

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
1712 Main Street, Coventry
Town Hall Annex
Thursday August 21, 2025, 4:30 PM*

Call to Order

Approval of Minutes (June 12, 2025)

Public Comments

Old Business - none

New Business

1. Proposed Reclassification Sanitarian II to Assistant Director of Health/Sanitarian II
2. Tolland Employee Wellness Service Agreement – Ratification
3. Authorization to Negotiate and Execute Contract with CT DPH regarding Tobacco Best Practices Grant

Subcommittee Reports

4. Finance Committee
 - a. Financial report period ending 6/30/25
 - b. Fiscal Year 25/26 Budget - DPH grant reduction impact
5. Personnel Committee (no attachment)

Directors Report

6. Strategic Plan Implementation – Progress Report
7. Quarterly Activity Report – Period ending 6/30/25
8. EHHD staffing update (no attachment)

Medical Advisor Report

Communications/other

9. GPS re: 2025 End of Session Report
10. Hartford Courant re: Fluoride will stay in state's water
11. Hartford Courant re: Alert out as bat tests positive for rabies
12. Joe Courtney's office re: Change to PRWORA impacting grantees
13. CliftonLarsonAllen LLP re: Governance communication from our auditors
14. NACCHO re: Federal Funding Updates
15. CT DPH re: Per Capita Grant in Aid Funding Application for FY2026
16. Hartford Courant re: New food safety rating in place

17. Windham Water Works re: WWW Annouces New Procedures Relative to PFAS
18. R Miller re: Patriots Park Bathing Area Frequent Closures

Town Reports

Other business

Adjournment

Next Board Meeting – October 16, 2025, 4:30 PM

***Virtual Meeting Option**

In accordance with PA 21-2 §149, meeting participants may also attend virtually. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting.

Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, June 12, 2025

Members present: E. Anderson (Andover), M. Capriola (Mansfield-Virtual), J. Drumm (Coventry), J. Elsesser (Coventry), J. Rupert (Bolton), C. Silver-Smith (Ashford – Virtual), M. Walter (Columbia-Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau

J. Elsesser called the meeting to order at 4:36pm

Minutes

M. Walter made a MOTION, seconded by J. Rupert to approve the minutes of the February 20, 2025 meeting as presented. MOTION PASSED unanimously.

EHHD Strategic Plan – Implementation Plan Approval

R. Miller presented an overview of the development and intended use of the implementation plan. R. Miller thanked J. Elsesser, J. Rupert, E. Anderson and C. Silver-Smith for their help in the process of developing the plan.

J. Rupert inquired how feedback to the Board would be delivered. R. Miller expressed that his intention is to provide quarterly updates.

J. Rupert made a MOTION seconded by C. Silver-Smith to approve the implementation plan for the EHHD Strategic Plan, FY 2025-FY2029, as presented on June 12, 2025. MOTION PASSED unanimously.

EHHD Opioid Initiative Presentation and Authorization

R. Miller presented highlights of the Opioid Action Initiative Proposal.

J. Drumm joined the meeting.

M. Capriola joined the meeting.

J. Elsesser made a MOTION seconded by J. Rupert to authorize the Director of Health to negotiate and execute Memoranda of Agreement with interested member towns to implement the EHHD Opioid Action Initiative. MOTION PASSED unanimously.

Subcommittee Reports

Personnel Committee

Establishment of Juneteenth Holiday

M. Capriola reported on the adoption of Juneteenth as an observed paid holiday, noting that it was unanimously endorsed by the Personnel Committee as their meeting on June 11, 2025.

E. Anderson joined the meeting.

J. Rupert made a motion, seconded by E. Anderson to add Juneteenth as a holiday. Motion Passed with 5 Yes and 2 No; J. Drumm and J. Rupert voted no. J. Rupert went on the record to say that he has nothing against the holiday, but cannot support it as his Board did not support it for his town.

Director of Health Performance Evaluation Instrument & Timeline

M. Capriola presented the timeline and evaluation instrument. M. Capriola noted that the timeline is consistent with past years. R. Miller noted that the personnel committed agreed by consensus to the memorandum from M. Capriola regarding the Evaluation and Timeline.

Finance Committee Financial Report for period ending 3/31/2025

R Miller presented the financial report for the period ending 3/31/2025, noting the salient features. R. Miller noted that the service fee categories are behind at this time of the year and will hopefully catch up. Traditionally, there is a lull in service during the winter months.

J. Elsesser went on the record to say that the board has historically, intentionally off set operating expenses with lowering of fund balance.

J. Rupert made a MOTION, seconded by J. Drumm to accept the financial report as presented. MOTION PASSED unanimously.

Executive Committee – Appointment of Auditor

R. Miller reported that the executive committee met on May 7, 2025 to review the Finance Director's recommendation for auditor. At that meeting CliftonLarsonAllen LLP was unanimously appointed as the auditing firm for EHHD for fiscal year 2024/2025.

J. Elsessor noted that it would be complicated for EHHD to get an independent auditor.

Director's Report

Federal Grant Impacts – Update

R. Miller provided an update on the suspension order and eventual reinstatement of Federal grants.

Fiscal Year 25/26 State Budget Impacts – Update

R. Miller provide an update to the State Budget and the impact on the funds available to EHHD. R. Miller noted that the budget before the Governor cuts funds to Local Public Health by 10%. J. Elsesser noted that the governor has not yet signed the budget bill. A special meeting of the Finance Committee may be needed to discuss the loss of funds.

Tobacco Best Practices Grant Award

R. Miller reported on the Tobacco Best Practices Grant awarded to EHHD. The award is \$166,000 over 3 years.

Quarterly Activity Report period ending 12/31/2024

R. Miller presented the salient features of the quarterly report. Highlights include advocacy efforts during this legislative session.

CAHD - Legislative Session Bill Tracking report

R. Miller informed the board about the bills being closely monitored by CADH.

Town Reports

Columbia M. Walter reported that a potential new restaurant will be opening in Columbia

Andover E. Anderson reported they have received an appropriation of \$250K for rec facilities in Andover. E. Anderson also noted that the bridge repair at Bunker Hill is proceeding.

Bolton J. Rupert reported that the Heritage Farm Trail has been approved by the Board of Selectmen. He also noted that the town has been awarded a STEAP grant that will be used for soccer fields and resurfacing of 3 basketball courts. J. Rupert noted that with the assistance of E. Anderson, the Recreation Director applied for a transportation grant. The town has been awarded the grant and will use the funds for an e-bike program. The Bolton Lake will open on 6/23.

Coventry J. Drumm reported that the water line project is moving forward and the Hop River bridge project is just about finished.

Adjournment

J. Rupert made a MOTION, seconded by E. Anderson to adjourn the meeting at 5:45pm. MOTION PASSED unanimously.

Next Board Meeting – August 21, 2025, 4:30 PM

Respectfully submitted,

Robert Miller
Secretary



Eastern Highlands Health District

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MEMORANDUM

To: Board of Directors

From: Robert Miller, Director of Health

Date: August 13, 2025

Subject: Proposed Reclassification of Sanitarian II Position to Assistant Director of Health/
Sanitarian II

Background

As part of the Health District's strategic succession planning efforts, this office is proposing the reclassification of an existing Sanitarian II position to a combined role of Assistant Director of Health / Sanitarian II. You may recall from the FY25/26 budget deliberations that this new classification is intended to facilitate the recruitment and professional development of a qualified candidate who can be prepared over the next number of years to assume the role of Director of Health. Importantly, this reclassification is designed to be implemented in conjunction with the anticipated retirement of a current Sanitarian II incumbent, allowing the Health District to maintain existing staffing levels while creating the capacity for leadership development. The dual-role position will continue to carry out environmental health responsibilities while also assuming expanded administrative duties that support operational continuity.

Funding for this reclassification has been included in the adopted FY25/26 Health District budget, allowing for a planned and fiscally appropriate implementation. The cost allocation reflects the expanded scope of duties and the value of building internal leadership capacity.

Attached for your consideration is a salary survey of Assistant Directors of Health. Also attached for additional background information is a draft job description for this new classification.

Recommendation

The proposed classification of Assistant Director of Health / Sanitarian II reflects a strategic succession planning initiative designed to ensure leadership continuity within the Health District. By combining core environmental health responsibilities with expanded administrative duties, this position will serve as a bridge in preparing a qualified internal candidate to assume the Director of Health role within an anticipated 3 to 5 year period.

The recommended salary range of **\$96,000 to \$130,000** is based on a state-wide salary survey, and reflects compensation appropriate for the dual responsibilities associated with the position. This range aligns with comparable roles in similarly structured local public health departments, is consistent with our play plan, and takes into consideration the competitive



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labor market for recruiting and retaining experienced professionals with the technical and leadership expertise necessary for this role.

The classification will be implemented following the anticipated retirement of a current Sanitarian II incumbent, allowing for seamless transition without increasing overall staffing levels.

The Personnel Committee reviewed this matter at their June 11, 2025 meeting. During this meeting the following motion passed unanimously, "...to recommend the Board of Directors establish the classification titled *Assistant Director Health/Sanitarian II*: and furthermore, recommend the approval of a salary range for this position of \$96,000 to \$130,000."

If the Board of Directors concurs, then the following motion is in order, "*Move, to establish the classification titled Assistant Director of Health / Sanitarian II; and furthermore, approval of a salary range for this position of \$96,000 to \$130,000.*"

Assistant DIRECTOR OF HEALTH POSITION (FY22/23)

						Annual Salary		Adjusted to 37 hrs/wk		Adjusted to FY25/26 (3%)		EHHD Proposed FY25/26 Broad Band (35% Range Spread)	
Health District/ Department	Population	Union Y/N	Y/N	If Yes, # of Steps	Hours Per Week	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
Bristol-Burlington	69,834	N	N		37.5		\$114,774		\$113,244				
Central CT	96,880	N	N		37.5		\$81,393		\$80,308				
East Shore	70,615	N	N		40.0		\$87,747		\$81,166				
Ledgelight	121,227	N	N		40.0		\$98,668		\$91,268				
Meriden	60,000	y	y	6	40.0	\$101,139	\$120,408	\$93,554	\$111,377				
Middletown	46,258	y	y	6	40.0	\$77,022	\$116,625	\$71,245	\$107,878				
Naugatuck Valley	125,889	N	N		35.0	\$110,000	\$115,497	\$116,286	\$122,097				
North Central HD	166,275	N	N		37.50	\$95,000	\$105,000	\$93,733	\$103,600				
Quinnipiack Valley	98,500	N	N		35.0		\$106,000		\$112,057				
Torrington Area	130,000	N	Y	12	35.0	\$88,122	\$121,430	\$93,158	\$128,369				
W. Htfd-Bloomfield	83,819	N	N		35.0		\$103,740		\$109,668				
AVERAGE	97,209				38	\$94,257	\$106,480	\$93,595	\$105,548	\$96,402.96	\$108,714.78	\$96,402.96	\$130,143.99
MEDIAN	96880				37.5	\$95,000	\$106,000	\$93,733	\$109,668	\$96,545.33	\$112,958.04	\$96,545.33	\$130,336.20

Eastern Highlands Health District

JOB DESCRIPTION	
Job Title: Assistant Director of Health/Sanitarian II	Grade:
FLSA Status: Exempt	EEO Category: Professional
Job Classification Designation:	Bargaining Unit: N/A

Job Summary: The position requires both administrative skills and field experience. This class is accountable for performing professional sanitarian inspection work at a full performance level involving enforcement of the public health code. Conducts special projects and prepares reports.

Guidelines for Class Use: Work involves responsibility for maintaining environmentally safe health district conditions through the enforcement of the Public Health Code and Statutes and local ordinances pertaining to environmental health. Incumbents in this class will be responsible for making difficult health and safety decisions.

Supervision Received: Works under the general direction of the Director of Health, and receives specific direction from the Chief Sanitarian as it pertains to Environmental Health services.

Supervision Exercised: May supervise and guide other staff as assigned.

Examples of Essential Duties:

- Addresses or provides training to public and other interested groups;
- Assists in design, coordination and implementation of local health program;
- Assists in development, programmatic implementation and data maintenance of projects under grant or State funding;
- Collects samples for laboratory analysis;
- Educates food handlers, promotes training programs, gives advice to food service personnel on proper food sanitation techniques, and investigates food-borne illnesses;
- Ensures corrective measures for violations cited by the Department of Public Health are met;
- Inspects and/or investigates complaints within an assigned area such as all aspects of lead and asbestos abatement activity, on-site sewage systems, vectors and disease sources (e.g. food borne outbreaks);
- Interprets laboratory results;
- Investigates environmental complaints, such as garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, obnoxious weeds, housing concerns and unsanitary environmental conditions;
- Makes field evaluations;
- Participates in professional education/training;
- Participates in public health programing as required;
- Performs inspections, investigations, surveying and report preparation;
- Performs mathematical computations;
- Prepares reports and enforcement action recommendations for review by supervisor;
- Reads and/or interprets Public Health Code and related laws;
- Regulates new water supply wells including site inspections of property, issuing permits to well drillers and reviewing water sample analysis reports, and issues well permits;
- Responds by telephone, in person or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements and other environmental health problems;
- Reviews plans and inspects sites for septic system installation including consultation with owners and contractors, and soil testing, and issues permits to construct septic systems;

- Reviews plans and makes necessary inspection for approval of new restaurants, food stores, day care centers and other businesses, as provided by statute;
- Trains health personnel in public and private sector on health, safety and writing legal notices;
- Writes inspection reports and prepares information letters;
- Coordinates, assigns and oversees workload for assigned staff; selects, trains, motivates, evaluates and disciplines staff as required; approves timesheets and paid time off.
- Provides emergency “on-call” coverage as assigned.
- Serves as Acting Director in the Director’s absence, as assigned.
- Provides technical assistance and professional guidance to the Health District Board and committees as assigned.
- Performs related duties as required.

Knowledge, Skills and Abilities:

- Knowledge of biological concepts and principles relating to environmental health;
- Knowledge of inspection and investigatory techniques relating to public health hazards;
- Knowledge of relevant state and federal laws, statutes and regulations; knowledge of more advanced mathematical concepts including statistical analysis;
- Knowledge of the laws, rules and regulations governing the enforcement of environmental health codes for areas of assigned responsibility;
- Considerable oral and written communication skills;
- Interpersonal skills;
- Ability to analyze health conditions and recommend effective solutions;
- Ability to communicate effectively in oral and written form;
- Ability to concentrate on complicated detail and complex issues for an extended time with some interruption, pressure and changing priorities;
- Ability to discriminate between colors;
- Ability to distinguish verbal communication and communicate through speech;
- Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities;
- Ability to maintain files and records.
- Ability to make mathematical calculations using a calculator;
- Ability to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned;
- Ability to read plans, maps or diagrams and read from a computer monitor;
- Ability to use knowledge and reasoning to solve complex problems;
- Ability to utilize computer software;
- Ability to train;
- Ability to establish and maintain effective working relationships with individuals from diverse backgrounds including but not limited to elected officials, residents, patrons and other stakeholders.

Minimum Qualifications: Graduation from a four-year accredited college or university, or university course work of study with major course work in public health, environmental health, bacteriology or a closely related field and 5 years of progressively responsible experience in environmental, public health or a related field. Master’s Degree in Public Health from an accredited college or university is required. Supervisory experience preferred. Consideration may be given to equivalent experience, education and training.

Special Requirements: Incumbents in this class must have a valid Connecticut Motor Vehicle Operator’s Driver’s license. Incumbents in this class must be a Connecticut Registered Sanitarian, and possess a Phase I

and II subsurface sewage disposal certification from The State of Connecticut. Incumbents in this class must possess and retain certification as a Food Inspector by the Department of Public Health. Incumbents in this class may be required to completed and pass "Qualified Lead Inspector" Training Program. Incumbents in this class may be required to travel. Incumbents in this class may be required to attend night meetings of commissions and boards. Incumbents in this class may be required to work evenings and weekends. Incumbents in this class may be required by the appointing authority to possess and retain appropriate current licenses, permits and/or certifications. Management/administration experience in a local health department is preferred.

DRAFT



Eastern Highlands Health District

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2

Memo

To: Board of Directors
From: Robert Miller, Director of Health
Date: 8/18/2025
Re: Tolland Employee Wellness – FY25/26 Contract

As you may recall, the Board in past years has authorized an agreement for the Health District to provide employee wellness services to the Town of Tolland employees (This agreement does not include the BOE). In this regard, attached for your information is the following document:

- Agreement between the Health District and Town of Tolland extending employee wellness program services to June 2025.

Funding for this program is provided entirely by the Town of Tolland. The total amount paid by Tolland is \$8,100. There is no cost to the Health District, nor an adverse impact to existing programs and services. The presence of this program within our scope of services continues to benefit the health district with improved grant competitiveness, and an improved wellness programming presence in the community.

I respectfully recommend the Board authorize the execution of this agreement between the Town of Tolland and the Health District to provide employee wellness services.

Recommended Motion: Move, to ratify the Director of Health the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented August 21, 2025.

Town of Tolland/ Eastern Highlands Health District Employee Wellness Service Agreement

This agreement is made this 24th day of June, 2025 by and between the Eastern Highlands Health District (hereinafter the "DISTRICT") and the Town of Tolland (hereinafter the "TOWN") witness that:

Whereas the TOWN requires localized wellness services for employees and spouses and desires to retain the services of the Eastern Highlands Health District; and

Whereas the DISTRICT desires to provide such services to the TOWN for compensation and in accordance with the terms herein specified.

Now, therefore, the parties do mutually agree as follows:

1. The DISTRICT shall provide and/or coordinate in accordance with the terms herein, professional wellness services for the TOWN. Services to be provided and/or coordinated include:
 - Rewards kick-off event and quarterly on site wellness seminars, programs, and promotions targeting all town employees through Tolland Town Hall worksite location.
 - Coordination, implementation, promotion on on-line surveys (behavior & interest) for all town employees.
 - Report of survey results and analysis after receiving a minimum of 20 surveys completed by employees or at the request of the Tolland Director of Administrative Services.
 - Quarterly employee wellness e-newsletter.
 - Employee Wellness Web site with resources, tools and general information on health & wellness.
 - Personal nutrition consultations and assessments when requested by employees
 - Promotion and tracking of incentive programs for employee and spouse participation in wellness programs
 - On-site biometric screening event once during contract year
 - Other services as mutually agreed upon
2. The TOWN agrees to pay as full and complete compensation for these services for the term of this agreement the total amount of \$8,100.
3. The TOWN agrees to provide internal email address for Be Well program, and provide collaborative support for wellness programming, and on-site events.
4. The TOWN acknowledges that the DISTRICT has other Health Education Program obligations and the days and times that the DISTRICT performs work in service to the TOWN will, within reason, be flexible to allow for attending to the needs of the DISTRICT.
5. The TOWN agrees to hold the DISTRICT and any of the Health District's officers, agents or employees harmless from any liability (including reasonable attorney's fees and all costs) for any and all damages to persons and property resulting from the actions of the TOWN, unless such damages are caused by, or are the result of the misconduct of the Health District or any of the Health District's officers, agents or employees.

6. The DISTRICT agrees to hold the TOWN and any of the Towns officers, agents or employees harmless from any liability (including reasonable attorney's fees and all costs) for any and all damages to persons and property resulting from the actions of the DISTRICT, unless such damages are caused by, or are the result of, the misconduct of the TOWN or any of the Town's officers, agents or employees.
7. The TOWN and DISTRICT also agree that:
 - a. The term of this Agreement shall be from July 1, 2025 to June 30, 2026;
 - b. This agreement may be extended by mutual agreement of the parties for such periods to which the parties mutually consent;
 - c. This agreement may be terminated by either party. Such termination must be provided in writing 90 days in advance.
 - d. This agreement shall not be altered, changed or amended except for formal written amendment duly executed by both parties hereto. The performance by either party of its obligations under this Agreement shall not operate in any way as a waiver of non-compliance or breach by the other party.

IN WITNESS WHEREOF, the said TOWN OF TOLLAND, and the EASTERN HIGHLANDS HEALTH DISTRICT have executed this Contract as of the date first above written:



6/24/25

Date

Tolland Town Manager



7/7/25

Date

Robert L. Miller
Director of Health



Eastern Highlands Health District

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To: Board of Directors, Eastern Highlands Health District

From: Robert Miller, Director of Health

Date: August 13, 2025

Subject: Request for Authorization to Negotiate and Execute Contract with CT Department of Public Health – Best Practice Tobacco Control Programs

The Connecticut Department of Public Health (DPH) has notified the Eastern Highlands Health District (EHHD) that our proposal submitted under RFP #2026-0905 for *Best Practice Tobacco Control Programs* has been recommended for funding in the amount of \$166,050. Please see the attached award letter from DPH.

This office replied to the award letter, confirming acceptance of the award. The next step in this process is to begin contract negotiations with DPH. The final agreement will outline the scope of work, deliverables, and terms for implementing evidence-based tobacco prevention and control initiatives within our jurisdiction.

At this time, I am requesting the Board's approval to negotiate contract terms with DPH consistent with the funding award and program requirements, and execute the contract upon successful completion of negotiations.

Approval at this stage will ensure that we can meet DPH's yet to be determined timeline. This funding represents a significant opportunity to expand our tobacco prevention and cessation efforts in alignment with public health best practices.

If the board concurs then the following motion is in order: Move, to authorize the Director of Health to negotiate and execute a contract with the Connecticut Department of Public Health for the Best Practice Tobacco Control Programs grant award in the amount of \$166,050.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

April 30, 2025

Eastern Highlands Health District
Attn: Robert Miller
4 South Eagleville Rd.
Mansfield, CT 06268

Dear Mr. Miller:

This letter is to notify you of the results of your application submitted under the Request for Proposal (RFP) # 2026-0905 for Best Practice Tobacco Control Programs.

A review panel convened by the Department of Public Health (DPH) reviewed all qualifying applications. Based on the proposal submitted, your organization has been recommended for funding in the amount of \$166,050 for Component 1. You will be contacted shortly to negotiate the contract that may result from this competitive process.

Next steps for your organization:

- *Please confirm receipt of the award letter, indicate your intent to move forward with the contracts process, and provide the key point of contact at your organization to negotiate the contract terms, by May 12, 2025.*
- *If a local board, Common Council, or other governing agency will need to accept the funds, please advise them of the award and provide any related timelines that may impact the subsequent contracts process.*

Please be aware that this award letter does not represent, nor does it imply the existence of a contract. No contractual obligations between DPH and your organization will be in effect until contract negotiations are successful, and a contract becomes fully executed.

Please feel free to email me at DPHTobacco@ct.gov should you have any questions.

Sincerely,

Allison P. Sullivan

Allison P. Sullivan, Health Program Supervisor

Tobacco and Cannabis Prevention Program



Phone: (860) 509-8251
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2025
(with comparative totals for June 30, 2024)

	Adopted Budget 2024/25	Amended Budget 2024/25	2025	Percent of Adopted Budget	2024
Revenues					
Member Town Contributions	\$ 474,660	\$ 474,660	\$ 474,719	100.0%	\$ 463,193
State Grants	207,210	207,210	207,210	100.0%	207,210
Septic Permits	50,000	50,000	47,475	95.0%	51,377
Well Permits	13,000	13,000	12,375	95.2%	12,675
Soil Testing Service	41,000	41,000	40,610	99.0%	41,665
Food Protection Service	85,000	85,000	96,761	113.8%	88,764
B100a Reviews	26,000	26,000	26,130	100.5%	24,760
Septic Plan Reviews	33,500	33,500	34,910	104.2%	34,335
Other Health Services	9,700	9,700	8,682	89.5%	4,520
Cosm Insp	6,600	6,600	6,475	98.1%	6,675
Appropriation of Fund Balance	63,406	63,406	-	0.0%	-
Total Revenues	1,010,076	1,010,076	955,347	94.6%	935,174
Expenditures					
Salaries & Wages	702,470	702,470	672,967	95.8%	633,701
Grant Deductions	(71,369)	(71,369)	(89,720)	125.7%	(96,722)
Benefits	231,780	231,780	225,979	97.5%	187,399
Miscellaneous Benefits	14,210	14,210	9,190	64.7%	10,588
Insurance	15,050	15,050	15,542	103.3%	15,390
Professional & Technical Services	26,720	26,720	33,414	125.1%	30,522
Vehicle Repairs & Maintenance	4,000	4,000	12,855	321.4%	5,433
Health Reg*Admin Overhead	35,075	35,075	35,075	100.0%	33,890
Other Purchased Services	32,240	32,240	29,403	91.2%	28,394
Other Supplies	12,000	12,000	4,973	41.4%	4,490
Equipment - Minor	4,900	4,900	417	8.5%	4,145
Total Expenditures	1,007,076	1,007,076	950,095	94.3%	857,231
Operating Transfers					
Transfer to CNR Fund	3,000	3,000	3,000	0.0%	128,000
Total Exp & Oper Trans	1,010,076	1,010,076	953,095	94.4%	985,231
Excess (Deficiency) of Revenues	-	-	2,252		(50,056)
Fund Balance, July 1	551,726	551,726	551,726		601,782
Fund Balance plus Cont. Capital, June 30th	\$ 551,726	\$ 551,726	\$ 553,977		\$ 551,726

Eastern Highlands Health District
General Fund
Balance Sheet
June 30, 2025
(with comparative totals for June 30, 2024)

	<u>2025</u>	<u>2024</u>
Assets		
Cash and Cash Equivalents	\$ 590,869	\$ 582,761
Accounts Receivable	<u>2,475</u>	<u>1,170</u>
Total Assets	<u><u>593,344</u></u>	<u><u>583,931</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>43,164</u>	<u>32,206</u>
Total Liabilities	<u>43,164</u>	<u>32,206</u>
Fund Balance	<u>550,180</u>	<u>551,726</u>
Total Liabilities and Fund Balance	<u><u>\$ 593,344</u></u>	<u><u>\$ 583,931</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
June 30, 2025
(with comparative totals for June 30, 2024)

	<u>2025</u>	<u>2024</u>
Assets		
Cash and Cash Equivalents	\$ 280,372	\$ 311,647
Accounts Receivable	<u>5,050</u>	<u></u>
Total Assets	<u><u>285,422</u></u>	<u><u>311,647</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>285,422</u>	<u>311,647</u>
Total Liabilities and Fund Balance	<u><u>\$ 285,422</u></u>	<u><u>\$ 311,647</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2025
(with comparative totals for June 30, 2024)

	<u>2025</u>	<u>2024</u>
Revenues		
General Fund	\$ 5,050	\$ 5,372
Total Revenues	<u>5,050</u>	<u>5,372</u>
Operating Transfers		
General Fund	<u>3,000</u>	<u>128,000</u>
Total Operating Transfers	<u>3,000</u>	<u>128,000</u>
Total Rev & Oper Trans	<u>8,050</u>	<u>133,372</u>
Expenditures		
Professional & Technical Services	4,700	8,000
Vehicles	29,575	30,170
Office Equipment	<u>-</u>	<u>-</u>
Total Expenditures	<u>34,275</u>	<u>38,170</u>
Excess (Deficiency) of Revenues	(26,225)	95,202
Fund Balance, July 1	<u>311,647</u>	<u>216,445</u>
Fund Balance plus Cont. Capital, June 30th	<u>\$ 285,422</u>	<u>\$ 311,647</u>

To: EHHD Finance Committee

CC: Amanda Backus, Finance Director

From: Robert Miller, Director of Health

Date: 8/13/2025

Subject: FY 2025/2026 State Grant Funding Update

The Connecticut Department of Public Health has notified us that our FY 2025/2026 state grant allocation will be reduced by **10% (\$20,555)** from the prior year's funding level. However, the second year of the current state biennium proposes a **25% increase** over the FY 2025/2026 allocation.

While the reduction in the first year is a challenge, I anticipate that a significant portion of the loss can be offset through operational savings and grant funding that covers salary and benefit expenses. These measures should allow us to maintain service levels without impacting our core programs. The attached budget documents reflect this approach. Adjusted line items are depicted in **red**

While I understand that anticipating the full 25% increase in the second year is a significant risk, it is feasible that some increase will occur. At this time, I do not recommend making formal budget amendments that would lock us into reduced expenditure levels for the following fiscal year. We will instead I suggest managing the shortfall internally to preserving our operational capacity. With that said, I look forward to feedback from the committee.

**Eastern Highlands Health District
Summary of Revenues and Expenditures for FY25/26**

**Fund: 634 Eastern Highlands Health District
Activity: 41200**

Object	Description	Actual 21/22	Actual 22/23	Actual 23/24	Actual 24/25	Proposed Budget 25/26	ESTIMATD 25/26	% change	Dollar change
Revenues:									
40220	Septic Permits	60,822	55,770	51,377	47,475	51,610	51,610	3.2%	1,610
40221	Well Permits	12,875	14,250	12,675	12,375	15,300	15,300	17.7%	2,300
40491	State Grant-In-Aid	208,107	206,500	207,210	207,210	205,520	184,965	-0.8%	(1,690)
40630	Health Inspec. Service Fees	2,410	3,992	2,638	1,969	3,500	3,500	0.0%	-
40633	Health Services-Bolton	27,766	27,674	28,008	28,702	29,730	29,730	3.6%	1,030
40634	Health Services-Coventry	70,534	69,573	70,935	72,693	75,690	75,690	4.1%	3,000
40635	Health Services-Mansfield	144,894	147,145	153,187	156,982	156,220	156,220	-0.5%	(760)
40636	Soil Testing Service	51,980	36,125	41,665	40,610	49,600	49,600	21.0%	8,600
40637	Food Protection Service	82,996	80,811	83,974	96,761	90,080	90,080	9.9%	8,080
40638	B100a Review	26,810	29,460	24,760	26,130	35,200	35,200	35.4%	9,200
40639	Engineered Plan Rev	39,830	35,940	33,710	34,910	41,000	41,000	28.1%	9,000
40642	Health Services - Ashford	24,190	23,792	24,329	24,932	26,010	26,010	4.3%	1,080
40643	Health Services - Willington	33,337	31,654	32,129	32,925	34,140	34,140	3.7%	1,220
40646	GroupHome/Daycare Inspection	1,650	770	1,540	1,210	1,410	1,410	17.5%	210
40647	Subdivision Review	1,375	1,375	625	-	1,500	1,500	0.0%	-
40648	Food Plan Review	2,705	3,230	4,790	2	3,900	3,900	30.0%	900
40649	Health Services - Tolland	83,103	82,728	84,338	86,428	89,630	89,630	3.7%	3,200
40685	Health Services - Chaplin	12,729	12,172	12,455	12,764	13,270	13,270	4.0%	510
40686	Health Services - Andover	18,396	17,902	18,209	18,660	19,340	19,340	3.6%	680
40687	Health Services - Columbia	30,579	29,920	30,489	31,245	32,400	32,400	3.7%	1,150
40688	Health Services - Scotland	9,505	8,959	9,113	9,389	9,700	9,700	3.9%	360
	Cosmetology Inspections	-	6,575	6,675	6,475	6,600	6,600	0.0%	-
	Vaccine Administration	-	-	343	5,502	6,000	6,000	20.0%	1,000
40999	Appropriation of Fund Balance	-	-	-	-	74,540	85,095	17.6%	11,134
Total Revenues		946,593	926,317	935,174	955,347	1,071,890	1,061,890	6.1%	61,814
Expenditures:									
51050	Grant deductions	(88,105)	(86,757)	(96,722)	(89,720)	(71,369)	(81,369)	0.0%	-
51601	Regular Salaries - Non-Union	603,011	625,127	633,701	672,967	709,096	709,096	0.9%	6,626
52001	Social Security	44,348	48,472	45,973	48,666	44,300	44,300	1.7%	750
52002	Workers Compensation	9,306	9,306	9,305	9,305	9,400	9,400	0.0%	-
52005	Unemployment Compensation	25	-	-	-	-	-	#DIV/0!	-
52007	Medicare	10,372	11,336	10,752	11,382	10,360	10,360	1.7%	175
52009	Salary Related Benefits	-	(21,599)	(19,470)	(11,111)	-	-	#DIV/0!	-
52010	MissionSquare (Retirement)	32,493	33,101	2,519	39,950	42,210	42,210	5.2%	2,080
52103	Life Insurance	1,832	2,334	2,124	2,318	3,100	3,100	2.3%	70
52105	Medical Insurance	150,770	122,275	135,460	124,725	152,000	152,000	21.9%	27,275
52117	RHS	2,516	2,486	2,570	2,646	2,700	2,700	3.4%	90
52112	LTD	659	698	736	744	783	783	3.0%	23
52002	Travel/Conference Fees	-	50	-	-	-	-	#DIV/0!	-
52203	Dues & Subscriptions	2,634	1,707	1,981	1,145	2,100	2,100	0.0%	-
52210	Training	-	1,150	315	-	2,500	2,500	-28.6%	(1,000)
52212	Mileage Reimbursement	5,399	-	114	-	400	400	-33.3%	(200)
52220	Vehicle Allowance	1,537	5,399	5,608	5,399	5,400	5,400	0.0%	-
53120	Professional & Tech	23,322	19,413	19,114	19,735	38,060	38,060	212.7%	25,890
53122	Legal	2,128	760	408	312	2,500	2,500	-16.7%	(500)
53125	Audit Expense	7,000	7,500	11,000	13,367	12,730	12,730	10.2%	1,180
53303	Vehicle Repair & Maintenance	4,081	5,482	5,433	12,855	5,000	5,000	25.0%	1,000
53801	General Liability	14,115	14,001	15,390	15,542	15,240	15,240	1.3%	190
53924	Advertising	1,943	498	702	514	1,000	1,000	0.0%	-
53925	Printing & Binding	906	1,539	1,121	1,107	1,200	1,200	-20.0%	(300)
53926	Postage	1,523	1,539	1,578	1,658	1,500	1,500	0.0%	-
53940	Copier maintenance	-	675	-	90	1,000	1,000	0.0%	-
53960	Other Purchased Services	18,336	21,066	21,343	22,385	23,510	23,510	5.0%	1,120
53964	Voice Communications	3,552	4,062	3,650	3,650	4,850	4,850	0.0%	-
54101	Instructional Supplies	-	300	170	21	800	800	0.0%	-
54214	Books & Periodicals	-	-	-	315	200	200	0.0%	-
54301	Office Supplies	845	1,735	1,365	951	2,000	2,000	0.0%	-
	Clinical Supplies	-	-	3,756	(110)	5,000	5,000	0.0%	-
54601	Gasoline	2,701	3,845	3,177	3,286	3,500	3,500	-12.5%	(500)
54913	Other Supplies & Materials (+COVID-:	(9,970)	-	-	330	-	-	#DIV/0!	-
55420	Office Equipment	2,985	2,205	1,597	-	4,000	4,000	0.0%	-
55430	Equipment - Other	1,083	869	2,548	417	900	900	0.0%	-
56302	Admin. Overhead	30,090	31,320	33,890	35,075	35,920	35,920	2.4%	845
58410	Capital Nonrecurring Fund	-	128,000	128,000	3,000	-	-	-100.0%	(3,000)
Total Expenditures		881,437	999,894	989,208	952,915	1,071,890	1,061,890	6.1%	61,814

EASTERN HIGHLANDS HEALTH DISTRICT
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND
CHANGES IN FUND BALANCE

Roll Forward FY 2025/26

	Actual 21/22	Actual 22/23	Actual 23/24	Actual 24/25	Adopted 25/26	Estimated 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31
Revenues:											
Member Town Contributions	455,033	451,519	463,192	474,719	486,130	486,130	500,714	515,735	531,207	547,144	563,558
State Grant-in-Aid	208,107	206,500	207,210	207,210	205,520	184,965	205,520	205,520	205,520	205,520	205,520
Services Fees	283,453	268,298	264,772	273,418	305,700	305,700	316,400	327,473	338,935	350,798	363,076
Total Revenues	946,593	926,317	935,174	955,347	997,350	976,795	1,022,633	1,048,729	1,075,662	1,103,461	1,132,154
Expenditures:											
Salaries & Benefits	776,797	755,035	734,966	818,416	912,980	902,980	935,805	959,200	933,180	956,509	980,422
Insurance	14,115	14,001	15,390	15,542	15,240	15,240	15,316	15,393	15,470	15,547	15,625
Professional & Technical Services	32,450	27,673	30,522	33,414	53,290	53,290	53,556	53,824	54,093	54,364	54,636
Other Purchased Services & Supplies	54,007	72,061	76,185	82,126	85,480	85,480	85,907	86,337	86,769	87,202	87,638
Equipment	4,068	3,074	4,145	417	4,900	4,900	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	881,437	871,844	861,208	949,915	1,071,890	1,061,890	1,094,585	1,118,754	1,093,511	1,117,622	1,142,321
Operating Transfers Out		3,000	3,000	3,000	-	-	5,000	9,000	12,000	15,000	18,000
Total Expenditures and Operating Transfers Out	881,437	874,844	864,208	952,915	1,071,890	1,061,890	1,099,585	1,127,754	1,105,511	1,132,622	1,160,321
Excess/(Deficiency) of Revenues over Expenditures	65,156	51,473	70,966	2,432	(74,540)	(85,095)	(76,951)	(79,025)	(29,849)	(29,161)	(28,167)
Equity Fund Transfer to Capital Nonrecurring Fund		(125,000)	(125,000)								
Fund Balance, July 1	610,153	675,309	601,782	547,748	550,180	550,180	465,085	388,134	309,109	279,260	250,099
Fund Balance, June 30	\$675,309	601,782	547,748	550,180	475,640	465,085	\$388,134	\$309,109	\$279,260	\$250,099	\$221,932
Expenditures per Above	881,437	871,844	864,208	952,915	1,071,890	1,061,890	1,099,585	1,127,754	1,105,511	1,132,622	1,160,321
Grant Deduction	88,105	108,356	96,722	89,720	71,369	81,369	71,369	96,722	96,722	96,722	96,722
Total Expenditures	969,542	980,200	960,930	1,042,635	1,143,259	1,143,259	1,170,954	1,224,476	1,202,233	1,229,344	1,257,043
FB as a % of Total Exp	69.65%	61.39%	57.00%	52.77%	41.60%	40.68%	33.15%	25.24%	23.23%	20.34%	17.66%

Assumptions:

Member Town increase of 3% per year
State Grant-in-Aid: held flat each year after
Service Fee revenue increase of 3.5% annually
Salary & Benefit increases of 2.5% per year
Professional & Technical increase of .5% per year
Purchased Services increase of .5% per year

**EASTERN HIGHLANDS HEALTH DISTRICT
FUND BALANCE ANALYSIS**

FY 20221/22 - Projected FY 2030/31

	Actual 21/22	Actual 22/23	Actual 23/24	Actual 24/25	Adopted 25/26	Estimated 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31
General Fund											
Operating Expenditures	881,437	874,844	864,208	952,915	1,071,890	1,061,890	1,099,585	1,127,754	1,105,511	1,132,622	1,160,321
Grant Deduction	88,105	108,356	96,722	89,720	71,369	81,369	71,369	96,722	96,722	96,722	96,722
Total Expenditures	969,542	983,200	960,930	1,042,635	1,143,259	1,143,259	1,170,954	1,224,476	1,202,233	1,229,344	1,257,043
Fund Balance	675,309	601,782	547,748	550,180	475,640	465,085	388,134	309,109	279,260	250,099	221,932
FB as a % of Total Expenditures	69.65%	61.21%	57.00%	52.77%	41.60%	40.68%	33.15%	25.24%	23.23%	20.34%	17.66%
Capital Non-Recurring Fund											
Total Expenditures	1,068	47,917	38,170	54,000	65,000	65,000	79,000	79,000	-	29,000	-
Fund Balance	130,112	216,445	311,647	285,422	220,422	220,422	151,422	86,422	98,422	89,422	107,422
All Funds											
Total Expenditures	970,610	1,031,117	999,100	1,096,635	1,208,259	1,208,259	1,249,954	1,303,476	1,202,233	1,258,344	1,257,043
Fund Balance	805,421	818,227	859,395	835,602	696,062	685,507	539,556	395,531	377,682	339,521	329,354
FB as a % of Total Expenditures	82.98%	79.35%	86.02%	76.20%	57.61%	56.74%	43.17%	30.34%	31.42%	26.98%	26.20%
Service Fees & State Grant Revenue	491,560	474,798	471,982	480,628	511,220	490,665	521,920	532,993	544,455	556,318	568,596
Target Fund Balance - 50% of Service Fees & State Grant Revenue	245,780	237,399	235,991	240,314	255,610	245,333	260,960	266,497	272,228	278,159	284,298
General Fund - Fund Balance	675,309	601,782	547,748	550,180	475,640	465,085	388,134	309,109	279,260	250,099	221,932
Variance	429,529	364,383	311,757	309,866	220,030	219,753	127,174	42,612	7,033	(28,060)	(62,366)

Strategic Plan Implementation Progress Report - Updated 8/11/25

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
1.1 Upgrade technological	Update Agency's Website Platform	1	Fall 2025	Office Manager	CNR fund, staff time	New platform purchased, implemented, ADA compliance	B In progress	Budgeted; Scope of work Developed; Soliciting quotes now
1.1 Upgrade technological	Update field inspection and tracking software	2	Summer 2027	Director of Health (DOH)	CNR fund, budget initiative, grant	Tracking software obtained, implemented	B In progress	Partnered on a grant submission to develop updates
1.2 Expand office space	Engage in the Town of Mansfield's Facility planning process	1	Based on Mansfield timeline	DOH	Staff time	Attend planning meetings as appropriate	B In progress	Town hired architect firm to engage community
1.2 Expand office space	Secure additional office space	1	Summer 2028	DOH	CNR Funds, staff time	New space option identified, secured, move completed	B In progress	50K in CNR funds appropriated FY26
1.3 Strengthen community partnerships	Explore new partnerships	3	Ongoing	DOH	Staff time, budget for expenses	# attempts to communicate, connections established	B In progress	New partner - UconnCommittee on Excellence in Healthcare
2.1 Strengthen governance	Update Board Training Plan	2	Winter 2026	DOH/office manager	Staff time	Orientation manual updated	B In progress	Waiting for completion of CT DPH training/orientation materials
2.2 Monitor funding opportunities	Review grant opportunities and submit proposals	1	Ongoing	DOH	Staff time	# of grant opportunities reviewed, proposals submitted	B In progress	Submitted and awarded Tobacco best practices grant 166K;

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
2.2 Monitor funding opportunities	Consider other possible revenue sources	1	Ongoing	DOH	staff time	# of sources considered	B In progress	Board approved initiative to pursue member town opioid settlement funds
3.2 Strengthen staffing model	Update performance management system to reflect goals/objectives	1	Spring 2026/annually	DOH/office manager/supervisors	Staff time	Updates to program quarterly reports, updates to staff performance goals/objectives	B In progress	Staff goals updated annually during performance evaluation
3.3 Support state level workforce development	Participate in internships programs, state sponsored programs	1	Ongoing	DOH	Staff time, dedicated work station	Internship prog participation, state program participation	B In progress	Currently participating in CT DPH summer intern fellowship program
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Maintain a public health emergency operations plan	1	ongoing	Public Health Emergnecy Preparedness Coordinator	Staff time, preparedness grants	Plans updated, addendum updated, New addenda added	B In progress	PHEP updated in June; Addenda updates in progress
4.6 Explore opportunities to address behavioral health challenges	Identify BH related initiatives/programs	2	Ongoing	DOH/CHWC	Staff time, funding	initiatives considered, initiatives implemented	B In progress	Board approved initiative to pursue member town opioid settlement funds
4.6 Explore opportunities to address behavioral health challenges	Identify BH partners & collaboration opportunities	2	Ongoing	DOH/CHWC	Staff time, funding	#outreach to partners, #collaboration/support efforts for BH services/activities	B In progress	Will be soliciting partners for opioid initiative this fall
5.2 Enhance public trust	Vaccine hesitancy-reduction focused initiatives	2	Each Fall	CHWC/DOH	Staff time	# vaccine hesitancy reduction focused activities	B In progress	Just completed campaign promoting kids vaccinations

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
3.2 Strengthen staffing model	Develop a succession plan for leadership positions	1	Spring 2025	DOH	Staff time, budget appropriation	Succession plan completed/implemented	B In progress	Assist DOH salary budgeted; Job class/payrange recommended by PC
4.4 Increase support for CHA & CHIP	Participate in focus groups and interviews	1	Summer 2026, Summer 2029	DOH/CHWC	Staff time	#focus groups, #interviews, partnership meetings	B In progress	In spring 2025 participated HHC workgroups/key informant interviews/all partners meeting scheduled for late summer
1.3 Strengthen community partnerships	Continue participation in existing partnerships	1	Ongoing	DOH	Staff time	# of partnership meetings/quarter, maintain electronic documents	C ongoing	All existing partnerships in place
2.1 Strengthen governance	Utilize standing committees and/or establish ad hoc committees	2	Ongoing	DOH, Chairperson	Staff time	# of standing/ad hoc committee meetings/year	C ongoing	Strategic Planning committee completed work.
2.1 Strengthen governance	Orientation for new members	2	As needed	DOH/Chairperson	Staff time	# of orientations conducted	C ongoing	no recent members
2.3 Sustain advocacy efforts	Engage in state and local public health policy discussions	1	Ongoing	DOH, CHWC	Staff time	Attendance in # statewide/local policy discussions/year	C Ongoing	Meeting w PH Committee co-chair, Nuccio, Gordon schedule for August regarding well water
3.1 Promote Workforce Development	Hold regular staff meetings with program updates and share time-	1	Ongoing	DOH	Staff time	Calendar documenting meetings, emailed updates, meeting notes	C ongoing	

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Track existing & identify emerging threats	1	Ongoing	DOH/assistDOH/Chief Sanitarian	Staff time	types of threats tracking, types of threats identified	C ongoing	Currently tracking NaCl issues; and, PFAS issues
1.1 Upgrade technological	Continue OpenGov buildout	3	Ongoing	DOH, Office Manager	Staff time, identified software	Identify and implement enhancement opportunities	no update	
2.1 Strengthen governance	Encourage board participation	2	Ongoing	DOH, Chairperson	Staff time	# meetings with quorum/year, % members using virtual platform	no update	
2.1 Strengthen governance	Incorporate brief training sessions in board meetings	2	Ongoing	DOH/Medical advisor	Staff time	# of trainings conducted/topic	no update	no ed sessions scheduled
2.2 Monitor funding opportunities	Expand the roster of private insurance payers	3	Fall 2028	DOH, CHWC	Staff time	2 additional payers	no update	deferred until Fall 2028
2.3 Sustain advocacy efforts	Advocate for increased funding	1	Ongoing	DOH, Chairperson	Staff time	# of meeting w state advocacy partners	No update	State biennium adopted with 10% reduction
3.1 Promote Workforce Development	Review and identify gaps in communication strategies	3	Spring 2028	Assistant DOH	Staff time	# of gaps identified	no update	
3.1 Promote Workforce Development	Establish internal department communication plan	3	Spring 2028	Assistant DOH	Staff time	Communication plan adopted	No update	

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
3.1 Promote Workforce Development	Establish related SOP's as needed	3	Spring 2029	Assistant DOH	Staff time	SOP's adopted	no update	
3.1 Promote Workforce Development	Update dept communication s plan, and SOP's	3	Spring 2029	Assistant DOH	Staff time	Annual review of updated plan and SOP's as needed	no update	
3.2 Strengthen staffing model	Review and enhance the agency's compensation package	2	Fall 2025	DOH	Staff time, budget appropriation	Updated Compensation Package Plan	no update	
3.2 Strengthen staffing model	Improve the format and content of job postings	1	Summer 2025	DOH/Mansfield HR	Staff time	Modified Job Posting Format, Establish Process to review/assess	no update	
3.2 Strengthen staffing model	Update workforce development plan	3	Fall 2027	DOH/Assist DOH	Staff time	Updated workforce development plan	no update	
3.2 Strengthen staffing model	Establish Standard Operating Procedures for all positions	3	Fall 2027	DOH/Assist DOH/Program leads	Staff time	SOP's adopted	no update	
3.2 Strengthen staffing model	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/All staff	Staff time	# of opportunities identified/implemented	no update	
3.3 Support state level workforce development	Collaborate with Higher ED to recruit interns & staff	1	Ongoing	DOH	staff time	meetings, communications, new initiatives	no update	

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
4.1 Enhance communication	Identify key city departments/agencies	1	Ongoing	DOH/ HD staff	Staff time	Update list of departments/agencies, meetings attended with agencies	no update	
4.1 Enhance communication	Establish external department communication /Collaboration Plan	2	Spring 2028	DOH/ Asist DOH	Staff time	Collaboration/Communication Plan developed, Communication related SOP's developed	no update	
4.2 Enhance program evaluation	Develop evaluation methodology aligned with PHAB standards	3	Winter 2029	DOH/ Asist DOH	Staff time, template resources	Evaluation tools developed and implemented, Process developed, findings analyzed, QI conducted	no update	
4.3 Address public health mandates	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/ HD staff	Staff time	Opportunities identified and implemented	no update	
4.3 Address public health mandates	Plan to Transition CHWC/PHN programs off soft funding	1	Fall 2026	DOH	Staff time, budget initiative	CHWC/PHN programs incorporated into budget	no update	
4.4 Increase support for CHA & CHIP	Maintain updated CHA/CHIP information on website, share findings	2	Fall 2026, Fall 2029	DOH/Office Manager	Staff time	Information on website, #meeting/communications to share findings	no update	

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Establish & maintain SOP for investigation and mitigation fo hazards	2	Summer 2026	Assist DOH/Chief San	Staff time	SOP developed and adopted	no update	
4.7 Promote health equity in programming and service delivery	Identify & implent tools to address health iniquities	3	ongoing	DOH/CHWC	staff time	review resources available @DPH &National assoc, Share HE resources with staff as appropriate	no update	
4.7 Promote health equity in programming and service delivery	Align agency services with CLAS standards	2	Ongoing	CHWC	Staff time	CLAS standards review process for all SOP's	no update	
5.1 Develop implement marketing plan	Seek input from town officials, committees, and partners	2	Winter 2027	DOH	Staff time	Administer survey to stakeholders	no update	
5.1 Develop implement marketing plan	Research & identify gaps in communication strategies	2	Spring 2028	DOH/Workgroup members	Staff time	establish internal agency workgroup, gaps identified, plan completed	no update	

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update
5.1 Develop implement marketing plan	Implement customer surveys (to evaluate how the public learns about EHHD programs, services, and general health information)	2	Winter 2027	DOH/Office Manager	Staff time	Community survey administered, analysis of survey data	no update	
5.1 Develop implement marketing plan	Increased social media	3	Ongoing	DOH/staff	staff time	# social media post/quarter	no update	
5.2 Enhance public trust	Explore feasibility of	3	Spring 2029	Assistant DOH	Staff time, online platform	Review completed, results posted	no update	
5.2 Enhance public trust	Continue viral respiratory surveillance reports during	2	Ongoing	CHWC	Staff time	# of weekly reports/year	on update	



Eastern Highlands Health District

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Activity Report

April 1, 2025 – June 30, 2025

Highlighted Accomplishments/Activities

- After working with the Strategic Planning Committee the Board approved the Strategic Plan Implementation Plan at their June Meeting.
- Continued support of the Town of Mansfield with PFAS concerns in the Mansfield Hollow area. Participated with a meeting with Windham Water Works, DEEP, and DPH regarding the matter in May, with a follow up report out.
- Significant staff expended on HHS/CDC stop work order, and then subsequent restart permitted by the judiciary for both the ELC2 and Immunization grants during this quarter.
- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to:
 1. Participated in bi-weekly status meetings on efforts to address Tolland NaCl challenges
 2. Providing additional technical and sampling support regarding a new investigation in the Lakeview Hts Neighborhood
- Supported the Town of Mansfield's Town Resilience Plan with plan review and comments, and meeting participation.
- Developed and submitted a grant proposal to the CT DPH for the Tobacco Best Practices initiative. We were subsequently awarded the grant for \$166,000 to begin sometime this winter.
- Hired two student interns for the summer. One is conducting summer bathing water sampling. The other was appointed through the CT DPH Intensive Intern Fellowship program. The summer bathing water-monitoring program was started.
- Developed the Framework for a Health District Opioid Initiative that was endorsed by the board at their June meeting. Kick off anticipated this fall. Also participated as a member of the Governors Opioid Advisory Committee in a May meeting.
- Attended two and participated as an active member of the UConn Institutional Bio-safety Committee, community member at-large.
- Advocacy activities during this quarter included a meeting with the Public Health Committee Co-Chairs and DPH regarding the private well confidentiality laws.
- Attended and participated as an active member of the UConn Student and Health and Wellness Infection Prevention Committee.
- Obtained approval from the personnel committee recommend a pay range for the new Assistant Director Classification. The recommendation will be presented to the board at their August meeting.
- After working with the Personnel Committee the board approved the establishment of Juneteenth as a paid holiday for all staff.



Eastern Highlands Health District

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- Per the Town of Columbia's request, we initiated and investigation of bacterial laden storm culvert discharge to Columbia Lake. Significant progress was made during this quarter and was reported out to the Towns Lake Advisory Committee.
 - Currently Participating the Hartford Healthcare Community Health Assessment/Community Health Improvement Plan. Participated in an all partners meeting in May, and a key informant interview June.
 - *Community Health and Wellness Programs:* Staff is currently managing 24 cases of Elevated Blood Lead Levels in children. Five (5) of these case involved in depth investigations on the causes of their environmental lead exposures, and enforcement proceedings. Eight (8) infectious disease outbreak investigations were conducted during this period. The development and implantation of a comprehensive vaccine promotion campaign to address those barriers. This work was restarted in June with the Judiciary enjoined the administration. The coordination and conducted four blood pressure screening clinics screening 46 persons. Conducted two educational series with 18 attendees. Hosted eight vaccination clinics administering 263 vaccines shots; distributed 122 Covid-19 kits (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)
 - *Emergency Preparedness Program:* Public Health Emergency Preparedness Plan was updated and sign by the Board Chair; with the departure of N Thompson from the coordinator position, A Bloom was reassigned to take on this role; staff conducted an RDS walk through of the Mohegan Sun facility; completed a call down drill in June. (See separate EHHD PHPP report attached.)

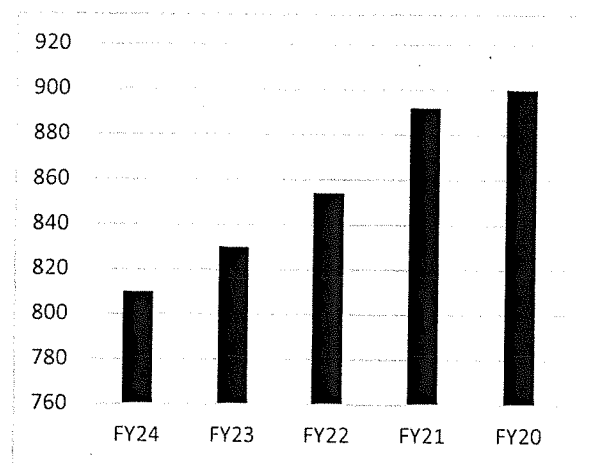
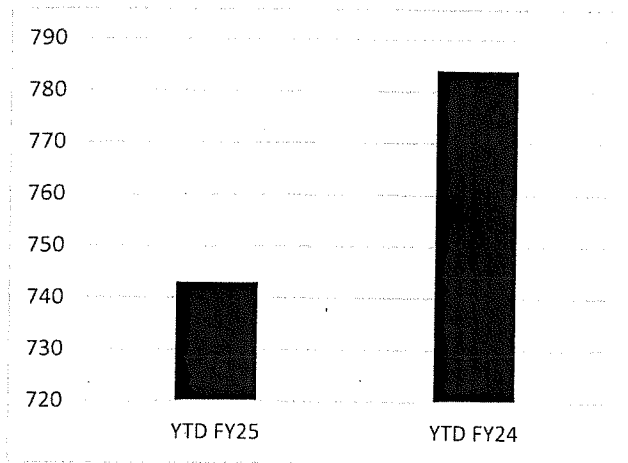
Plans for the Next Quarter

- Working with Coventry to address chronically high bacteria levels at Patriots Park bathing area.
- Ongoing working with CADH Advocacy Committee engage CGA members on policy affecting local public health during the upcoming legislative session.
- Continued Active support and participation the Hartford Healthcare Community Health Needs Assessment/CHIP.
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
- On-going work on the Preventive Health and Human Services Block Grant to prevent hypertension.
- Complete the summer water-bathing program.
- Ongoing planning work for CT Mission of Mercy free Dental clinic.
- Track and monitoring on going progress on the agency strategic plan.
- Work with the board to address recent reduction in per capita grant fund from the state.
- Fill recent Public Health Nurse vacancy.

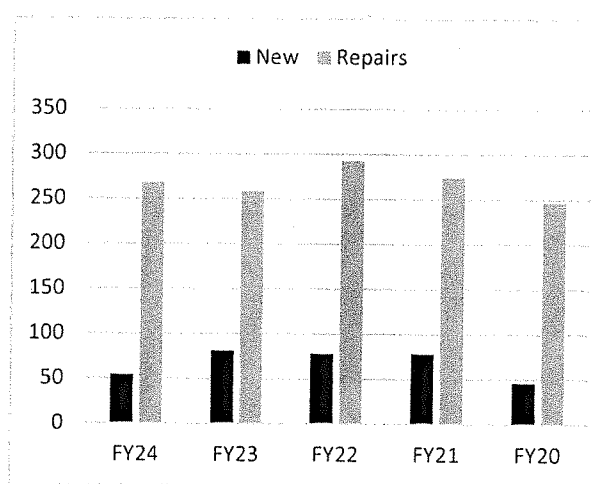
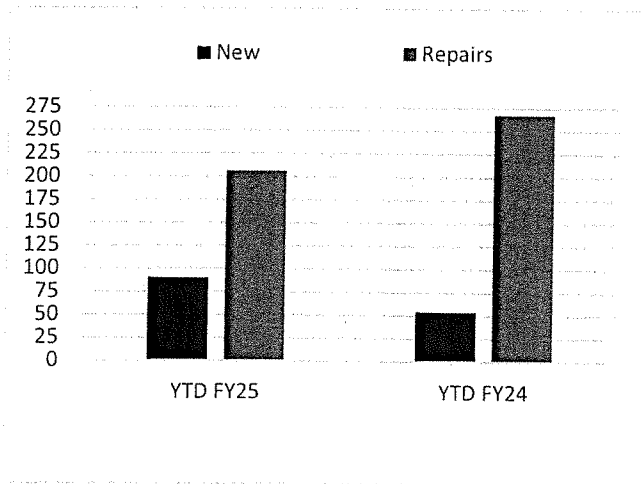
Statistical Report (Attached)

Quarterly Report April 1, 2025 - June 30, 2025
 Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

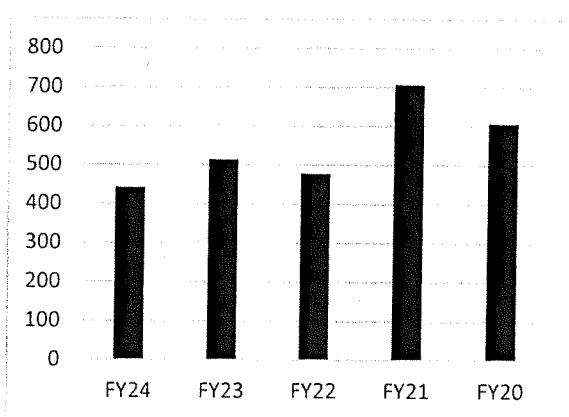
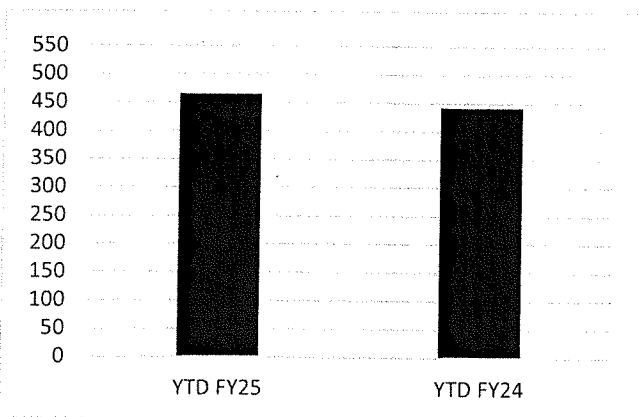
Deep Test Holes



Septic Permits Issued

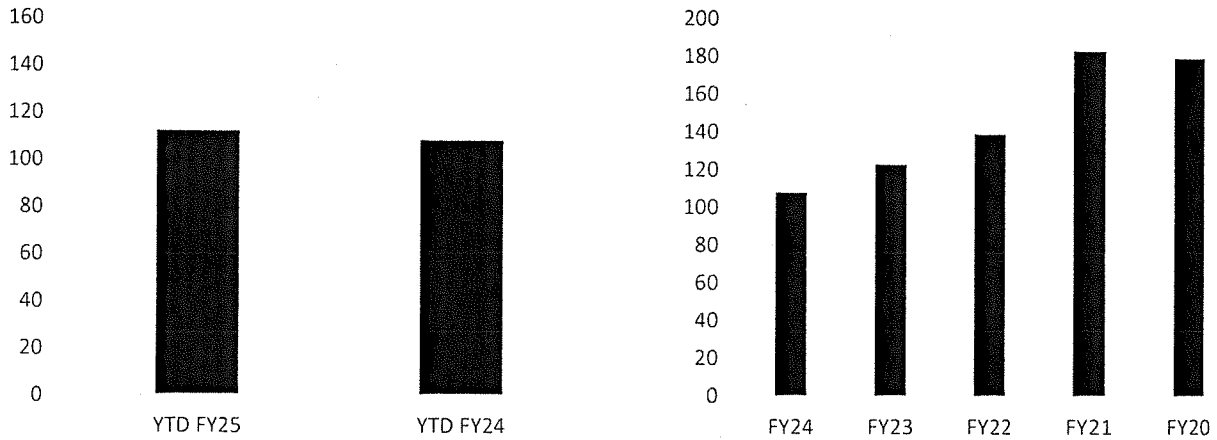


Public Health Reviews

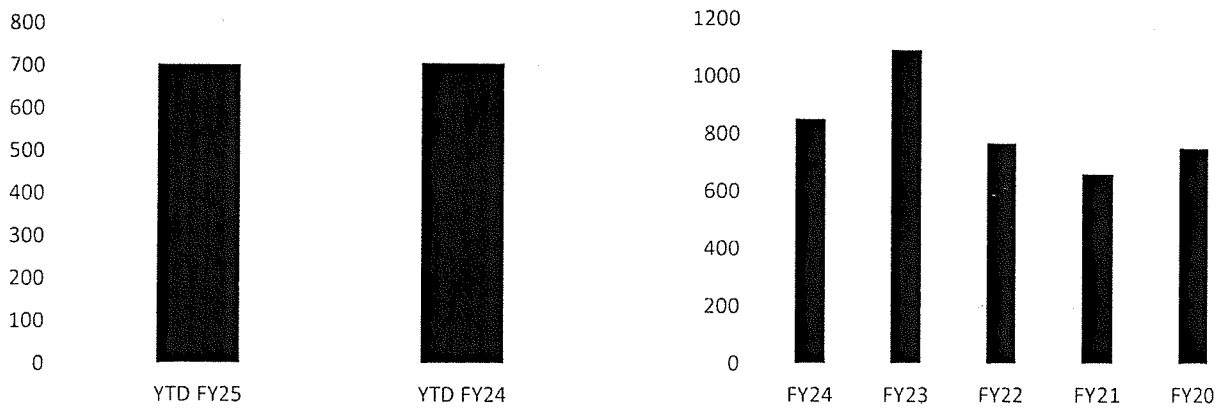


Quarterly Report April 1, 2025 - June 30, 2025
Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

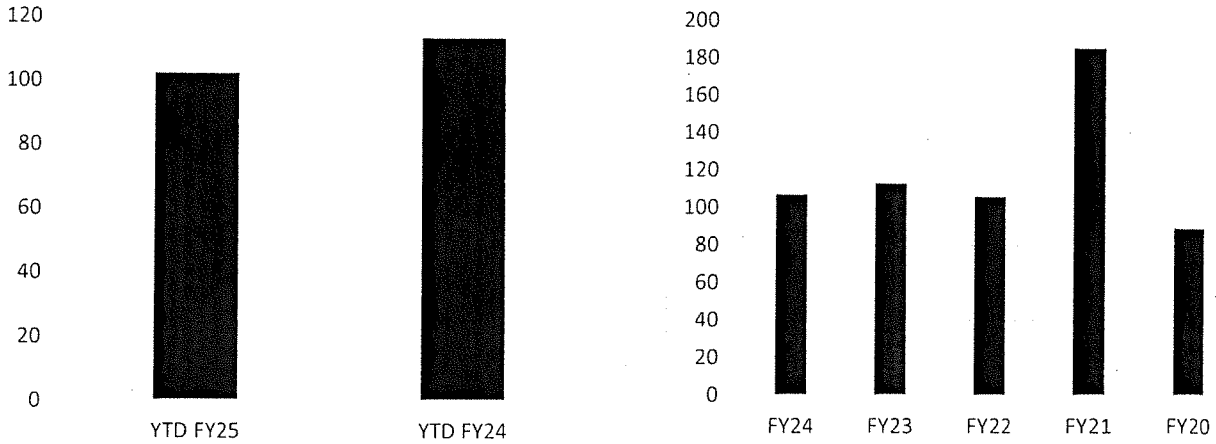
Complaints



Food Service Inspections



Well Permits



EASTERN HIGHLANDS HEALTH DISTRICT FOURTH QUARTER FISCAL YEAR 2023-2024							
April 1, 2025- June 30, 2025							
Activity Indicators	MONTHS						
	April	May	June	Total	YTD FY25	YTD FY24	
ENVIRONMENTAL HEALTH ACTIVITIES							
<i>Complaints</i>							
Air Quality	0	0	1	1	3	0	
Animals/Animal Waste	1	0	0	1	3	4	
Activity without Permit	0	1	0	1	4	5	
Food Protection	0	0	3	3	5	9	
Housing Issues	3	2	0	5	23	24	
Emergency Response	0	0	0	0	1	6	
Refuse/Garbage	3	1	0	4	12	7	
Rodents/Insects	3	0	0	3	11	10	
Septic/Sewage	3	1	0	4	23	25	
Other	1	0	2	3	19	11	
Water Quality	2	3	0	5	8	7	
Covid-19	0	0	0	0	0	0	
Total	16	8	6	30	112	108	
<i>Health Inspection</i>							
Group homes	0	0	0	0	1	4	
Day Care	3	0	1	4	11	14	
Camps	2	3	0	5	6	8	
Public Pool	1	7	1	9	9	13	
Other	0	0	0	0	10	14	
Schools	0	0	0	0	1	0	
Mortgage, FHA, VA	0	0	0	0	0	0	
Bathing Areas	0	0	0	0	1	0	
Cosmetology	0	1	0	1	96	98	
Total	6	11	2	19	135	151	
<i>On-site Sewage Disposal</i>							
Site inspection	74	99	115	288	1029	810	
Deep hole tests	92	69	49	210	743	784	
Percolation tests	22	33	29	84	184	182	
Permits issued, new	5	14	10	29	90	54	
Permits issued, repair	17	20	29	66	206	268	
Site Plans Reviewed	28	34	40	102	340	346	
Public Health Reviews	45	56	62	163	465	442	
<i>Wells</i>							
Well sites inspected	19	3	7	29	98	108	
Well permits issued	6	4	11	21	102	113	
<i>Laboratory Activities (samples taken)</i>							
Potable water	16	4	0	20	34	43	
Surface water	0	42	117	159	377	343	
Ground water	0	0	0	0	0	0	
Rabies	0	0	0	0	8	2	
Lead	112	23	16	151	416	160	
Other	11	12	4	27	46	23	
<i>Food Protection</i>							
Inspections	34	39	44	117	460	499	
On Site inspection violation follow up	5	9	5	19	72	89	
Documented inspection violation follow up	6	10	18	34	114		
Temporary permits	11	37	4	52	148	242	
Temporary inspections*	0	6	40	46	133	94	
Plan review	0	0	0	0	16	23	
Pre-operational inspections	6	5	4	15	40	25	
Total Inspections	51	69	111	197	705	707	
<i>Lead Activities</i>							
Housing inspection	3	1	1	5	17	9	
Abate plan reviewed	1	2	3	6	8	2	
MISCELLANEOUS ACTIVITIES							
Planning and Zoning referrals	0	0	0	0	2	2	
Subdivision reviewed (# of lots)	0	0	0	0	5	2	

ANDOVER QUARTERLY REPORT						
April 1, 2025 - June 30, 2025						
Activity Indicators						
	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	1	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues	1			1	5	
Emergency Response				0	0	
Refuse/Garbage				0	4	
Rodents/Insects				0	3	
Septic/Sewage				0	4	
Other				0	3	
Water Quality				0	5	
COVID-19				0	0	
Total	1	0	0	1	30	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	4	
Camps				0	5	
Public Pool				0	9	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	1	
Total	0	0	0	0	19	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits		2	1	3	288	
Deep hole tests -- number of holes		6	3	9	210	
Percolation tests -- number of holes		3	1	4	84	
Permits issued, new				0	29	
Permits issued, repair		1		1	66	
Site plans reviewed			1	1	102	
Public Health Reviews	2	1	4	7	163	
<i>Wells</i>						
Well sites inspected		2	2	4	29	
Well permits issued		1		1	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	20	
Surface water		2	5	7	159	
Ground water				0	0	
Rabies				0	0	
Lead				0	151	
Other	3	2		5	27	
<i>Food Protection</i>						
Inspections	5		2	7	116	
On Site inspection violation follow up			1	1	19	
Documented inspection violation follow up			2	2	34	
Temporary permits		1		1	52	
Temporary inspections				0	46	
Plan reviews				0	0	
Pre-operational inspections	1		1	2	15	
<i>Lead Activities</i>						
Housing inspection				0	5	
Abate plan reviewed				0	6	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

ASHFORD QUARTERLY REPORT

April 1, 2025 - June 30, 2025

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality			1	1	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues	2			2	5
Emergency Response				0	0
Refuse/Garbage	1			1	4
Rodents/Insects	2			2	3
Septic/Sewage				0	4
Other				0	3
Water Quality	2	3		5	5
COVID-19				0	0
Total	7	3	1	11	30

Health Inspection

Group homes				0	0
Day Care				0	4
Camps		1		1	5
Public Pool	1	1		2	9
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	1
Total	1	2	0	3	19

On-site Sewage Disposal

Site inspection -- all site visits	4	7	12	23	288
Deep hole tests -- number of holes	11	6	8	25	210
Percolation tests -- number of holes	2	2		4	84
Permits issued, new	1	2		3	29
Permits issued, repair	3	2	2	7	66
Site plans reviewed	4	3	1	8	102
Public Health Reviews	5	6	5	16	163

Wells

Well sites inspected				0	0
Well permits issued	2			2	29

Laboratory Activities (samples taken)

Potable water				0	20
Surface water		2	8	10	159
Ground water				0	0
Rabies				0	0
Lead				0	151
Other				0	27

Food Protection

Inspections	1	4	4	9	116
On Site inspection violation follow up				0	19
Documented inspection violation follow up	1	1	2	4	34
Temporary permits		1		1	52
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections	1			1	15

Lead Activities

Housing inspection				0	5
Abate plan reviewed				0	6

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

BOLTON QUARTERLY REPORT

April 1, 2025 - June 30, 2025

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste	1			1	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues				0	5
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects	1			1	3
Septic/Sewage				0	4
Other				0	3
Water Quality				0	5
COVID-19				0	0
Total	2	0	0	2	30

Health Inspection

Group homes				0	0
Day Care				0	4
Camps				0	5
Public Pool				0	9
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	1
Total	0	0	0	0	19

On-site Sewage Disposal

Site inspection -- all site visits	3	2	7	12	288
Deep hole tests -- number of holes	12	9	6	27	210
Percolation tests -- number of holes	2	3	1	6	84
Permits issued, new	1			1	29
Permits issued, repair	1	3	1	5	66
Site plans reviewed	3	4	3	10	102
Public Health Reviews	6	7	5	18	163

Wells

Well sites inspected				0	29
Well permits issued				0	21

Laboratory Activities (samples taken)

Potable water				0	20
Surface water		4	11	15	159
Ground water				0	0
Rabies				0	0
Lead				0	151
Other	1			1	27

Food Protection

Inspections	7		1	8	116
On Site inspection violation follow up				0	19
Documented inspection violation follow up		1		1	34
Temporary permits				0	52
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections	1			1	15

Lead Activities

Housing inspection				0	5
Abate plan reviewed				0	6

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

CHAPLIN QUARTERLY REPORT						
April 1, 2025 - June 30, 2025						
Activity Indicators						
	April	May	June	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality				0	1	
Animals/Animal Waste				0	1	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues				0	5	
Emergency Response				0	0	
Refuse/Garbage				0	4	
Rodents/Insects				0	3	
Septic/Sewage		1		1	4	
Other				0	3	
Water Quality				0	5	
COVID-19				0	0	
Total	0	1	0	1	30	
Health Inspection						
Group homes				0	0	
Day Care	1			1	4	
Camps		1		1	5	
Public Pool				0	9	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	1	
Total	1	1	0	2	19	
On-site Sewage Disposal						
Site inspection -- all site visits		2	3	5	288	
Deep hole tests -- number of holes	3			3	210	
Percolation tests -- number of holes	1			1	84	
Permits issued, new	1	3		4	29	
Permits issued, repair		1		1	66	
Site plans reviewed		5	2	7	102	
Public Health Reviews	1	1	2	4	163	
Wells						
Well sites inspected			1	1	29	
Well permits issued		1		1	21	
Laboratory Activities (samples taken)						
Potable water				0	20	
Surface water				0	159	
Ground water				0	0	
Rabies				0	0	
Lead				0	151	
Other			1	1	27	
Food Protection						
Inspections		5	3	8	116	
On Site inspection violation follow up				0	19	
Documented inspection violation follow up	2	5		7	34	
Temporary permits				0	52	
Temporary inspections				0	46	
Plan reviews				0	0	
Pre-operational inspections				0	15	
Lead Activities						
Housing inspection				0	5	
Abate plan reviewed				0	6	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

COLUMBIA QUARTERLY REPORT						
April 1, 2025 - June 30, 2025						
Activity Indicators						
	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	1	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues				0	5	
Emergency Response				0	0	
Refuse/Garbage				0	4	
Rodents/Insects				0	3	
Septic/Sewage				0	4	
Other				0	3	
Water Quality				0	5	
COVID-19				0	0	
Total	0	0	0	0	30	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	4	
Camps				0	5	
Public Pool				0	9	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	1	
Total	0	0	0	0	19	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	6	7	7	20	288	
Deep hole tests -- number of holes	10	3	6	19	210	
Percolation tests -- number of holes	3	1		4	84	
Permits issued, new		1	1	2	29	
Permits issued, repair	1		4	5	66	
Site plans reviewed	1	3	4	8	102	
Public Health Reviews	3	6	7	16	163	
<i>Wells</i>						
Well sites inspected				0	29	
Well permits issued	1		1	2	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	20	
Surface water		4	10	14	159	
Ground water				0	0	
Rabies				0	0	
Lead				0	151	
Other		1	1	2	27	
<i>Food Protection</i>						
Inspections		4	1	5	116	
On Site inspection violation follow up		1		1	19	
Documented inspection violation follow up		1		1	34	
Temporary permits		1	2	3	52	
Temporary inspections				0	46	
Plan reviews				0	0	
Pre-operational inspections	2	1	1	4	15	
<i>Lead Activities</i>						
Housing inspection				0	5	
Abate plan reviewed				0	6	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

COVENTRY QUARTERLY REPORT

April 1, 2025 - June 30, 2025

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection			1	1	3
Housing Issues				0	5
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	3
Septic/Sewage				0	4
Other				0	3
Water Quality				0	5
COVID-19				0	0
Total	0	0	1	1	30

Health Inspection

Group homes				0	0
Day Care	1			1	4
Camps				0	5
Public Pool		1		1	9
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	1
Total	1	1	0	2	19

On-site Sewage Disposal

Site inspection -- all site visits	21	20	20	61	288
Deep hole tests -- number of holes	6	24	12	42	210
Percolation tests -- number of holes	2	5	3	10	84
Permits issued, new		2	2	4	29
Permits issued, repair	2	3	8	13	66
Site plans reviewed	3	4	7	14	102
Public Health Reviews	7	10	14	31	163

Wells

Well sites inspected				0	29
Well permits issued	1		1	2	21

Laboratory Activities (samples taken)

Potable water				0	20
Surface water		20	55	75	159
Ground water				0	0
Rabies				0	0
Lead	34			34	151
Other				0	27

Food Protection

Inspections	4	4	2	10	117
On Site inspection violation follow up	3	2		5	19
Documented inspection violation follow up		2	1	3	34
Temporary permits	8	30	2	40	52
Temporary inspections			39	39	46
Plan reviews				0	0
Pre-operational inspections	1	1	2	4	15

Lead Activities

Housing inspection	1			1	5
Abate plan reviewed		1	1	2	6

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

MANSFIELD QUARTERLY REPORT						
April 1, 2025 - June 30, 2025						
Activity Indicators						
	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>	
ENVIRONMENTAL HEALTH ACTIVITIES						
<i>Complaints</i>						
Air Quality				0	1	
Animals/Animal Waste				0	1	
Activity Without Proper Permits				0	1	
Food Protection			1	1	3	
Housing Issues				0	5	
Emergency Response				0	0	
Refuse/Garbage		1		1	4	
Rodents/Insects				0	3	
Septic/Sewage	2			2	4	
Other	1			1	3	
Water Quality				0	5	
COVID-19				0	0	
Total	3	1	1	5	30	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	4	
Camps				0	5	
Public Pool		2	1	3	9	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology		1		1	1	
Total	0	3	1	4	19	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	11	10	12	33	288	
Deep hole tests -- number of holes	15			15	210	
Percolation tests -- number of holes	5	15	18	38	84	
Permits issued, new	1	5	6	12	29	
Permits issued, repair	3	5	4	12	66	
Site plans reviewed	4	5	5	14	102	
Public Health Reviews	7	6	8	21	163	
<i>Wells</i>						
Well sites inspected				0	29	
Well permits issued		2	2	4	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	20	
Surface water		2	5	7	159	
Ground water				0	0	
Rabies				0	0	
Lead	7		16	23	151	
Other	7	6	2	15	27	
<i>Food Protection</i>						
Inspections	9	14	15	38	116	
On Site inspection violation follow up		5	4	9	19	
Documented inspection violation follow up			10	10	34	
Temporary permits				0	52	
Temporary inspections				0	46	
Plan reviews				0	0	
Pre-operational inspections				0	15	
<i>Lead Activities</i>						
Housing inspection			1	1	5	
Abate plan reviewed			1	1	6	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

SCOTLAND QUARTERLY REPORT						
April 1, 2025 - June 30, 2025						
Activity Indicators						
	April	May	June	Total	District Total	
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
Air Quality				0	1	
Animals/Animal Waste				0	1	
Activity Without Proper Permits				0	1	
Food Protection				0	3	
Housing Issues				0	5	
Emergency Response				0	0	
Refuse/Garbage				0	4	
Rodents/Insects				0	3	
Septic/Sewage				0	4	
Other				0	3	
Water Quality				0	5	
COVID-19				0	0	
Total	0	0	0	0	30	
Health Inspection						
Group homes				0	0	
Day Care				0	4	
Camps		1		1	5	
Public Pool		1		1	9	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
Cosmetology				0	1	
Total	0	2	0	2	19	
On-site Sewage Disposal						
Site inspection -- all site visits			2	2	288	
Deep hole tests -- number of holes		3	3	6	210	
Percolation tests -- number of holes		1	1	2	84	
Permits issued, new				0	29	
Permits issued, repair				0	66	
Site plans reviewed			1	1	102	
Public Health Reviews		1		1	163	
Wells						
Well sites inspected			1	1	29	
Well permits issued			1	1	21	
Laboratory Activities (samples taken)						
Potable water				0	20	
Surface water				0	159	
Ground water				0	0	
Rabies				0	0	
Lead				0	151	
Other				0	27	
Food Protection						
Inspections	1	1	1	3	116	
On Site inspection violation follow up				0	19	
Documented inspection violation follow up				0	34	
Temporary permits				0	52	
Temporary inspections				0	46	
Plan reviews				0	0	
Pre-operational inspections				0	15	
Lead Activities						
Housing inspection				0	5	
Abate plan reviewed				0	6	
MISCELLANEOUS ACTIVITIES						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

TOLLAND QUARTERLY REPORT

April 1, 2025 - June 30, 2025

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits		1		1	1
Food Protection				0	3
Housing Issues				0	5
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	3
Septic/Sewage	1			1	4
Other			1	1	3
Water Quality				0	5
COVID-19				0	0
Total	1	1	1	3	30

Health Inspection

Group homes				0	0
Day Care	1		1	2	4
Camps	1			1	5
Public Pool		1		1	9
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	1
Total	2	1	1	4	19

On-site Sewage Disposal

Site inspection -- all site visits	17	31	26	74	288
Deep hole tests -- number of holes	21	9	4	34	210
Percolation tests -- number of holes	3	2	2	7	84
Permits issued, new		1		1	29
Permits issued, repair	6	4	5	15	66
Site plans reviewed	11	8	9	28	102
Public Health Reviews	11	11	14	36	163

Wells

Well sites inspected	18	1	2	21	29
Well permits issued	1		5	6	21

Laboratory Activities (samples taken)

Potable water	16	4		20	20
Surface water		4	11	15	159
Ground water				0	0
Rabies				0	0
Lead		23		23	151
Other		1		1	27

Food Protection

Inspections	4	5	6	15	116
On Site inspection violation follow up		1		1	19
Documented inspection violation follow up	2			2	34
Temporary permits	2	1		3	52
Temporary inspections		2	1	3	46
Plan reviews				0	0
Pre-operational inspections		2		2	15

Lead Activities

Housing inspection		1		1	5
Abate plan reviewed				0	5

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

WILLINGTON QUARTERLY REPORT

April 1, 2025 - June 30, 2025

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection			1	1	3
Housing Issues		2		2	5
Emergency Response				0	0
Refuse/Garbage	2			2	4
Rodents/Insects				0	3
Septic/Sewage				0	4
Other			1	1	3
Water Quality				0	5
COVID-19				0	0
Total	2	2	2	6	30

Health Inspection

Group homes				0	0
Day Care				0	4
Camps	1			1	5
Public Pool		1		1	9
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	1
Total	1	1	0	2	19

Site inspection -- all site visits	12	18	25	55	288
Deep hole tests -- number of holes	14	9	7	30	210
Percolation tests -- number of holes	4	1	3	8	84
Permits issued, new	1		1	2	29
Permits issued, repair	1	1	5	7	66
Site plans reviewed	2	2	7	11	102
Public Health Reviews	3	7	3	13	163

Wells

Well sites inspected	1		1	2	29
Well permits issued	1		1	2	21

Laboratory Activities (samples taken)

Potable water				0	20
Surface water		4	12	16	159
Ground water				0	0
Rabies				0	0
Lead	71			71	151
Other		2		2	27

Food Protection

Inspections	3	2	9	14	116
On Site inspection violation follow up	2			2	19
Documented inspection violation follow up	1		3	4	34
Temporary permits	1	3		4	52
Temporary inspections		4		4	46
Plan reviews				0	0
Pre-operational inspections		1		1	15

Lead Activities

Housing inspection	2			2	5
Abate plan reviewed	1	1	1	3	6

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

**Eastern Highlands Health District
Community Health and Wellness Coordinator
4th Quarter Report April 1, 2025 –June 30, 2025**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally **1,597 individuals in member towns** this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	CHWC is working with staff on the Immunization grant and the Block Grant targeting hypertension	4 bp screenings were done in this quarter 46 people were screened. A second Immunization Promotion Campaign was launched and distributed at, in print, on buses and gas station pump videos.
1g (1) Explore and expand partnership opportunities	CHWC is part of the Immunization Coalition and attended 2 meetings The CHWC attended and presented at the Spring Immunization Coalition Workshop. The presentation was on the lessons learned from the Rapid Community Assessment and how those lessons were implemented.	CHWC provided feedback to the meetings.
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC continues to produce quarterly newsletters. CHWC oversees the immunization clinical staff and volunteers for vaccination clinics. CHWC is a voting member of the Chaplin School Readiness Committee.	Bulletin boards with health and safety messages were updated. Topics included: physical activity information, healthy snacks, respiratory illnesses and vaccination resources, and importance of being screened for breast cancer. Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.
3c (1) Engage in advocacy events and activities	CHWC is a source for the public on immunization information, including Covid-19 and influenza. CHWC worked with North Central to provide	

	substance misuse information and regarding treatment and overdose prevention. CHWC is part of the Prevention Councils of Bolton, Coventry, and Tolland.	CHWC will continue to explore ways to support community events
Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were 24 cases followed in this reporting period. 6 events were closed. 12 phone calls were made to families and providers. 9 correspondences completed to families. CHWC worked with the Chief Sanitarian on 5 investigations for elevated lead levels that included risk assessments or epidemiological investigations.
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	please see chart below
CHWC Training and Continued Education	CHWC attended the Connecticut Hospital Coalition Meeting that included all day trainings on psychological first aid, hospitals planning for mass casualty events with the support of community partners including public health and the MRC. CHWC attended a training on Family Reunification sponsored by West Hartford Health Department on 06/26/2025.	CHWC will continue to look for look for opportunities to participate in continuing education that support the CHWC role.
Vaccine Program	CHWC attended 2 monthly meetings of the Immunization Coalition and the Spring Immunization Coalition Workshop. EHHD also provided information about vaccines	CHWC using the information at the meetings with partners and provided by CDC, and CTDPH to improve and expand the immunization program. A second Immunization Promotion Campaign was launched and distributed at, in print, on buses and gas station pump videos.

Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CT Responds system. In total, in this reporting period there are **122 volunteers**. Activities this reporting

period: **Volunteers supported 2 blood pressure screenings (Tolland Prevention event, Prevention in the Park-Coventry) and Mansfield 4th grade bike safety education (a multi-day event), during this period.**

CHWC sends emails to MRC volunteers to staff the upcoming events and then assigns the volunteers to the events. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.

CHWC continues to attend PHEP/Region 4 MRC meetings and Statewide MRC meetings and to maintain the National MRC activity log.

CHWC had the required Technical Assistance Appointment with National ASPAR staff for the New England Region on 06/24/2025 where the progress of EHHD MRC was discussed and support provided on on-going retention and recruitment.

Grants: Blood Pressure/ Immunizations

During this quarter there were **4 bp screening events and 46 people were screened. 2 Blood Pressure Educational Series were conducted during this quarter: Tolland (7 attendees) and Coventry (11 attendees).**

Be Well employee Wellness Programs

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

Tolland

The CHWC conducted the 4th Quarterly Educational Event 6/24/25, for the Tolland Town employees: **Tick and Mosquito Prevention 8 people attended** in person and an online version was posted to the Be Well website for people unable to attend. The CHWC performed a Biometric Screening clinic on 05/05/2025

Community Outreach

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails.

CHWC participated in 1 meeting of the Chaplin School Readiness Meeting.

Communicable disease*	April	May	June	Quarter
Number of reported cases	7	3	4	14
Interviews	3	2	3	8
Investigations	3	2	3	8

*These numbers do not include SAR-Covid-19 cases.

Date	Description	# served	Community
Summer 2025	Employee Wellness Newsletter (UConn) 201	202	UConn
Summer 2025	Employee Wellness Newsletter 60	60	Andover
Summer 2025	Employee Wellness Newsletter 60	60	Ashford
Summer 2025	Employee Wellness Newsletter 200	200	Bolton
Summer 2025	Employee Wellness Newsletter 30	30	Chaplin
Summer 2025	Employee Wellness Newsletter 60	60	Columbia
Summer 2025	Employee Wellness Newsletter 60	60	Coventry
Summer 2025	Employee Wellness Newsletter 60	50	Scotland
Summer 2025	Employee Wellness Newsletter 435	435	Tolland
Summer 2025	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	1	
Bolton Prevention Council	Monthly meetings of Bolton stakeholders for the prevention of harm to the community and the reduction of substance abuse. The council includes: Social Services, librarians, local counselors, and regional prevention groups.	2	
Coventry Prevention Council	Monthly meetings of Coventry stakeholders for the prevention of harm to the community and the reduction of substance abuse. The council includes: Social Services, librarians, and regional prevention groups.	3	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	2	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	2	
Bike Mansfield	CHWC attends Bike Mansfield meetings to help planning for the Mansfield Bike 4 th Grade Bike Safety class to have MRC volunteers support the event.	2	
R-4 ESF 8 meeting	Region 4 emergency response meeting	0	
Bolton Health and Wellness		0	

Coventry Safety and Wellness		0	
Chaplin School Readiness Program		1	

**Eastern Highlands Health District
Public Health Preparedness Program
April – June 2025**

- **PHEP Activities:**

- BP1 Quarter 3 Progress Report was completed and submitted on 4/15/2025. This report gives an overview of all the planning, capabilities and exercises completed within the budget period.
- EHHD PHERP was updated, approved/signed and submitted in June 2025

Regional Activities:

- Participated Region4 & Region3 PHEP, MRC, and CRI monthly meetings:

Region 3 PHEP:

4/25/25 – Introductory meeting for A. Bloom

6/6/25 - DPH moving from SharePoint to a JotForm reporting platform in BP2; reviewed OPHPR PHERP Review Tool

6/27/25- ICS 300 training at CSP Middletown July 14, 15, 16; Jennifer Kertanis retirement

Region 4 PHEP:

4/28/2025- Discussion of the IAP, plans and the MRC.

5/19/25 – RDS tour and walk-through at Mohegan Sun; new radios were distributed to each LHD (Cecile attended for EHHD)

6/16/25- Wayne Gronlund (Region 4- ESF 2 & IMT) provided basic training on the new radios in addition to the normal business for Region 4. DPH provided basic info on the New JotForm Portal for submitting documents.

- **Region 4 ESF-8 monthly meetings:**

4/24/2025- Along with normal business for Region 4, Mike Zacchera who oversees a new CT program, Mobile Integrated Healthcare (MIH), presented on this approach that is using EMS to reinvent house calls and patient care in the home.

6/26/25 - Woodstock fair will be utilized as a drill scenario; ICS 300 training with a Public Health focus will be held at Mohegan Fire House on Sept 8,9,10 2025

6/10/25 – Participated in Regional Call Down Drill and completed EHHD Code Red call down

Plans for New Budget Year:

Region 4:

Capability 14: Responder Safety and Health: Region 4 will address the following Functions:

- Function 1: Identify responder safety and health risks
- Function 2: Identify and support risk-specific responder safety and health training

Capability 15: Volunteer Management: Region 4 will address the following Functions

Function 1: Recruit, coordinate, and train volunteers

Function 2: Notify, organize, assemble, and deploy volunteers

- Continue with BP2 PHEP deliverables and any necessary new 5-year budget period requirements
- Support CRI Region 4 partners to complete MCM action plan and ORR
- Support Statewide Training and Exercise Work Group
- Continue to Update local EHHD preparedness plans

2025 END OF SESSION REPORT

June 2025



Connecticut Association
of Directors of Health

1: Introduction

Over the past five months, the Graff Public Solutions Team has been reviewing the more than 4,000 bills and resolutions filed during the 2025 legislative session. You've probably grown accustomed to receiving our weekly bill tracking reports, however we would like to provide you with a more comprehensive overview of the outcomes of the session and legislation important to CADH.

Our end of session report for your organization includes:

- A summary of the overall outcomes of the legislative session.
- Narrative descriptions of high priority legislation that will have the greatest impact on your organization. This includes the final vote tallies in the House, Senate and any committees, along with a summary of relevant provisions.
- A near-final bill tracking chart which considers all actions made by the close of the legislative session. A quick review of this chart will show you which bills are dead (crossed out). All other bills (not crossed out) have either become law or are awaiting the Governor's action (signature or veto).
- If relevant, any budget summary information specific to you.

This report is by no means exhaustive and please understand that while we believe the details to be accurate, the craziness of the final days of session makes it possible that we have missed some things. For instance, while certain bills may be marked as DEAD, it is possible that some of the concepts from a dead bill were incorporated into other bills or amendments that we have not yet reviewed. If you have any questions, please let us know.

2: 2025 Legislative Session Summary

Connecticut's 2025 legislative session concluded on June 4th with the legislature passing a budget in the waning days of session after extensive negotiations with Governor Ned Lamont. The state budget made investments in childcare, education, and human services, while other legislation advancing environmental initiatives, consumer protection, cannabis regulation, and housing took top billing. Conventional wisdom heading into the start of this year's session was that there would be a significant budget battle between the Governor and the legislature over the state's so-called "fiscal guardrails" – measures put in place in 2017 designed to limit spending and use surplus monies to pay down the state's long-term liabilities which went unfunded or underfunded for decades. However, that battle never materialized as Governor

Lamont recommended modestly loosening the guardrails in his proposed budget released in February.

The legislature passed a relatively conventional budget, with the first year of the two-year budget tighter on spending than the second. There is widespread speculation that the Governor will call the legislature into a special session later this year – likely in the fall – to address impacts of federal budgeting and policies as they relate to state government programs like Medicaid.

2025 CT Legislature Overview & Leadership

- **Session Duration:** Convened January 8th, adjourned June 4th
- **Partisan Control:** Democrats maintained majorities in both chambers—Senate 25–11, House 102–49—creating a Democratic trifecta with Gov. Ned Lamont
- **Leadership:**
 - Senate President: Martin Looney (D-New Haven); Majority Leader: Bob Duff (D-Norwalk); Minority Leader: Stephen Harding Jr. (R-Brookfield)
 - House Speaker: Matt Ritter (D-Hartford); Majority Leader: Jason Rojas (D-East Hartford); Minority Leader: Vincent Candelora (R-North Branford)

General Budget Takeaways

Governor Lamont signed a \$55.8 billion two-year budget, emphasizing fiscal responsibility while addressing key areas of public concern. The budget includes:

- **Child Care Expansion:** A \$300 million fund aimed at increasing daycare slots by 16,000 by 2027.
- **Child Tax Credit:** An additional \$250 annual payment to families receiving the earned income tax credit.
- **Education and Health Care:** Increased funding for Medicaid and special education, with \$30 million per year in grants.
- **Corporate Tax Adjustments:** Extension of the 10% corporate tax surcharge through 2028 and a \$375 million increase in the hospital provider tax.
- **Human Services:** An additional \$50 million for non-profit providers in FY26 and an additional \$76 million in FY27
- **Public Sector Raises:** Contracts with nursing home workers, group home workers, and state police approved by the legislature led to raises for those groups in the coming years.

Despite these investments, education leaders criticized the budget for inadequate funding, particularly for K-12 and higher education institutions. Urban districts like New Haven face

significant budget shortfalls, leading to anticipated staff cuts and hiring freezes. The University of Connecticut (UConn) is set to experience a \$113 million cut next fiscal year, with a projected \$87 million shortfall in 2027. Similarly, Connecticut State Colleges and Universities (CSCU) are expected to fall short by \$75 million in 2026 and \$55 million in 2027.

Major Initiatives From the Session

- **Early Childhood & Education:** SB 1 (early childhood care) and HB 5001 (special education improvements) passed both chambers easily.
- **Energy & Environment:**
 - HB 5004 proposed stronger carbon-reduction targets and established a Clean Economy Council.
 - SB 9 included environmental resiliency provisions improving municipal climate planning, limiting neonicotinoids and providing stricter wildlife protections.
- **Consumer Protection & Technology:** SB 3 mandated fee disclosures, repair rights, and connectivity regulations on appliances.
- **Cannabis:** Legislation passed raising THC potency limits (to 70% for concentrates and 35% for flower); enabling hybrid retailers; changing cultivation license provisions; enabling infused beverage wholesalers; and creating a high-THC endorsement for infused beverage manufacturers.
- **Housing:** HB 5002 included a number of provisions relative to increasing housing stock in Connecticut, including "Fair Share" Zoning Targets; municipal compliance tied to eligibility for state funding; parking requirement limits; Transit-Oriented Development (TOD); commercial-to-residential conversions; and Fair Rent Commissions.

3: Priority Legislation for CADH

**Click bill numbers for more information*

<u>SB 254</u>	An Act Requiring The Results Of Any Water Quality Test On A Private Well Serving A Residential Property Or A Semipublic Well That Are Submitted To A Local Health Authority Be Accessible By The Public.
Bill Priority	High
Bill Status	Dead
Governor's Signature	N/A
Senate Vote	N/A
House Vote	N/A
Committee Vote	N/A
Public Hearing	N/A
Referred to	Public Health Committee 1/8/25

This bill was introduced to address concerns from CADH members regarding the privacy requirements of private well testing data. The bill was not raised for a public hearing by the Public Health Committee. However, CADH did testify on [HB 7248](#), which had a provision regarding disclosure of well water testing to DEEP, to express concerns with the underlying data privacy statute. While the bill was not amended to address CADH's concerns, the CADH testimony did lead to a meeting with DPH and Public Health Committee co-chair Rep. McCarthy Vahey. At that meeting, DPH expressed the opinion that CADH had more latitude to share private well water testing data than CADH was doing in practice. DPH agreed to put guidance in writing for CADH. Rep. McCarthy Vahey wanted to see how operating under DPH's guidance worked for CADH before entertaining any changes to the law.

<u>SB 1326</u>	An Act Concerning The Department Of Public Health's Recommendations Regarding Food Safety And Oral Health.
Bill Priority	Medium
Bill Status	Incorporated into budget bill
Governor's Signature	N/A
Senate Vote	N/A
House Vote	N/A
Committee Vote	Joint Favorable by Public Health, passed 28-6 on 3/12/25
Public Hearing	2/26/25
Referred to	Public Health Committee 2/14/25

More information on what passed into law in the Budget section below.

<u>HB 6974</u>	An Act Concerning The Use Of Funds In The Tobacco Settlement Fund.
Bill Priority	High
Bill Status	Dead
Governor's Signature	N/A
Senate Vote	N/A
House Vote	N/A
Committee Vote 2	Joint Favorable by Finance, passed 52-0 on 4/24/25
Committee Vote 1	Joint Favorable Substitute by Public Health, passed 32-0 on 3/5/25
Public Hearing	2/21/25
Referred to	Public Health Committee 2/14/25

The bill would have increased from \$12 million to \$32 million the amount of Tobacco Settlement Fund proceeds that must be annually directed to the Tobacco and Health Trust Fund rather than to the General Fund, starting in FY 26. As under existing law, for FY 25, the entire annual disbursement from the Tobacco Settlement Fund goes to the General Fund. By law, the Tobacco and Health Trust Fund's board must recommend annual disbursements to programs

for specified purposes, including tobacco and nicotine use reduction through prevention, education, and cessation. The board's recommendations are submitted to the Appropriations and Public Health committees for approval (CGS § 428f).

<u>HB 5749</u>	An Act Concerning Advanced Septic Systems With Nitrogen-Removal Features.
Bill Priority	High
Bill Status	Dead
Governor's Signature	N/A
Senate Vote	N/A
House Vote	N/A
Committee Vote	N/A
Public Hearing	3/17/25
Referred to	Environment Committee 1/21/25

The bill would have required new residential and commercial developments in environmentally sensitive areas where nitrogen pollution poses a risk to water bodies to install nitrogen-reducing septic systems. Local health departments would have been required to maintain a database of installed nitrogen-reducing systems and enforce the provisions of the bill.

<u>HB 7157</u>	An Act Concerning Various Revisions To The Public Health Statutes.
Bill Priority	Medium
Bill Status	Public Act 25-97
Governor's Signature	Signed on 6/24/25
Senate Vote	Passed 36-0 on 6/2/25
House Vote	Passed 145-0 on 5/31/25
Committee Vote	Joint Favorable Substitute by Public Health, passed 32-0 on 3/21/25
Public Hearing	3/10/25
Referred to	Public Health Committee 3/5/25

Note: the most relevant sections of the bill are summarized below. Feel free to read the rest of the [bill analysis](#) for additional information.

§§ 49 & 50 — WORKING GROUP ON SEWAGE DISPOSAL AND RELATED REGULATIONS

Establishes a working group to assess and make recommendations on (1) sewage disposal regulation and (2) balancing housing development costs with protecting public health and the environment; requires the DEEP commissioner to post notice of her intent to amend certain sewerage-related regulations on the eRegulations system by July 1, 2026, and consider the working group's recommendations when adopting the regulations

The bill establishes a working group to assess and make recommendations on (1) regulatory requirements for sewage disposal, including nitrogen discharge limits and their impact on housing development, public health, and the environment, and (2) balancing the costs of

housing development and a risk-based approach to protecting public health and the environment.

Under the bill, the working group chairperson must report on the group's assessment and recommendations by February 1, 2026, to the DPH commissioner and the Environment, Housing, and Public Health committees.

Additionally, PA 23-207 transferred regulatory authority from the Department of Energy and Environmental Protection (DEEP) to DPH over small community sewerage systems and household and small commercial subsurface sewage disposal systems with daily capacities of up to 10,000 gallons. Under current law, DEEP must amend its regulations by July 1, 2025, to effectuate the transfer. The bill instead requires the DEEP commissioner to post notice of her intent to amend these regulations on the eRegulations system by July 1, 2026, and only after the working group has convened. Before amending the regulations, she must consider the working group's recommendations.

EFFECTIVE DATE: Upon passage

Working Group Membership and Leadership

At a minimum, the working group may include the following state officials: (1) the DEEP, DPH, and housing commissioners or their designees and (2) the Public Health Committee chairpersons and ranking members. The committee chairpersons and ranking members may also appoint the following members to the working group:

1. a representative of an in-state residential construction trade association;
2. one representative each of in-state associations representing municipal planners, septic system installers, and professional engineers;
3. one representative each of a local or district health department that (a) includes an area with a coastal boundary, (b) includes an area upland of municipally regulated inland wetlands or inland watercourses, and (c) has no land in a coastal boundary or an upland review area;
4. one expert each in coastal environmental science, wetland soil science, and environmental justice; and
5. one residential building developer each with experience in developing an area (a) with coastal land and (b) no coastal boundary.

The bill requires the Public Health Committee chairpersons and ranking members to select the working group's chairperson from among its members. The chairperson must schedule and hold the working group's first meeting by June 30, 2025.

Under the bill, the Public Health Committee's administrative staff serves in this capacity for the working group.

Background — Related Bill

sHB 7247 (File 708), favorably reported by the Public Health Committee, contains similar provisions on a working group on sewage disposal and related regulations. sHB 7247 died without a vote in the House or Senate.

HB 7200	An Act Concerning Bleeding Control Training And Kits.
Bill Priority	Low
Bill Status	Public Act 25-160
Governor's Signature	Awaiting
Senate Vote	Passed 36-0 on 6/4/25
House Vote	Passed 146-2 on 6/3/25
Committee Vote	Joint Favorable by Public Safety, passed 29-0 on 3/18/25
Public Hearing	3/11/25
Referred to	Public Safety and Security Committee 3/6/25

This bill requires the Department of Emergency Services and Public Protection (DESPP) to administer a bleeding control training program in each district health department. The program must provide certification in bleeding control training and be offered at least once every three years, starting by July 1, 2026. To do so, the department may contract with a nongovernmental entity that provides this training.

The bill grants police officers, police probationary candidates, and firefighters who receive certification through the bleeding control training program credit for the training towards basic or review police training requirements and fire service training and education program standards, respectively.

Additionally, the bill requires the Department of Administrative Services (DAS) commissioner, by July 1, 2026, to ensure that at least one bleeding control kit is installed on each floor of every building the state or its political subdivisions own. Similarly, it requires the next amendments to the State Building Code to include a requirement that at least one bleeding control kit is installed on each floor of newly constructed or substantially renovated public buildings and other specified public locations.

EFFECTIVE DATE: July 1, 2025, except the State Building Code provision is effective upon passage.

BLEEDING CONTROL TRAINING PROGRAM

The bill requires DESPP to administer a bleeding control training program in each district health department. The program must (1) use a training model developed by the American College of Surgeons' (ACS) Committee on Trauma and (2) provide certification in bleeding control training that allows participants to provide bleeding control training to other people after completing the training program.

Under the bill, each district health director must determine the program's eligibility criteria. Participants must be members of the following groups within the district:

1. employees of the district health department, youth service bureaus, municipal social service agencies, and schools, and any other municipal employees;
2. employees and volunteers of youth-serving organizations and youth athletic activities operated by businesses, nonprofits, or a municipality; and
3. members of local police departments, local and regional school boards, and paid municipal or volunteer fire departments.

The bill requires at least one health district employee to receive certification in bleeding control through the training program.

It also allows school employees (e.g., teachers, administrators, paraeducators, nurses, and social workers) to participate in the bleeding control training program as part of an in-service training program already required by law.

Under the bill, anyone who completes the program and has a valid certification may provide bleeding control training to anyone listed in the groups above as well as the public.

BLEEDING CONTROL KIT LOCATIONS

State Buildings

The bill requires the DAS commissioner, by July 1, 2026, to ensure that at least one bleeding control kit is installed on each floor level of every building the state or its political subdivisions own. The kit must be centrally located, clearly visible, and easily accessible.

Under the bill, a "bleeding control kit" is a set of materials used to give first aid to a person suffering from a serious bleed, including tourniquets, chest seals, compression bandages, bleeding control bandages, emergency blankets, latex-free gloves, markers, and scissors. It also includes instructional documents developed by ACS, the U.S. Department of Homeland Security, or a similar organization or agency that describes methods to prevent blood loss following a traumatic event.

Public Buildings

The bill requires the state building inspector and the Codes and Standards Committee to jointly, with the DAS commissioner's approval, include in the State Building Code's next adopted amendments (after the bill passes) a requirement that at least one bleeding control kit is installed on each floor of a newly constructed or substantially renovated (1) public building, (2) place of public accommodation, and (3) resort or amusement. The kit must be centrally located, clearly visible, and easily accessible.

4: 2026-2027 Biennial Budget At-A-Glance

DEPARTMENT OF PUBLIC HEALTH		
Personal Services	40,620,559	40,640,559
Other Expenses	8,132,228	8,939,228
Gun Violence Prevention	4,404,299	4,404,299
Lung Cancer Detection and Referrals	479,137	479,137
Pancreatic Cancer Screening	106,996	127,161
Public Health Response	868,858	720,931
Community Health Services	2,398,494	2,398,494
Rape Crisis	616,233	616,233
Local and District Departments of Health	6,509,802	8,213,916
School Based Health Clinics	13,540,721	14,400,721
AGENCY TOTAL	77,677,327	80,940,679

The above charts show DPH line items. The line item for local and district departments of health is highlighted. The second column is the FY26 appropriation and the third column is the FY27 appropriation. In FY25, the line item for local and district departments of health was \$7,192,101. Thus, there is a ~10% decrease in funding for FY26 but a nearly 15% increase in FY27 when new per capita rates take effect (more information below).

Below are excerpts of the bill analysis for some relevant sections of the budget bill, [HB 7287](#). The items below are by no means exhaustive. Take a look at the [full bill analysis](#) for further information.

§§ 173 & 174 — LOCAL HEALTH DEPARTMENT AND DISTRICT FUNDING

Requires the Department of Public Health to increase aid to municipal and district health departments starting in FY 27

Starting in FY 27, the bill increases funding to local and district health departments as follows: (1) from \$1.93 to \$2.13 per capita for municipal health departments and (2) from \$2.60 to \$3.00 per capita for district health departments.

By law, to qualify for this funding, among other things, (1) municipalities must have a full-time health department and a population of at least 50,000 and (2) health districts must have a total population of at least 50,000 or serve three or more municipalities regardless of combined population.

EFFECTIVE DATE: Upon passage

§ 183 — WATER FLUORIDATION

Codifies the amount of fluoride that water companies must add to the water supply, rather than tying the amount to federal recommendations

The bill codifies the amount of fluoride that water companies must add to the water supply, rather than tying the amount to federal Department of Health and Human Services (HHS) recommendations as current law does. In doing so, it maintains the current required level.

Specifically, it requires water companies to add enough fluoride to maintain an average monthly fluoride content of 0.7 milligrams per liter (mg/L), within a range of 0.15 mg/L greater or lower than this amount. As under current law, the bill applies to water systems that serve at least 20,000 people. (The current HHS recommendation is 0.7 mg/L, but HHS recently directed the Centers for Disease Control and Prevention (CDC) to reexamine the issue.)

EFFECTIVE DATE: Upon passage

§ 184 — FEDERAL RECOMMENDATION ADVISORY COMMITTEE

Allows DPH to create an advisory committee on matters related to CDC and FDA recommendations

The bill expressly allows the Department of Public Health (DPH) commissioner to create a committee to advise her on matters relating to federal CDC and Food and Drug Administration (FDA) recommendations, using evidence-based data from peer-reviewed sources. If convened, the committee must serve in a nonbinding advisory capacity, providing guidance solely at the commissioner's discretion.

The committee may include, among others, the following members from in-state higher education institutions:

1. the deans of public health schools at an independent and a public institution,
2. a primary care physician with at least 10 years of clinical experience and who is a medical school professor,
3. an infectious disease specialist with at least 10 years of clinical experience and who is a professor, and
4. a pediatrician with at least 10 years of clinical experience and expertise in children's health and vaccinations and who is professor.

The committee may also include anyone else the commissioner determines would be beneficial.

EFFECTIVE DATE: Upon passage

§§ 188 & 189 — OPIOID USE DISORDER

Declares opioid use disorder to be a public health crisis in the state and requires the Alcohol and Drug Policy Council to convene a working group to set goals to combat this disorder's prevalence

The bill requires the state's Alcohol and Drug Policy Council to convene a working group to set one or more goals for the state in its efforts to combat the prevalence of opioid use disorder. The council must report on these goals to the Public Health Committee by July 1, 2026.

The bill also declares that opioid use disorder is a public health crisis in Connecticut and will continue as one until the state meets the working group's goals.

EFFECTIVE DATE: Upon passage

§ 190 — PUBLIC HEALTH URGENT COMMUNICATION ACCOUNT

Creates an account to fund DPH communications during public health emergencies

The bill creates the public health urgent communication account as a separate, nonlapsing account that must contain any money required by law to be deposited into it.

Under the bill, DPH must use the account's funds to give the public, health care providers, and other stakeholders timely, effective communication during a governor-declared public health emergency.

EFFECTIVE DATE: Upon passage

§ 191 — EMERGENCY PUBLIC HEALTH FINANCIAL SAFEGUARD ACCOUNT

Creates an account to address unexpected shortfalls in public health funding

The bill creates the emergency public health financial safeguard account as a separate, nonlapsing account that must contain any money required by law to be deposited into it. Under the bill, DPH must use the account's funds to (1) address unexpected shortfalls in public health funding and (2) ensure the department's ability to respond to the state's health care needs and provide essential public health services. But the bill specifically prohibits DPH from using the account for any of the purposes for which the safe harbor account may be used (see § 187).

EFFECTIVE DATE: Upon passage

§ 197 — FOOD CODE REVISIONS

Requires the DPH commissioner to adopt into the state's food code any FDA food code revision issued by the end of 2024, and gives her the discretion to adopt other supplements to the federal code

Existing law requires the DPH commissioner to adopt the FDA Food Code as the state's food code for regulating food establishments, and DPH regulations doing so took effect in early 2023. The bill requires the commissioner to adopt into the state code any FDA code revision issued by December 31, 2024. It gives her the discretion to adopt into the state code other supplements to the federal code, rather than requiring her to do so under current law.

EFFECTIVE DATE: Upon passage

§ 419 — CIGARETTES

Modifies the definition of "cigarettes" under the state's cigarette tax and other laws to, among other things, explicitly include any roll, stick, or capsule of tobacco intended to be heated under ordinary conditions of use

Definition

The bill modifies the definition of "cigarette" under the cigarette tax law to generally align it with the definition in the tobacco master settlement agreement (MSA) law (the 1998 agreement between Connecticut and leading tobacco companies).

The cigarette tax law broadly defines a cigarette as a roll for smoking made wholly or in part of tobacco, irrespective of size or shape and whether the tobacco is flavored, adulterated, or mixed with any other ingredient. The roll must have a wrapper or cover made of paper or any other material, and a roll with a wrapper made of homogenized tobacco or natural leaf tobacco and that is a cigarette size of three pounds or less per thousand is also considered a cigarette and subject to the tax. If the wrapper is made entirely or mostly of tobacco and the roll weighs more than three pounds per thousand, it is excluded from the definition.

Under the bill, as under the MSA law, a "cigarette" is any product that contains nicotine, is intended to be burned or heated under ordinary use, and consists of or contains the following:

1. a paper-wrapped roll of tobacco or roll of tobacco wrapped in any substance not containing tobacco;
2. tobacco in any form that is functional in the product and is likely to be offered to or purchased by a customer as a cigarette because of its appearance, the type of tobacco in the filler, or its packaging or label; or
3. a roll of tobacco wrapped in any substance containing tobacco and likely to be offered to or purchased as a cigarette as described above.

As under current law, a roll that weighs over three pounds per thousand and has a wrapper made entirely or mostly of tobacco is excluded.

The bill explicitly includes a roll, stick, or capsule of tobacco, regardless of its shape or size, that is generally intended to be heated. As under the current law, a roll is also considered a cigarette if it has a wrapper made of homogenized tobacco or natural leaf tobacco and is a cigarette size that weighs three pounds or less per thousand.

Related Laws

By modifying the definition of cigarette for purposes of the cigarette tax, the bill potentially expands the products subject to this tax (see Background — Cigarette Tax) and the existing restrictions on selling, giving, or delivering cigarettes to people under 21. It also potentially expands the distributors, retailers, and manufacturers subject to the existing laws and restrictions on selling cigarettes in Connecticut. This includes laws requiring:

1. anyone whose business includes selling cigarettes in Connecticut to have either a cigarette dealer's or cigarette distributor's license from DRS,
2. those that intend to distribute cigarettes in Connecticut to have a cigarette distributor's license, and
3. tobacco product manufacturers to get and maintain a cigarette manufacturer's license and either (a) enter into and perform financial obligations under the tobacco settlement agreement or (b) pay into a qualified escrow account for each cigarette they sell in the state.

It also potentially expands the products that factor into the qualifying criteria for firefighter cancer relief benefits. By law, to qualify for the benefits, among other things, a firefighter must not have used cigarettes, as defined under the cigarette tax law, during the 15 years before the cancer diagnosis.

EFFECTIVE DATE: July 1, 2025

§§ 420 & 421 — E-CIGARETTES

Imposes restrictions and penalties on e-cigarettes similar to those that apply to cigarettes under existing law; specifically requires e-cigarette sellers to ask prospective buyers to present a driver's license, passport, or ID card to verify that they are at least 21 years old and allows them to use electronic scanners to check a passport's validity, just as current law allows them to for driver's licenses and ID cards; increases the maximum fines that may be imposed on anyone who sells, gives, or delivers an e-cigarette to a minor

Shipping and Transporting Restrictions

The bill places restrictions on in-state shipping and transporting of e-cigarettes that are similar to those in law for cigarettes.

Authorized Recipients. Specifically, businesses may only ship or transport e-cigarettes to a (1) Department of Consumer Protection (DCP)-registered e-cigarette dealer or manufacturer or (2) government employee, officer, or agent acting within his or her official duties. The bill relatedly requires the DCP commissioner to publish on the department's website a list of each person that holds a dealer or manufacturer registration. It prohibits common or contract carriers or

anyone else from knowingly delivering e-cigarettes to a residence or to someone in Connecticut they reasonably believe is not one of these authorized recipients.

Packaging Requirement. The bill requires e-cigarette sellers shipping or transporting e-cigarettes to these authorized recipients to plainly and visibly mark the packages when they do not ship them in their original container or wrapping. Specifically, the packages must state the following: "CONTAINS AN ELECTRONIC NICOTINE DELIVERY SYSTEM OR VAPOR PRODUCT – SIGNATURE OF A PERSON AGE 21 OR OLDER REQUIRED FOR DELIVERY." It also requires these sellers to make the deliveries conditional on the customer signing an acknowledgement of receipt and presenting proper proof of age.

The bill eliminates similar packaging and age verification requirements that currently apply to e-cigarette dealers selling and shipping e-cigarettes to in-state consumers.

Seizure. Under the bill, e-cigarettes shipped or transported in violation of these provisions are contraband and subject to confiscation, storage, and destruction. The shipper or transporter is liable for all confiscation, storage, and destruction costs.

Penalties. The bill makes a first violation of these provisions a class B misdemeanor, punishable by up to six months in prison, up to a \$1,000 fine, or both, and subsequent violations a class A misdemeanor, punishable by up to 364 days in prison, up to a \$2,000 fine, or both. The DRS commissioner may also impose a maximum civil penalty of \$10,000 for each violation, where each shipment or transport is a separate offense.

Age Verification Requirements

Proof of Age. Connecticut law makes it illegal to sell, give, or deliver e-cigarettes to a minor (under age 21) and requires sellers and their agents or employees to ask a prospective buyer who appears to be under age 30 for proper proof of age, in the form of a driver's license, valid passport, or ID card. Sellers are prohibited from selling an e-cigarette to someone who does not provide this proof.

The bill additionally requires sellers and their agents or employees to ask all prospective buyers to present a driver's license, passport, or ID card to prove that they are 21 or older. A similar requirement applies under existing law to cigarette and tobacco product purchases.

Electronic Scanners. Existing law allows sellers to verify a prospective buyer's age by using an electronic scanner to check the validity of the buyer's driver's license or ID card. The bill additionally allows them to use these scanners to check a passport's validity. It makes various conforming changes to the electronic scanner laws, including:

1. barring the sale if the scan fails to match the information on the passport,
2. limiting the information that can be recorded and kept from a scan to the passport holder's name and birthdate and the passport's expiration date and identification number, and

3. allowing an affirmative defense in prosecutions for selling e-cigarettes to minors where the seller relied on a scan indicating a valid passport.

The same provisions apply to driver's licenses and ID cards under existing law. The bill also eliminates a provision allowing sellers to use an electronic scanner to check the validity of documents other than driver's licenses and ID cards if they have a scannable bar code or magnetic strip.

By law, violators of these provisions are subject to a civil penalty of up to \$1,000.

Fines for Underage Sales. The bill increases the maximum fines that may be imposed on anyone who sells, gives, or delivers an e-cigarette to a minor to \$1,000 for each offense, rather than the current maximum fines of:

1. \$300 for a first offense;
2. \$750 for a second offense committed within 24 months of the first offense; and
3. \$1,000 for each subsequent offense committed within those same 24 months.

By law, the fines do not apply to anyone who sells, gives, or delivers e-cigarettes to, or receives them from, a minor who receives or delivers them (1) as an employee or (2) as part of a qualifying scientific study.

Dealer Registration Suspension or Revocation. The bill authorizes the DCP commissioner to suspend or revoke an e-cigarette dealer's registration for violating any provision of these age verification laws.

EFFECTIVE DATE: July 1, 2025

Fluoride will stay in state's water

Bill signed by Lamont insulates Connecticut from federal policy changes sought by RFK Jr.

BY LIVI STANFORD HARTFORD COURANT

Gov. Ned Lamont has signed legislation establishing a new law to maintain existing levels of fluoride used in water supplies, insulating Connecticut from potential federal policy changes state lawmakers and health officials say could negatively impact public health.

Health and Human Services Secretary Robert F. Kennedy Jr. has publicly stated his interest in removing fluoride from drinking water. Kennedy has said he plans to tell the Centers for Disease Control and Prevention to stop recommending fluoridation in communities nationwide.

Connecticut is the only state in the “country to affirm fluoridation by passing legislation requiring large public water systems to maintain optimal fluoride levels,” the Connecticut State Dental Association said in a statement.

“Community water fluoridation has been effective in the United States for nearly a century, and it remains one of the most successful and efficient strategies in improving oral health,” the governor said in a statement. “There is no reason to tamper with this health standard, which has been proven to be safe and effective for many decades.”

Connecticut state statutes most recently required public water systems to maintain an average monthly fluoride content that is not more or less than 0.15 mg/L different from the amount that is recommended by HHS, which is currently 0.7 mg/L, according to the governor's office.

The governor's office said the new state law simply preserves that 0.7 mg/L standard in state statutes, no longer keeping it tied to the Department of Health and Human Services.

“Connecticut’s legislators and Gov. Lamont have acted expeditiously and effectively to protect the health of Connecticut residents by ensuring that community water fluoridation remains in place here,” said Kathlene Gerrity, executive director of CSDA in a statement.

Gerrity denounced recent “misinformation about fluoridation,” noting that “statements by Florida Surgeon General Joseph Ladapo labeling fluoridation as ‘medical malpractice’ have been widely rejected by public health experts.”

She cited the American Dental Association President Dr. Brett Kessler’s remarks calling Ladapo’s comments ‘misinformed and dangerous.’

The CSDA said that current research continues to confirm the safety of fluoride at recommended levels.

A recent JAMA Pediatrics article that raised concerns about fluoride affecting IQ levels “presented no new evidence and relied on the National Toxicology Program report that failed peer review twice and was significantly revised prior to release,” according to the CSDA.

Senate President Pro Tempore Martin Looney, D-New Haven, said in a statement that the bill “represents support for forward-thinking science-first policies.”

“Fluoridation in public water supplies doesn’t just benefit public and dental health,” the senator said in a statement. “The Harvard School of Dental Medicine predicts that a national ban on fluoride would increase dental costs by nearly \$20 billion over a ten-year period in the United States as cavity rates grow, adding another financial burden for countless families.”

Senate Majority Leader Bob Duff, D-Norwalk, added in a statement that “there is no evidence that fluoride in public waterways in the United States does anything other than prevent cavities and improve oral health.

“In Canada, cavity rates rose 10% when Calgary removed fluoride from public water supplies and the city’s leaders are working to bring it back,” he said. “Why make the same mistake? This bill ensures Connecticut will not turn its back on one of the best public health advances of the last century. We will not be intimidated by conspiracy theories that put our children and public health at risk.”

State Department of Public Health Commissioner Manisha Juthani said in a statement that “numerous research studies have shown that water fluoridation is safe, effective, and the best way to improve oral health in a community. Given the large decrease in tooth decay during the past 60 years, the Centers for Disease Control and Prevention named water fluoridation one of ten great public health achievements of the 20th century.”

State Sen. Saud Anwar, co-chair of the Public Health Committee, said the Public Health Committee started working on the bill a day or two after the election results showed Trump would become president.

“This is going to help the oral health and dental health of our next generation but also at the same time the overall health because oral health is part of the entire well being,” the senator said. “A number of illnesses are associated with dental disease and oral health. That’s why this was a very important bill.”

Associated Press contributed to this report.

Alert out as bat tests positive for rabies

Animal was found in East Lyme; officials warn to keep distance

BY STEPHEN UNDERWOOD HARTFORD COURANT

The Ledge Light Health District is warning residents in East Lyme after a bat tested positive for rabies on Thursday, officials said.

In the United States, bats are the most reported animals with rabies, according to the Centers for Disease Control.

The bat was found on Boston Post Road, officials said. Health officials are warning people not to feed or approach wild animals in the area and avoid contact with wild or stray animals.

The Ledge Light Health District is the local health department for East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Stonington and Waterford.

Rabies is a fatal viral disease primarily found in bats and wild carnivores, such as raccoons, skunks, and foxes, also referred to as rabies vector species. It can also infect unvaccinated cats, dogs, livestock and other mammals such as woodchucks and deer, according to the state's Department of Energy and Environmental Protection.

Rabies is found in the saliva of infected animals and is transmitted primarily through a bite. It can also spread when saliva or central nervous system tissue enters an open wound or mucous membranes. Anyone exposed to a suspect rabid animal should thoroughly wash wounds and immediately contact a doctor and follow their instructions, or seek emergency medical treatment, according to DEEP.

If a pet or livestock is exposed to a rabid animal, the incident should be reported to a veterinarian and the town animal control office, a spokesperson with DEEP said. It is important to vaccinate pets and livestock against rabies. Unvaccinated pets represent the greatest risk of

rabies exposure to humans and are frequently the link between rabid wildlife and people.

Across the state in 2023, the latest year for which DEEP has data posted, 36 known animals tested positive for rabies. There were 27 positive cases in 2022.

The animals included 12 bats, nine raccoons, eight skunks, two groundhogs, a bobcat, three cats and a fox, data shows. The information includes towns where there were animals positive for rabies. In Connecticut, animals are tested for rabies virus when people or domestic animals might have been exposed to the virus. All dogs and cats over the age of 3 months are required by law to be vaccinated against rabies. Animal testing is primarily done to help healthcare providers determine the best way to treat their patient, according to officials.

The Connecticut Department of Public Health State Public Health Laboratory tests animals for the rabies virus only if a person had a bite or saliva exposure. Animals involved in incidents with domestic animals or with no human exposure can be tested at the Connecticut Veterinary Medical Diagnostic Laboratory at the University of Connecticut.

According to DEEP, some safety tips include:

Keep your distance: Do not approach or feed wild animals.

Protect your pets: Ensure your pets' rabies vaccinations are up-to-date.

Secure your Home: Keep trash bins sealed and remove any food sources that might attract wildlife.

Report suspicious Bbehavior: Contact your local animal control or DEEP if you see a raccoon or other animal acting strangely.

If you are bitten, officials say to “wash the wound thoroughly with soap and water, seek medical attention immediately and report the incident to your local health department or animal control.”

Stephen Underwood can be reached at sunderwood@courant.com.

Robert L. Miller

From: McGrath, Julia <Julia.McGrath@mail.house.gov>
Sent: Friday, July 11, 2025 5:06 PM
To: McGrath, Julia
Subject: Change to HHS PRWORA impacting grantees

Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

Yesterday Health and Human Services announced its intention to rescind a 1998 interpretation of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which will change how providers funded through HHS will administer their services.

Many of you are likely well aware of this announcement at this point, but we are sharing to ensure as many stakeholders see this as possible.

See full announcement here: [HHS Bans Illegal Aliens from Accessing its Taxpayer-Funded Programs](#)

Programs impacted will include:

- Certified Community Behavioral Health Clinics
- Community Mental Health Services Block Grant
- Community Services Block Grant (CSBG)
- Head Start
- Health Center Program
- Health Workforce Programs not otherwise previously covered (including grants, loans, scholarships, payments, and loan repayments)
- Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration
- Projects for Assistance in Transition from Homelessness Grant Program
- Substance Use Prevention, Treatment, and Recovery Services Block Grant
- Title IV-E Educational and Training Voucher Program
- Title IV-E Kinship Guardianship Assistance Program
- Title IV-E Prevention Services Program
- Title X Family Planning Program

As stated in the release, this list is not exhaustive. The federal register notice will be officially posted on July 14th [HERE](#). Following the official publishing of the notice, there will be a thirty day comment period. Please share with your networks!



Julia McGrath

Grants and Special Projects Coordinator

Congressman Joe Courtney (CT-2)

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June 23, 2025

Board of Directors
Eastern Highlands Health District

We are engaged to audit the financial statements of the governmental activities and each major fund of Eastern Highlands Health District as of and for the year ended June 30, 2025. Professional standards require that we communicate to you the following information related to our audit. We will contact you to schedule a meeting to discuss this information since a two-way dialogue can provide valuable information for the audit process.

Our responsibility under Auditing Standards Generally Accepted in the United States of America, Government Auditing Standards.

Financial statements, internal control, and compliance

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS); the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require us to be independent of the entity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. Those standards also require that we exercise professional judgment and maintain professional skepticism throughout the planning and performance of the audit. As part of our audit, we will:

- Identify and assess the risks of material misstatement of the financial statements and material noncompliance, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement or a material noncompliance resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we identify during the audit that are required to be communicated under U.S. GAAS and *Government Auditing Standards*.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements, including the amounts and disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

- Conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable period of time.
- Form and express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America.
- Plan and perform the audit to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS and the standards for financial audits contained in *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.
- Perform, as part of obtaining reasonable assurance about whether the financial statements as a whole are free from material misstatement, tests of the entity's compliance with provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements. However, the objective of our tests is not to provide an opinion on compliance with such provisions and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.
- Provide a report (which does not include an opinion) on internal control over financial reporting and on compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements, as required by *Government Auditing Standards*.
- Obtain an understanding of internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over compliance. However, we will communicate to you in writing any significant deficiencies or material weaknesses in internal control over compliance that we identify during the audit that are required to be communicated.
- Plan and perform the audit to obtain reasonable assurance about whether material noncompliance with the applicable compliance requirements occurred. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS, *Government Auditing Standards* will always detect material noncompliance when it exists. Material noncompliance can arise from fraud or error and is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report.

- Communicate significant matters related to the financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.
- Communicate circumstances that affect the form and content of the auditors' report.

Our audit of the financial statements does not relieve you or management of your responsibilities.

Supplementary information in relation to the financial statements as a whole

Because we were engaged to report on the supplementary information accompanying the financial statements, our responsibility for other supplementary information accompanying the financial statements, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole. We will make certain inquiries of management and evaluate the form, content, and methods of preparing the information to determine whether the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We will compare and reconcile the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Required supplementary information

With respect to the required supplementary information (RSI) accompanying the financial statements, we will make certain inquiries of management about the methods of preparing the RSI, including whether the RSI has been measured and presented in accordance with prescribed guidelines, whether the methods of measurement and preparation have been changed from the prior period and the reasons for any such changes, and whether there were any significant assumptions or interpretations underlying the measurement or presentation of the RSI. We will compare the RSI for consistency with management's responses to the foregoing inquiries, the basic financial statements, and other knowledge obtained during the audit of the basic financial statements. Because these limited procedures do not provide sufficient evidence, we will not express an opinion or provide any assurance on the RSI.

Use of financial statements

Our auditors' opinions, the audited financial statements, and the notes to financial statements should only be used in their entirety. Inclusion of the audited financial statements in a document you prepare, such as an annual report, should be done only with our prior approval and review of the document. You are responsible to provide us the opportunity to review such documents before issuance.

Planned scope and timing of the audit

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit of the financial statements will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of the audit. However, some matters may be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

Although our audit planning has not been concluded and modifications may be made, we have identified the following significant risk(s) of material misstatement as part of our audit planning:

- Management Override of Controls

As a result of unexpected events, changes in conditions, or the audit evidence obtained from the results of audit procedures performed, we may need to modify the overall audit strategy and audit plan and, thereby, the resulting planned nature, timing, and extent of further audit procedures, based on the revised consideration of assessed risks.

We expect to begin our audit on approximately August 25, 2025 and issue our report on approximately December 31, 2025.

Other planning matters

Recognizing the importance of two-way communication, we encourage you to provide us with information you consider relevant to the audit. This may include, but is not limited to, the following items:

- Your views about the following matters:
 - The appropriate person(s) in the entity's governance structure with whom we should communicate.
 - The allocation of responsibilities between those charged with governance and management.
 - The entity's objectives and strategies and the related business risks that may result in material misstatements.
 - Matters you believe warrant particular attention during the audit and any areas for which you request additional procedures to be undertaken.
 - Significant communications between the entity and regulators.

- Other matters you believe are relevant to the audit of the financial statements.
- The attitudes, awareness, and actions of those charged with governance concerning (a) the entity's internal control and its importance in the entity, including how those charged with governance oversee the effectiveness of internal control, and (b) the detection or the possibility of fraud.
- The actions of those charged with governance in response to developments in law, accounting standards, corporate governance practices, and other related matters, and the effects of such developments on, for example, the overall presentation, structure, and content of the financial statements, including the following:
 - The relevance, reliability, comparability, and understandability of the information presented in the financial statements.
 - Whether all required information has been included in the financial statements, and whether such information has been appropriately classified, aggregated or disaggregated, and presented.
- The actions of those charged with governance in response to previous communications with the auditor.
- Your understanding of the risks of fraud and the controls in place to prevent and detect fraud, including your views on the following matters:
 - The “tone at the top” conveyed by management.
 - The risk that the entity’s financial statements might be materially misstated due to fraud.
 - Programs and controls that the entity has established to mitigate identified fraud risks or that otherwise help to prevent, deter, and detect fraud.
 - How and how often you review the entity’s policies on fraud prevention and detection.
 - If a fraud hotline is in place, how it is monitored and how you are notified of allegations or concerns.
 - How you exercise oversight of management’s processes for identifying and responding to the risks of fraud and the programs and controls management has established to mitigate those risks.
 - The risks of fraud at the entity, including any specific fraud risks the entity has identified or account balances, classes of transactions, or disclosures for which a risk of fraud may be likely to exist.

- Examples of fraud-related discussions management has had with you.
 - Any actual or suspected fraud affecting the entity that you are aware of, including measures taken to address the fraud.
 - Any allegations of fraud or suspected fraud (e.g., received in communications from employees, former employees, grantors, regulators, or others) that you are aware of.
 - Any knowledge of possible or actual policy violations or abuses of broad programs and controls occurring during the period being audited or the subsequent period.
 - Any accounting policies or procedures applied to smooth earnings, meet debt covenants, minimize taxes, or achieve budget, bonus, or other financial targets that you are aware of; and whether you are aware of any accounting policies that you consider aggressive.
- How you oversee the entity's (1) compliance with laws, regulations, and provisions of contracts and grant agreements, (2) policies relative to the prevention of noncompliance and illegal acts, and (3) use of directives (for example, a code of ethics) and periodic representations obtained from management-level employees about compliance with laws, regulations, and provisions of contracts and grant agreements.
 - Whether you are aware of any noncompliance with laws, regulations, contracts, and grant agreements, including measures taken to address the noncompliance.
 - If the entity uses a service organization, your knowledge of any fraud, noncompliance, or uncorrected misstatements affecting the entity's financial statements reported by the service organization or otherwise known to you.

This communication is intended solely for the information and use of the Board of Directors and management of Eastern Highlands Health District and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

CliftonLarsonAllen LLP



Vanessa E. Rossitto, CPA
Principal
860-561-6824
Vanessa.Rossitto@CLAAconnect.com





Deepa D. Joseph, MPH


Director of Health

Milford Health Department/Milford Department of Human Services

 djoseph@milfordct.gov

 (203)-783-3285

 82 New Haven Ave, Milford, CT 06460

 www.ci.milford.ct.us/health-department

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This message contains information which is confidential or privileged. Unless you are the addressee or authorized to receive for the addressee, you may not use, copy, distribute or disclose to anyone this message or any of the information contained in this message. If you have received this message in error, please advise the sender by reply email and delete/destroy the message. This message is protected by applicable legal privileges and is confidential. Unauthorized interception is prohibited by Federal Law.

From: Adriane Casalotti <ACasalotti@naccho.org>

Sent: Tuesday, July 1, 2025 3:01 PM

To: SACCHO-EDs <SACCHO-EDs@naccho.org>

Cc: Victoria Van de Vate <vvandevate@naccho.org>; Molly Curington <mcurington@naccho.org>; Lauren Soule <LSoule@naccho.org>

Subject: Federal Funding Updates: PHEP, HIV, TB, and 317

CAUTION: This message originated outside of the organization. Use caution when opening attachments, clicking links or responding to requests for information.

Hi all,

We wanted to let you know about some recent funding developments. As you know, numerous CDC grants to states/locals have been delayed this summer, causing different levels of challenges at health departments. Here is a round-up. Hopefully it will give you information that can help with your state-level convos. Please let us know if you are hearing anything different.

PHEP

The PHEP program sent an announcement to states/directly-funded cities in early June, noting that funding was coming (at about 75% of the total award), and fully funding the Cities Readiness Initiative (CRI), with an expectation that the additional 25% will be released when CDC has those funds available. The roughly 25% reduction of the partial award to the PHEP base is taken from the equipment, supplies, salaries, fringe, travel, contractual, and other. This is for Budget period 2 (July 1, 2025- June 30, 2026).

NACCHO's understanding is that these funds are in hand, but we have heard varying feedback on the % of dollars that LHDs will be getting from their states at this time.

HIV

CDC's Domestic HIV Prevention and Surveillance Funds expired on June 1, 2025, without allowance for carry over-spending. Last week, CDC was able to release the funding awards on a rolling basis. Additional information from the program is here:

CDC awarded approximately \$485 million through PS-24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments. This is a major step forward in our collective efforts to prevent new HIV infections and improve the health of people with HIV. This funding supports comprehensive HIV prevention and surveillance programs across state and local health departments, with flexibility to meet local needs by ensuring that resources are directed to the geographic areas with the greatest burden. It also directly supports the Ending the HIV Epidemic in the U.S. (EHE) initiative, helping to increase knowledge of HIV status, reduce transmission, improve care outcomes, and maintain the elimination of perinatal HIV.

TB

Last week, we received the following information sent to states/directly-funded locals:

CDC has not received an FY 2025 ceiling from the Office of Management and Budget (OMB). We have received enough funding via apportionments to begin processing final awards for our smaller cooperative agreements, including those for the TB Centers of Excellence (COEs) and the Pacific Islands. However, we have not yet received enough funding to process final 20% awards for our TB Elimination and Laboratory cooperative agreements. Based on conversations with leadership, we expect that we will eventually be able to fully fund the TB Elimination and Laboratory cooperative agreements.

317

Today, CDC released its next 5 year Notice of Award for the 317 Co-ag went out to jurisdictions. It includes 2 new directly-funded cities (LA and Phoenix/Maricopa Co.)

More details below:

Today, CDC issued Notices of Award for Cooperative Agreement IP25-0007: Strengthening Vaccine-Preventable Disease Prevention and Response. As a reminder, this Cooperative Agreement continues and builds upon the ongoing work of the Section 317 and Vaccines for Children (VFC) Program. These programs remain central to the U.S. immunization program infrastructure to achieve high vaccination coverage, low incidence of vaccine-preventable disease (VPD), and strong response to vaccine-preventable public health threats.

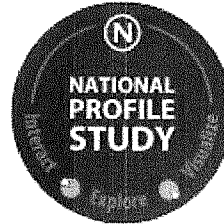
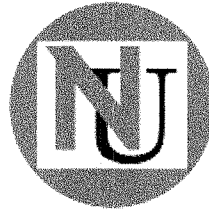
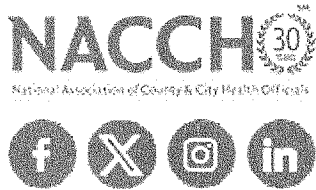
This funding provides the foundational resources to 66 local, state, and territorial health systems that support the operationalization of the VFC program and enables them to prepare for and respond to outbreaks of vaccine-preventable diseases. The new cooperative agreement includes two new recipients: Los Angeles and Phoenix. We are excited that the immunization infrastructure is growing and welcome these new cities.

The new five-year immunization cooperative agreement:

- Emphasizes outbreak prevention and response by investing in improved systems, data, and capabilities to respond to emerging threats and improve readiness across the nation*
- Supports the vital state- and county-level frontline workforce who plan for and respond to VPD outbreaks and pandemics*

- Serves as the backbone of the VFC Program, assuring that children and families across America have access to free vaccines when they are needed
 - This includes enrolling more birthing facilities into VFC to expand access to critical immunizations like nirsevimab for newborns, which has shown great success in reducing the hospitalization of infants due to respiratory syncytial virus (RSV) in its first two seasons of use.
 - Jurisdictions and CDC will use data to identify areas where there are fewer VFC providers and work to reduce barriers, so more families have access to vaccines in their communities.

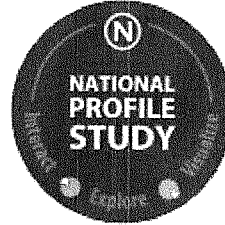
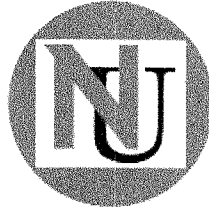
Adriane Casalotti, MPH, MSW (Pronouns: she/her)
 Chief of Government and Public Affairs
 National Association of County & City Health Officials
 1201 I Street NW Fourth Floor | Washington, DC 20005
Main: 202-783-5550 | **Direct:** 2025074255
E-mail: ACasalotti@naccho.org
www.naccho.org



From: Lori T. Freeman <lfreeman@naccho.org>
Sent: Tuesday, July 1, 2025 12:18 PM
To: MarComm <MarComm@naccho.org>
Cc: Leadership Council Team <LeadershipCouncilTeam@naccho.org>
Subject: Fw: 2025 CDC Immunization Cooperative Agreement Awarded

For wide distribution in appropriate channels, thank you.

Lori Freeman
 Chief Executive Officer
 National Association of County & City Health Officials
 1201 I Street NW Fourth Floor | Washington, DC 20005
Main: 202-783-5550 | **Direct:** 202.507.4271
E-mail: lfreeman@naccho.org
www.naccho.org



From: NCIRD Partnerships (CDC) <NCIRDPartnerships@cdc.gov>
Sent: Tuesday, July 1, 2025 12:10 PM
To: NCIRD Partnerships (CDC) <NCIRDPartnerships@cdc.gov>
Subject: 2025 CDC Immunization Cooperative Agreement Awarded

Dear Partner,

Today, CDC issued Notices of Award for Cooperative Agreement IP25-0007: Strengthening Vaccine-Preventable Disease Prevention and Response. As a reminder, this Cooperative Agreement continues and builds upon the ongoing work of the Section 317 and Vaccines for Children (VFC) Program. These programs remain central to the U.S. immunization program infrastructure to achieve high vaccination coverage, low incidence of vaccine-preventable disease (VPD), and strong response to vaccine-preventable public health threats.

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 - Jurisdictions and CDC will use data to identify areas where there are fewer VFC providers and work to reduce barriers, so more families have access to vaccines in their communities.

If you have questions or concerns, please contact isd2025nofo@cdc.gov.

Thank you for your continued partnership!

Sincerely,

June 17, 2025

Robert L. Miller, MPH, RS, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

Re: Per Capita Grant in Aid Funding Application for State Fiscal Year (SFY) 2026

Dear Robert,

The Per Capita Grant in Aid Funding Application for SFY 2026 (July 1, 2025 – June 30, 2026) and the SFY 2026 Per Capita Allocation Plan are now available for review on the DPH Directors of Health SharePoint.

Per capita funding is provided to support direct services to your community; a Basic Health Program outlined in CGS 19a-245 which is based on the CDC's 10 essential public health services. We ask that you provide a detailed budget and justification for each budget line item. Budget justifications must include a breakdown of costs as appropriate.

In addition, the SFY 2026 State of Connecticut appropriated budget line for the Department of Public Health's *Local and District Departments of Health* was reduced by 10%. This equates to a reduction of the per capita rate to \$2.34 (vs. \$2.60) for Districts & \$1.74 (vs. \$1.93) for full-time health departments. The Eastern Highlands Health District has been allocated \$184,965.30.

Please complete the per capita application and return all required submittals by September 15, 2025. All applications must be reviewed and approved by the Department of Public Health prior to payment. If you have any questions, please feel free to contact OLHA at OLHA.DPH@ct.gov or 860.509.7660.

Sincerely,



Carmen Chaparro, MS

Section Chief, Office of Local Health Administration

CC: Adelita Orefice, Deputy Commissioner

Nicholas Jakubowski, Deputy Chief, Operational Support Services

New food safety ratings in place

Local restaurants face changes as updated system affects health departments

BY SEAN KROFSSIK HARTFORD COURANT

Notice something different at your local restaurant lately? You are not alone.

Local health departments all over Connecticut have been testing the health and safety of restaurants and food providers differently, eliminating the restaurant pass/fail grading. In February 2023, the state adopted the 2022 United States Food and Drug Administration Food Code as its new rating system.

According to the Connecticut State Department of Public Health spokesperson Brittany Schaefer, the change was necessary “because the state had been using four different, outdated food safety codes that were confusing and overly restrictive,” she said.

“Many national restaurant chains couldn’t perform common food preparation practices that were allowed in surrounding states, creating unnecessary barriers for businesses while the state’s regulations lagged behind modern food safety standards,” Schaefer said.

Schaefer said the new system replaces pass/fail grades with a more practical approach that categorizes violations based on actual health risks.

“Instead of a single score, inspectors now identify three types of violations. Priority violations must be fixed within 72 hours because they pose the highest risk for food-borne illness, priority foundation violations have 10 days for correction as they can lead to more serious problems and core violations get 90 days since they relate to general cleanliness and maintenance issues,” Schaefer said. Those determinations are based on 56 categories which include supervision, employee health, good hygiene practices, preventing contamination by hands, approved

(food) source, protection from contamination, time/temperature control for safety, consumer advisory, highly susceptible population, food/color additives and toxic substances. Also conformance with approved procedures, safe food and water, food and temperature control, food identification, prevention of food contamination, proper use of utensils, utensils and equipment and physical facilities.

According to the FDA Food Code, the five major risk factors related to employee behaviors and preparation practices in retail and food service establishments contributing to food-borne illness include improper holding temperatures, inadequate cooking, such as undercooking raw shell eggs, contaminated equipment, food from unsafe sources and poor personal hygiene.

The U.S. Centers of Disease Control and Prevention estimates that each year, 48 million people get sick from a food-borne illnesses, which includes approximately 128,000 hospitalizations and 3,000 deaths. According to the FDA, the annual cost of food-borne illness in terms of pain and suffering, reduced productivity and medical costs are estimated to be between \$10 billion and \$83 billion.

Schaefer said the change in system addresses major flaws.

“In the old scoring system a restaurant could score in the 90s, like an “A” grade, but still have serious health violations, while another restaurant with a score in the 80s might actually be much safer overall,” Schaefer said. “The new system focuses on what actually matters for public health, identifying and quickly fixing the most dangerous problems rather than pursuing an arbitrary numerical score.”

Schaefer said the changes also modernize how violations are handled and that restaurants can now email or text photos to prove they have fixed problems instead of follow-up inspections for every issue.

“This saves time for both inspectors and business owners while maintaining safety standards. Additionally, the new system aligns with what food safety managers already learn in their certification courses, eliminating the confusion that occurred when training materials didn’t match state requirements,” Schaefer said. “The overall focus has shifted from scoring and grading to education and prevention, helping restaurants understand and maintain proper food safety practices.”

Connecticut Restaurant Association President and CEO Scott Dolch said he spoke with seven or eight food operators recently about the uniform system being used in the state. He said the majority of the owners spoke “highly and positively” these changes and in the early days of this change “it seems that it is working better than before.”

“Connecticut’s new guidelines relating to restaurant inspections offer a more thoughtful approach, putting the focus where it belongs: On food safety and consistency between health districts,” he said. “Restaurants across Connecticut want a system that is fair and uniform, and these updated standards will help make it clear for everyone what’s expected, and how best to protect the dining public.”

According to Dolch, all restaurants are required to have a certified food protection manager on staff. Courses can be taken online or in person.

“At the Connecticut Restaurant Association, we’re proud to play an active role in this effort by training more than 1,500 new industry professionals every year through our ServSafe manager training, reinforcing a culture of safety that benefits both our workforce and our guests,” Dolch said.

He added that the larger restaurants that have businesses in different health districts also wanted more consistency across the board and the new system provides that.

Dolch said his food operators appreciate the consistency of the new scale and have a much better relationship with the Department of Public Health because it’s less about purely a grade and its more about explaining why something is a Level 2 or a Level 3. He said he’s getting fewer calls from his owners than in the past because the Connecticut food operators and the DPH are working together and are more on the same page because of this new system.

“The intent for everyone is to keep people safe and No. 1 having the restaurant doing the right thing and the auditor and the DPH with the feeling that they aren’t coming in to shut places down that their intent is to be doing the things that need to be done to keep people safe,” Dolch said.



Town of Windham

Windham Water Works

174 Storrs Road
Mansfield Center, CT 06250
Phone: 860-465-3075 & Fax: 860-465-3085

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FOR IMMEDIATE RELEASE

June 16, 2025

Windham Water Works Announces New Procedures Relative To PFAS

The Windham Water Works (WWW) top priority is protecting public health and the integrity of our water supply. The WWW cares about your drinking water and through its regulated and comprehensive watershed inspection program investigates potential concerns related to its water supply.

The Windham Water Works recently received notification that biosolids were used in its watershed. This notification prompted WWW to conduct an initial review of potential impacts to the watershed from the use of biosolids. The use of biosolids in a watershed is a potential concern because chemicals called per-and polyfluoroalkyl substances (PFAS) can be found in fertilizers derived from bio-solids. As such, WWW took a proactive step of performing additional sampling for PFAS in surface waters which make up the source of its drinking water. Although initial water sampling indicates small detectible amounts of PFAS compounds are presently entering the WWW surface water source, all current testing results for both our raw & treated drinking water remain well below the Maximum Contaminant Levels (MCLs) as established by the U.S. EPA. As of today's date, the CT DPH has no standard for PFAS in public drinking water.

What Are PFAS? PFAS is an abbreviation for **Per-and polyfluoroalkyl substances**. PFAS are a large complex group of synthetic chemicals that were created in the early 1940's and introduced for the production of things such as: food packaging, non-stick cookware, cleaning products, makeup, carpets, furniture, safety products such as Class B firefighting foams, waterproofing material for clothes, shoes, and many other everyday use items. PFAS can leach into water from many sources.

What Are Biosolids? Biosolids are the nutrient-rich organic materials resulting from the treatment of domestic sewage in a treatment facility. When treated and processed, these residuals can be recycled and be applied as a fertilizer to improve and maintain productive soils and stimulate plant growth. Often citizens don't realize that some bio-solids contain PFAS.

Is My Water Safe? Yes, it is safe. We understand the concerns regarding PFAS and in keeping with WWW's commitment to transparency and particularly in response to community concerns, WWW initiated data collection efforts specially focused on PFAS compounds. WWW investigated two known locations where biosolids were applied and performed additional sampling in April, and a second set of sampling was completed in May. The sampling confirmed that there are currently no detrimental impacts to the WWW drinking water supply. One of the known sites biosolids were applied at was spread after the States biosolids ban, which was enacted on October 1st, 2024.

What Else Is Being Done by WWW? While current testing confirms continued compliance with all regulatory limits to assess and address the use of PFAS-containing biosolids in its 165 square mile watershed, this initiative builds upon the watershed program that WWW already has in place to identify and address conditions that may be detrimental to our drinking water quality. WWW is committed to an ongoing, science-based evaluation. WWW is engaging State agency partners to clarify the present situation but is working with DEEP to develop a robust PFAS action plan. WWW's specific short-term objective is to remove any stockpiled PFAS containing materials.

Additionally, an increased watershed sampling protocol is underway to monitor for any short-, mid- and long-term implications of Biosolids/PFAS use in our watershed. The WWW is working with State agencies—including the Department of Energy and Environmental Protection (DEEP), the CT Department of Public Health (DPH), and the Federal NRCS to develop a deeper understanding of PFAS-related issues in the watershed. Through this effort, WWW hopes to help increase public awareness of ways that residents can reduce personal PFAS exposures and avoid PFAS releases in a property. These coordinated efforts are intended to prevent future applications of PFAS-containing materials from entering the WWW watershed.

Further updates will be provided on the Town of Windham's website under the WWW webpage, as additional data and information becomes available. In the meantime, please know that WWW cares about this and your health and remains committed to its goal of providing community awareness, engaging proactively with regulatory authorities, and ensuring our water remains as safe and sustainably managed as possible as we continue working to protect the source water.

How Can I Learn More? To learn more about PFAS or better understand your personal risk based on your circumstances regarding PFAS please visit the following websites:

- 1: EPA's website: <https://www.epa.gov/pfas>
2. State of CT DEEP PFAS website: <https://portal.ct.gov/DEEP-PFAS>
- 3: State of CT DPH's website: <https://portal.ct.gov/dph/environmental-health/pfas/pfas>

Sincerely,

Michael Turgeon
Superintendent

Robert L. Miller

From: Robert L. Miller
Sent: Thursday, July 24, 2025 10:44 AM
To: James Drumm
Cc: 'Imunshower@coventry-ct.gov'; Lynette S. Swanson; Glenn H. Bagdoian
Subject: Patriots Park Bathing Area Frequent Closures

Hi Jim & Leslie – I am reaching out to you regarding the above referenced matter to highlight some Health District field observations, and make a few suggestions that may mitigate the bacteria loading the bathing area is currently experiencing. While the cause is not entirely clear, the bacteria levels are higher this year as compared to many past years.

There are many factors that influence bacteria levels in the bathing area including water temperature, precipitation, inflows, bather loading, etc. The two factors I want to highlight at this point are the Canadian geese population, and water circulation. Health District field staff have regularly observed geese guano on the lake floor in the bathing water area during sampling. We understand that town staff is clearing the beach surface regularly of guano. However, we believe additional efforts to mitigate guano deposits into the bathing water itself could have a positive impact. While we are not geese experts and understand that there are a number of ways the geese population can be managed, we feel there may be some merit to installing a small light weight fence/barrier at the water's edge to prevent the geese from walking in and out of the bathing water area. This would help to mitigate the guano deposits directly into the bathing water. I understand that there are logistical and cost concerns with this. However, such a measure may be deployed in a relative short time frame, and may result in a relatively quick impact.

Water circulation is also a factor, and not easily addressed at this bathing area location. Improving circulation will likely have a positive impact, but will take a capital investment. You may be aware that Dr. Kortman has in the past discussed mechanisms to improve water circulation in the bathing area with Town officials. Given the current issues, there may be some merit to re-engaging him on this matter.

I would be glad to meet to discuss these issues further.

Sincerely and Respectfully,
 Rob

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