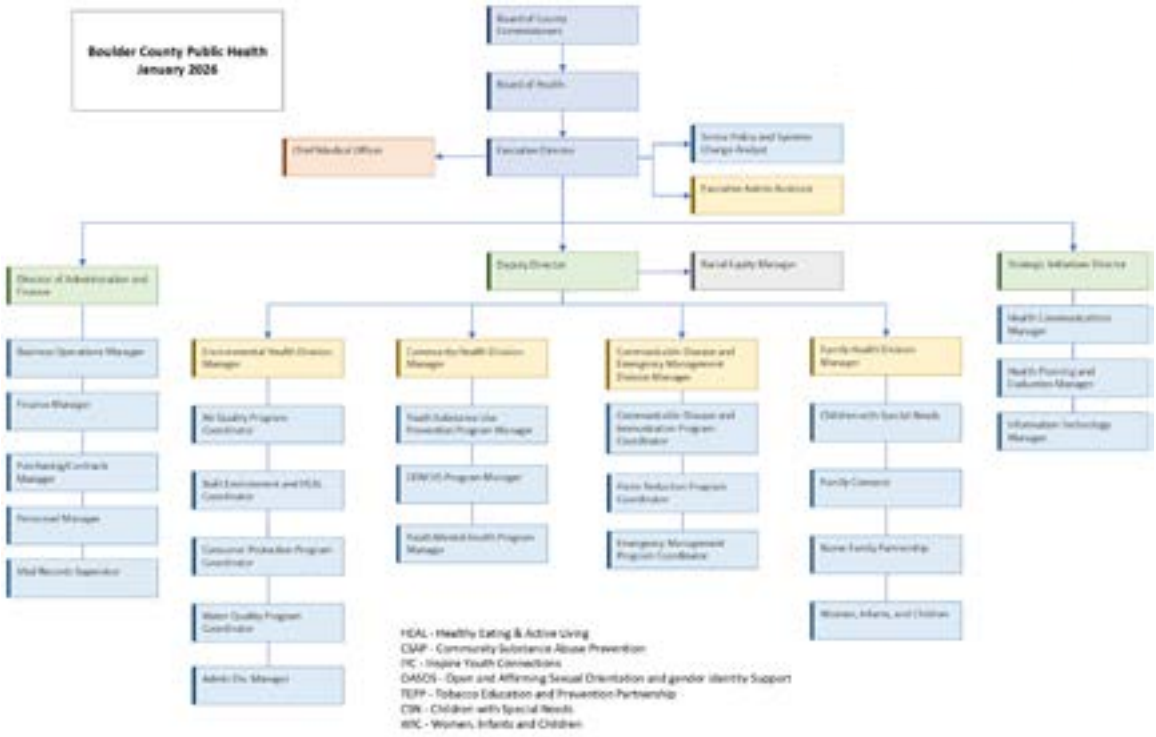


Figure 5. BCPH Organizational Chart, 2026

Individuals and divisions reporting to the executive director include the agency deputy director, policy analyst and health and racial equity lead, as well as the directors of Administration and Finance and Strategic Initiatives Branch and an executive administrative assistant.

The managers of Communicable Disease and Emergency Management, Community Health, Environmental Health and Family Health report to the deputy director.



Boulder County Board of Health

The BOH consists of five volunteer Boulder County residents, appointed by the BOCC, to serve staggered five-year terms. The BOH was reestablished by the Colorado Public Health Act of 2008 (C.R.S. §25-1-508) and serves as the governing board for BCPH, whose mission is to protect, promote and enhance the health and well-being of all people and the environment in Boulder County. BOH responsibilities include ensuring appropriate policy for BCPH, hiring and supervising the executive director, approving BCPH's budget, and providing oversight of agency operations.



Lindy Hinman
President
Term expires Aug. 31, 2026

Lindy is a seasoned health care executive known for leading organizations through complex transformations and delivering measurable results. With deep expertise in Medicare strategy, profit-and-loss management, and provider network development, she has held senior leadership roles at Cigna, Avalere Health, and the Colorado Health Benefit Exchange. Lindy has overseen billion-dollar business units, led major divestitures and launched state-level health exchanges.



Landrey Fagan, MD
Board Member
Term expires Aug. 31, 2029

Landrey is a dedicated family physician focused on comprehensive preventive care, menopause management and metabolic health in Boulder, Colorado. She works at Four Mile Creek Health in North Boulder. With more than a decade of experience in community health, she has served diverse populations through roles at Clinica Family Health, Salud Family Health Centers and Lynn Community Health Center. Landrey earned her medical degree from Georgetown University School of Medicine and is known for her compassionate, patient-centered approach to care. Her clinical expertise spans obstetrics, hospital medicine and primary care. She joined the BOH in 2019.



Amber Johnson, DNP, CNM
Vice President
Term expires Aug. 31, 2028

Amber is a certified nurse-midwife dedicated to compassionate, evidence-based reproductive care and advancing midwifery's role in improving maternal health outcomes. She earned her doctor of nursing practice from Duke University, where her work focused on integrating mental health and perinatal care through universal screening and collocated services. As a global clinical education fellow with Massachusetts General Hospital, she helped launch Northern Uganda's first graduate-level midwifery program. Amber currently serves as director of quality improvement at the Colorado Perinatal Care Quality Collaborative, where she leads statewide AIM Patient Safety Bundle implementation in Colorado birthing hospitals and continues clinical midwifery practice at an urban safety-net hospital. She serves on Colorado's Maternal Mortality Review Committee.



Morgan McMillan
Board Member
Term expires Aug. 31, 2027

Morgan serves as executive director of the Winslow Foundation, investing in effective opportunities to urgently address the world's most critical environmental problems and build planetary resilience. Prior to joining Winslow, Morgan led Pledge 1% Colorado, helping startup companies integrate philanthropy into their earliest stages by committing 1% of their equity to nonprofits of their choosing. She also held the role of vice president of community strategy at the Community Foundation Boulder County. Morgan, who joined the Boulder County BOH in 2017, also serves on the board of Climate Cabinet, a national organization committed to supporting climate champions at every level of government. She also serves on the board of Intercambio, bringing English learners and community volunteers together to build skills, confidence and life-changing connections.



Steven Yoon, ScD, MPH,
Board Member
Term expires Aug. 31, 2030

Steven is a seasoned public health expert and epidemiologist with more than 30 years of experience in global health, disease surveillance and health informatics. He has held leadership roles at the CDC and served as a captain in the U.S. Public Health Service, where he led major initiatives in HIV/AIDS, malaria control and health information systems across more than 20 countries. Mr. Yoon holds advanced degrees from Johns Hopkins University and a bachelor's degree in electrical engineering from the Massachusetts Institute of Technology (MIT). His work has earned him numerous accolades and reflects a deep commitment to collaborative, data-driven public health solutions. Steven joined the BOH in 2025.

2025 Public Health Activity

Agency Plans

In 2023 and 2024, our agency reestablished a strong foundation for the future with the development of the next five-year cycle of agency plans. BCPH solidified the next five-year cycle of key agency plans, which include the Community Health Assessment (CHA), Community Health Improvement Plan and the Public Health Emergency Operations Plan. These plans form the guiding framework for our agency's work over the next five years and will highlight key themes such as mental health, wellness and burnout, workforce and retention and modernizing our health data infrastructure.

Community Health Assessment: The purpose of a CHA is to collect and analyze quantitative and qualitative data to determine current health priorities for the community, and to assess the capacity of the public health system to address those priorities. Prior to completing the CHA in 2023, BCPH identified mental and behavioral health (MBH) as a priority based on several factors, including the results of previous assessments, community engagement efforts and the importance of aligning with other county initiatives. Therefore, the 2023 CHA focused on exploring the strengths and opportunities to improve MBH in Boulder County, specifically in the areas of primary prevention, early intervention and harm reduction.

The agency's process for completing the 2023 CHA included reviewing secondary data on mental and behavioral health indicators, identifying disparities among populations, and gathering input from focus populations. A capacity assessment was conducted to evaluate BCPH's current resources to support community MBH needs and recognize opportunities to leverage resources within the community. As a result of this process, BCPH identified specific priority populations to guide further efforts, as well as initial strategies to begin developing the accompanying Public Health Improvement Plan.

Public Health Improvement Plan (PHIP): Local public health agencies are required by the Colorado Public Health Act to complete a PHIP at least every five years. The purpose of a PHIP is to use information from the CHA to prioritize strategies and develop a road map to make improvements to the public health system and, ultimately, population health. Informed by findings in the 2023 CHA, BCPH developed the 2024-28 PHIP to provide a strategic framework for enhancing mental and behavioral health across Boulder County. The PHIP prioritizes strategies that align with the role of the public health department and foster community collaboration. BCPH identified four focus areas:

- **Community understanding:** Increasing community understanding and capacity to improve MBH through technical assistance, training and community education.
- **Policy:** Develop and advocate for public health policy that improves MBH at the organizational, local and state levels.
- **Social connectedness:** Increase social connectedness and strengthen social support systems for the Boulder County community to improve MBH.
- **Sustainability and funding:** Pursue sustainable and sufficient funding for prevention, early intervention and harm reduction-focused MBH activities.

Within each of these focus areas, there are objectives and activities to further define the work, and implementation is coordinated by a workgroup composed of staff. These focus areas have been adopted into BCPH's 2024 — 2029 Strategic Plan as the MBH strategic priority.

Strategic Plan: BCPH's 2024 — 2029 Strategic Plan was developed to provide strategic guidance and direction for the agency and stakeholders over the next five years. The plan was created through a collaborative and comprehensive planning process that identified six priorities, selected to elevate and expand work previously initiated within the agency, moving toward increased efficiency and coordination to achieve greater impact. In doing so, the agency will better position itself to serve Boulder County communities. BCPH staff served as subject-matter experts to develop strategic goals and objectives for each priority. The six strategic priorities are:

- **Mental and Behavioral Health:** Improve mental and behavioral health in Boulder County by strengthening protective factors and building capacity to support well-being.
- **Climate Action and Sustainability:** Enhance the resilience of the Boulder County community to effectively cope with the impacts of climate change by improving public health programs, prioritizing disproportionately impacted populations and ensuring better preparedness and protection for local environments.
- **Emergency Preparedness, Response and Recovery:** Ensure people in Boulder County and community partners are equitably supported in emergency preparedness, response and recovery.
- **Health and Racial Equity:** BCPH institutionalizes the infrastructure, knowledge, culture and resources for staff to effectively plan and implement HRE improvements in the community.
- **Community Engagement:** BCPH effectively engages with the public and community partners to create trust and incorporate community and partner priorities into planning, policies and agency activities.
- **Sustainability, Transparency and Stewardship:** BCPH has infrastructure, culture, and practices to support good governance through sustainability, transparency and stewardship of resources.

These six strategic priorities address significant public health challenges within the community and the organizational changes necessary to support this work. The first three priorities are intended to address mental and behavioral health needs, mitigate the impacts of climate change and increase the capacity of BCPH and its partners to prepare for, respond to and recover from emergencies.

The final three priorities aim to address the practices and infrastructure needed to best serve Boulder County, including centering health and racial equity in all our work, establishing practices to authentically engage with the community to build trust, work together and share power, and ensuring good governance of the agency through sustainability, transparency and stewardship. Enhancing the internal infrastructure and policies in these areas will increase the impact of BCPH's work.

Workload Guidance Plan: Developed by supervisors in 2023-24, the plan addresses how to avoid burnout and support staff and supervisors. The plan recognizes that addressing workload is key to:

- Improving work-life balance and reducing burnout and chronic stress
- Increasing communication and transparency between employees, supervisors, and teams
- Improving retention and provide career pathways through staff empowerment.

The plan focuses on three areas of work, including setting boundaries, prioritizing work and reducing meeting fatigue. It includes strategies to reduce workload at four levels: individual, supervisor, management team and agency. Implementation of the plan started in 2025 and is more than 70% complete. Work will continue into 2026 focused on agency-level investments such as onboarding supports, assessing success through agency and individual evaluations, scoping work for the year and training staff to support a speak-up culture (setting boundaries, giving and receiving feedback and understanding where decision-making occurs). This work is expected to conclude at the end of 2026.

Health and Racial Equity (HRE): HRE is a strategic priority for BCPH. Since September 2024, the HRE manager position has been vacant. Both the deputy director and the executive director have been leading the Health Equity Coordinating Committee (HECC) and have focused on the following strategic priorities: learning and growth, and creating and sustaining an equity culture.

Accomplishments for this year include:

- Engaging in a restorative conversation with HECC members and staff affected by the Palestinian conflict to develop agreements on how to navigate future challenges. This included focus groups, staff surveys, restorative conversation training for supervisors and staff and agreements to navigate conflict.
- Analyzing and sharing the results of the 2024 Government Alliance on Racial Equity survey to identify opportunities for the future. Results and opportunities developed by HECC and the management team were shared with all staff.
- Implementing the Roots of Health Inequities course with all BCPH staff to ensure a baseline understanding of the systems of oppression that produce health inequities and disparities. A survey of this pilot was conducted regarding this four-month course to assess the feasibility of using this free resource in the future. Results were shared with staff and led to the development of a proposed racial equity learning and growth policy, which will be implemented in 2026.
- Developing a project management plan to guide implementation in 2026. The Racial Equity plan will include identified Government Alliance on Race and Equity (GARE) opportunities, restorative conversation agreement strategies and the HECC/racial equity manager infrastructure needs. This plan is being developed in coordination with the community engagement and health policy, and systems change leads to enhance work and reduce duplication.



2025 Development Opportunities

Each year, BCPH evaluates funding streams to ensure the cost of statutory requirements is met, as well as the costs of increasing service demands and emerging issues affecting Boulder County's communities.

Grant Development Handbook

In 2025, the agency developed a comprehensive procedures handbook for the Grants Office. As part of this handbook, the agency identified the following framework for determining the appropriateness of funding opportunities:

- Programmatic needs, including whether financial support is needed for personnel or operating expenses.
- The capacity and existing resources programs currently have and can leverage.
- The sustainability of investments once the grant award cycle ends.

Summary of 2025 Development Efforts

Sustaining an agile and resilient public health workforce that is well supported to respond to the current and emerging needs of Boulder County is a top priority. This is paramount as funding shifted in 2025, with the sunset of COVID-19-specific grants such as the American Rescue Plan Act of 2021 (ARPA), and as federal funding priorities related to public health shifted, resulting in less federal fiscal support for core public health activities.

In 2025, 56 grants closed as of Nov. 1, 2025, totaling $12,630,671. Table 2. Grants Closed, 2025, reflects the grant revenues received and closed in 2025.

Grants Closed, 2025			
Grantor	**Division**	**Grant**	**Amount Closed**
Boulder County Community Services			$192,399
	Community Health	Community Substance Abuse Prevention (CSAP) Opioid Litigation FY23-24	$171,121
	Community Health	Substance Use Advisory Group (SUAG) FY24	$21,278
Boulder County Health and Human Services			$250,963
	Family Health	Individuals with Developmental Disabilities Visiting and Care Coordination FY24-25	$96,463
	Family Health	Individuals with Developmental Disabilities Visiting and Care Coordination FY25	$154,500
Boulder County Community Services			$330,000
	CDEM	Communicable Disease Emergency Management (CDEM) Opioid Litigation FY25	$330,000
Boulder County Board of County Commissioners			$2,000,000
	Family Health	American Rescue Plan Act (ARPA) Family Connects FY23-25	$2,000,000

Colorado Community Health Association			$75,000
	Community Health	Community Incentive Program FY24	$75,000
Centers for Disease Control			$156,250
	Community Health	Community Substance Abuse Prevention Drug Free Communities FY25	$156,250
Colorado Department of Early Childhood			$1,903,202
	Family Health	Family Support Services Program (FSPP) FY25	$658,333
	Community Health	Maternal Child Health GENESIS mini-grant FY25	$5,725
	Family Health	Nurse Family Partnership Nurse Home Visit FY25	$1,239,144
Colorado Department of Human Services			$272,904
	Community Health	Tony Grampsas Youth Services - GENESIS FY25	$90,000
	Community Health	Tony Grampsas Youth Services - OASOS FY25	$182,904
Colorado Department of Public Health and the Environment			$5,190,886
	Environmental Health	Air Quality FY25	$54,230
	CDEM	Cities Readiness Initiative FY25	$75,800
	CDEM	Colorado HIV and AIDS Prevention Program FY25	$218,331
	Community Health	Community Substance Abuse Prevention (CSAP) Community Organizing for Prevention (COFP) FY25	$296,303
	CDEM	Epidemiology Laboratory Capacity (ELC) 2.2 Enhancing Detection COVID-19 FY25	$269,159
	Family Health	Food Safety and Childcare Program FY25	$95,000
	CDEM	Harm Reduction FY25	$419,256
	CDEM	IMM#3	$955,171
	Environmental Health	Indoor Radon FY25	$23,173
	Community Health & Family Health	Maternal & Child Health FY25	$294,283
	CDEM	MRC STTRONG FY23-FY25	$41,084
	CDEM	Multi-site Gram-negative Surveillance Initiative (MuGSI) Extended-spectrum beta-lactamase (ESBL) FY25	$99,467
	CDEM	Overdose Data to Action FY25	$313,893
	CDEM	Public Health Emergency Funding FY25	$290,184
	Community Health	Substance Abuse Prevention and Treatment Block Grant (SABG) FY25	$200,000
	Community Health	Tobacco Education and Prevention Partnership (TEPP) Amendment 35 FY25	$318,808
	Community Health	TEPP Innovation FY25 - Tobacco Waste Extended Producer Responsibility	$165,000

	Environmental Health	Waste Tire Inspection FY25	$7,430
	Family Health	Women, Infants, and Children (WIC) FY25	$758,494
	CDEM	Immunization Core FY25	$295,820
City of Boulder			$1,255,580
	Environmental Health	Health Equity Fund, Double Up Food Bucks - FY24	$167,580
	Environmental Health	Health Equity Fund, Double Up Food Bucks - FY25	$185,000
	Environmental Health	Health Equity Fund, Fruit and Veg FY24	$353,000
	Environmental Health	Health Equity Fund, Fruit and Veg FY25	$325,000
	Environmental Health	Health Equity Fund, Healthy Eating and Drinking from the Start FY25	$90,000
		Human Services Fund (HSF) GENERATIONS FY25	$15,000
	Community Health	City of Boulder - HSF GENESIS FY25	$20,000
	Community Health	Tobacco Education and Prevention Partnership (TEPP) FY25 (Vaping Education)	$100,000
City of Longmont			$37,206
	Environmental Health	Fruit and Veg FY25	$37,206
Community Foundation Boulder County			$5,000
	Community Health	Community Foundation Open Door FY25	$5,000
Denver Health and Hospital Authority			$97,000
	Environmental Health	Healthy Beverage FY25	$97,000
Immunize Colorado			$1,712
	CDEM	Shots for Tots	$1,712
National Environmental Health Association			$33,500
	Environmental Health	US Food and Drug Administration (FDA) Retail Flexible Funding Model (RFFM) Maintenance and Advancement FY25	$18,500
	Environmental Health	US Food and Drug Administration (FDA) Retail Flexible Funding Model (RFFM) Mentorship FY25	$15,000
US Department of Health and Human Services			$416,397
	Family Health	Office of Minority Health (OMH) Illuminate FY26	$74,887
	Community Health	Substance Abuse and Mental Health Services Administration (SAMHSA) Partnership for Success FY25	$341,510
Temple Hoyne Buell			$100,000
	Community Health	GENERATIONS FY25	$60,000
	Community Health	GENESIS FY25	$40,000

The Colorado Health Foundation			$80,000
	Community Health	OASOS & GENERATIONS FY25 - Supporting Healthy Minds and Youth Resiliency	$80,000
The Colorado Trust			$169,000
	Environmental Health	Accessing Healthy Foods FY25	$159,000
	Environmental Health	Community Resilience Initiatives (CRI) Mini Grant FY25	$10,000
US Department of Agriculture			$63,672
	Environmental Health	Prenatal Produce RX Delivery	$63,672
		Total	**$12,630,671**

Table 2. Grants Closed, 2025

New Proposals Submitted in 2025

Grant opportunities are identified through multiple efforts including primary research and collaboration with other agency programs and divisions. In 2025, 62 grant proposals were submitted. Of the proposals submitted 45 proposals were awarded totaling $8,581,597 in new funding, as reflected in Table 3. Awarded Grants, 2025.

Awarded Grants, 2025			
Grantor	**Division**	**Grant**	**Award**
Boulder County Community Services			$434,641
	Community Health	Community Substance Abuse Prevention (CSAP) Opioid Litigation Youth Opioid Overdose Prevention Program (YOOP) FY25	$259,641
	Community Health	Substance Use Advisory Group (SUAG) FY25	$175,000
Boulder County Health Foundation			$40,000
	Environmental Health	Medicaid Produce Rx FY25	$40,000
Boulder County Health and Human Services			$154,500
	Family Health	Individuals with Developmental Disabilities Visiting and Care Coordination FY25	$154,500
Boulder County Community Services			$330,000
	CDEM	Opioid Litigation FY25	$330,000
Colorado Community Health Association			$105,000
	Family Health	Transitions to Care FY26	$105,000
Colorado Department of Early Childhood			$1,719,799
	Family Health	Family Support Services Program (FSPP) FY26	$428,625
	Family Health	Nurse Family Partnership Home Visit FY26	$1,291,174
Colorado Department of Human Services			$270,000
	Community Health	Tony Grampsas Youth Services - OASOS FY26	$180,000
	Community Health	Tony Grampsas Youth Services - GENESIS FY26	$90,000

Colorado Department of Public Health and the Environment			$3,635,104
	Environmental Health	Air Quality FY26	$60,838
	CDEM	Cities Readiness Initiative FY26	$75,239
	CDEM	Colorado HIV and AIDS Prevention Program FY26	$218,331
	Community Health	Community Substance Abuse Prevention (CSAP) Community Organizing for Prevention (COFP) FY26	$183,305
	CDEM	Epidemiology Laboratory Capacity (ELC) 2.3 Enhancing Detection COVID-19 FY26	$256,775
	Environmental Health	Food Safety and Childcare Program FY26	$81,348
	CDEM	Harm Reduction FY26	$250,000
	Environmental Health	Indoor Radon FY26	$20,945
	Family Health	Maternal & Child Health FY26	$270,298
	CDEM	MRC STTRONG FY26	$24,661
	CDEM	Multi-site Gram-negative Surveillance Initiative (MuGSI) Extended-spectrum beta-lactamase (ESBL) FY25	$99,467
	CDEM	Overdose Data to Action FY26	$120,000
	CDEM	Public Health Emergency Funding FY26	$215,407
	Community Health	Substance Abuse Prevention and Treatment Block Grant (SABG) FY26	$200,000
	Community Health	Tobacco Education and Prevention Partnership (TEPP) Amendment 35 FY26	$405,785
	Community Health	TEPP Innovation FY25 - Tobacco Waste Extended Producer Responsibility FY26 (Tobacco Waste Extended Producer Responsibility FY26)	$165,000
	Environmental Health	Waste Tire Inspection FY26	$8,024
	Family Health	Women, Infants, and Children (WIC) FY26	$742,636
	CDEM	CDPHE- IZ Core FY26	$237,045
City of Boulder			$735,000
	Environmental Health	City of Boulder - Health Equity Fund, Double Up Food Bucks FY25	$185,000
	Environmental Health	City of Boulder - Health Equity Fund, Fruit and Veg FY25	$325,000
	Environmental Health	City of Boulder - Health Equity Fund, Healthy Eating and Drinking from the Start FY25	$90,000
	Community Health	Health Services Fund (HSF) GENERATIONS FY26	$15,000
	Community Health	Health Services Fund (HSF) GENESIS FY26	$20,000
	Community Health	Tobacco Education and Prevention Partnership (TEPP) FY25 (Vaping Education)	$100,000

City of Longmont			$37,206
	Environmental Health	Fruit and Veg FY26	$37,206
Community Foundation Boulder			$10,700
	Community Health	Community Foundation - 15 Forever	$10,700
Denver Health and Hospital Authority			$107,401
	Environmental Health	DHHA Healthy Beverage FY26	$107,401
Immunize Colorado			$2,308
	CDEM	Seasons to Share	$2,308
US Department of Health and Human Services			$374,887
	Family Health	Office of Minority Health (OMH) Illuminate FY 26	$74,887
	Community Health	Substance Abuse and Mental Health Services Administration (SAMHSA) Partnership for Success FY 26	$300,000
Temple Hoyne Buell			$40,000
	Community Health	GENESIS FY25	$40,000
The Colorado Trust			$169,000
	Environmental Health	Accessing Healthy Foods FY 25	$159,000
	CDEM	Community Resilience Initiatives (CRI) Mini Grant FY 25	$10,000
US Department of Agriculture			$416,051
	Environmental Health	Prenatal Produce RX Delivery	$416,051
		Total Awards	$8,581,597

Table 3. Awarded Grants, 2025

Future Focused

As BCPH looks to 2026, the agency and the Grants Office will continue to prioritize grant funding efforts to sustain current multiyear grant funding and increase annual awards. The focus will be on developing reliable revenue sources for programs that align with the strategic plan while building resilience and sustainable infrastructure.



Emerging Threats and Priorities

In addition to providing core public health services, BCPH addressed several emerging threats and priorities in 2025, including an active tuberculosis investigation and the first measles case in Boulder County in more than 10 years. The Communicable Disease and Emergency Management (CDEM) division led public health emergency responses for these incidents in addition to a hepatitis A exposure, wildfires and a violent attack on demonstrators in the city of Boulder. At the same time, the division worked to streamline services and reduce operational costs due to diminished funding across all programs.

Throughout the year, programs within CDEM responded to and supported a wide variety of public health efforts in Boulder County:

- Investigated, reported and intervened in multiple cases of coccidioidomycosis, considered an emerging threat due to a change in climate altering the geographic location of the fungus, and an earlier and larger number of cases of West Nile virus, including the first death in the state in 2025.
- Coordinated local infection control practitioners to prepare for a response to measles in the community, investigated and oversaw the response to the county's first measles case in more than a decade, and supported the regional area with hundreds of measles contact investigations.
- Investigated and supported large-scale responses to a case of active tuberculosis in a local school and a case of hepatitis A in an employee at a local restaurant.
- Two large-scale infectious disease responses (active tuberculosis and hepatitis A), including multiday emergent testing and vaccine clinics.
- A large fire in an urban area that resulted in environmental and health impacts.
- A train derailment in an urban area that included hazardous material loss.
- An attack in the city of Boulder resulting in the death of one woman and injuries to 14 individuals.
- Began operating the first full-service, no-cost harm reduction vending machine in the state, distributing more than 6,700 syringes to more than 3,000 participants at no cost.

Core Public Health Work

2025 marked a year focused on process mapping to leverage efficiencies, and optimize and streamline workflows while supporting innovation. With the completion of several key agency plans, in addition to continuing to fulfill public health statutory obligations to the community through core services, the agency is forging a new, modern approach to its work. Highlights of BCPH's core service work over the past year include:

- Epidemiologists conducted follow-up for reportable diseases including enteric, vaccine-preventable, zoonotic and vector-borne, viral respiratory and emerging threats such as mpox, coccidioidomycosis and highly pathogenic avian influenza (bird flu).
- With funding from the National Environmental Health Association, the Consumer Protection team led an all-day preconference training on our award-winning Oral Culture Learner Program at the 2025 Western Association of Food and Drug Officials conference. Representatives from more than 50 local governments and tribal nations participated.
- The Environmental Health division completed a detailed fee analysis for the Water Quality and Consumer Protection programs, to serve as a baseline for assessing the cost recovery rate for each program. Results will be used to improve processes in 2026 to ensure fee rates align with increasing service levels, especially related to special events.
- BCPH's Water Quality program built new capacity to support domestic well users manage well water safety. In partnership with the Colorado School of Public Health and Colorado State University, staff conducted a countywide survey reaching more than 800 domestic well users, followed by targeted interviews to better understand common concerns and challenges. The team also organized a free well testing campaign that has sampled more than 200 wells for potentially concerning contaminants and hosted a series of educational workshops focused on well stewardship and drinking water safety.
- Family Connects partnered with Broomfield County to enhance program efficiency and began serving Boulder County births for Broomfield residents in the spring of 2025.

- In October 2025, Family Connects launched a partnership with Colorado Community Health Alliance to expand services as part of the Accountable Care Collaborative Phase III for Medicaid process improvements.
- In 2025, the Infant and Early Childhood Mental Health Consulting program expanded consultation services to all four of BCPH's early childhood home visiting programs.
- The Nurse-Family Partnership program implemented a new service called Client Connects that uses the Penelope charting system. The service improves the charting efficiency of the nurses and allows uniform documentation for client interactions.
- The Health Planning and Evaluation team implemented comprehensive agency data infrastructure and governance platforms to more accurately track and provide timely information about agency and individual programmatic goals and objectives, and their community impact.
- The Communications team developed and launched "Let's Talk Boulder County," a new mental and behavioral health campaign featuring real stories from local residents aimed at reducing stigma and encouraging open conversations. Developed in partnership with Let's Talk Colorado, the campaign includes bilingual videos and outreach materials.
- The Information Technology team led the implementation of Accela, a cloud-based software platform that automates workflows and communications across key projects. The system improves management of land use, planning, permitting, inspections, code enforcement and licensing, and allows residents to submit applications and track permits online.



2025 Awards, Recognitions and Presentations

The following section lists 2025 awards, recognitions and presentations related to work at BCPH. This list also includes publications associated with BCPH's work.

- **Colorado Government Finance Officers Association Annual Conference:** The Administration and Finance division presented "Creating a Sustainable Future: Implementation of Priority-Based Budgeting" at the annual fall conference attended by government finance officers from across Colorado.

- **Colorado Government Finance Officers Association's Significant Contribution Award:** BCPH received the award for implementing priority-based budgeting as the foundation of the 2026 budget, to ensure a sustainable future for the agency.

- **Rise Magazine:** "Resilient Financing: Implementing Priority-Based Budgeting to Strengthen Public Health" by the Administration and Finance division was published in Rise Magazine, an annual publication of the Colorado Public Health Association that showcases programs and educates public health professionals.

- **Colorado Emergency Management Association (CEMA) and National Association of City and County Health Organizations (NACCHO)**: The Emergency Management program presented its Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) annex at both conferences.

- **2025 Council of State and Territorial Epidemiologists (CSTE) Conference and the 2025 Colorado Epidemiology Conference:** The Communicable Disease program presented a case report on a rare hantavirus pulmonary syndrome pediatric death in Boulder County in 2024 at both conferences.

- **2025 Colorado Epidemiology Conference:** The Communicable Disease and Emergency Management division presented "Public Health and Community Partner Response to a Tuberculosis Disease Case in a Public School, Oct. 8–Dec. 6, 2024."

- **National Association of Counties:** Children and Youth Awards:
  - The **Healthy Futures Youth Coalition (HFYC)** empowers youth to address substance use and mental health challenges by allowing youth to identify key issues and lead change, and at every other meeting, they develop strategies for healthier communities. Youth staff plan and facilitate meetings focused on skill-building, community engagement, and substance use education, ensuring young people lead the coalition while adults serve as partners prioritizing youth leadership, advocacy and prevention, fostering sustainable initiatives that address youth-identified concerns.

  - The **Youth Opioid Overdose Prevention (YOOP)** program supports youth and young adults to make informed decisions about substance use and reduce opioid overdoses. YOOP's core values include positive youth development, harm reduction, equitable access, peer education, stigma reduction, inclusion of underserved communities and accessible information. Paid youth employees play an integral role in shaping and delivering our educational offerings.

- **Infant and Early Childhood Mental Health Consultation (IECMHC)** is a prevention-based, evidence-informed program that supports staff, families and systems when addressing mental health concerns among infants and young children, with a focus on strengthening parent-child relationships. Bilingual licensed clinical social workers provide consultation, and nurse home visitors report increased skills and reflective capacity. The program now serves four early childhood home visitation teams.

- **National Association of Counties:**
  - **Best in Category – Planning and Human Service Award:** Collaboration between public health and planning departments is essential for comprehensive plans to promote community health and well-being. BCPH's Healthy Eating, Active Living (HEAL) team collaborated with the City of Boulder's planning department to strengthen food security and built environment policies. The team analyzed plans from 12 municipalities similar to Boulder, including relevant themes such as nutritious food access and local/sustainable agriculture. Thirty-four model policies were identified and analyzed to generate a community survey. Food security advocates can utilize this research and modeled policy to engage with municipal planning around plans for equitable access to nutritious foods.

- **Boulder County Volunteers Award:** The HEAL/Built program, in partnership with the Healthy Louisville Kids Coalition, was awarded the Boulder County Volunteers Award for their work to lower sugary drink consumption by passing a Healthy Drinks in Kid's Meals ordinance in Louisville.

- **Illuminate Colorado Family Connects Recognition:** Family Connects Boulder County was recognized by Illuminate Colorado for being the first program to conduct 1,000 home visits, which was accomplished in the spring of 2025.

- **CDPHE Vital Records Application Audit:** The Vital Records program received a 100% score on its initial audit of vital records processing.



BCPH Mission, Vision and Values

Mission: Address social, economic and environmental conditions in Boulder County to ensure that all people have the opportunity for a healthy life.

Vision: Boulder County is a socially just, inclusive community where physical and mental health, social well-being, and the environment are valued, supported and accessible to all.

Values: At BCPH, we understand that we work for and are accountable to the public, we will model the following values in our interactions with the public, our partners and one another. We believe that we as an agency must:

- **Foster Trust:** We are honest and build trust through our interactions with one another, our partners, and the public. We share information necessary in a timely fashion, provide opportunities for others to be involved in or help inform decision making, and clearly communicate expectations. We follow through on our commitments and are accountable to our values.

- **Demonstrate Respect and Compassion:** We demonstrate compassion, patience, and acceptance, and we honor confidentiality. We are non-judgmental, and we preserve dignity. We actively listen to and honor the perspectives of others with the intent to understand and to promote a positive environment in our work with the community, our partners, and each other.

- **Collaborate and Build Strong Teams:** We engage a wide spectrum of contributors to think and create together, and we combine our strengths to find the best solutions for complex problems. We are intentional about fostering strong relationships with our colleagues and partners to promote health.

- **Be Flexible, Creative and Innovative:** We are flexible in our approach, and we embrace the changes necessary to meet the changing needs of our community and organization. We learn from our mistakes and encourage creative and progressive problem-solving and service provision. We use innovation to meet community need and improve the effectiveness of our strategies.

- **Pursue and Support Personal and Professional Development:** We support personal and professional growth through opportunities to learn and experience, delegation of responsibility, and recognition of individual and team accomplishments.

- **Recognize Leadership in Everyone:** We recognize that leadership lies within all of us; it is not based on position or title. We strive to inspire a shared vision, encourage and support one another, enable others to act, and challenge ourselves.

- **Promote Inclusion and Honor the Life Experiences of Others:** We maintain a diverse culture that is inclusive of our individual differences, our life experiences, and our voices. We will foster a culture where each individual feels a sense of belonging and is comfortable to be themselves. We work to understand our differences and will be respectful, even when our opinions differ.

BCPH Strategic Plan

The 2024-2029 Strategic Plan focuses on six strategic priorities that highlight the impact BCPH aspires to achieve, and the internal infrastructure needed to support this work. These priorities were selected based on a variety of factors, including the current needs of the agency and the Boulder community, the desire to build on progress from previous strategic plans, and to align with other county initiatives. The six strategic priorities, as previously outlined in the 2025 Public Health Activity section, are:

- Mental and Behavioral Health
- Climate Action and Sustainability
- Emergency Preparedness, Response and Recovery
- Health and Racial Equity
- Community Engagement
- Sustainability, Transparency and Stewardship

Strategic Plan Goals and Objectives

The goals selected for each strategic priority represent overarching achievements and milestones BCPH 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 BCPH can focus the agency to meet each goal ensuring resources — people and funding — are aligned. Strategic priority objectives and their underlying activities are updated each year and set forth in an annual work plan for each strategic priority.

Mental and Behavioral Health

MBH is an increasingly urgent priority as we address the rising prevalence of mental health conditions and the complex interplay between mental health and overall well-being. The COVID-19 pandemic underscored the critical need for robust mental health support systems and Boulder County is committed to advancing initiatives that address these needs comprehensively. Our strategic plan includes scaling positive mental health supports, increasing social connectedness in our community, supporting policies that support mental and behavioral health and reducing stigma through public education and outreach. This work builds on and contributes to a broader county-wide Behavioral Health Roadmap, focusing on public health contributions to MBH. By focusing on mental and behavioral health, we aim to build a supportive environment that promotes resilience and well-being for all people.

- **Goal:** Improve positive mental health and strengthen the community's protective factors and capacity to support MBH at individual and structural levels.
  - **Objective 1:** BCPH will increase community understanding and capacity to improve MBH through technical assistance, training, and community education.
  - **Objective 2:** BCPH will develop and advocate for public health policy that improves MBH at the organizational, local, and state levels.
  - **Objective 3:** BCPH will increase social connectedness and strengthen social support systems for the Boulder County community to improve MBH.

Climate Action & Sustainability

Climate change poses a significant threat to public health, affecting air quality, water resources, communicable disease, and the frequency and severity of extreme weather events. Our strategic plan integrates climate action as a core component, recognizing the interconnection between environmental sustainability and health outcomes. We will focus on initiatives that mitigate the impact of climate change, promote sustainable practices, and address environmental health risks. By advancing climate action, we aim to create a healthier environment that supports both current and future generations.

- **Goal:** Enhance Boulder County communities' resilience to effectively cope with the impacts of climate change by improving public health programs, prioritizing disproportionately impacted populations, and ensuring better preparedness and protection for local environments.
  - **Objective 1:** Advance intersectional collaboration with Boulder County agencies and community organizations to clarify BCPH's role in climate change.
  - **Objective 2:** Develop and begin implementing BCPH's Climate Action Plan.
  - **Objective 3:** Ensure that those impacted the most by climate change in Boulder County are given the equitable resources to lead in the decision-making process for defining and implementing solutions.

Community Engagement

The strength of our public health efforts lies in our ability to engage and collaborate with the community. The changing public health landscape demands that we move beyond traditional top-down approaches and foster meaningful dialogue with the people we serve. Community engagement is not just a component of our strategy; it is a fundamental principle guiding our work. We will prioritize building relationships with diverse community groups, understanding their unique needs and perspectives, and co-creating solutions that are both effective and culturally relevant. Through active engagement, we seek to empower people, enhance trust in public health initiatives, and ensure that our strategies are grounded in the lived experiences of our community members.

- **Goal:** BCPH effectively engages with the public and community partners to create trust and to incorporate community and partner priorities into planning, policies and agency activities.
  - **Objective 1:** Improve our policies, structures, and methods to ensure sustainable, ethical, and impactful health initiatives led by the community. This involves working closely with the public and community partners to drive discussions, plans, and policies on key issues, with the goal of aligning our agency's priorities with those of our community to effect positive health changes in Boulder County.
  - **Objective 2:** Reinvigorate public understanding, trust and support for public health values and initiatives.

Emergency Preparedness, Response & Recovery

The ability to effectively manage emergencies is fundamental to safeguarding public health, and with climate change, emergencies and disasters are increasing. Boulder County faces a range of potential emergencies, from natural disasters to public health crises. Our strategic plan emphasizes strengthening our emergency management capabilities to ensure a swift and coordinated response to any situation. This includes enhancing preparedness and response, improving communication and coordination among agencies, and investing in infrastructure and resources that support rapid response. By prioritizing emergency management, we aim to protect the health and safety of our community, minimize disruptions, and build resilience against future challenges.

- **Goal:** Ensure Boulder County residents and community partners are equitably supported in emergency preparedness, response, and recovery.

- **Objective 1:** Build the internal infrastructure of BCPH by reconfiguring emergency response plans, policies, agency systems, and procedures to ensure BCPH has the resources and capacity in place to equitably and effectively prepare for, respond to, and recover from the significant public health components of emergencies and disasters.
- **Objective 2:** Through a power sharing approach centered on health and racial equity, BCPH will strive to provide the resources, funding, and support to enable the capacity building of community partners and the community to recognize and reduce their risk, prepare for, respond to, and recover from the significant public health components of emergencies and disasters.

Health & Racial Equity

At the heart of our strategic plan is a commitment to health and racial equity. We recognize that health disparities are not only a matter of public concern but a reflection of deeply entrenched systemic injustices. In Boulder County, despite strong average health indicators in many areas, marginalized communities face disproportionate health challenges when data is disaggregated. Our goal is to address these inequities through targeted interventions, equitable policymaking, and community partnerships. By focusing on health equity, we aim to dismantle the barriers that prevent equitable health outcomes and ensure that every individual, regardless of their background, has the opportunity to lead a healthy life.

- **Goal:** BCPH institutionalizes the infrastructure, knowledge, culture, and resources for staff to effectively plan and implement HRE improvements in the community.
  - **Objective 1:** BCPH will purposefully advance inclusiveness, support healing spaces for staff, and ensure accountability for behaviors that advance a healthy, anti-oppressive organizational culture.
  - **Objective 2:** BCPH will advance a human resource practice that increases diversity and inclusion within our agency, ensures BCPH is a supportive environment and creates opportunities for career advancement.
  - **Objective 3:** BCPH will have ongoing accessible opportunities for staff to learn and grow their health and racial equity knowledge, competency and skills to be applied in their everyday work.
  - **Objective 4:** BCPH will have a process to ensure internal and external policies, procedures, and practices are anti-racist and pro-equity.

Sustainability, Transparency & Stewardship

Effective stewardship is essential to the success of our strategic plan. This involves not only responsible management of resources but also a commitment to transparency, accountability, and continuous improvement. We will ensure that our initiatives are evidence-based, data-driven, and aligned with best practices. Regular evaluation and feedback mechanisms will be integral to our approach, enabling us to adapt and refine our strategies in response to emerging needs and opportunities.

- **Goal:** BCPH has infrastructure, culture, and practices to support good governance through sustainability, transparency and stewardship of resources.
  - **Objective 1:** Optimize and streamline agency administrative systems and processes.
  - **Objective 2:** Establish and strengthen systems and processes to identify, secure, maintain, and effectively allocate resources to support agency needs and strategic priorities.
  - **Objective 3:** Increase transparency around agency operations and governance to support accountability with the Boulder County community, partners, and BCPH staff.
  - **Objective 4:** BCPH will strategically support the development of a thriving workforce culture.

Performance Management, Goals and Strategies

Performance management encompasses the ongoing process of measuring, monitoring and reporting of progress toward strategic organization, division and program goals and objectives[2].

Over the past year, BCPH has worked collaboratively with subject matter experts across the agency to develop and finalize measures of success for all six of our strategic priorities and their associated objectives. In September 2025, these quantitative measures of success were reviewed and approved by the agency's BOH. Moving forward, the agency anticipates collecting data associated with these measures initially on an annual basis, with the ultimate goal of being able to report on some of these measures more frequently where possible (e.g., quarterly).

BCPH has also taken great strides to identify programmatic and where possible agency-wide key performance indicators (KPIs) – a portion of which align with our strategic priorities. Included throughout this document you will see preliminary measures captured for programs across BCPH that reflect division performance. Moving forward, BCPH will work to build out a more formal performance management system for the agency with more frequent data reporting to help inform programmatic, divisional, and agency-wide decision making.

The table below, Table 4. Strategic Plan Indicators by Division, categorizes the types of indicators (i.e., outputs and outcomes) BCPH is monitoring throughout the strategic plan. For the purposes of this strategic plan, we define these terms as:

- **Outputs:** Tangible and direct products, services, or decisions that result from a program's activities. Outputs measure the quantity and/or quality of program activities by capturing information such as "How many of X did we do?" or "How many individuals did we serve?"
- **Outcomes:** The changes in participants, communities, environments, or systems that the program activities and outputs are intended to achieve. Outcomes can occur over the short-term (such as changes in knowledge, skills, or attitudes), intermediate term (such as changes in behaviors of individuals or operations of organizations or systems), or longer-term (such as changes to environments or population health status). Note, the below outcome indicators are considered short- and intermediate-term outcomes.

Strategic Plan Indicators by Division		
Strategic Priority	**Number of Output Indicators**	**Number of Outcome Indicators**
Mental & Behavioral Health	6	2
Climate Action & Justice	7	4
Emergency Preparedness, Response & Recovery	9	4
Health & Racial Equity	6	11
Community Engagement	9	10
Sustainability, Transparency & Stewardship	9	10
Total	44 (52%)	41 (48%)

Table 4. Strategic Plan Indicators by Division

2 Turning Point Performance Management National Excellence Collaborative. From Systems to Silos: Using Performance Management to Improve the Public's Health. Retrieved from http://www.turningpointprogram.org/pages/pdfs/perform_manage/pmc_silos_to_systems.pdf

Table 5. Strategic Plan Indicator Workplan, outlines critical milestones within the 2024 – 2029 Strategic Plan's Monitoring, Evaluation, and Learning (MEL) plan for October 2025 – March 2026. In addition to routine quarterly reporting, an annual review meeting will be convened in early 2026 to assess collected data and determine any necessary adjustments to the goals and objectives for 2026.

Strategic Plan Indicator Workplan						
Milestones	**2025**			**2026**		
	Oct	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***
Quarter 3 Report completed						
Administer annual staff survey						
Complete 2025 strategic priority indicator data collection						
Quarter 4 Report completed (including indicator data)						
Annual Review Meeting						
Detailed Implementation Plans finalizes						

Table 5. Strategic Plan Indicator Workplan

Table 6. Strategic Priority Indicators Collected in 2025, displays the percentage of indicators within each strategic priority for which BCPH expects to collect data in 2025. Due to the need to establish certain data collection processes and systems, BCPH anticipates gathering data for approximately 68% of the 85 indicators during 2025, with the objective of achieving full data collection across all indicators by 2026.

Strategic Priority Indicators Collected in 2025	
Strategic Priority	**Percent of Indicators to be Collected in 2025**
Mental & Behavioral Health	50% (4 of 8)
Climate Action & Justice	64% (7 of 11)
Emergency Preparedness, Response & Recovery	54% (7 of 13)
Health & Racial Equity	100% (17 of 17)
Community Engagement	42% (8 of 19)
Sustainability, Transparency & Stewardship	88% (15 of 17)
Total	68%(58 of 85)

Table 6. Strategic Priority Indicators Collected in 2025

2026 Budget Development

To achieve a sustainable future, the agency moved from a philosophy of incremental budgeting to priority-based budgeting guided by the previously mentioned philosophies as they support our Community Health Assessment, Strategic Plan, and the introduction of a Workload Guidance Plan ensuring continued programmatic delivery to the greatest extent possible amid declining financial resources.

Development of the 2026 budget represented the implementation of priority-based budgeting for the agency. Pursuant to C.R.S. § 29-1-102 (13) and C.R.S. § 29-1-113 (2) local governments including component units are required to complete and file an annual budget and any budget amendments with the Colorado Department of Local Affairs. As a component unit of Boulder County, the agency must comply with these statutes.

As background, the development of the 2025 budget was an expedited process compared to a traditional budget development process. The 2025 budget was developed over the summer of 2024. However, due to revenue and expenditure concerns, the budget was revised through an abbreviated process starting in September 2024.

For 2025, BCPH took the opportunity to rebase the budget based on the following principles:

- **Develop a base budget:** Rebase the 2025 budget using 2022-2023 historical expenditures and projected 2024 expenditures.
- **Adjust for inflation and costs:** Account for rising prices and salaries.
- **Justify changes:** Each adjustment requires clear reasoning.
- **Align with revenue:** Ensure budget sustainability without heavy reliance on reserves.

Over the course of the year, BCPH has worked closely with the Boulder County Office of Financial Management (BCOFM) to develop the 2026 budget ensuring compliance with the County's budgeting guidance. With the COVID-19 response and related funding winding down, the agency's continued focus on the creation of a sustainable budget was a driving factor for the 2026 budget. In developing the 2026 budget, BCPH focused on the following programmatic funding philosophy:

- Programs with the ability to generate sustainable revenue should be self-sustaining by evaluating mandated services to ensure appropriate service levels are supported through process improvement and revenue generation.
- Non-mandated programs with dedicated grant funding are rightsized and would sunset if revenues go away.
- Subsidize high priority programs if needed and those programs have a significant community impact.

To develop a resilient and sustainable budget aligned with the philosophies, above, and the BCPH Strategic Plan, the agency moved from an incremental budgeting process in 2024 and prior to the implementation of priority-based budgeting in 2026, as illustrated in the following figure, Figure 6. BCPH Path from Incremental Budgeting to Priority-Based Budgeting.

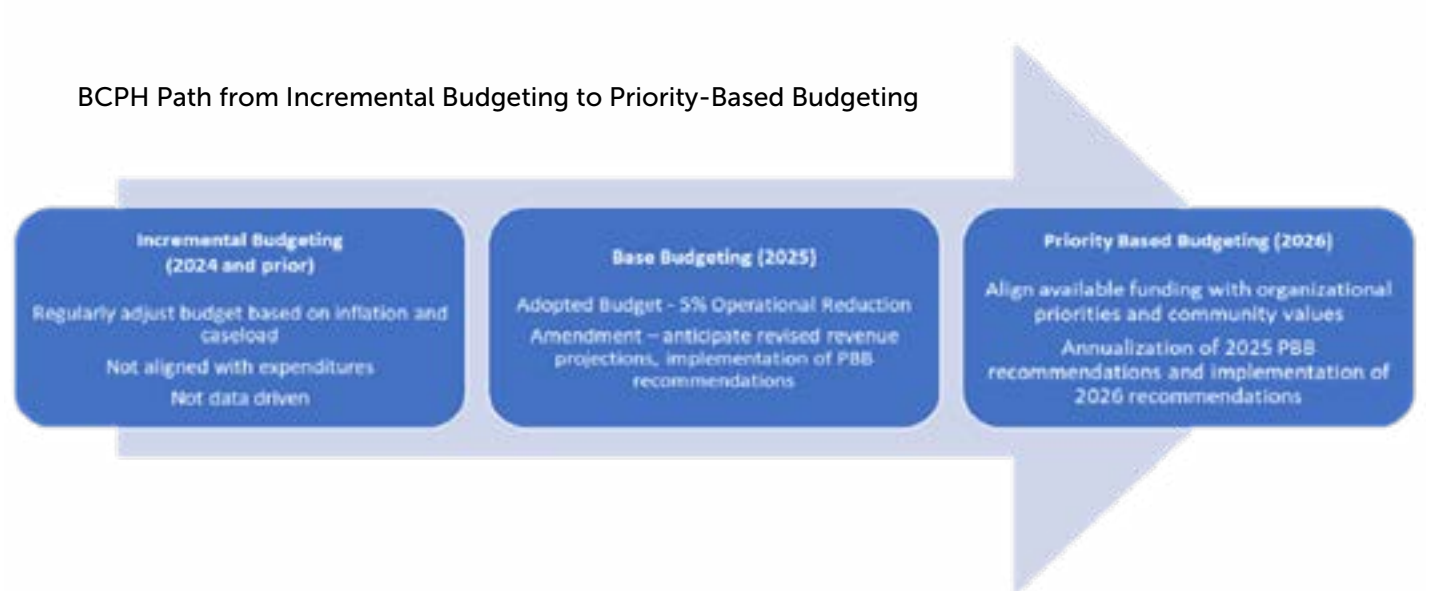


Figure 6. BCPH Path from Incremental Budgeting to Priority-Based Budgeting

BCPH implemented priority-based budgeting as a structured, transparent framework that connects financial decisions directly to community priorities building resiliency into the fabric of public health priorities and funding. Implementing priority-based budgeting at BCPH is intended to enhance capacity to respond to emerging issues, address the time limited nature of restricted grant funding as reoccurring funding remains flat or decreases as we are seeing today, exploration of the equitable allocation of sustainable, long-term, and recurring funding.

The following calendar, Figure 7. BCPH PBB Implementation Calendar, is an estimate of the timelines to prepare the 2026 budget and meet statutory deadlines with final approval by the BOH based on the calendar year, which is the Boulder County fiscal year applicable to BCPH, consistent with 29-1-203(1) of the Colorado Revised Statutes.

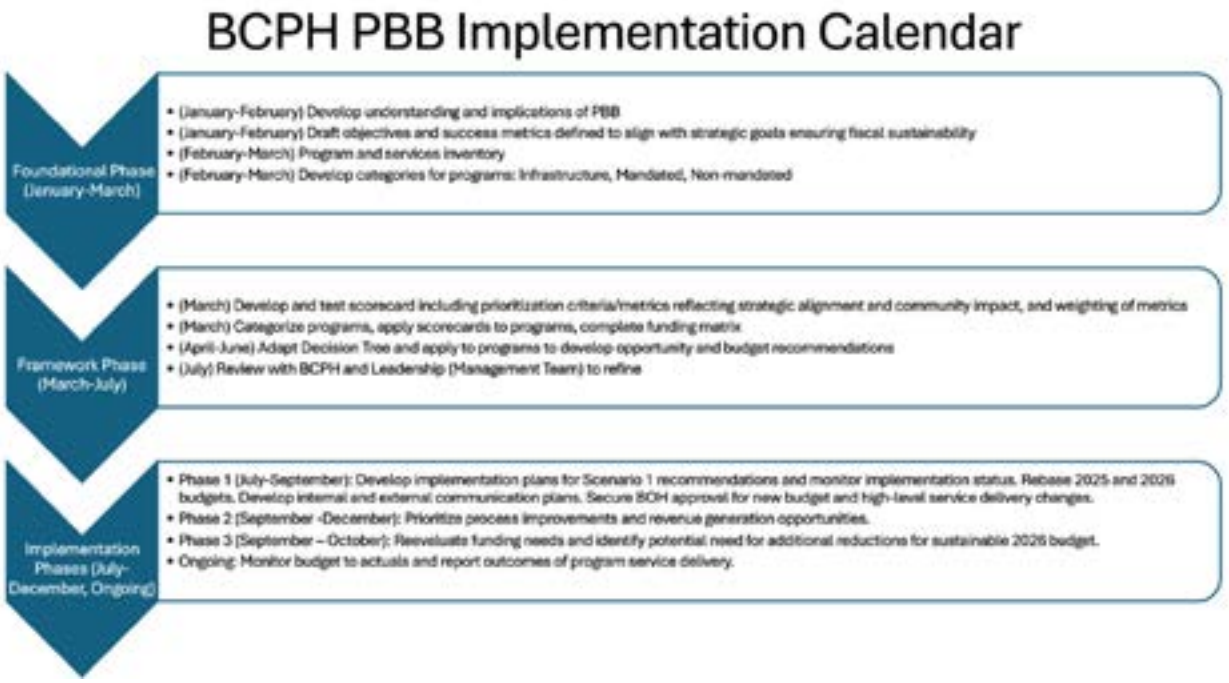


Figure 7. BCPH PBB Implementation Calendar

Foundational Phase

The implementation of priority-based budgeting per the Government Financial Officers Association (GFOA) is expected to take eighteen months; however, amid the loss of significant COVID-19 related funding and the anticipated reductions in federal funding to support public health activities, the agency prioritized the implementation of priority-based budgeting for the 2026 budget.

To ensure the successful implementation of a priority-based budgeting strategy in a short timeframe, the agency developed a shared understanding of priority-based budgeting and the implications of doing so during the first quarter of 2025. This time was used to introduce agency leadership, staff and the BOH to the priority-based budgeting philosophy, tools, timelines and implications.

The Administration and Finance division provided an overview of the fiscal state of the agency amid the loss of significant funding provided during the COVID-19 pandemic, compounded with the significant shift in public health priorities resulting from the new federal administration. Figure 8. 2026 Budget Scenario Based on Revenue Projections provides a high-level visual overview of the financial state of the agency and the targeted 2026 budget to create a sustainable future accounting for the loss of one-time COVID-19 related funding and anticipated reductions to public health by the federal administration.

Scenario	Proposed 2026 Base Budget	Change from 2025 Adopted Budget ($24.4M)	Purpose
Moderate Sustainability	$18.5 million	-$5.9 million (-24%)	Maintains core services and adjusts for inflation
Balanced Operations	$19.5 million	-$4.9million (-20%)	Sustains key programs with some reinvestment capacity
Strategic Reinvestment	$20.5 million	-$3.5 million (-16%)	Enables targeted innovation and strategic priorities

Figure 8. 2026 Budget Scenario Based on Revenue Projections

The strategic reinvestment budget was selected and enables targeted innovation and investment in strategic priorities while ensuring fiscal sustainability. To guide financial decisions, the following core outcomes were prioritized:

- Advancing equity and reducing health disparities.
- Strengthening community resilience.
- Supporting prevention and long-term health improvement.
- Maintaining operational and fiscal sustainability.

The agency created a program inventory to identify distinct workstreams and programs. Based on the program inventory, the programs were categorized as mandated, non-mandated or infrastructure programs using the following definitions:

- **Mandated:** Required by law or regulation.
- **Non-mandated:** Discretionary services enhancing community well-being.
- **Infrastructure:** Essential operational services.

Framework Phase

The framework phase included the development of a program scorecard, funding matrix, and decision trees for structured budget reduction development recommendations.

Using a standardized program scorecard, programs were assessed for their contribution to our stated outcomes and community impact. This ranking created a transparent map of which programs are most effectively advancing the health of Boulder County communities. It should be noted that the infrastructure programs were not scored, as they are internal business operations to support the programs and do not have a direct community impact.

The agency has not historically budgeted based on the programs identified in the priority-based budgeting program inventory and as a result a funding matrix was built to understand the revenue, costs, and personnel associated with each identified program. The matrix identified program costs using the allocation of staff time to each identified program, proportional allocation of operating costs. A similar methodology was used to allocate revenue.

Using the funding matrix, the agency was able to understand the following in alignment with the identified philosophical priorities:

- To what extent fee-based programs were subsidized with flexible funds.
- To what extent non-mandated programs with grant funds are subsidized with flexible funds.
- To what extent high priority programs needed further funding to ensure they have a significant community impact.

Finally, each division was given a budget reduction target for its 2026 budget in comparison to their 2025 budget to inform their proposed budget reduction. The budget reductions were collected in a decision tree excel workbook with a consistent set of questions concerning resource allocation, including the following:

- Does the program directly advance one of our strategic outcomes?
- Does it serve a vulnerable or disproportionately affect a population?
- Is it legally or contractually required?
- Does it provide long-term value relative to cost?

The scorecard, fiscal matrix and decision trees were reviewed with the agency leadership team to prioritize the recommended budget reductions which were then reviewed with the division managers for further refinement of the recommendations and assumptions.

Implementation Phases

In late July, the agency began implementation of the prioritized budget reductions. Implementation included the development of individual implementation plans for each recommendation, development of internal and external communication plans, obtaining approval from the BOH to move forward, and coordination with Boulder County regarding human resources and legal reviews.

As part of the budget reduction recommendations, staff identified 32 process improvement and 23 revenue opportunities. The process improvement opportunities were prioritized and evaluated throughout the balance of 2025 and this work is expected to continue into 2026. Revenue enhancement opportunities will continue to be evaluated in 2026 as many require community stakeholder engagement.

Throughout the fall of 2025, the agency continued to monitor revenue assumptions and refined expenditures specifically for personnel services to account for Boulder County personnel services related adjustments, i.e. salary adjustments and benefits costs. Given the shifting fiscal environment at the federal, state and local levels this work became essential to determine if additional reductions were necessary.

Finally, implementation plans were closely monitored ensuring that the recommendations were implemented on time to ensure that the projected savings were achieved, ensuring fiscal stability in 2026.

As a result of this work the agency achieved budget savings of $3.8 million total funds or 6% compared to the 2025 adopted budget without a significant impact to the provision of services to the Boulder community. This work also resulted in the following:

- **Increased Transparency:** Staff, the BOH and the BOCC can now see a clear line between dollars and outcomes. This has built trust and confidence in decision-making.
- **Resilience in Action:** When facing unexpected fiscal challenges, we now have a framework that allows us to protect core services while making thoughtful adjustments elsewhere.
- **Alignment with Strategic Plan:** Our financial decisions are directly connected to our mission and strategic outcomes.
- **Staff Empowerment:** Many staff shared that the process gave them a stronger sense of purpose and ownership. They understood not only how their programs fit into the bigger picture, but also how they could advocate for their work with data and narratives.

Budget Hearing and Adoption

BCPH met with the BOH and the Boulder County BOCC in 2025 to discuss and act on the 2026 proposed budget.

- **March 3, 2025:** BOH budget study session including priority-based budgeting overview and objectives and the financial state of the agency.
- **June 2, 2025:** BOH budget study session to review the initial budget reduction recommendations and ensure alignment of philosophy and priorities moving forward.
- **June 16, 2025:** Joint meeting with the BOH and BOCC concerning priority-based budgeting methodology as implemented at the agency, preliminary recommendations and alignment of philosophies and priorities moving forward.
- **August 18, 2025:** BOH budget study session to present the proposed 2025 budget
- **December 15, 2025:** BOH budget adoption based on the affirmative vote of a majority of the board members.

Pursuant to C.R.S. 29-1-106 (1), the agency's budget must be adopted by the BOH prior to December 31 at a time and place as directed by the BOH. The agency is required to provide notice when the BOH meets to discuss and act on the proposed budget. Notice of such public hearing and notice that the proposed budget is posted online and on file. The notice includes the office hours during which the budget is available for inspection for a period of one week prior to such hearing. The notices are published in a newspaper that meets the following statutory requirements pursuant to C.R.S. 29-1-108 at least one week in advance of the hearing. Notice of these meetings was published pursuant to statute to include the following:

- Date and time at which the proposed budget will be considered
- A statement that the proposed budget is available for inspection by the public at the BCPH main office which is located within the Boulder County jurisdictional boundaries
- A statement that any interested elector of the local government may file any objections to the proposed budget at any time prior to the final adoption of the budget by the BOH.

Once the budget is adopted by the BOH, the agency submits a request to the BCOFM to update the county financial systems for transparency.

Budget Amendments

After the BOH has adopted the budget, the approved budget may be changed through budget amendments. The process for a budget amendment generally begins with the submission of funding requests that cannot be accommodated by the adopted budget from the divisions and programs. These requests and the year-to-date budget to actuals are analyzed by the Administration and Finance division. The division reviews amendments for accuracy and completeness. Upon approval by the Administration and Finance Director, the proposed budget amendment is presented to the BOH for adoption. This is followed by a request to the BCOFM to update the county financial systems for transparency.



Public Health Fund 162 Financial Summaries

BOH Resolution Revenue Sources and Allocation by Division

BCPH reporting consists of one single fund, Fund 162. Fund 162 is comprised of six divisions and within each division there are several organizations which are aligned with programs. This section provides a summary of each division and organization that make up Fund 162. The programs within Fund 162 are funded by state, county, and federal funds as well as grants and fees.

Figure 9. Source and Use for BCPH, 2026 is consistent with the BOH budget resolution adopted on Dec. 15, 2025, and reflects BCPH's budgeted revenues and expenditures for the Jan. 1, 2026, fiscal year.

	2026 Budget
Financial Sources	
PH 11 Grants and Fees	$ 11,879,396
PH 12 Sustainability Tax Funding	$ 674,535
PH13 County Funding (Transfer)	$ 7,365,144
Transfers from	
Fund Balalnce - 162 General Fund (Reserves)	$ 691,563
Total Financial Sources	**$ 20,610,639**
Financial Uses	
Boulder County Public Health	
Administration and Finance	$ 4,635,116
Communicable Diseases and Emergency Management	$ 2,169,695
Community Health	$ 2,900,672
Environmental Health	$ 6,061,832
Family Health	$ 3,252,672
Strategic Initiatives	$ 1,590,652
Holding	
Total Financial Uses	**$ 20,610,639**
Surplus	$ -

Figure 9. Source and Use for BCPH, 2026

Summary of Financial Sources – Public Health Fund 162-2026

BCPH strives to maintain a strong, diverse revenue base, recognizing that becoming too dependent upon any individual revenue source would make BCPH's revenues more vulnerable to economic cycles. All revenues are conservatively projected, monitored, and updated as necessary. Total 2026 revenues are projected to decrease by 15.6% to $20,610,639 from budgeted 2025 revenues of $24,427,935. This decrease is driven primarily by updated projections of grant awards and Sustainability tax transferred from Boulder County. For the development of the 2026 budget the agency accounted for revenues that were contracted or had a notice of award letter, which is a change in practice compared to 2025 and prior.

Table 7. Public Health Revenue Summary, 2023-2026 and Figure 10: Budgeted Revenues by Source, 2026, illustrates BCPH's historical and audited revenues for 2023 and 2024 compared to the budgeted and projected 2025 revenues and the budgeted 2026 revenues. For the 2026 budget, the majority of funds, 28.5%, come from program-specific grants. A little more than 11.8% will come from licenses, fees, and permits. Boulder County provides 53.1% of the agency's total funding, and the State of Colorado provides 3.3% in per capita funding to the total budget. The balance of 3.4% is from the agency's reserve.

While the COVID-19 and other response-specific funds have provided much-needed support, it is important to note that all but two of the COVID-19 era funding streams have ended as of the close of 2025. The two remaining grants, ELC 2.3 and Mental Behavioral Health American Rescue Plan Act (ARPA) will end in 2026 and are budgeted accordingly. Prior to 2026, these limitations have necessitated the use of agency reserves for other personnel costs and resources not covered by this funding. While the staff hired with this funding are critical to maintaining ongoing work to protect the health of the community, the financial stability of the agency necessitated aligning staffing with revenues.

In 2026, BCPH plans to continue participating in state-level funding and allocation meetings to ensure the agency receives an equitable share of statewide available funds for core public health needs and emergencies; advocate through supporting legislation that increases state funding to provide core public health services; continue strategic initiatives to secure additional grant funding to meet specific time-limited issues; and strategize with other countywide partners to secure funding to meet other emerging and continuing public health issues in order to prevent and reduce the spread of disease and illness and protect the health and well-being of all residents and visitors in Boulder County.

Public Health Revenue Summary 2023-2026						
		2023	2024	2025	2025	2026
	Revenue Source Description	Audited	Audited	Budgeted	Projected	Budgeted
PH 11 (Grants and Other Revenue Sources)		$ 14,685,504	$ 15,246,573	$ 14,227,897	$ 14,280,481	$ 11,879,306
PH 12 (Sustainability Tax)		$ 1,140,280	$ 1,045,156	$ 708,555	$ 708,535	$ 674,535
PH 13 (County Transfer)		$ 8,996,078	$ 7,359,735	$ 7,365,144	$ 7,365,144	$ 7,365,144
Other Financing Sources		$ -	$ -	$ 2,126,339	$ -	$ 691,563
Revenue Total		**$ 24,821,862**	**$ 23,651,463**	**$ 24,427,935**	**$ 22,354,160**	**$ 20,610,639**
Boulder County Appropriation	County General Fund	$ 8,996,078	$7,359,735	$7,000,000	$7,365,144	$ 7,000,000
County Passthrough Funding	ARPA Mental Behaivoral Health; JUUL; IDD Mill Levy; COB Fruit & Veg DUFB; YDOP Opioid Litigation; Opioid Litigation	$ 2,710,430	$3,567,502	$1,672,171	$1,968,337	$ 2,262,451
County Tax	HHSB1A; Mosquito Fund; Sustainability Tax	$ 1,140,280	$1,045,156	$1,510,683	$708,535	$ 1,671,679
Local Funding		$ 861,787	$1,377,218	$1,121,205	$1,649,438	$ 281,401
State Funding		$ 3,883,562	$4,194,190	$7,191,524	$3,757,656	$ 4,698,655
Federal Funding		$ 5,398,440	$4,118,893	$908,628	$4,099,088	$ 1,309,291
Fee Funding		$ 1,529,041	$1,779,789	$2,227,121	$2,376,112	$ 2,433,831
Private Funding		$ 300,417	$208,021	$855,773	$377,566	$ 261,766
Holding		$ -	$-	$14,490	$-	$ -
Miscellaneous Revnues		$ 1,827	$960	-	$52,285	$ -
Reserve Funding			$-	$2,126,339	$-	$ 691,563
Revenue Total		**$ 24,821,862**	**$23,651,463**	**$24,427,935**	**$22,354,160**	**$ 20,610,639**

Table 7. Public Health Revenue Summary, 2023-2026

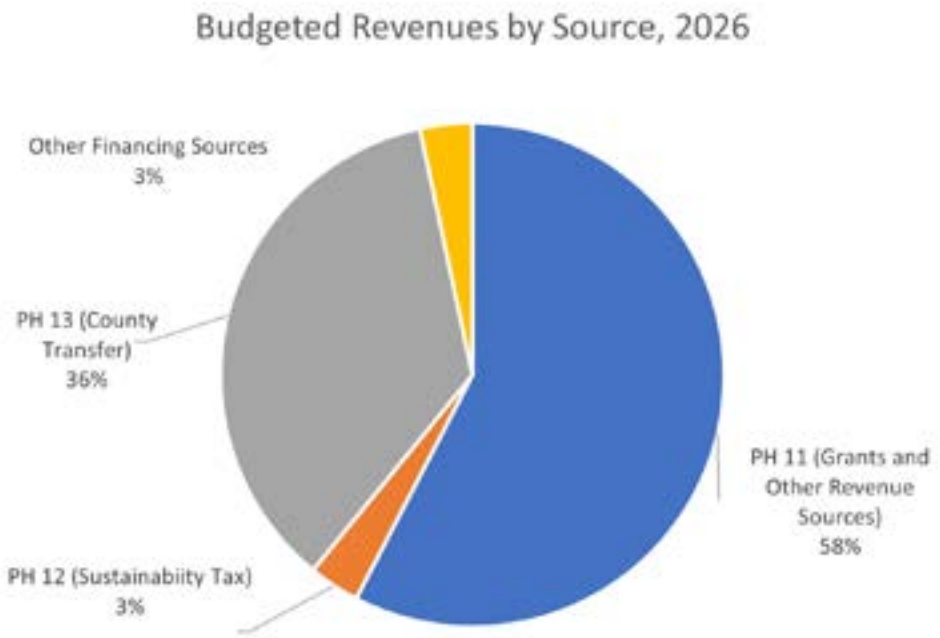


Figure 10. Budgeted Revenues by Source, 2026

Figure 11. Budgeted Revenues by Source – Detail, 2026 illustrates the distribution of revenue sources budgeted in 2026. The source data for this figure can be found in Table 7. Public Health Revenue Summary, 2023-2026.

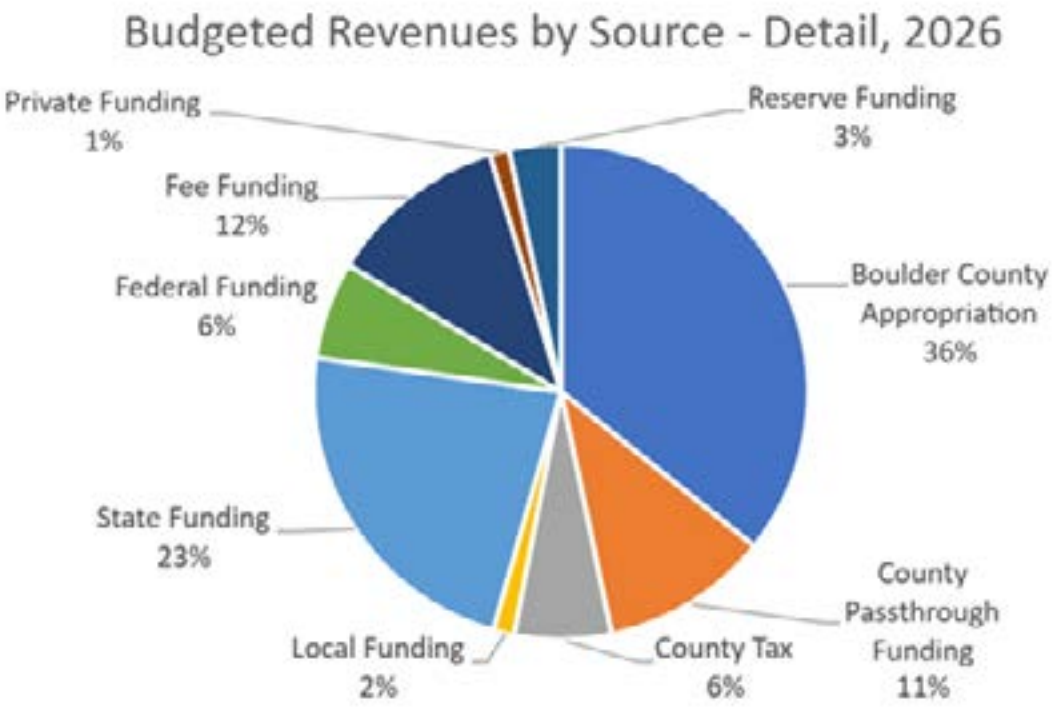


Figure 11. Budgeted Revenues by Source - Detail, 2026

The following figure, Figure 12. Total Revenue vs. Population Growth, Boulder County, illustrates the agency's revenues compared to population growth. The figure illustrates two lines, one for Boulder County's population and the other is total agency revenues. The population line, shown in blue, illustrates an increase in population from 327,327 in 2023 to the projected 2026 population of 329,006. The total revenue line, shown in orange, depicts the agency's budgeted revenues from 2022 to 2026, consistent with Table 7. Public Health Revenue Summary, 2023-2026.

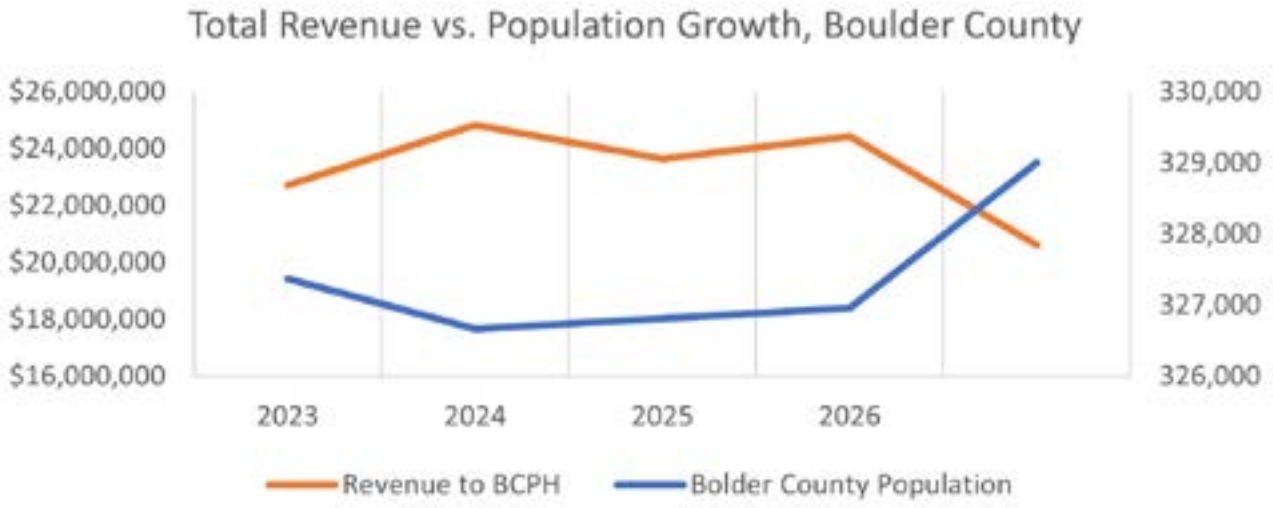


Figure 12. Total Revenue vs. Population Growth, Boulder County

The following discussion provides an overview of the projected revenues for BCPH in 2026 related to the revenue sources shown in Table 7. Public Health Revenue Summary, 2023-2026, including County General Funds, Sustainability Tax, and Health and Human Services funds (HHSB1A), which are appropriated on an annual budget term by the Boulder Board of County Commissioners. The agency's other major revenue projections, are based on trends, current economic indicators, and other agency inputs as appropriate.

As shown in the previous table and Figure 10. Budgeted Revenues by Source, 2026, BCPH is predominantly funded with grants, accounting for 57.6% of overall revenues in 2026. Grant contract funding is typically restricted by the grantors, for specific uses detailed in the grant or contract. Grant services include research, development, community-level health interventions, and planning. With the sunset of funding related to COVID-19 response and recovery, BCPH continues to write and submit grant applications to federal, state, local and private funders to assure the county has the necessary funding to investigate, plan for and respond to current and emergent health issues and crises.

Given the fiscal environment, the agency budgeted grant-related revenue for awards that are contracted or have a notice of award letter as of September 30, 2025, with revenues expected in 2026. Grants for which an application has been submitted but not awarded or that are pending the submission of a grant application are not reflected as revenue or expenditure and will be addressed through the amendment process as appropriate. As a result, revenues will be reviewed quarterly and the budget adjusted as appropriate following the budget amendment process previously outlined. The percentage change is calculated using the 2026 budget as adopted by the BOH compared to the 2025 budget as adopted by the BOH in December 2024, which was not amended.

Boulder County Appropriation

The Boulder County appropriation reflects transfers to BCPH and are budgeted as $7,000,000.

- **Boulder County General funds:** Revenues transferred from the County to support programs and provide resources to address issues affecting the health and well-being of individuals, families, and the community. The funding is primarily used to fund staff related to core long-term positions, statutory requirements and some unrestricted operations. In 2026, Boulder County will transfer $7,000,000 to BCPH, the same amount transferred in 2025.

County Passthrough Funding

County passthrough funding reflects transfers to BCPH and are budgeted as $2,262,452, which includes the American Rescue Plan Act (ARPA) funds, JUUL settlement funds, Health and Human Services Intellectual and Developmental Disability (IDD) Mill Levy funds, County of Boulder Fruit and Vegetable Double Up Food Bucks and the Opioid Litigation funds.

- **American Rescue Plan Act (ARPA) funds:** These funds are used by Boulder County to build the economic capabilities for local agencies to meet the Coronavirus Disease 2019 pandemic response needs, address the negative economic impacts, and build a strong and equitable recovery for the public health crisis. In 2026, the agency has budgeted $340,043 ARPA funds for the Community Health GENESIS and GENERATIONS/OASOS programs. However, 2026 is expected to be the final year of this revenue source.
- **JUUL settlement funds:** These funds are the result of the JUUL Settlement claiming JUUL marketed its products to young adults contributing to an underage vaping crisis. The settlement funds are intended to address the youth vaping crisis supporting educational, intervention and support programs. BCPH budgeted $67,967 in 2026 for the Community Substance Abuse (CSAP)/Tobacco Education Prevention Partnership (TEPP) Program.
- **Health and Human Services Intellectual and Developmental Disabilities (HHS IDD) Mill Levy**: This County-specific mill levy is for the purposes of maintaining or expending services for people living with intellectual and developmental disabilities (IDD), autism and/or brain injury. The agency has budgeted $714,562 in 2026 for the Family Health Family Connects program.
- **Boulder County Fruit and Vegetable Double Up Food Bucks:** These funds are intended to support Boulder County families receiving Supplemental Nutrition Assistance Program (SNAP) benefits by doubling the amount of food benefits used to purchase fresh fruits and vegetables. The agency has budgeted $595,461 for the Healthy Eating Active Living (HEAL) program in 2026.
- **Opioid Litigation funds**: These funds are the result of the National Opioid Settlement agreement between the states and the pharmaceutical companies and distributors responsible for various aspects of the opioid supply chain. The funds are intended to address the opioid crisis through various abatement strategies ranging from expanding access to medication assisted treatment to access to naloxone. The agency has budgeted $330,001 for the Harm Reduction program and $214,418 for the Youth Opioid Overdose Prevention (YOOP) program.

County Tax/Assessments

County tax/assessment transfers to BCPH are budgeted as $1,671,679 per Table 7. Public Health Revenue Summary, 2023-2026 and include Boulder County Health and Human Services funds (HHSB1A), Mosquito Funds, and the Sustainability Tax funds.

- **Health and Human Service Fund (HHSB1A):** Revenues collected via a dedicated 0.5 mill levy to address state funding reductions to human services organizations. HHSB1A funds are transferred to the agency to support the Child Health Promotion work within the Consumer Protection program and the GENESIS program. For the 2026 budget year, Boulder County will transfer $365,144 to the agency which is the same as the 2025 transfer.

- **Mosquito funding:** Revenues are generated as an assessment through the Boulder County Mosquito Control District for the purposes of protecting residents from the health risks, annoyance and discomfort associated with mosquitos. The special assessment is collected annually by the County Treasurer and transferred to BCPH with the assessment being reassessed every four years. In 2026, Boulder County will transfer $632,000 to BCPH, which is an increase of 44.6% compared to the 2025 transfer of $437,004 reflective of the new assessment cycle at a rate of $47.74 which is an increase from $32.99 per parcel of land.

- **Sustainability tax**: An allocation of sales and use tax revenue to fund infrastructure and programs, including for the purpose of sustainability-focused initiatives that address the priority needs of communities. In 2026, Boulder County will transfer $674,535 to BCPH, which is a decrease of 4.8% compared to the 2025 transfer of $708,535.

Local Funding

Local funding in the form of grants is projected at $281,401 in 2026 which is an 82.9% decrease compared to 2025 revenues of $1,649,438. The agency anticipates additional local revenues will be received in 2026; however, the budgeted revenues reflect awards for which the agency has a notice of award letter or a contract which extends into 2026.

State Funding

State funding is budgeted at $4,698,655, which is a 25% increase compared to the 2025 budgeted amount of $3,757,656. These revenues include the Local Planning and Support Funds, Medicaid, various grants from CDPHE, Department of Human Services, Department of Early Childhood and Local Planning and Support funds (per capita funding) allocated by CDPHE are used for the purpose of providing core public health services including maternal, child and adolescent and family health, environmental health, communicable disease prevention, investigation and control and access and linkage to care.

State funding includes Medicaid funding for Medicaid reimbursable public health expenses. However, it should be noted that in Colorado these funds are assumed to be 50% state funds and 50% federal funds making them susceptible to changes in the priorities of the federal administration, which the agency continues to monitor closely.

The following figure provides an illustration of county funding and state funding support, as previously described, compared to the Boulder County population.

The graphic depicts three lines, one for the county population, one for state funding, and one for county fiscal support. The population line shows an increase in population from 326,663 in 2023 to a projected population of 329,006 in 2026. County funding only reflects the general fund transfer from Boulder County to the agency, which was $8,560,000 in 2023 and is budgeted at $7,000,000 in 2026. Finally, the per capita line represents Local Planning and Support funds (per capita funding) allocated by CDPHE which was $376,668 in 2023 and is budgeted at $677,889 in 2026.

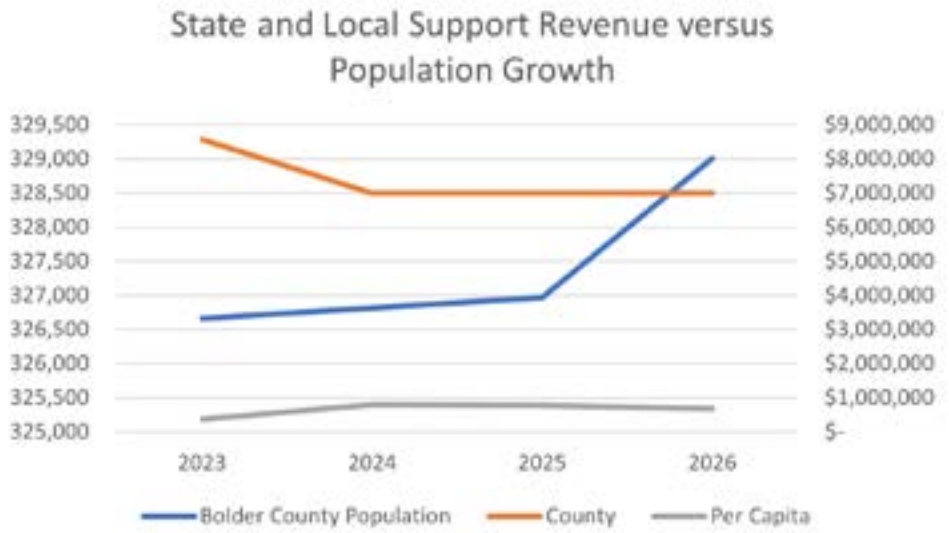


Figure 13. State and Local Support Revenue versus Population Growth

Federal Funding

Federal funds are received as passthrough funds originating from the Centers for Disease Control, US Department of Agriculture, and US Department of Health and Human Services. These funds also include State Infrastructure funds, which will be fully spent by the end of 2026. Estimated revenues for the 2026 budget are projected at $1,309,291 which is a 68.1% decrease compared to the 2025 revenue amount of $4,099,086.

Fee Funding

Fee funding includes fees associated with vital records processing, food/restaurant inspection fees, body art inspection fees, childcare inspections, retail license fees, Onsite Wastewater Treatment System (OWTS) fees and various permits. Fees are established by the BOH and state statute/regulation and are budgeted based on historical fees and changes to the fee structures.

In 2025, the Colorado State Legislature passed SB25-285 Updating Food Establishment Inspection Fees adjusting annual fees imposed on retail food establishments including increasing the maximum fee level by 25% beginning Jan. 1, 2026. Additionally, the bill permits additional increases of about 17% in 2027 and 20% in 2028. Estimated revenues for all fees reflected in the 2026 budget are projected at $2,433,831 which is a 2.4% increase compared to 2025 revenues of $2,376,112.

Indirect Funding

Indirect funds are received as part of revenues from grantors reflective of the costs to administer the grant including but not limited to Accounting, Finance, Personnel, Contracts and the Strategic Initiatives Branch. In 2026 the agency is budgeting $1,500,000 for these costs in large part due to the anticipated reduction in grant funding, which is a 29.6% reduction compared to the 2025 budgeted indirect costs of $2,131,954.

Private Funding

Private funding is received as additional donations and private grants. In 2026 this revenue is budgeted at $261,766, a 60.1% decrease compared to 2025 revenues of $655,773.

Holding

Holding funds historically represented unbudgeted Local Planning and Support Funds (per capita funds) and Infrastructure Funds. In 2026, these funds are fully budgeted.

Reserve Funds

Reserve Funds are additional revenues to support agency expenditures using unspent revenues from prior years. In 2026 the beginning Reserve Fund Balance is projected to be $5,140,182. Of this amount the 2026 budget reflects the use of $691,563 to balance the budget. Of the remaining reserves, $257,009 is dedicated for specific purposes and can only be used on activities aligned with the purpose of the assessment. The Reserve Overview is shown in Figure 14. BCPH Reserve Balance Projection, 2026.

At the end of 2025, BCPH's cash reserves are projected to stand at $5,140,182, which includes a 3% emergency reserve along with the agency's self-imposed operating and safeguard reserves. The projected reserves at the close of 2025 is 13.4% less than than the 2024 closing cash reserve of $4,449,029, reflecting the use of reserves in 2025 to sustain agency operations as priority-based budgeting was implemented for the 2026 budget.

Fund balance		2026 Budget Reccomended
Beginning Fund Balance	$	5,140,182
Revenue	$	19,919,075
Expenditures	$	20,610,639
Contrubutions/Uses	$	691,564
Fund 162 End of year Fund balance	$	4,449,029

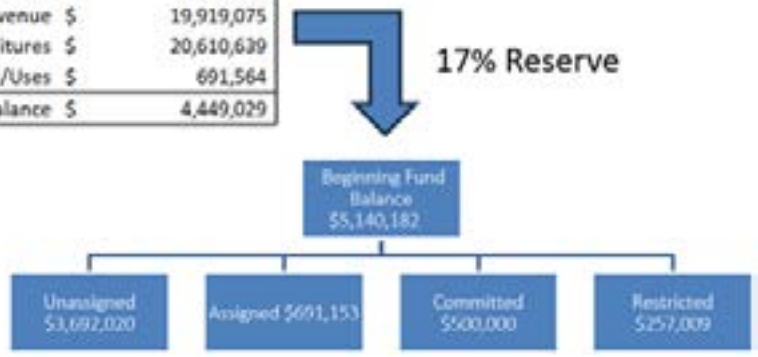


Figure 14. BCPH Reserve Balance Projection, 2026

2026 Budgeted Expenditure Summary

Table 8. BCPH Expenditures by Division and Program, 2026 summarizes BCPH's 2026 budgeted expenditures by division and program. Prior to 2026, the Special Projects budget was reflected as part of the Strategic Initiatives Branch. In 2026 this line reflects revenues that are allocated across the agency.

Personnel services costs reflect salary and benefits, with benefits including traditional benefits and cost of living adjustments in alignment with the Boulder County BOCC. The agency assumed and budgeted a 5% increase in these adjustments. Adjustments will be addressed via a budget amendment should additional funding be needed to implement personnel services-related adjustments.

Boulder County Public Health Budgeted Expenditures by Division and Program, 2026						
Divisions and Programs	**Personnel Services Total**	**General Operating**	**Training and Professional Services**	**Total Operating**	**Total**	**FTE**
Administration and Finance	**$ 3,549,201**	**$ 66,504**	**$ 1,019,411**	**$ 1,085,915**	**$ 4,635,116**	**23.5**
Administration and Finance	$ 2,982,167	$ 26,550	$ 951,911	$ 978,461	$ 3,960,628	19.5
Vital Records	$ 477,287	$ 13,185	$ 67,500	$ 80,685	$ 557,972	4.0
Special Projects	$ 89,747	$ 26,769	$ -	$ 26,769	$ 116,516	0.0
Communicable Diseases and Emergency Management (CDEM)	**$ 1,864,876**	**$ 173,784**	**$ 131,035**	**$ 304,819**	**$ 2,169,695**	**14.1**
CDEM Management	$ 310,416	$ 1,875	$ 1,825	$ 3,700	$ 314,116	2.0
Communicable Diseases	$ 573,382	$ 22,900	$ 11,705	$ 34,605	$ 607,987	4.0
Emergency Management	$ 321,859	$ 16,751	$ 5,626	$ 22,377	$ 344,236	2.5
Immunizations	$ 348,688	$ 49,557	$ 7,789	$ 57,346	$ 406,034	2.8
Harm Reduction	$ 310,532	$ 82,701	$ 104,090	$ 186,791	$ 497,323	2.8
Community Health	**$ 2,441,913**	**$ 242,822**	**$ 215,937**	**$ 458,759**	**$ 2,900,672**	**18.5**
Community Health	$ 292,809	$ 5,667	$ 5,067	$ 10,734	$ 303,543	2.0
Community Substance Abuse (CSAP)/Tobacco Education Prevention Partnership (TEPP)	$ 796,731	$ 149,601	$ 190,670	$ 340,271	$ 1,137,002	6.5
Genesis	$ 1,023,937	$ 3,320	$ 19,245	$ 22,566	$ 1,046,503	7.5
Generations/Open and Affirming Sexual Orientation and gender identity Support (OASOS)	$ 328,436	$ 84,235	$ 954	$ 85,189	$ 413,625	2.5
Environmental Health	**$ 4,229,250**	**$ 128,408**	**$ 1,704,174**	**$ 1,832,582**	**$ 6,061,832**	**32.5**
Environmental Health	$ 420,115	$ 3,376	$ 3,300	$ 6,676	$ 426,791	3.0
Air Quality	$ 607,004	$ 4,950	$ 9,678	$ 14,628	$ 621,632	4.0
Consumer Protection	$ 1,400,731	$ 17,250	$ 122,770	$ 140,020	$ 1,540,751	11.0
Vector Control	$ 119,260	$ 750	$ 4,000	$ 4,750	$ 124,010	1.0
Water Quality	$ 1,204,268	$ 18,482	$ 28,313	$ 46,795	$ 1,251,063	10.0
Built/HEAL	$ 333,328	$ 24,600	$ 1,105,993	$ 1,130,593	$ 1,463,921	2.5
Mosquito Control	$ 144,544	$ 59,000	$ 430,120	$ 489,120	$ 633,664	1.0
Family Health	**$ 2,920,352**	**$ 114,410**	**$ 217,909**	**$ 332,320**	**$ 3,252,672**	**22.4**
Family Health	$ 303,923	$ 4,500	$ 1,000	$ 5,500	$ 309,423	2.0
Children with Special Needs	$ 966,012	$ 93,269	$ 140,302	$ 233,572	$ 1,199,584	6.8
Nurse Family Partnership	$ 962,535	$ 12,141	$ 64,607	$ 76,748	$ 1,039,283	6.8
Women, Infants and Children	$ 687,882	$ 4,500	$ 12,000	$ 16,500	$ 704,382	6.8
Strategic Initatives	**$ 1,503,409**	**$ 25,755**	**$ 61,488**	**$ 87,243**	**$ 1,590,652**	**10.0**
Strategic Initatives	$ 239,008	$ 6,750	$ 4,750	$ 11,500	$ 250,508	1.5
Health, Planning and Evaluation	$ 520,551	$ 7,463	$ 4,438	$ 11,900	$ 532,451	4.0
Information Technology	$ 284,217	$ 4,950	$ 27,550	$ 32,500	$ 316,717	1.5
Communications	$ 459,633	$ 6,593	$ 24,750	$ 31,343	$ 490,975	3.0
Total	**$ 16,509,001**	**$ 751,684**	**$ 3,349,954**	**$ 4,101,637**	**$ 20,610,639**	**121.0**

Table 8. BCPH Expenditures by Division and Program, 2026

Figure 15. BCPH Budgeted Expenditures by Expense Category, 2026 illustrates expenditures by type for the Department per Table 8. Expenditures by Division and Program, 2026.

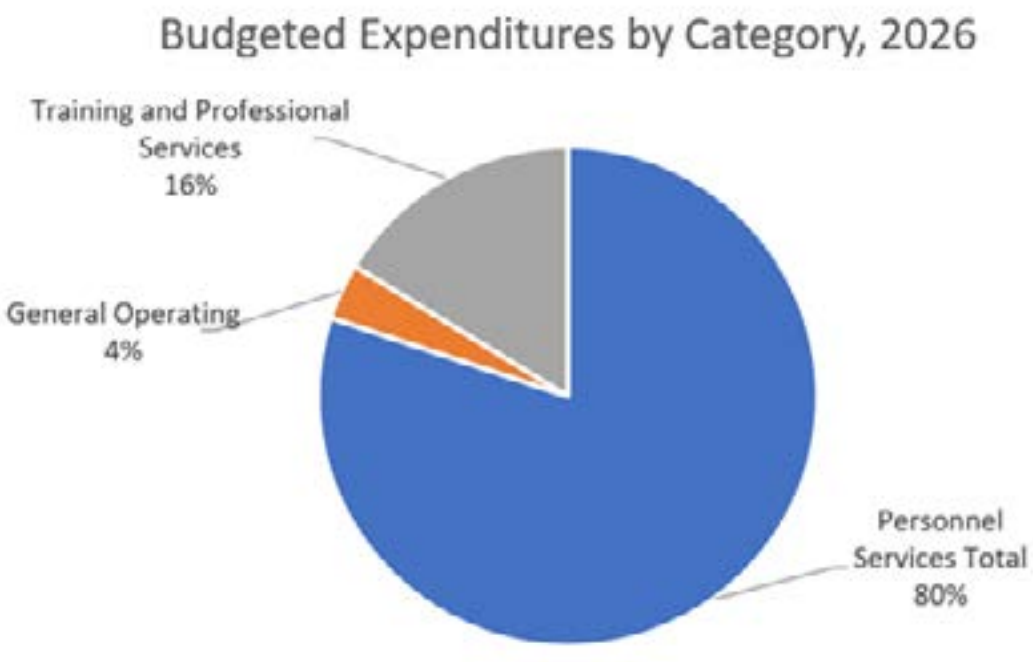


Figure 15. BCPH Budgeted Expenditures by Expense Category, 2026

Personnel Services

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

Funding through the CDC Public Health Infrastructure grant provided support for BCPH as it recalibrated staffing post response; however, these funds are extremely limited in 2026 as the grant winds down. As was explained in previous sections of this document, positions were evaluated as part of the priority-based budgeting process and programmatic reviews to understand critical and necessary staffing levels and efficiencies to ensure the programs continue to be delivered with efficacy, efficiently, and met the needs of the Boulder Community.

Figure 16. BCPH Allocation of Personnel Services Expenditures by Division, 2026 illustrates the distribution of personnel services expenditures by division budgeted in 2026.

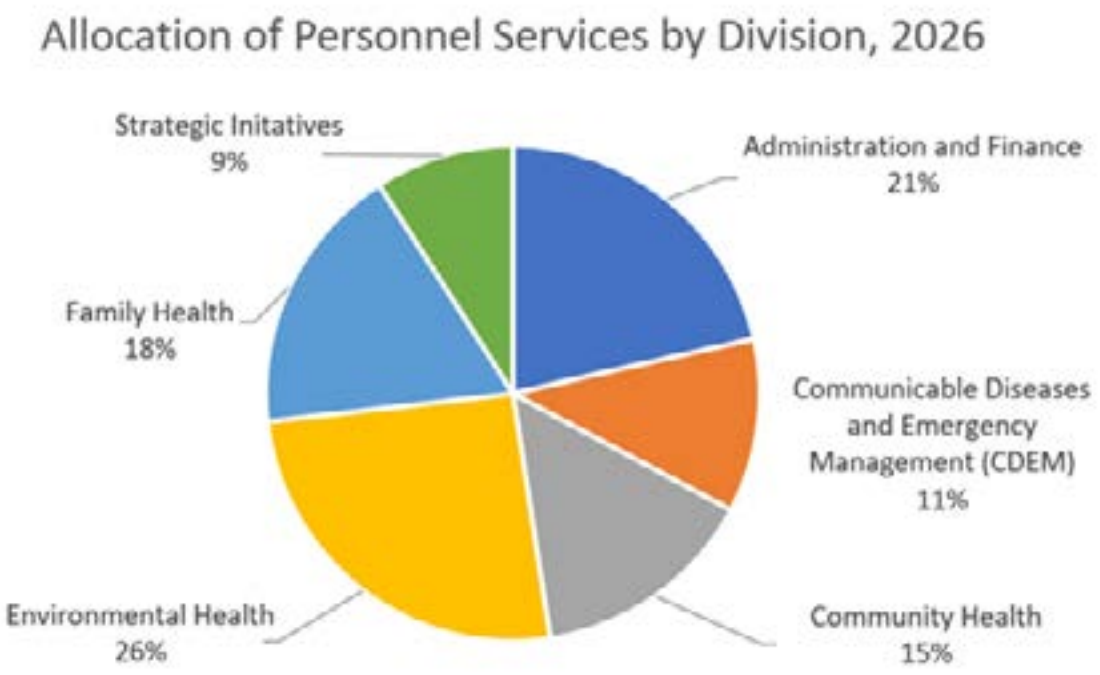


Figure 16. BCPH Allocation of Personnel Services Expenditures by Division, 2026

Table 9. Allocation of Personnel Services by Revenue Source, 2026 and Figure 17. Allocation of Personnel Services Expenditures by Revenue Source, 2026 illustrate the allocation of personnel services costs across the agency's three primary revenue streams. Please note the following:

- The table reflects salary costs to align the total costs with Table 8. BCPH Expenditures by Division and Program, 2026.
- The funding sources align with Figure 17, except the Reserve amounts are reflected as PH 11 for the purposes of this table.

Allocation of Personnel Services by Revenue Source, 2026					
Divisions	**Fees)**	**(Sustainability**	**Transfer)**	**Reserves**	**Total**
Administration and Finance	$ 1,567,020	$ -	$ 1,865,675	$ 116,506	$ 3,549,201
Communicable Diseases and Emergency Management (CDEM)	$ 994,790	$ -	$ 780,367	$ 89,720	$ 1,864,876
Community Health	$ 1,381,435	$ -	$ 828,019	$ 232,459	$ 2,441,913
Environmental Health	$ 2,225,013	$ 257,269	$ 1,710,832	$ 36,136	$ 4,229,250
Family Health	$ 2,312,278	$ -	$ 608,075	$ -	$ 2,920,352
Strategic Initatives	$ 635,577	$ -	$ 867,832		$ 1,503,409
Total	**$ 9,116,111**	**$ 257,269**	**$ 6,660,801**	**$ 474,820**	**$ 16,509,001**

Table 9. Allocation of Personnel Services Expenditures by Revenue Source, 2026

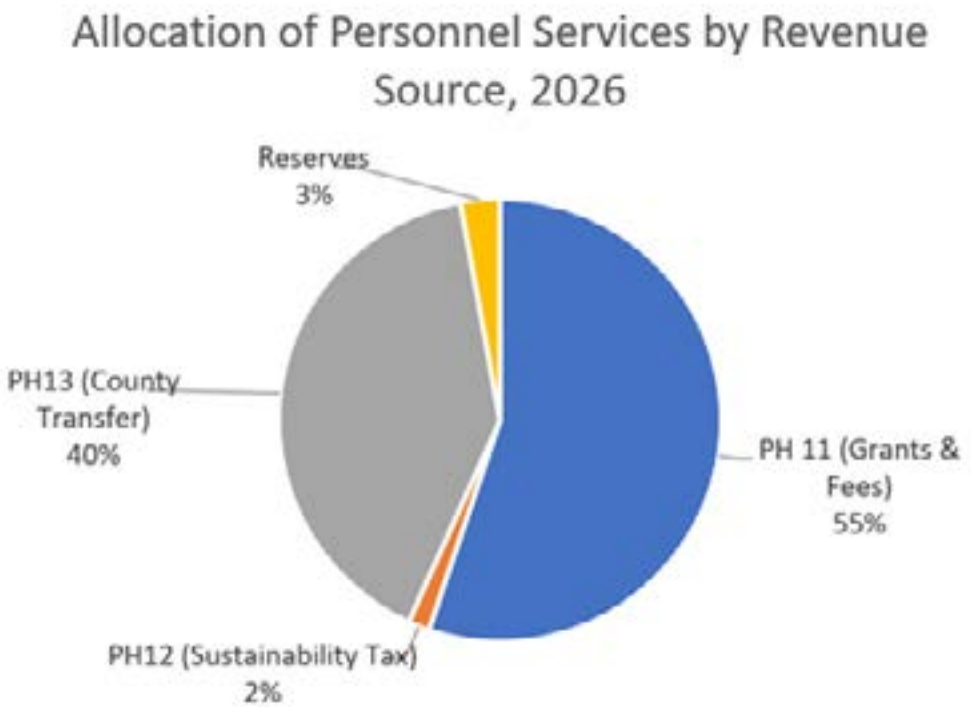


Figure 17. Allocation of Personnel Services Expenditures by Revenue Source, 2026

The following table illustrates the allocation of FTE by Division for 2023 through the 2026. The 2026 FTE reflects the budgeted FTE. The 2023-2025 figures are not audited. Prior to 2026 the FTE counts included hourly FTE. In 2026 hourly personnel costs are reflected in the operating budgets and are not reflected in the FTE count.

Comparison of FTE by Division, 2023-2026				
	2023	2024	2025	2026
Administration and Finance	33	33	30	23.5
Communicable Diseases and Emergency Management	39	24	21	14.1
Community Health	31	32	29	18.5
Environmental Health	36	37	36	32.5
Family Health	38	36	32	22.4
Strategic Initatives Branch	13	13	13	10.0
Total FTE	190	175	161	121.0

Table 10. Comparison of 2023-2026 FTE by Division

Figure 18. FTE Comparison, BCPH and PHAB, the agency's 2026 full-time equivalent (FTE) count aligns with the projected revenues and the Public Health Accreditation Board's (PHAB) Public Health Workforce calculator for public health departments serving populations of 350,000 require 124.6 full-time equivalents (FTE) to provide foundational public health services. Prior to 2026, the agency significantly exceeded this expectation due to the COVID-19 related pandemic response. In 2026, the agency has budgeted for 121 FTE reflecting the necessity to right-size the agency's staff based on available revenues.

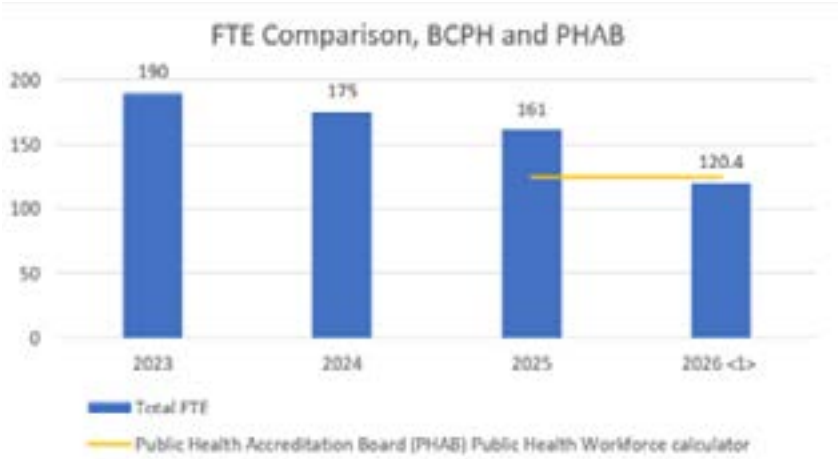


Figure 18. FTE Comparison, BCPH and PHAB

Figure 19. Citizens Served by BCPH FTE illustrates the number of citizens served per FTE at BCPH.

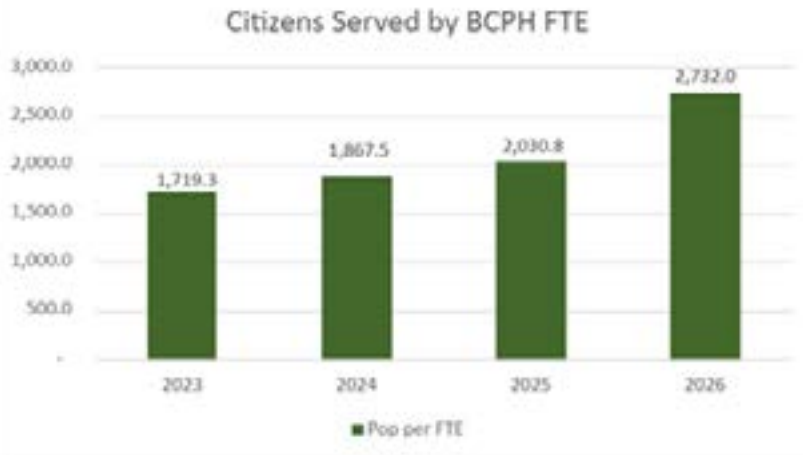


Figure 19. Citizens served by BCPH FTE

Figure 20 illustrates the Boulder County population compared to the FTE for 2023 to 2026. Per the figure the FTE count has been decreasing as the Boulder County population increases, although the increase is minimal.

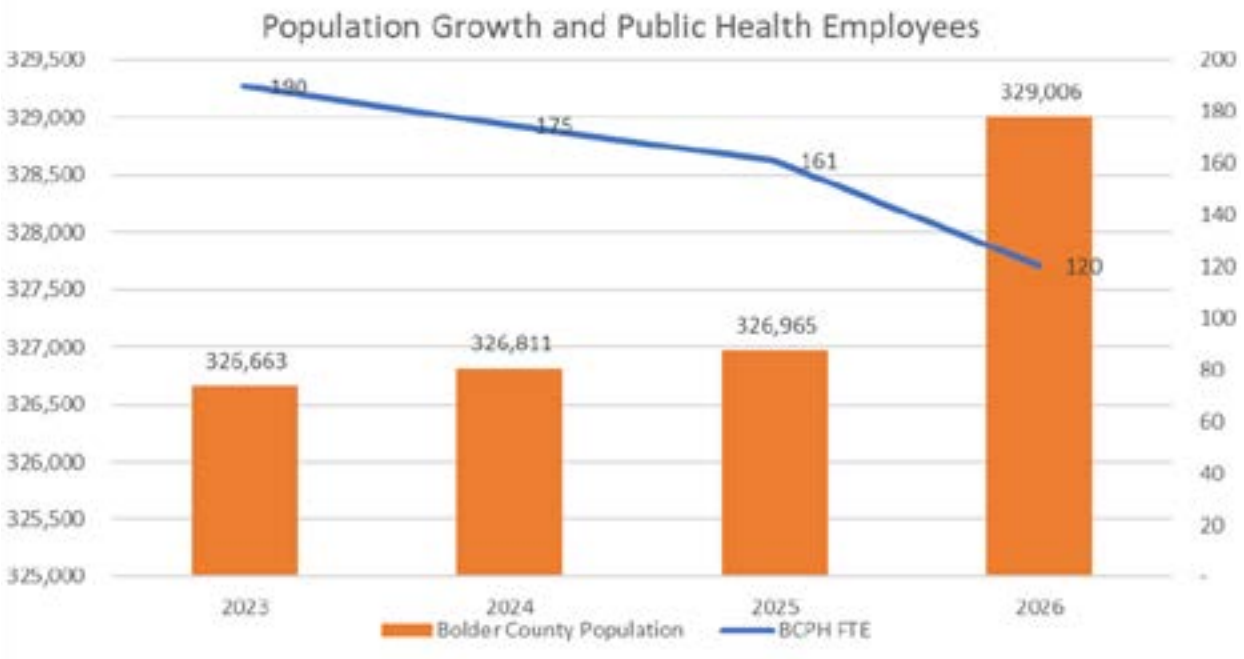


Figure 20. Population Growth and Public Health Employees

2026 Expenditures Overview

Planned expenditures for the 2026 fiscal year reflective of all previously described fund sources are budgeted at $20,610,639.

All division and program budgets reflect a reduction compared to the adopted 2025 budget based on the implementation of the priority-based budgeting recommendations. However, these reductions are offset by increases based on salary adjustments, including cost-of-living adjustments, merit/equity pay, and bilingual pay adjustments for specific job classifications and benefits.

Divisional expenditures are divided into three categories, which include the following charges:

- Personnel Services: Permanent full-time and part-time salary costs, overtime, and benefits.
- Operational Expenses: Items purchased to support program delivery including general office supplies, client supplies, medical supplies, food supplies, and travel expenses. Operational expenses also include costs for hourly staff.
- Training and Professional Services: Consulting and other professional services contracts, including repair and maintenance, training, and memberships.

Expenditures for personnel services, including benefits, are BCPH's most significant expenditure, with employee compensation and benefits being set by the BOCC as part of their annual budgeting process. Personnel services expenses represent 80% of the 2026 budget; however, some programs continue to have personnel services budgets that exceed 90% as is shown for each divisional breakdown of personnel services and operating expenses in the sections that follow. In some cases, programs with high personnel costs are high-touch client programs providing case management or other intensive personnel services.

The operational categories of expenditures are calculated based on trends and budgets for contracted grants. In 2026 operating expenses reflect funding for hourly staffing, which is a change from 2025, when this funding was reflected in the personnel services budget. Contract services are driven by program needs aligned with divisional goals and objectives, with funding provided through various sources that can be initiated at any time throughout the year.

Divisional Operating Budgets

BPCH's 2026 operating budget reflects the priority-based budgeting recommendations with personnel services-related costs adjusted based on cost-of-living adjustments, market rate and bilingual adjustments for specific job classifications and benefits.

Overview

Table 11. Comparison of 2023-2024 Expenditures and 2025 Budgeted Expenditures by Division illustrates the 2023 and 2024 audited expenditures, and 2025 projected expenditures compared to the 2026 budgeted expenditures by division. The 2025 projected expenditures are based on expenses through Sept. 30, 2025.

Comparison of 2023-2025 Exoenditures and 2026 Budgeted Expenditures					
	Audited	Audited	Budgeted	Projected	Budgeted
	2023	2024	2025	2025	2026
Administration and Finance	$ 4,046,039	$ 4,330,642	$ 4,895,000	$ 4,095,202	$ 4,635,116
Communicable Disease and Emergency Management	$ 3,005,545	$ 3,053,769	$ 2,697,645	$ 2,761,643	$ 2,169,695
Community Health	$ 3,357,992	$ 3,564,554	$ 3,820,889	$ 3,149,538	$ 2,900,672
Environmental Health	$ 5,658,005	$ 6,070,061	$ 6,307,162	$ 5,722,832	$ 6,061,832
Family Health	$ 3,749,398	$ 3,986,267	$ 3,889,853	$ 4,160,336	$ 3,252,672
Strategic Initiatives	$ 3,442,668	$ 2,544,930	$ 2,817,386	$ 2,209,154	$ 1,590,652
	$ 23,259,647	$ 23,550,224	$ 24,427,935	$ 22,098,705	$20,610,639

Table 11. Comparison of 2023-2024 Expenditures and 2025 Budgeted Expenditures by Division

Debt and Capital

The following section provides financial information concerning debt obligations and capital investments.

- **Debt:** BCPH does not have any debt as defined by the Colorado Revised Statutes.
- **Capital:** BCPH primarily provides health programs and services to people in Boulder County. Therefore, personnel services, operating expenses and training and professional services represent the agency's expenditures. The agency does not incur capital costs, as it rents space from the County at the two county hubs, Lafayette and Longmont and at the North Broadway Campus in Boulder, which is accounted for as an operating expense.

Summary of Public Health Fund 162 Financials

All Sources and Uses

	2026 Budget
Financial Sources	
PH 11 Grants and Fees	$11,879,396
PH 12 Sustainability Tax Funding	$ 674,535
PH13 County Funding (Transfer)	$ 7,365,144
Transfers from	
Fund Balalnce - 162 General Fund (Reserves)	$ 691,563
Total Financial Sources	**$20,610,639**
Financial Uses	
Boulder County Public Health	
Administration and Finance	$ 4,635,116
Communicable Diseases and Emergency Management	$ 2,169,695
Community Health	$ 2,900,672
Environmental Health	$ 6,061,832
Family Health	$ 3,252,672
Strategic Initiatives	$ 1,590,652
Holding	
Total Financial Uses	**$20,610,639**
Surplus	$ -

Figure 21. Source and Use for BCPH, 2026

Summary of Financial Sources and Financial Uses by Public Health Fund 162

PH11 Public Health Appropriation

	2026 Budget
Financial Sources	
PH 11 Grants and Fees	$ 11,879,396
Transfers from	
Fund Balalnce - 162 General Fund (Reserves)	$ 691,563
Total Financial Sources	**$ 12,570,960**
Financial Uses	
Boulder County Public Health	
Administration and Finance	$ 2,308,190
Communicable Diseases and Emergency Management	$ 1,389,328
Community Health	$ 1,829,561
Environmental Health	$ 3,676,465
Family Health	$ 2,644,597
Strategic Initiatives	$ 722,820
Total Financial Uses	**$ 12,570,960**
Surplus	$ -

Figure 22. Source and Use for PH 11 Grants, Fees, and Reserve Revenues by Division, 2026

PH12 Public Health Appropriation

	2026 Budget
Financial Sources	
PH 12 Sustainability Tax Funding	$ 674,535
Total Financial Sources	**$ 674,535**
Financial Uses	
Boulder County Public Health	
Administration and Finance	$ -
Communicable Diseases and Emergency Management	$ -
Community Health	$ -
Environmental Health	$ 674,535
Family Health	$ -
Strategic Initiatives	$ -
Total Financial Uses	**$ 674,535**
Surplus	$ -

Figure 23. Source and Use for PH 12 Sustainability Tax Revenues by Division, 2026

PH13 Public Health Appropriation

	2026 Budget
Financial Sources	
PH13 County Funding (Transfer)	$ 7,365,144
Total Financial Sources	**$ 7,365,144**
Financial Uses	
Boulder County Public Health	
Administration and Finance	$ 2,326,926
Communicable Diseases and Emergency Management	$ 780,367
Community Health	$ 1,071,111
Environmental Health	$ 1,710,832
Family Health	$ 608,075
Strategic Initiatives	$ 867,832
Total Financial Uses	**$ 7,365,144**
Surplus	$ -

Figure 24. Source and Use for PH 13 County Funding (Transfer) by Division, 2026

Division Operating Budgets

Administration and Finance

The Administration and Finance division serves all BCPH staff and is led by the Director of Administration and Finance. However, the revenues and expenditures to support the Executive Director, Deputy Director, Policy Analyst and Health and Racial Equity Lead are reflected in this budget.

The division is responsible for supporting the BOH, strategic planning, workforce development, assuring continuity of day-to-day administrative business and adherence and enforcement of policies and procedures. The division also manages BCPH's business operations, including budgeting and accounting, contract management, purchasing, payroll and personnel, and vital records.

Business Operations
The Business Operations team coordinates internal agency operations including the BOH and internal policy and procedures for the Boulder County community and BCPH staff ensuring agency processes are efficient and innovative to increase transparency and coordination.

Budgeting and Accounting
The Budgeting and Accounting team is responsible for developing the annual BCPH budget and amendments as needed, providing training related to the annual budget development. Accounting is responsible for managing BCPH's financial records, ensuring accuracy in reporting and overseeing financial transactions.

Contract Management and Purchasing
The Contracts and Purchasing team's mission is to deliver exceptional service and responsible stewardship in all procurement and contract processes for BCPH. The team is committed to ensuring compliance with all regulatory standards, fostering strong relationships with internal and external stakeholders, and upholding the highest levels of transparency and accountability in the use of taxpayer and grant funds. Through ethical practices and customer-focused service, we support BCPH's vision of promoting health, well-being, and a resilient environment for everyone.

Grants Office
The Grants Office researches and supports the programmatic divisions/programs as they apply for grants and other funding opportunities to support the agency's strategic initiatives. The Office provides regular monitoring of grant spend downs and reporting to ensure compliance with grant terms and conditions.

Personnel
The Personnel team supports a diverse and thriving workforce dedicated to improving community well-being. By prioritizing employee wellness, professional development and collaboration, the division ensures staff have the resources to excel while advancing public health initiatives and fostering a healthier Boulder County.

Vital Records
The Vital Records team issues birth and death certificates to residents of Colorado and area funeral homes in compliance with state statutes mandated by the CDPHE Vital Records Office.

Division Expenditure Summary

The following figure illustrates that Administration and Finance comprises 22% of the Department's total budgeted expenditures in 2026. This figure is based on Table 8.

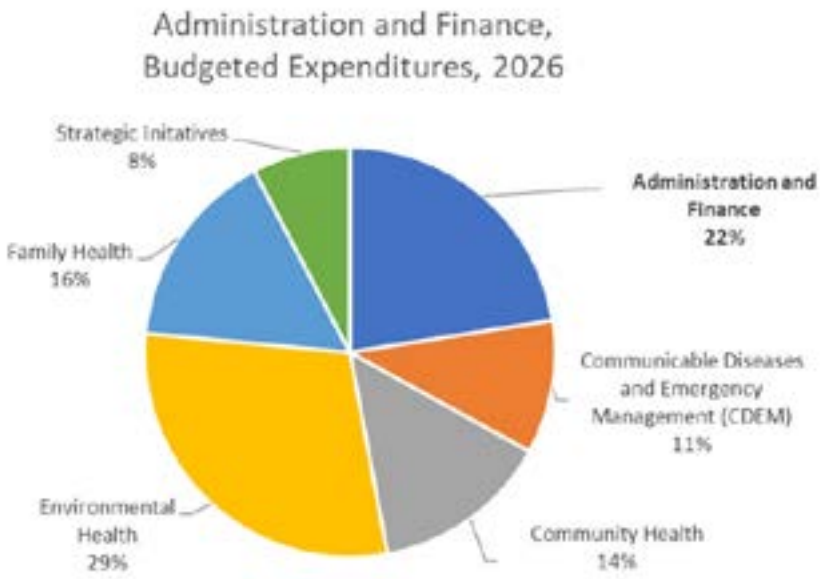


Figure 25. Administration and Finance Budgeted Expenditures compared to the Department, 2026

The following table and figure illustrate the budgeted expenditures for Administration and Finance in 2026.

Administration and Finance, Budgeted Expenditures, 2026						
	Personnel Services	General Operating	Training and Professional Services	Operating Expenses	Total	FTE
Administration and Finance	**$ 3,549,201**	**$ 66,504**	**$ 1,019,411**	**$ 1,085,915**	**$ 4,635,116**	**23.5**
Administration and Finance	$ 2,982,167	$ 26,550	$ 951,911	$ 978,461	$ 3,960,628	19.5
Vital Records	$ 477,287	$ 13,185	$ 67,500	$ 80,685	$ 557,972	4.0
Special Projects	$ 89,747	$ 26,769	$ -	$ 26,769	$ 116,516	0.0

Table 12. Administration and Finance Budgeted Expenditures, 2026

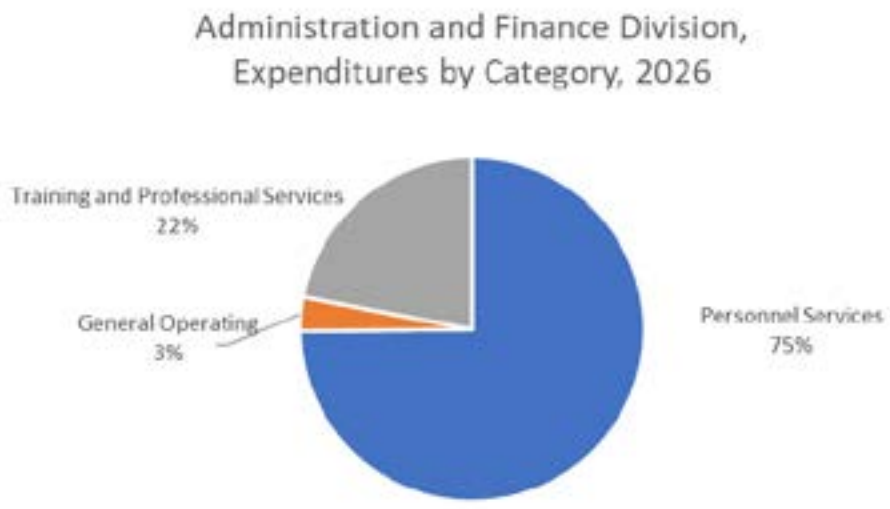


Figure 26. Administration and Finance Budgeted Expenditures, 2026

Significant budget changes from 2025 to 2026 are described below. All changes are assumed to be ongoing unless otherwise noted.

Shared Administrative Support: This proposal changes the organizational structure by rescoping the job duties of the Strategic Initiatives Branch administrative support position to also support the Administration and Finance division to create efficiencies and maximize staff capacity without adding an additional position to support the Administration and Finance Director.

Sunset Site Manager and Move Functions to Business Operations: This proposal sunsets the site manager position and reassigns work to the Business Operations Program within the Administration and Finance division resulting in no change to the services level.

Internal Health and Racial Equity Position: This proposal adds funding to support the agency's internal health and racial equity work to continue advancing the internal work of the Health Equity Coordinating Committee, building infrastructure needed to ensure success for the next Health and Racial Equity Manager.

Sunset Purchasing Agent Staff: Sunsets a purchasing agent without affecting service levels as the program completed workload mapping to realize efficiencies.

Sunset Contract Administrator Position: Sunsets a contract administrator from the Contracts and Purchasing program without affecting service levels as the program completed workload mapping to realize efficiencies.

Sunset Accounting Specialist: Sunsets a vacant hourly accounting technician without affecting service levels as the program completed workload mapping to realize efficiencies.

Sunset Personnel Specialist: Sunsets a personnel specialist. There is no service level impact resulting from this proposal as the program completed workload mapping to realize efficiencies allowing the exiting work to be absorbed by the remaining staff.

Move Staff Health Functions to Communicable Disease and Emergency Management: This is an organizational restructuring of the Employee Health program which provides resources and support to maintain the well-being of BCPH staff. The Employee Health program will be absorbed by the CDEM Communicable Diseases program resulting in a minimal service level impact but may result in staff health services delays during busy immunization times. Other work can be absorbed by the Communicable Diseases program.

Sunset FTE from Vital Records: This proposal sunsets two positions from the Vital Records program based on workload mapping for efficiencies. There is no service level impact resulting from adjustment as the program completed workload mapping to realize efficiencies.

Promote Vital Records Specialist to Supervisor: Based on the sunsetting of the Site Manager and two vital records specialists, the agency promoted an existing vital records specialist to a supervisor role. There is no service level impact resulting from this proposal as the program completed workload mapping to realize efficiencies.

The following table illustrates detailed historical and audited expenditures from 2023 and 2024 in comparison to the projected 2025 expenses and 2026 budgeted expenses.

Detailed Expenditure Summary, Administration and Finance				
	Audited	Audited	Projected	Budgeted
	2023	2024	2025	2026
Personnel Services	$ 3,207,024	$ 3,625,788	$ 3,613,296	$ 3,549,201
Operating Expenses	$ 839,015	$ 704,854	$ 481,995	$ 1,085,915
General Operating	$ 404,897	$ 502,410	$ 349,362	$ 66,504
Training and Professional	$ 434,118	$ 202,444	$ 132,633	$ 1,019,411
Total	**$ 4,046,039**	**$ 4,330,642**	**$ 4,095,291**	**$ 4,635,116**

Table 13. Administration and Finance Detailed Expenditure Summary 2023-2026

Total FTE

The following table illustrates salaried staff. The 2024 figures are not audited. 2026 figures do not reflect hourly staff as these expenditures are reflected as general operating expenses.

Administration and Finance, Historical and Projected FTE				
	2023	2024	2025	2026
	Unaudited	Unaudited	Projected	Budgeted
Administration and Finance	33	33	30	23.5

Table 14. Administration and Finance Historical and Projected FTE, 2026

Performance Measures and Operating Indicators

Below are performance measures for the Administration and Finance division. 2025 baseline data will be collected in January 2026 to allow for complete year-to-date reporting for programs.

Performance and Operating Indicators, Administration and Finance Division			
Performance Measures	2025	2026	2027
Time between invoice payment receipt to payment	Pending		
Pcard rejections	Pending		
Historical edits of personnel	Pending		
Time between contract initiation to execution	Pending		
Time between procurement initiation to award	Pending		
Number of birth certificates issued by the Vital Records program	Pending		
Number of death certificates issued by the Vital Records program	Pending		

Table 15. Performance and Operating Indicators, Administration and Finance

Communicable Disease and Emergency Management

The Communicable Disease and Emergency Management division enhances community health outcomes by providing essential services such as access to immunizations, harm reduction interventions, and the prevention, investigation, and control of communicable diseases. Additionally, the division leads the agency's efforts to strengthen public health capabilities in emergency preparedness, response, and recovery.

Communicable Disease Control program and Immunizations

The Communicable Disease Control program provides a core public health function by working with medical providers, hospitals and long-term care facilities, laboratories, schools, and families to conduct surveillance, investigate and recommend measures to control the spread of reportable infectious diseases and conditions. The program also provides communicable disease education to community organizations and agencies and directs infectious disease response during emergency situations.

Communicable Disease staff also work with the Tuberculosis Clinic, a program within the Public Health Institute at Denver Health, to provide information and resources to health care providers and the general community on tuberculosis.

The Immunization program works to improve immunization rates and promote health equity across all ages by educating community members and health care providers about vaccines and vaccine-preventable diseases. It collaborates with schools and childcare centers to support vaccine compliance and immunizations for children. Vaccines for eligible children and adults are offered weekly in Boulder and Longmont, as well as at community events throughout the year. The program also plays a key role in responding to vaccine-preventable disease outbreaks and emergencies.

Emergency Management

The Emergency Management program is responsible for preparing for, responding to, and directing the recovery from public health and medical aspects of significant hazards, threats, emergencies, and disasters in Boulder County, including natural and human-caused such as weather, fire, disease outbreaks, hazardous materials and other emergent situations. The program coordinates with other emergency response and recovery agencies and uses a community-centered, health and racial equity approach to ensure all people are supported.

HIV/STI Outreach

The HIV/STI Outreach program reduces the risk of disease and overdose death for people who use drugs. The program provides harm reduction supplies, overdose education and prevention materials, linkages to HIV and hepatitis C testing and treatment, substance use recovery, and mental health resources to clients. The program also provides education and training to families, health care providers and community organizations around overdose prevention and sexually transmitted infections (STIs).

Division Expenditure Summary

The following figure illustrates that the Communicable Disease and Emergency Management division (CDEM) comprises 11% of BCPH's total budgeted expenditures in 2026. This figure is based on Table 8.

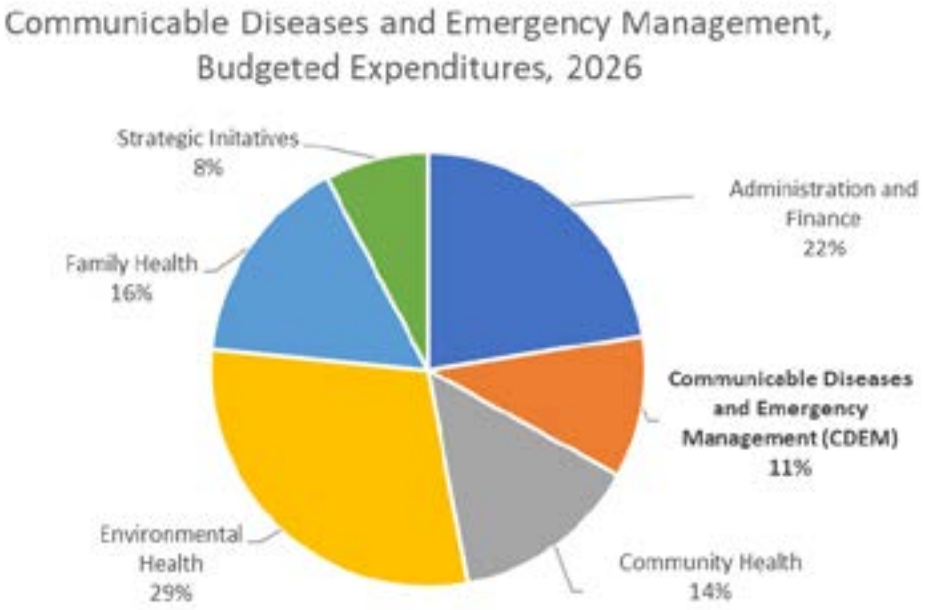


Figure 27. Communicable Diseases and Emergency Management Budgeted Expenditures compared to the Department, 2026



The following table and figure illustrate the 2026 budgeted expenditures for the Communicable Disease and Emergency Management division.

Communicable Diseases and Emergency Management, Budgeted Expenditures, 2026						
	Personnel Services	General Operating	Training and Professional Services	Operaitng Expenses	Total	FTE
Communicable Diseases and Emergency Management (CDEM)	**$ 1,864,876**	**$ 173,784**	**$ 131,035**	**$ 304,819**	**$ 2,169,695**	**14.1**
CDEM Management	$ 310,416	$ 1,875	$ 1,825	$ 3,700	$ 314,116	2.0
Communicable Diseases	$ 573,382	$ 22,900	$ 11,705	$ 34,605	$ 607,987	4.0
Emergency Management	$ 321,859	$ 16,751	$ 5,626	$ 22,377	$ 344,236	2.5
Immunizations	$ 348,688	$ 49,557	$ 7,789	$ 57,346	$ 406,034	2.8
Harm Reduction	$ 310,532	$ 82,701	$ 104,090	$ 186,791	$ 497,323	2.8

Table 16. Communicable Disease and Emergency Management Budgeted Expenditures, 2026

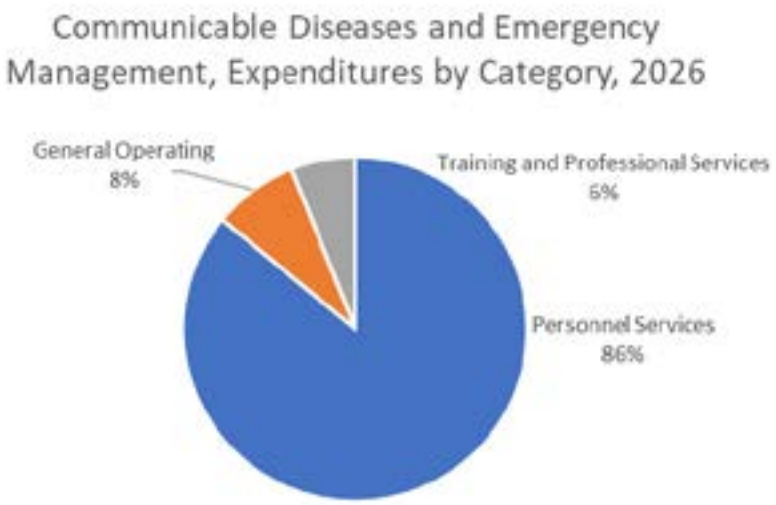


Figure 28. Communicable Disease and Emergency Management Budgeted Expenditures, 2026

Significant budget changes from 2025 to 2026 are described below. All changes are assumed to be ongoing unless otherwise noted.

- **Reorganize MuGSI Scope of Work:** This proposal is a reorganization of the grant-funded Multi-Site Gram-negative Surveillance Initiative (MuGSI) workload resulting in the elimination of a position, which is captured in Restructure Immunization Program, below. There is no service level impact resulting from this proposal as the epidemiology staff will take over grant deliverable responsibility.
- **Restructure Immunization Program:** This proposal reflects a reduction to the Immunization program by restructuring the program including a reduction of staff, who were funded through a COVID-19 immunization grant that was not renewed. Additionally, this proposal moves the remaining Immunization program to the Communicable Disease program. As a result of the program changes there will be significantly fewer community immunization clinics as they will be consolidated in Boulder and Longmont and reduced community outreach to priority populations starting in 2026.
- **Antibiotic Cache for Staff:** This proposal reduces funding for an antibiotic cache for staff responsible to assist in a wide-scale bioterrorism event. The agency will contract with a Boulder County hospital or national pharmacy chain to procure antibiotics if needed using contingency funds. There is no service level impact resulting from this proposal as the program has determined an alternative option for ensuring an antibiotic cache is available for staff in the event of an emergency.

- **Reallocate Community Trainer Funding to Community Based Provider Contract:** This is an adjustment to the Harm Reduction Program by reallocating personnel funding to the community-based direct service provider for services and supplies. There is a minimal service level impact resulting from this proposal as the program will absorb most of the workload.
- **Sunset Harm Reduction FTE and Reallocate Funding:** This is a reallocation of personnel funding from the Overdose Data to Action grant to supplies. There is minimal service level impact resulting from this proposal as the program and the divisional administrative support staff will absorb the work within existing resources and funding for harm reduction supplies will remain intact.
- **Sunset Harm Reduction Program Specialist Position:** This is a reduction of personnel expenses and reallocates the funding to a community-based direct service provider, supplements funding for harm reduction supplies and fills gaps in grant-funded positions due to reduced allocations. There will be some service level impacts primarily to the mountain communities where this position was focused but work will continue through established relationships and other engagement opportunities with the current staff.

Table 17. Communicable Disease and Emergency Management Detailed Expenditure Summary 2023-2026 illustrates detailed historical and audited expenditures from 2023 and 2024 in comparison to the projected 2025 expenses and 2026 budgeted expenses.

Detailed Expenditure Summary, Communicable Diseases and Emergency Management				
	Audited	Audited	Projected	Budgeted
	2023	2024	2025	2026
Personnel Services	$ 2,426,388	$ 2,487,973	$ 2,397,850	$ 1,864,876
Operating Expenses	$ 579,157	$ 565,796	$ 363,792	$ 304,819
General Operating	$ 212,357	$ 277,107	$ 154,853	$ 173,784
Training and Professional	$ 366,800	$ 288,689	$ 208,939	$ 131,035
Total	**$ 3,005,545**	**$ 3,053,769**	**$ 2,761,642**	**$ 2,169,695**

Table 17. Communicable Disease and Emergency Management Detailed Expenditure Summary 2023-2026

Total FTE

Table 18. Communicable Disease and Emergency Management Historical and Projected FTE illustrates salaried staff. The 2024 figures are not audited. 2026 figures do not reflect hourly staff as these expenditures are reflected as general operating expenses.

Communicable Diseases and Emergency Management, Historical and Projected FTE				
	2023	2024	2025	2026
	Unaudited	Unaudited	Projected	Budgeted
Communicable Diseases and Emergency Management	39	24	21	14.1

Table 18. Communicable Disease and Emergency Management Historical and Projected FTE

Performance Measures and Operating Indicators

Table 19. Performance and Operating Indicators, Communicable Disease and Emergency Management division lists performance measures for the CDEM division. 2025 baseline data will be collected in January 2026 to allow for complete year-to-date reporting for programs.

Performance and Operating Indicators – Communicable Disease and Emergency Management Division			
Performance Measures	2025	2026	2027
Number of reportable disease cases responded to by the Communicable Disease program	Pending		
Number of emergency responses coordinated by the Emergency Management program	Pending		
Percentage of individuals participating in fixed-site services through the Works Program who identify as Hispanic	Pending		
Number of routine childhood and adult vaccines administered by the Immunization program	Pending		

Table 19. Performance and Operating Indicators, Communicable Disease and Emergency Management Division

Community Health

The Community Health division works with the community to influence systems, provide supports and build upon the inherent power of some of our most marginalized and targeted community members. Specifically, the division provides specialized support in areas that affect social justice, racial equity and community engagement, including youth advocacy and empowerment, assistance for young parents, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, etc.) youth rights, reproductive justice and tobacco/substance reduction among young people.

In 2026 the division is significantly affected by the loss of several major grant revenue streams, specifically grants focused on mental and behavioral health and equity. The division is historically reliant on agency and county flexible funds. As the agency and division engaged in a robust strategic reorganization effort, it was also determined that some of the programs are not mandated.

Through a series of retreats youth mental health and leadership emerged as key priorities for continuing to support Latine and LGBTQIA+ youth. By leveraging a positive youth development framework and focusing on scaling the work for greater community impact, it was determined that moving in this direction would best support the agency's mental and behavioral health strategic priority. The programs and teams within the Community Health division will be consolidated through a reorganization of the division, and work towards rebuilding services over the next few years.

Specifically, the OASOS and GENERATIONS programs will be consolidated into one Youth Mental Health and Leadership Development focused program, and the Community Substance Abuse Prevention (CSAP) and Tobacco Education and Prevention Partnership (TEPP) will be consolidated into one Youth Substance Use Prevention-focused team. GENESIS will remain a standalone program. These changes are described below.

As a result of this reorganization the division's FTE will be reduced from 32 in 2024, to 18.5 in 2026, including internal reassignment of 2 program managers supporting appropriate spans of control for supervisors while maintaining critical minimum team sizes to advance work and new revenue generation.

Youth Substance Use Prevention

Consolidates the work of the Community Substance Abuse Prevention program and Tobacco Education and Prevention Partnership Services program to focus on community level interventions such as education, coalition building and policy work to reduce and prevent substance use among youth and young adults in Boulder County.

GENESIS

GENESIS, is a Healthy Families America program that supports pregnant and parenting teens with a continuum of case management services to assist them throughout their pregnancy and in the early parenting years. Services include transportation to appointments, assistance with accessing prenatal, postpartum, and well-baby care, information and support on healthy pregnancy and parenting practices, referral and linkage to school/work, social services benefits, and housing options. In addition, staff can provide crucial emotional support during a difficult time in a teen's life. Staff also provide short-term and crisis counseling to clients and conduct initial intakes and assessments, birthing classes, breastfeeding education and support, and support clients to access needed medical care for themselves or their children.

Youth Mental Health

GENERATIONS is a prevention program that prevents teen pregnancy through education with Latine youth and their parents.

OASOS aims to increase healthy behaviors and decrease risky behaviors among Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and Asexual (LGBTQIA+) youth through support, advocacy and education.

Division Expenditure Summary

The figure that follows illustrates that the Community Health division comprises 14% of BCPH's total budgeted expenditures in 2026. This figure is based on Table 8.

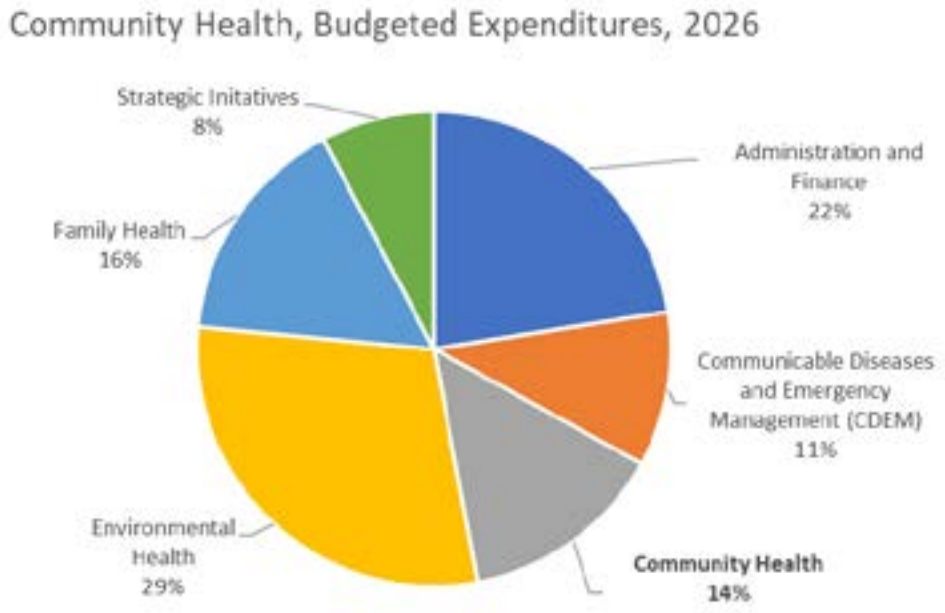


Figure 29. Community Health Budgeted Expenditures compared to the Department, 2026

Table 20. Community Health Budgeted Expenditures, 2026 and Figure 30. Community Health Budgeted Expenditures, 2026 illustrate the 2026 budgeted expenditures for the Community Health division.

Community Health, Budgeted Expenditures, 2026					
	Personnel Services Total	General Operating	Training and Professional Services	Total Operating	Total	FTE
Community Health	**$ 2,441,913**	**$ 242,822**	**$ 215,937**	**$ 458,759**	**$ 2,900,672**	**18.5**
Community Health	$ 292,809	$ 5,667	$ 5,067	$ 10,734	$ 303,543	2.0
Youth Substance Abuse Preventon - Community Substance Abuse (CSAP)/Tobacco Education Prevention Partnership (TEPP)	$ 796,731	$ 149,601	$ 190,670	$ 340,271	$ 1,137,002	6.5
Genesis	$ 1,023,937	$ 3,320	$ 19,245	$ 22,566	$ 1,046,503	7.5
Generations/Open and Affirming Sexual Orientation and gender identity Support (OASOS)	$ 328,436	$ 84,235	$ 954	$ 85,189	$ 413,625	2.5

Table 20. Community Health Budgeted Expenditures, 2026

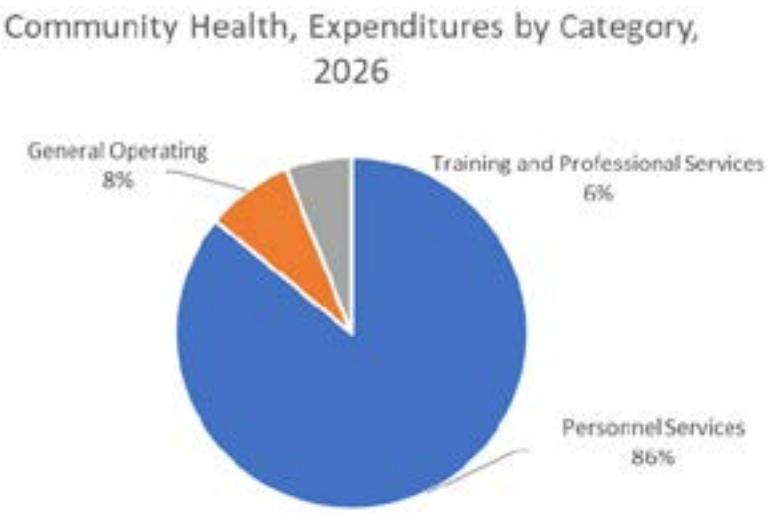


Figure 30. Community Health Budgeted Expenditures, 2026

Significant budget changes from 2025 to 2026 are described below. All changes are assumed to be ongoing unless otherwise noted.

- **Refinance CSAP Coordinator with Grant Funds:** This proposal reflects a net refinancing of a portion of the CSAP coordinator with anticipated grant funds in lieu of county funds in 2026. There is no service level impact resulting from this proposal as the proposal refinances a portion of the CSAP coordinator's position with grant funds.
- **Restructure CSAP and TEPP:** Due to the significant loss of grant funding in 2025 and 2026, the CSAP and TEPP programs will be combined reducing personnel services costs. As a result of this reorganization, Inclusive language workshops, positive youth development training in the community, coordination of youth systems coalition and supporting youth advisors will be discontinued. Additionally, responses to secondhand smoke complaints and vape disposal pickups will be slower.
- **Sunset Communities that Care:** This proposal reflects the sunsetting of the Communities that Care coalition and related scope of work in alignment of the expiration of the grant award, June 2026. As a result of this proposal, the agency will no longer provide facilitation and support to the Communities that Care Coalition in the Lafayette community.
- **Restructure GENESIS:** The restructuring of the GENESIS program includes a reduction of personnel costs reducing the number of families served by 20% or twenty-five families. However, this reduction in service may be reduced if the supervisor position can provide services to families.

- **Restructure GENERATIONS and OASOS:** This proposal reorganizes and combines the OASOS and Generations program. Therefore, the following activities will be discontinued: weekly LGBTQIA+ youth support groups in Longmont, support of Gay Student Alliances in local schools, education and workshops for adults supporting LGBTQIA+ youth, one-on-one support to Latine youth and community service-learning projects involving up to 50 Latine youth. We will also see significant reductions in the number of youth who could be served by the remaining activities and staff time dedicated to policy and systems change work, limiting progress in prevention work.

Table 21. Community Health Detailed Expenditure Summary 2023-2026 illustrates detailed historical and audited expenditures from 2023 and 2024 in comparison to the projected 2025 expenses and 2026 budgeted expenses.

Detailed Expenditure Summary, Community Health				
	Audited	Audited	Projected	Budgeted
	2023	2024	2025	2026
Personnel Services	$ 2,831,459	$ 3,040,356	$ 2,761,957	$ 2,441,913
Operating Expenses	$ 526,533	$ 524,198	$ 387,581	$ 458,759
General Operating	$ 173,067	$ 503,047	$ 376,259	$ 242,822
Training and Professional	$ 353,466	$ 21,151	$ 11,322	$ 215,937
Total	**$ 3,357,992**	**$ 3,564,554**	**$ 3,149,538**	**$ 2,900,672**

Table 21. Community Health Detailed Expenditure Summary 2023-2026

Total FTE

Table 22. Community Health Historical and Projected FTE illustrates salaried staff. The 2024 figures are not audited. 2026 figures do not reflect hourly staff as these expenditures are reflected as general operating expenses.

Community Health, Historical and Projected FTE				
	2023	2024	2025	2026
	Unaudited	Unaudited	Projected	Budgeted
Community Health	31	32	29	18.5

Table 22. Community Health Historical and Projected FTE

Performance Measures and Operating Indicators

Below are performance measures for the Community Health division. 2025 baseline data will be collected in January 2026 to allow for complete year-to-date reporting for programs.

Performance and Operating Indicators – Community Health Division			
Performance Measures	**2025**	**2026**	**2027**
Number of youth receiving Narcan administration and overdose prevention training through the Youth Opioid Overdose Prevention (YOOP) program	Pending		
Youth Opioid Overdose Prevention (YOOP) program	Pending		
Number of individuals served by the GENESIS program	Pending		
Number of professionals and community members receiving training through the Tobacco Education and Prevention Partnership (TEPP) program	Pending		

Table 23. Performance and Operating Indicators, Community Health Division

Environmental Health

The Environmental Health division focuses on the relationships between people and their environment, promotes human health and well-being and fosters healthy and safe communities. The division works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil and food to protect people and provide communities with healthier environments.

Air Quality

The Air Quality program monitors and works to improve indoor and outdoor air quality in Boulder County and ensures Boulder County businesses are in compliance with state and federal air quality requirements, including oil and gas well inspections. The program also responds to community concerns related to airborne dust, odors, and other air quality issues.

Animal-Borne Disease (Vector Control)

A vector is an animal or insect capable of transmitting disease to humans. The Vector Control program monitors wildlife, mosquitoes, ticks, and other insects to detect the presence of encephalitis, rabies, tularemia, West Nile virus, plague and hantavirus. The program also oversees the Boulder County Mosquito Control Program.

Consumer Protection

BCPH's Consumer Protection Program works to safeguard public health by overseeing food safety, vector-borne disease prevention and body art practices through education, regulation and community partnerships.

Body Art

BCPH's Body Art program licenses and routinely inspects all body art facilities operating within the county. Body art facilities include any that provide tattoo, piercing or permanent makeup services.

Food Safety

The Food Safety program licenses and inspects retail food establishments in Boulder County. The program also investigates reports of foodborne illnesses and unsafe food sales and conducts plan reviews on new or renovated restaurants. The program focuses on supporting food facilities to actively manage their foodborne illness risks. The program also supports education and learning in several languages to prevent foodborne illness at home and when dining out, as well as special event licensing of community events where food is served.

Child Care Inspection Team

The Child Care Inspection program works with the staff of childcare centers to reduce the spread of communicable diseases, prevent injuries, and promote health and safety in childcare settings.

Healthy Eating Active Living (HEAL)

The HEAL program aims to make healthier food and beverages more accessible for all people in Boulder County, especially those on federal food benefits or for those who cannot qualify but are experiencing food insecurity. Key programs include fruit/vegetable incentive programs to address food insecurity and prevent chronic disease, and healthy beverage policies to reduce consumption of sugary beverages, and collaboration with licensed childcare facilities to ensure local produce is served to children.

Water Quality

The Water Quality program works to improve water quality, prevent waterborne illness and reduce negative environmental impacts on our local water sources. They evaluate residential water/wastewater systems (septic/sewer systems), enforce the Boulder County Illicit Discharge Ordinance, support private well owners to ensure their drinking water is safe, collaborate with partners to address emerging issues in our watersheds, and address emerging contaminants and environmental justice concerns related to water quality.

Division Expenditure Summary

The figure that follows illustrates that Environmental Health comprises 29% of BCPH's total budgeted expenditures in 2026. This figure is based on Table 8.

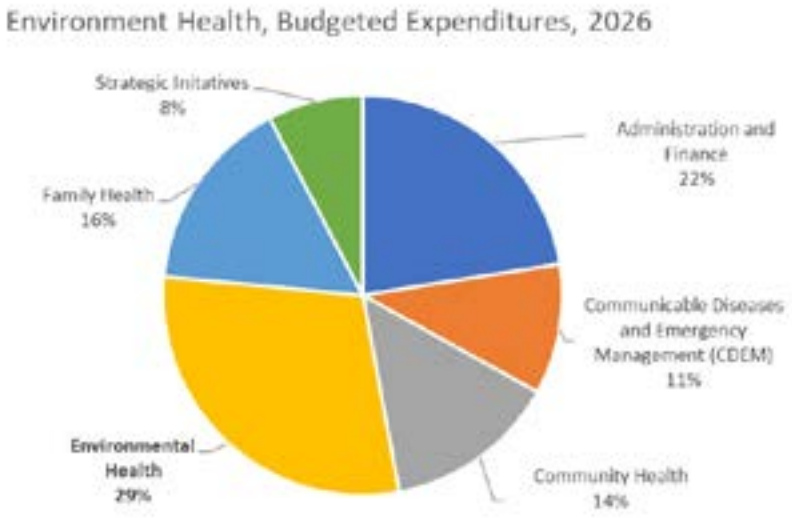


Figure 31. Environmental Health Budgeted Expenditures compared to the Department, 2026

Table 24. Environmental Health Budgeted Expenditures, 2026 and Figure 32. Environmental Health Budgeted Expenditures, 2026 illustrate the 2026 budgeted expenditures for Environmental Health.

Environmental Health, Budgeted Expenditures, 2026						
	Personnel Services	General Operating	Training and Professional Services	Operating Expenses	Total	FTE
Environmental Health	**$ 4,229,250**	**$ 128,408**	**$ 1,704,174**	**$1,832,582**	**$6,061,832**	**32.5**
Environmental Health	$ 420,115	$ 3,376	$ 3,300	$ 6,676	$ 426,791	3.0
Air Quality	$ 607,004	$ 4,950	$ 9,678	$ 14,628	$ 621,632	4.0
Consumer Protection	$ 1,400,731	$ 17,250	$ 122,770	$ 140,020	$ 1,540,751	11.0
Vector Control	$ 119,260	$ 750	$ 4,000	$ 4,750	$ 124,010	1.0
Water Quality	$ 1,204,268	$ 18,482	$ 28,313	$ 46,795	$ 1,251,063	10.0
Built/HEAL	$ 333,328	$ 24,600	$ 1,105,993	$1,130,593	$ 1,463,921	2.5
Mosquito Control	$ 144,544	$ 59,000	$ 430,120	$ 489,120	$ 633,664	1.0

Table 24. Environmental Health Budgeted Expenditures, 2026

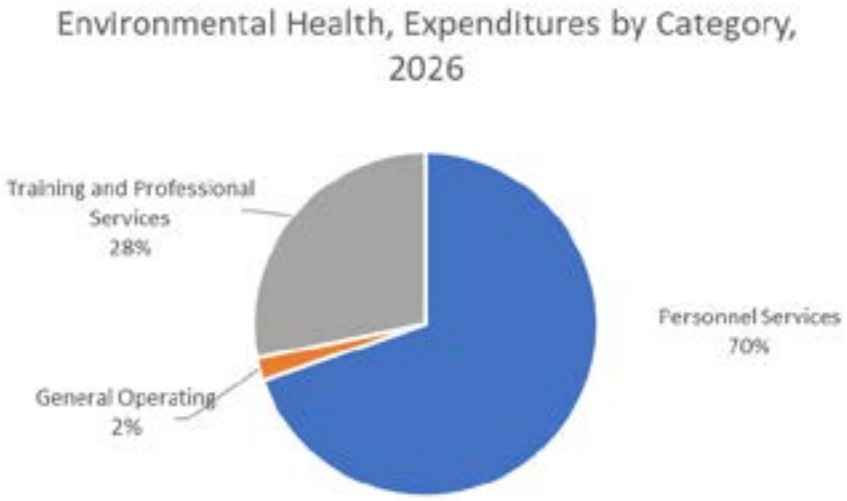


Figure 32. Environmental Health Budgeted Expenditures, 2026

Significant budget changes from 2025 to 2026 are described below. All changes are assumed to be ongoing unless otherwise noted.

- **Sunset Climate Justice Position:** Sunsets the climate justice position as much of the work has stalled due to the disbanding of the Climate Justice Collaborative and reduced grant funding opportunities. This reduction will result in the discontinuation of the development and implementation of a comprehensive public health strategic plan to address the impact of climate change on health, and reduced community engagement support for the Valmont Power Plant.
- **Sunset Environmental Health Program Assistant:** Sunsets an administrative program assistant while cross training remaining assistants to better support programmatic activities. This reduction is as a result of Lean Six Sigma work conducted with all administrative positions within the agency. There may be increased wait times for the processing of fees and permits, but this is expected to be minimal and reduced as process improvement strategies are implemented.
- **Eliminate the Healthy Homes Program:** Sunset the Healthy Homes program for low-income, single-family homes. As a result of this reduction, households currently on the waiting list and future low-income homeowners with indoor air concerns will no longer have access to this program.

- **Sunset Consumer Protection Staffing to Align with Fees:** Reduces the consumer protection program to align expenditures with revenues generated by fees. The restaurant inspection program is anticipated to see a decrease in routine inspections while prioritizing high risk inspections as a result, restaurant openings may be delayed.
- **Sunset Marshall Fire Positions:** Sunsets positions related to the Marshall Fire. Since the Marshall Fire in 2021, the agency has had personnel assigned to support fire victims as they rebuild their homes including inspecting and permitting rebuilt and new water systems. However, the number of inspections related to rebuilding from the Marshall Fire have decreased and no longer necessitate staff to focus on this work.
- **Move Child Health Promotion Program to Environmental Health:** This proposal reduces and reorganizes the Child Health Promotion program by moving staff responsible for inspecting and working with childcare agencies to the Consumer Protection program. Aligning the administrative functions for the Child Health Promotion program within the Consumer Protection program will streamline programmatic operations including grant and budget management, centralizing all inspection services in the agency to support more timely response to complaints and outbreaks, and greater coverage during the busy summer season when seasonal summer camps are in operation.
- **Move Farm to Early Childhood Education to Environmental Health division:** This proposal reorganizes the Child Health Promotion program by moving staff responsible for working with childcare agencies to the Healthy Eating Active Living Program (HEAL) program as an to an hourly position. Aligning the administrative functions for the Child Health Promotion program within the HEAL Program will streamline programmatic operations including grant and budget management. Consolidation of food security and systems within BCPH, will create efficiencies, ensure coordination including coordination of funding opportunities, streamlined communications with participants and partners, and prevent potential duplication of work. Food nutrition education will be reduced allowing these funds to be redirected to food purchases for clients.

Table 25. Environmental Health Detailed Expenditure Summary 2023-2026 illustrates detailed historical and audited expenditures from 2023 and 2024 in comparison to the projected 2025 expenses and 2026 budgeted expenses.

Detailed Expenditure Summary, Environmental Health				
	Audited	Audited	Projected	Budgeted
	2023	2024	2025	2025
Personnel Services	$ 4,104,655	$ 4,477,067	$ 4,419,220	$ 4,229,250
Operating Expenses	$ 1,553,350	$ 1,592,995	$ 1,303,612	$ 1,832,582
General Operating	$ 100,290	$ 1,548,221	$ 1,265,568	$ 128,408
Training and Professional	$ 1,453,060	$ 44,774	$ 38,044	$ 1,704,174
Total	**$ 5,658,005**	**$ 6,070,061**	**$ 5,722,832**	**$ 6,061,832**

Table 25. Environmental Health Detailed Expenditure Summary 2023-2026

Total FTE

Table 26. Environmental Health Historical and Projected FTE illustrates salaried staff. The 2024 figures are not audited. 2026 figures do not reflect hourly staff as these expenditures are reflected as general operating expenses.

Environmental Health, Historical and Projected FTE				
	2023	2024	2025	2026
	Unaudited	Unaudited	Projected	Budgeted
Environmental Health	36	37	36	32.5

Table 26. Environmental Health Historical and Projected FTE

Performance Measures and Operating Indicators

Below are performance measures for the Environmental Health division. 2025 baseline data will be collected in January 2026 to allow for complete year-to-date reporting for programs.

Performance and Operating Indicators – Environmental Health Division			
Performance Measures	**2025**	**2026**	**2027**
Number of licenses processed by the Environmental Health Administrative Support program	Pending		
Number of applications processed by the Environmental Health Administrative Support program	Pending		
Number of safe body art classes presented to youth by the Body Art Licenses program	Pending		
Number of FDA Voluntary National Retail Food Program Standards that the Food Safety program-maintained compliance with	Pending		
Number of lead investigations conducted by the Lead Investigations program	Pending		
Number of screening, preliminary, and clearance reports reviewed by the Meth Investigations program for affected properties	Pending		
Number of public radon-related inquiries responded to by the Radon program	Pending		
Number of short-term radon test kits distributed to the public by the Radon program	Pending		
Number of onsite water treatment system inspections completed by the Onsite Water Treatment System (OWTS) program	Pending		
Number of onsite water treatment systems approved by the by the Onsite Water Treatment System (OWTS) program	Pending		
Number of oil and gas facilities inspected	Pending		
· Number of leaks detected			
· Number of major leaks detected			
· Number of Notices of Violation sent			
Number of air permit inspections performed	Pending		
Number of air complaints investigated	Pending		
Number of burn permits approved	Pending		
Awaiting further HEAL measures	Pending		

Table 27. Performance and Operating Indicators, Environmental Health Division

Family Health

The Family Health division recognizes that healthy children are key to the future of our communities and works to promote the healthy development of children within stable and nurturing families. The team works actively with local health care providers and human service agencies to ensure that children and families have access to health care and social support.

Children With Special Needs (CSN)

The Children with Special Needs program provides nurse care coordination and works with families who live in Boulder County and have a child with a special health care needs between the ages of birth and twenty-one years old. The program provides support, information, and connections to services and knows what services and supports are available in the community for infants and children who are at risk for or who have a developmental or intellectual disability.

Nurse-Family Partnership (NFP)

The Nurse-Family Partnership program works to positively impact and transform the lives of first-time moms and their babies through a proven home visiting model. By connecting families with specially educated and equipped home-visiting nurses, NFP provides support during pregnancy and earliest years of a child's life. This trusted relationship makes a measurable, long-term impact on the entire family — children are healthy and families can thrive.

Women, Infants and Children (WIC)

The Women, Infants and Children program is for pregnant, breastfeeding, and postpartum women, infants and children. It focuses on the nutrition needs of low-income pregnant women, new mothers and children under five years of age.

Family Connects

Family Connects Colorado offers nurse home visiting for Colorado families with newborns at no cost. It is designed to support the health and well-being of all newborns and their families by offering them one to three home visits by a highly trained registered nurse and connections to resources for families in their communities. Family Connects is available to all families who live in Boulder County and give birth or adopt at a Boulder County hospital, including immigrants and refugees.

Infant and Early Childhood Mental Health Consulting (IECMHC)

IECMHC is a prevention-based, evidence-informed practice. The model builds on the capacity of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among infants/young children and families. The IECMHC program fills an important gap in Boulder County as it serves two main objectives: 1) enhance capacity of nurse home visitors in serving high acuity mental health clients in the perinatal period; 2) provide direct clinical care (typically home-visitation) to perinatal families in need of mental health support. In contrast to common perception young children are not inherently resilient, but rather they are profoundly affected by the quality of their primary relationships and environments. IECMHC consultants have clinical backgrounds and knowledge of child development, attachment, trauma, culturally responsive care, reflective practice, and the impact of adult mental illness and adversity on developing children.

Division Expenditure Summary

Figure 33. Family Health Budgeted Expenditures compared to the Department, 2026 illustrates that the Family Health division comprises 16% of BCPH's total budgeted expenditures in 2026. This figure is based on Table 8.

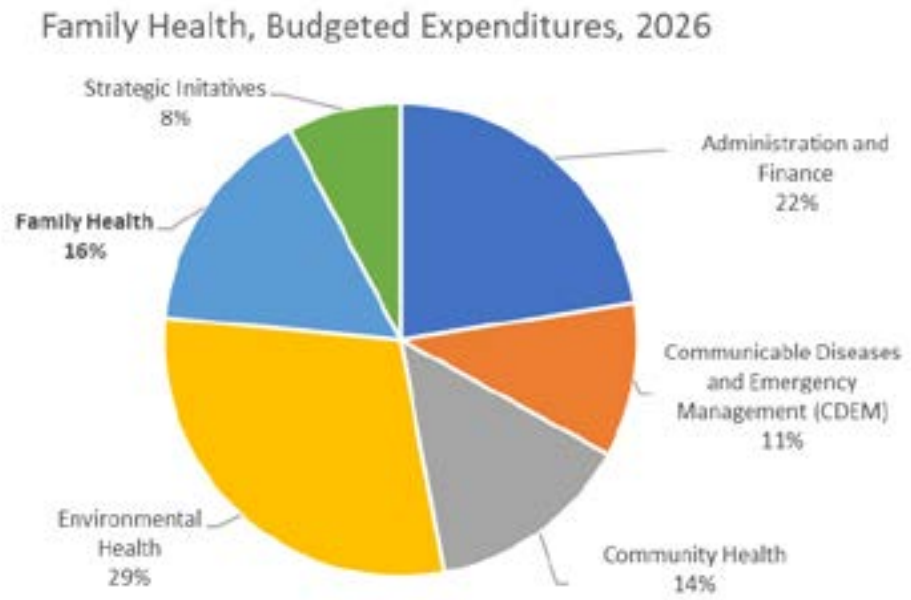


Figure 33. Family Health Budgeted Expenditures compared to the Department, 2026

Table 28. Family Health Budgeted Expenditures, 2026 and Figure 34. Family Health Budgeted Expenditures, 2026 illustrate the 2026 budgeted expenditures for the Family Health division.

Family Health Budgeted Expenditures, 2026						
	Personnel Services Total	General Operating	Training and Professional Services	Total Operating	Total	FTE
Family Health	**$ 2,920,352**	**$ 114,410**	**$ 217,909**	**$ 332,320**	**$ 3,252,672**	**22.4**
Family Health	$ 303,923	$ 4,500	$ 1,000	$ 5,500	$ 309,423	2.0
Children with Special Needs	$ 966,012	$ 93,269	$ 140,302	$ 233,572	$ 1,199,584	6.8
Nurse Family Partnership	$ 962,535	$ 12,141	$ 64,607	$ 76,748	$ 1,039,283	6.8
Women, Infants and Children	$ 687,882	$ 4,500	$ 12,000	$ 16,500	$ 704,382	6.8

Table 28. Family Health Budgeted Expenditures, 2026

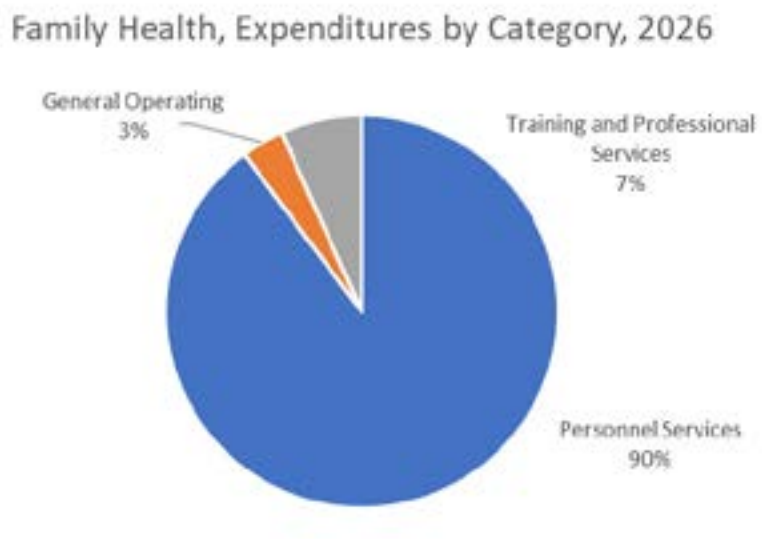


Figure 34. Family Health Budgeted Expenditures, 2026

Significant budget changes from 2025 to 2026 are described below. All changes are assumed to be ongoing unless otherwise noted.

- **Reduce Family Connects Positions:** Family Connects positions are reduced resulting from the loss of funding provided through the American Recovery and Reinvestment Act. There is little to no service level impact resulting from this proposal based on current demand.
- **Discontinue Breastfeeding Program:** This proposal discontinues the breastfeeding and nutritional education services provided to early childhood education community providers. These services will shift from being population-based to being individually based and will be delivered 1:1 to Medicaid eligible participants in the Women, Infants and Children (WIC) program.

Table 29. Detailed Expenditure Summary 2023-2026 illustrates detailed historical and audited expenditures from 2022 and 2023 in comparison to the projected 2024 expenses and 2025 budgeted expenses.

Detailed Expenditure Summary, Family Health				
	Audited	Audited	Projected	Budgeted
	2023	2024	2025	2026
Personnel Services	$ 3,355,178	$ 3,602,791	$ 3,802,207	$ 2,920,352
Operating Expenses	$ 394,220	$ 383,476	$ 358,128	$ 332,319
General Operating	$ 159,437	$ 346,930	$ 337,057	$ 114,410
Training and Professional	$ 234,783	$ 36,546	$ 21,071	$ 217,909
Total	**$ 3,749,398**	**$ 3,986,267**	**$ 4,160,336**	**$ 3,252,671**

Table 29. Detailed Expenditure Summary, Family Health 2023-2026

Total FTE

Table 30. Family Health Historical and Projected FTE illustrates salaried staff. The 2024 figures are not audited. 2026 figures do not reflect hourly staff as these expenditures are reflected as general operating expenses.

Family Health, Historical and Projected FTE				
	2023	2024	2025	2026
	Unaudited	Unaudited	Projected	Budgeted
Family Health	38	36	32	22.4

Table 30. Family Health Historical and Projected FTE

Performance Measures and Operating Indicators

Below are performance measures for the Family Health division. 2025 baseline data will be collected in January 2026 to allow for complete year-to-date reporting for programs.

Performance and Operating Indicators – Family Health Division			
Performance Measures	**2025**	**2026**	**2027**
Number of childcare health inspections completed by the Child Health Promotion (CHP) program	Pending		
Number of childcare programs receiving produce deliveries and support through the Farm to Early Care and Education (Farm to ECE) program	Pending		
Number of clients provided care coordination through the Children with Special Needs (CSN) program	Pending		
Number of families served through the Nurse-Family Partnerships (NFP) program	Pending		
Number of home visits completely by the Nurse-Family Partnership (NFP) program	Pending		
Number of families receiving nutrition coaching and food vouchers through the Women, Infant and Children (WIC) program	Pending		
Number of families receiving free nurse home visits through the Family Connects program	Pending		
Number of parent-child dyads served by Infant and Early Child Mental Health Consultation (IECMHC) program	Pending		
Number of referrals made to outside agencies for mental health through the Infant and Early Child Mental Health Consultation (IECMHC) program	Pending		

Table 31. Performance and Operating Indicators, Family Health Division

Strategic Initiatives Branch

The mission of the Strategic Initiatives Branch is to ensure that BCPH has a profound public health impact by providing leadership and expertise in agency wide strategic expertise planning, and leadership and technical assistance to BCPH staff, partners and the community in the following areas.

Communications

The Communications team provides expertise in communication planning, media management, risk management, emergency response, best practice, training, marketing, branding, writing style, photography, images, graphics, grammar, punctuation, tone and formatting.

Health Planning and Evaluation (HPE)

The purpose of the Health Planning and Evaluation team is to provide planning, evaluation and data support to internal and external partners in order to sustain a high-performing health department and, ultimately, a healthy Boulder County for all.

Information Technology (IT)

The purpose of the IT team is to provide the best and most efficient technology to support the business needs of BCPH, Boulder County and partners, in alignment with Boulder County IT strategic goals.

Division Expenditure Summary

Figure 35. Strategic Initiatives Budgeted Expenditures Compared to the Department, 2026 illustrates that the Strategic Initiatives Branch comprises 8% of BCPH's total budgeted expenditures in 2026. This figure is based on Table 8.

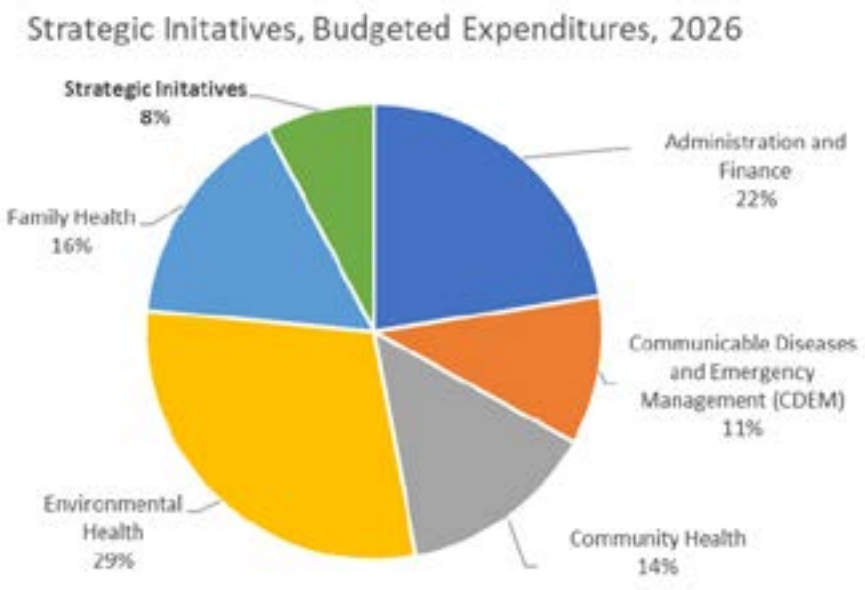


Figure 35. Strategic Initiatives Budgeted Expenditures Compared to the Department, 2026

Significant budget changes from 2025 to 2026 are described below. All changes are assumed to be ongoing unless otherwise noted.

- **Reduce Funding for Operational Expenses:** This proposal is a one time reduction of operating funding in 2026 for the Strategic Initiatives leadership program. In 2025 these funds were used to support cross divisional mental and behavioral health work which will be transitioned to the Community Health division in 2026 and supported by other revenues. There is no anticipated impact to services levels.
- **Sunset Mental and Behavioral Health Coordinator Position:** Reduces personnel funding for the Mental and Behavioral Health positions within SIB as this work has significantly relied on grant funding, which has expired. Sunsetting this position will result in reallocation of funding to the Community Health division programs. However, the coordination of and relationships to support mental and behavioral health work will be reduced.
- **Eliminate Getty Images ® Subscription:** This proposal eliminates operating funds for the purchase images from Getty Images for public documents and presentations created and presented by the agency. There is no service level impact resulting from this proposal as the program will create its own inventory of images for public documents and presentations within existing resources.
- **IT Staff Reduction:** This proposal eliminates personnel from the Information Technology program which supports staff to address IT-related needs. As a result of this reduction, staff will be supported by county IT staff which may result in longer wait times for support.

Table 32. Strategic Initiatives Budgeted Expenditures, 2026 and Figure 36. Strategic Initiatives Allocation Budgeted Expenses, 2026 illustrate the 2026 budgeted expenditures for the Strategic Initiatives Branch.

Strategic Initatives Branch Budgeted Expenditures, 2026						
Divisions and Programs	Personnel Services Total	General Operating	Training and Professional Services	Total Operating	Total	FTE
Strategic Initatives	**$ 1,503,409**	**$ 25,755**	**$ 61,488**	**$ 87,243**	**$ 1,590,652**	**10.0**
Strategic Initatives	$ 239,008	$ 6,750	$ 4,750	$ 11,500	$ 250,508	1.5
Health, Planning and Evaluation	$ 520,551	$ 7,463	$ 4,438	$ 11,900	$ 532,451	4.0
Information Technology	$ 284,217	$ 4,950	$ 27,550	$ 32,500	$ 316,717	1.5
Communications	$ 459,633	$ 6,593	$ 24,750	$ 31,343	$ 490,975	3.0

Table 32. Strategic Initiatives Budgeted Expenditures, 2026

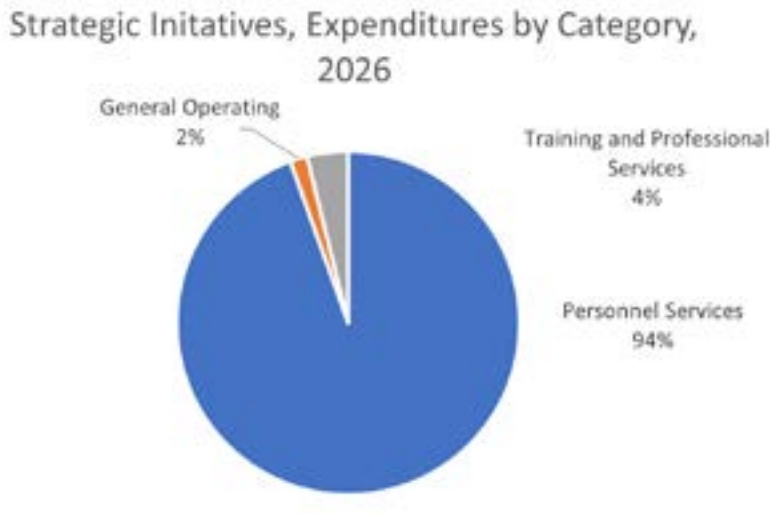


Figure 36. Strategic Initiatives Allocation Budgeted Expenses, 2026

Table 33. Strategic Initiatives Detailed Expenditure Summary 2023-2026 illustrates detailed historical and audited expenditures from 2023 and 2024 in comparison to the projected 2025 expenses and 2026 budgeted expenses.

Detailed Expenditure Summary, Strategic Initatives Branch				
	Audited	Audited	Projected	Budgeted
	2023	2024	2025	2026
Personnel Services	$ 2,543,162	$ 2,156,101	$ 2,004,199	$ 1,503,409
Operating Expenses	$ 899,506	$ 388,829	$ 204,955	$ 87,243
General Operating	$ 330,279	$ 380,644	$ 199,336	$ 25,755
Training and Professional	$ 569,227	$ 8,185	$ 5,618	$ 61,488
Total	**$ 3,442,668**	**$ 2,544,930**	**$ 2,209,154**	**$ 1,590,652**

Table 33. Strategic Initiatives Detailed Expenditure Summary 2023-2026

Total FTE

Table 34. Strategic Initiatives Historical and Projected FTE illustrates salaried staff. The 2024 figures are not audited. 2026 figures do not reflect hourly staff as these expenditures are reflected as general operating expenses.

Strategic Initatives, Historical and Projected FTE				
	2023	2024	2025	2026
	Unaudited	Unaudited	Projected	Budgeted
Strategic Initativves	13	13	13	10.0

Table 34. Strategic Initiatives Historical and Projected FTE

Performance Measures and Operating Indicators

Below are performance measures for the Strategic Initiatives Branch. 2025 baseline data will be collected in January 2026 to allow for complete year-to-date reporting for programs.

Performance and Operating Indicators – Strategic Initiatives Branch			
Performance Measures	2025	2026	2027
Number of media requests responded to by the Communications program	Pending		
Communications program from BCPH programs	Pending		
Health Planning & Evaluation program from BCPH programs	Pending		
Number of information technology tickets received by the Information Technology program from BCPH programs	Pending		

Table 35. Performance and Operating Indicators, Strategic Initiatives Branch

2026 Budget and Financial Policies

Budget Overview

The budget is the plan by which financial policy is made, implemented, and controlled. The Boulder County Budget Calendar, State Constitution and state laws provide the basic legal requirements and timelines for the process. The Boulder County Commissioners and BOH goals, ordinances and resolutions provide additional direction that respond to the needs and desires of the community.

BCPH services are financed through a variety of taxes, fees, charges for services and intergovernmental assistance. The agency:

- Utilizes conservative growth and revenue forecasts.
- Appropriates the budget in accordance with the County Charter, the State Constitution and state laws.
- Adopts financial management policies that establish guidelines for financial plans.
- Establishes budgets for all funds based on adopted policies and practices.
- Adjusts the budget to reflect changes in priorities or the local economy and receipt of unbudgeted revenues.
- Organizes the budget so that revenues are related to expenditures as much as possible.
- Allows staff to manage the operating budget, with Executive Director and BOH approval, as required.
- Provides division managers with immediate access to revenue and expenditure information to assist their efforts in controlling annual expenditures against appropriations.

Budget Philosophy

The following principles best summarize BCPH's budget philosophy:

- Balance the budget by matching expenditures to revenues by evaluating expenditures in the current year and estimates for the next budget year.
- Keep our workforce whole because the employees are our number one resource.
- Provide first-class service to our citizens and the public.
- Continually improve operational efficiency to do more with less.
- Evaluate all options.
- Project at least one year in advance to anticipate future budget situations.
- Position BCPH to sustain economic downturns and robust growth.
- Maintain healthy reserves and use them as a last resort.
- Direct one-time revenues toward one-time expenditures.
- Continue to implement plans of County Commissioners and BOH.

Budget Goals

In keeping with the first principle that BCPH current revenues will be sufficient to support current operating expenditures, reserves will be utilized only in emergencies. Under certain circumstances, fund balances will be used for operations. These circumstances include but are not limited to, one-time expenditures where money was accumulated in the fund balance in anticipation of the expenditure.

One-time revenues will be used only for one-time expenditures.

Budget Amendments

Adjustments to the original adopted budget 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 BCPH receives unanticipated revenues or revenues are 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 Boulder County BOH which approves all budgetary changes.

Budget Process

The budget has been structured and prepared using the guidelines of the National Council on Governmental Accounting (NCGA) and the Governmental Finance Officers Association (GFOA). Two publications, Governmental Accounting, Auditing and Financial Reporting (GAAFR) and the Governmental Accounting Standards Board (GASB) guide the financial reporting and annual budget process. The County prepares its budget on a calendar-year basis as required under the County Charter. The budget must be balanced or show a revenue surplus.

Basis of Accounting

The budget parallels the County's accounting system and is prepared on the same basis. A modified accrual basis is used for general governmental operations. Significant revenues are recorded when measurable and available, in the accounting period in which they are received. Expenditures are recorded when incurred (except for unmatured interest on general long-term debt, which is recognized when due). Records for the County's proprietary funds are maintained on a full accrual basis.

Basis of Budgeting

The budget is prepared using Generally Accepted Accounting Principles (GAAP) for all funds.

Budget Term

The budget term begins with the first day of January and ends on the last day of December.

Budget Recommendation

On or before Aug. 1, BCPH is required to submit its annual budget request to the Boulder Board of County Commissioners. Subsequently, BCPH is required to propose its budget request via resolution to the BOH for adoption by Dec. 31. The proposed budget provides a complete financial plan for each division within BCPH and includes appropriate financial statements for each type of fund showing comparative figures for the last completed fiscal year, comparative figures for the current year and recommendations for the ensuing year.

Public Hearings

BCPH's proposed budget is a matter of public record and is open for public inspection. The 2025 public hearing for BCPH regarding the proposed was held in September. The BOH held meetings in December to review and adopt the 2025 budget for BCPH. Appropriate notice of the time and place of the hearing was placed in a newspaper of general circulation.

Adoption of Budget and Appropriation of Funds

After the public hearings, and on or before Dec. 15, the BOH adopts a balanced budget for the upcoming year. The Board approves via resolution the appropriation of sums of money as it deems necessary to defray all expenditures.

Changes to the Adopted Budget

After the commencement of the fiscal year, the amounts appropriated for the proposed expenditures in the adopted budget are irrepealable and are deemed appropriated for each purpose specified. The expenditures of operating funds cannot exceed the budgeted appropriations for the respective fund. In certain cases, however, adopted budgets can be increased, decreased or amounts transferred between funds upon BOH authorization.

Supplemental Appropriation

On recommendation by the executive director and director of administration and finance, the BOH, by resolution, can make supplemental appropriations from actual and anticipated revenues and prior year reserves as long as the total amount budgeted does not exceed the actual or anticipated revenue total or the available reserve balance. No appropriation can be made which exceeds the revenues, reserves or other funds anticipated or available except for emergencies due to accident or unforeseen event(s) arising after the adoption of the annual appropriation.

Unanticipated Revenue

The BOH may, by resolution, approve for expenditure of unanticipated revenue that may be received during the fiscal year. Such revenue may be generated from grants, unanticipated tax assessments, or the implementation of a new fee.

Encumbrance Carryover

If a fund has open purchase orders at the end of a fiscal year, the purchase orders are closed, and any remaining funds are unencumbered.

Budget Decreases

The budget can also be decreased below approved levels during the fiscal year. Changes in service demands, economic conditions, projected growth limits, and BOH goals and direction may cause such budget reductions. Each service area is responsible for developing a plan to reduce expenses. Each plan must be in place and ready for implementation should the need arise. If BCPH's executive director directs budget reductions, the BOH will be informed immediately, and the appropriations will be set aside through administrative action. While this administrative action does not lower the appropriations within a fund, expenditures are prevented. If the circumstances leading to the reduction in budget changes, the appropriation may be made available for expenditure.

Level of Control and Budget Transfers

Control of expenditures is exercised at the division/fund level. Division managers are responsible for all expenditures made against appropriations within their budget and may allocate resources within the divisional budget. BCPH may transfer appropriated monies between spending agencies within a fund or from one fund to another provided:

- The transfer is made from a fund in which the amount appropriated exceeds the amount needed to accomplish the purpose specified by the appropriation.
- The purpose for which the funds were initially appropriated no longer exists.

Lapsed Appropriations

All appropriations not spent or unencumbered at the end of the fiscal year lapse into the agency's General Fund reserve, except for as follows:

- **Grant Funds:** appropriations for federal, state or local grants do not lapse until the expiration of the grant.

The BOH can terminate a federal, state or local grant at any time prior to completion of the project or expiration of the grant.

Fund Accounting

Fund accounting is used both for budgeting and accounting purposes. Each fund is established for a specific purpose and is considered a separate accounting entity.

The BOH must approve or appropriate any expenditure from the various funds, including expenditures from reserves. The appropriation is generally done prior to the beginning of each fiscal year but can be done by the BOH anytime during the year if funds are available. In government, appropriate or appropriation is used instead of authorize or authorization.

County Fund Types

- **General Fund:** To account for the general operating fund of BCPH. It is used to account for all financial resources except those required to be accounted for in another fund.

Revenue Policies

BCPH strives to achieve and maintain a balanced revenue structure. Because BCPH is a well-established community, some annual revenues are stabilized and can be used year to year as a sound revenue base. Because of the impact of the recent COVID-19 pandemic and related funding increases, some revenue streams vary significantly from year to year and are poised to sunset in the coming years. The most significant revenue sources in the General Fund are from Boulder County.

The amount of a fee should not exceed the overall cost of providing the service for which the fee is imposed. Direct and indirect costs may be included when calculating the cost to be covered by a fee. That includes costs directly related to the provision of the service and support costs that are more general in nature but support the provision of service. BCPH reviews all fees for licenses, permits, fines and other miscellaneous charges as part of the annual budgetary process.

Expenditure Policies

The General Fund contains all the daily BCPH operations and is comprised of six (6) divisions consisting of: Administration and Finance, Environmental Health, Community Health, Communicable Disease and Emergency Management, Family Health, and the Strategic Initiatives Branch. Expenditures are classified within each division and/or program as the following:

Personnel Services

This includes salaries for full-time and part-time employees, overtime pay, insurance, retirement and other costs related to the employee. BCPH's compensation plan is intended to provide all employees with fair and equitable pay and to provide a uniform system of payment and is aligned with the compensation plan for Boulder County.

Operational Expenses

Operating expenses include but are not limited to administrative costs such as office supplies, client supplies, medical supplies, food supplies and travel expenses to support program delivery.



Training and Professional Services

This reflects dues for professional organizations, subscriptions, audit/legal/consulting fees and other contracted professional services.

Funding Allocation Policy (BCPH0002)

The agency's funding allocation policy, adopted in 2025, established clear guidelines for the appropriate use of BCPH funding sources ensuring transparency, alignment with fiscal responsibility, and compliance with funder requirements

Funding Hierarchy Policy (BCPH0003)

The agency adopted a funding hierarchy policy in 2025 which established a consistent and efficient approach for allocating personnel and operating costs to grant and other funding sources. This policy is intended to reduce administrative burden, minimize accounting errors, and ensure optimal use of both restricted and flexible funding streams.

Reserves Policy

A top priority of the BOH is to keep the Department in good and sustainable fiscal health. Revenue projections are conservative, and authorized expenditures are closely monitored. In stable economic times, the combination of these two strategies lead to revenues outpacing actual expenditures. The accumulation of these fund balances and reserves protects BCPH from uncontrollable increases in expenditures or unforeseen reductions in revenue, or a combination of the two.

The BOH revised the Department's reserve policy in 2024 to maintain reserves that are required by law or contract and that serve a specific purpose. These types of reserves are considered restricted and are not available for other uses. Within specific funds, additional reserves may be maintained according to adopted policies. All expenditures of reserves must be approved by the Board. This may occur during the budget process or throughout the year.

Following is the BCPH Reserve Fund as established by the Board:

- **General Fund Reserve:** BOH Resolution 2024-01 sets the target balance in the reserve at a minimum of 15% of the total operating expenditures reporting BCPH's annual financial report, with a maximum level of 20%. The General Fund Reserve is intended to protect BCPH's essential services from the potential impact of unanticipated events and circumstances not occurring during the normal course of operations.

Glossary

- **Account:** A record of a business transaction; a reckoning of money received or paid.
- **Accounting Period:** A period at the end of which and for which financial statements are prepared (typically a month or a year).
- **Accounting System:** The total structure of records and procedures which discover, record, classify, summarize, and report information on the financial position and results of operations of a government or any of its funds, fund types, balanced account groups or organizational components.
- **Accounts Payable:** A short-term liability account reflecting amounts owed to others for goods and services received by the County.
- **Accounts Receivable:** An asset account reflecting amounts due from others for goods or services furnished by the County (not including amounts due from other funds or other governments).
- **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.
- **Administration and Finance division:** The Administrative and Finance division includes programs providing support services to the operating divisions. It is largely funded with funding from Boulder County and indirect revenues via the allocation of their costs to other Department divisions.
- **Adopted budget:** Refers to the budget amounts originally approved by the Board of County Commissioners at the beginning of the budget year and the budget document, which consolidates all beginning-of-the-year operating appropriations.
- **Agency:** A governmental or quasi-governmental unit which provides services to people in 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.
- **Agency Fund:** A fund used to account for assets held by a government as an agent for individuals, private organizations, or other governments, and/or other funds.
- **All Funds Budget:** The "all funds budget" is the total of the appropriations for each fund.
- **Allocation:** Funds that are apportioned or designated to a program, function, or activity.
- **American Rescue Plan Act (ARPA):** ARPA provides additional financial relief in the wake of the COVID-19 pandemic.
- **Amended Budget:** Budget which includes changes to the adopted budget that are approved by the Board of County Commissioners and transfers within the authority of management.
- **Annual Comprehensive Financial Report (ACFR):** The Annual Comprehensive Financial Report provides information, which is used by investment companies such as Moody's Investors Services and Standard and Poor's Corporation to determine the county's fiscal integrity and set bond rates It includes a comprehensive presentation of the county's financial and operating activities.
- **Appropriation:** The legal authorization by the BOH to make expenditures and/or to incur obligation for specific purposes.
- **Assets:** Resources owned or held by a government that have monetary value.
- **Audit:** A methodical examination conducted by a private accounting firm, of the utilization of the county's resources. An audit tests the accounting system to determine the extent to which internal accounting controls are both available and being used. The audit concludes with a written report of findings called the Auditor's Opinion.
- **Authorized positions:** A position (job, FTE) authorized by the Board of County Commissioners as part of the annual adopted budget.
- **Balanced Budget:** A budget where current operating expenditures do not exceed current operating revenues plus unreserved and available fund balance for each individual fund subject to appropriation. Per state statute, the county is required to adopt a balanced budget each year.

- **Base Budget:** An estimate of funding to continue existing programs at current levels of service prepared by each department or office during the budget development process.
- **Baseline:** Current trends and future expectations, assuming no programmatic changes or adjustments to revenue and expenditure policies.
- **Basis of Accounting:** A term used when revenues, expenditures, expenses and transfers are recognized in the accounts and reported in the financial statements. Specifically, it relates to the timing of the measurements made, regardless of the nature of the measurement, on either the cash or the accrual method.
- **Board of County Commissioners (BOCC):** The board is composed of a three-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 five-member appointed group, and they are the main policy makers and financial stewards of the county
- **Budget:** The department's operational and functional plan balancing expenditures for a fiscal year with the expected income or revenue for the fiscal year. A budget identifies the various programs, goals, objectives, standards of performance and, in some cases, operational data relating to the activities of the entity for that period.
- **Budget Calendar:** A timetable showing when particular tasks must be completed in order for the BOH/ Board of County Commissioners to adopt the annual budget before the beginning of the next fiscal year.
- **Budget Development Process:** The annual cycle in which the county prepares the annual budget for adoption.
- **Budget Message:** A summary and general discussion of the proposed budget presented in writing by the executive director, the individual responsible for proposing the annual budget.
- **Budgetary Basis:** The basis of accounting used to estimate financing sources and uses in the budget. Thes 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 tan approved budget to monitor and control expenditures within the limitation of approved appropriations and available revenues.
- **Cash Reserve:** An amount appropriated in the budget to be set aside for use in major economic or natural catastrophes. The cash reserve is a part of the general fund carry-forward.
- **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.
- **Charges and Services:** The expenditure category which is for services rendered to the County by a vendor.
- **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.
- **Committed Fund Balance:** Amount that can be used for specific purposes determined by formal action of the BOCC. Commitments may be established, modified, or rescinded, only through resolutions approved by the BOCC.
- **Contingency:** Funds appropriated to cover unexpected expenses that may occur during the budgeted year.
- **Contractual Services:** Services purchased from other private or governmental entities under a contract.
- **Cost Center:** A responsibility center within the government organization.
- **Debt:** An obligation resulting from the borrowing of money or from the purchase of goods and services.
- **Deficit:** 1) The excess of the liabilities of a fund over its assets; 2) the excess of expenditures over revenues during an accounting period, or in the case of proprietary (Enterprise) funds, the excess of expenses over revenues during an accounting period.
- **Department:** An organization unit within the county government that is under the direction on nonelected county management staff. Designated fund balance (reserves): Portions of fund balance that are set aside for a specific purpose and which are, therefore, not available for general appropriation (except for the specific purpose).

- **Elected Official:** An official elected by Boulder County voters to manage an elected county office.
- **Encumbrances:** Commitments related to unperformed contracts for goods or services. Used in budgeting, encumbrances represent the estimated amount of expenditures ultimately to result if unperformed contracts in process are completed.
- **Entity:** The basic unit upon which accounting and/or financial reporting activities focus.
- **Epidemiology and Laboratory Capacity (ELC):** Grant funded by the CDC for prevention and control of emerging infection diseases.
- **Expenditures:** The outlay of cash for goods or services which result in a decrease in net financial resources.
- **Fee:** A charge levied to a user of a specific good or service in exchange for that good or service.
- **Fiscal Year:** A 12-month period of time to which the annual budget applies and, at the end of which, a governmental unit determines its financial position and results of its operations.
- **Full Time Equivalent (FTE):** The budgetary equivalent of one permanent position continuously filled full time for an entire fiscal year. FTE does not include contractual, temporary, or permanent seasonal positions.
- **Fund:** An independent fiscal and accounting entity with a self-balancing set of accounts that are segregated for the purpose of carrying on specific activities or attaining certain objectives in accordance with law, regulations, policies, restrictions, or limitations.
- **Fund Balance:** The excess or deficiency of the assets of a fund over its liabilities and reserves at any point in time.
- **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
- **General Fund:** The general fund accounts for all transactions of the County not accounted for in other funds. The fund represents an accounting for the County's ordinary operations financed from taxes and other general revenues and is the County's largest fund. It also has the fewest restrictions as to the types of activities for which it can be spent under state law and the County Charter.
- **Generally Accepted Accounting Principles (GAAP):** Comprehensive standards and applications established for presenting and reporting financial transactions.
- **Governmental Accounting Standards Board (GASB):** The GASB was organized in 1984 by the Financial Accounting Foundation to establish standards of financial accounting and reporting for state and local government entities. The GASB's function is important because external financial reporting can demonstrate financial accountability to the public and is the basis for investment, credit, and many legislative and regulatory decisions.
- **Government Finance Officers Association (GFOA):** GFOA is the professional association of state/provincial and local finance officers in the United States and Canada. The GFOA is dedicated to the sound management of government financial resources.
- **Governmental Funds:** Funds generally used to account for tax-supported activities. Examples of governmental funds are the general fund and capital projects fund.
- **Governmental Services Expenditures:** Governmental services include grants made to other institutions, economic incentives, and sales tax share back payments to cities.
- **Grants:** Contributions or gifts of cash or other assets from another government, or a private or non-profit entity. Grants are generally to be used or expended for a specific purpose, activity, or facility.
- **Indirect Rate:** Also known as "indirect cost rate," this is a method of determining what proportion of indirect costs each program should bear. This is represented as a ratio between the total indirect expenses and a direct cost base. One can have a single, two-rate, or three-rate indirect rate structure.
- **Inflation:** As defined by Colorado Taxpayer's Bill of Rights (TABOR), it is the percentage change in the Denver/Boulder Bureau of Labor Statistics' consumer price index for all items, all urban consumers, or its successor index.
- **Inter-fund Transfers:** Amounts transferred from one account to another account between different funds.
- **Intergovernmental Agreement (IGA):** Formal agreements between governments that promote and coordinate cooperation.

- **Intergovernmental Expenditures:** Grants, entitlements and cost reimbursements from the county to other local governments, entities, authorities, or organizations.
- **Intergovernmental Revenues:** Revenues from other governments in the form of grants, entitlements, shared revenues, or payments in lieu of taxes.
- **Leadership Team:** The Leadership Team is a collection of the organization's top-level managers that discuss organizational issues and priorities with the county manager.
- **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.
- **Line Item:** Funds requested and/or appropriated on a detailed or itemized basis.
- **Mandated Services:** Services that the state or federal governments require the county to perform for which no revenue or partial revenue is provided to the county.
- **Maintenance:** This is the cost of keeping something in its existing state or to preserve from decline or failure. This may include preventative maintenance and repair or restoration.
- **Mill Levy:** Rate by which assessed valuation is multiplied to determine property tax. A mill is 1/10 of one cent or $1.00 of tax for each $1,000 of assessed value.
- **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).
- **Official Statement (OS):** The OS for a debt issue such as bonds or certificates of participation includes a maturity schedule for the debt instrument and the financial disclosures used by investors.
- **Operating Expenses:** Operating expenses include supplies and materials which, by their nature, are consumable, and have a useful lifetime of less than one year, or which, after usage, undergo an impairment of, or material change in, physical condition.
- **Operation:** This is to cause something to function or an action providing a service.
- **Personnel Services:** Personnel services include: all salaries, wages, and benefits, including the County's contribution to retirement plans.
- **Priority-Based Budgeting:** A strategic approach to resource allocation that ensures funding is directed toward programs and services that align most closely with an organization's priorities and goals.
- **Program:** Specific (or like group) activities or organizational units directed at attaining specific purposes or objectives.
- **Program-Based Budget:** A budget wherein expenditures are based primarily on programs of work and secondarily on character and object.
- **Proposed Budget:** A budget recommended by the Financial and Administrative officer (the Budget Officer) to the Board of County Commissioners.
- **Public Hearing:** A meeting to which Boulder County residents are invited for purposes of providing input and comments.
- **Reimbursement:** Cash or other assets received a s a repayment of the cost of work or services performed or of other expenditures made for or on behalf of another governmental unit or department or for an individual, firm or corporation.
- **Requested Budget:** A budget submitted by each department or office which identifies needs or desires for the following year.
- **Reserves:** an unappropriated source of funding that can be utilized to meet unexpected budgetary needs.
- **Resolution:** A special or temporary order of the Board of County Commissioners usually requiring more legal formality than an ordinance or stature.
- **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.

- **Special Assessment:** A compulsory levy made against certain properties to defray part, or all the cost of a specific improvement or service deemed to primarily benefit those properties.
- **Statute:** A written law enacted by the Colorado Legislature.
- **Taxes:** Compulsory charges levied by a government, under its statutory or charter authority, for the purpose of financing services performed for the common benefit.
- **Taxpayer's Bill of Rights (TABOR):** Colorado voters passed the TABOR limit (Article X, Section 20 of the Colorado Constitution) in November 1992. The amendment restricts the County's total revenue growth to prior year revenue plus the Denver-Boulder Consumer Price Index, and a growth measure, which only includes new construction and annexed property. The amendment also requires each government to establish an emergency reserve of 3% of all non-exempt funds.
- **Transfers:** 1) Interfund transfers: are internal transactions only and do not represent actual outflow from the county. They represent one fund sending cash to another fund. Interfund transfers done without regard to repayment run equivalent exchange of value. 2) Interdepartmental Transfers: are transfers between departments. If within the same fund, they are interfund transfers and eliminated for financial reporting, but not budgetary reporting.
- **Unassigned Fund Balance:** Amounts that are available for any purpose; these amounts are reported in the general fund.
- **Unincorporated Boulder County:** Those portions of the county that are not part of any incorporated municipality.
- **Unrestricted Fund Balance:** Total of committed, assigned, and unassigned balances.

Acronyms

In alphabetical order:

- **ACS:** American Community Survey
- **ARPA:** American Rescue Plan Act
- **BCPH:** Boulder County Public Health
- **BOCC:** Board of County Commissioners
- **BOH:** Board of Health
- **CDEM:** Communicable Disease and Emergency Management
- **CDPHE:** Colorado Department of Public Health and Environment
- **CHP:** Child Health Promotion
- **C.R.S.:** Colorado Revised Statute
- **CSAP:** Community Substance Abuse Prevention
- **CSN:** Children with Special Needs
- **FTE:** Full Time Equivalent (staff)
- **GAAFR:** Governmental, Accounting, Auditing, and Financial Reporting
- **GARE:** Government Alliance on Race and Equity
- **GASB:** Governmental Accounting Standards Board
- **GFOA:** Governmental Finance Officers Association
- **HEAL:** Healthy Eating Active Living
- **HHS IDD:** Health and Human Services Intellectual and Developmental Disabilities
- **HIV:** Human Immunodeficiency Virus
- **IDD:** Intellectual and Developmental Disabilities
- **IECMHC:** Infant and Early Childhood Mental Health Consultation
- **IT:** Information Technology
- **LGBTQIA+:** Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, Plus
- **MBH:** Mental and Behavioral Health
- **NCGA:** National Council on Governmental Accounting
- **NFP:** Nurse-Family Partnership
- **OASOS:** Open and Affirming Sexual Orientation and gender identity Support
- **OWTS:** On-site Wastewater Treatment System
- **PBB:** Priority-Based Budgeting
- **PH:** Public Health
- **PHIP:** Public Health Improvement Plan
- **STI:** Sexually Transmitted Infection
- **TEPP:** Tobacco Education & Prevention Partnership
- **WIC:** Women, Infants, & Children



BOULDER COUNTY
PUBLIC HEALTH

Opportunity for a Healthy Life