

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Via Zoom*
Thursday January 21, 2020 4:30 PM

Scheduled Item: EHHD Public Hearing – Proposed FY21/22 Operating Budget, & Proposed FY 21/22 CNR Budget.

Call to Order

Approval of Minutes (December 10, 2020)

Public Comments

Old Business

1. Proposed Fiscal Year 21/22 Operating Budget, & Proposed FY 21/22 CNR Budget

New Business - none

Subcommittee Reports

Town Reports

Directors Report

2. COVID-19 Activity Update

Communications/Other

3. Newsbreak.com: Updated: Williams School faculty, staff get COVID-19 vaccine following mix-up
4. Hartford Courant: Rollout of COVID-19 vaccine uneven in Connecticut, with state's largest cities lagging behind smaller health districts
5. The Chronicle: Volunteers are needed to give COVID vaccines

Adjournment

*Next Board Meeting – February 18, 2021, 4:30PM via Zoom**

*In accordance with Governor Lamont's Executive Order 7B and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting is physically closed to the public. The public may join the meeting via telephone. If you plan to join the meeting via phone, please email Millie Brosseau at mbrosseau@ehhd.org or call 860-429-3325 for the call in information. Budget documents and meeting materials can be accessed at www.ehhd.org

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes - DRAFT

Virtual meeting Via Zoom*

Thursday December 10, 2020

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield), J. Elsesser (Coventry), J. Kelly (Bolton), T. Nuccio (Tolland), E. Paterson (Mansfield), M. Rosen (Tolland), D. Walsh (Coventry), M. Walter (Columbia), E. Wiczenski (Willington)

Staff present: R. Miller, M. Brosseau, K. Dardick, C. Bradshaw-Hill

E. Paterson called the meeting to order at 4:30 pm.

Following roll call, R. Miller introduced Ryan Aylesworth, Town Manager for the Town of Mansfield.

Election of Board Officers (Chair, Vice Chair, Assistant Treasurer)

E. Paterson called for nominations.

D. Walsh made a MOTION, seconded by E. Anderson to nominate and elect E. Paterson as Chair. MOTION PASSED unanimously.

J. Stille made a MOTION, seconded by J. Elsesser to nominate and elect J. Elsesser as Vice Chair. MOTION PASSED unanimously.

Approval of minutes

E. Wiczenski made a MOTION seconded by J. Elsesser to approve the minutes of the 10/15/2020 meeting as presented. MOTION PASSED unanimously.

Public Comments

Outreach was done per Executive order. No comments were received.

Proposed Fiscal Year 2021/2022 Operating Budget, and CNR Budget – set public hearing date

R. Miller presented an overview of the 2021/2022 operating budget and CNR budget, noting the salient features of the budget. These include:

- Expenditure increase of \$26,517 or 3.0%
- Member town contribution rate increase of 3.6% from \$5.685 to \$5.89 per capita
- Total proposed spending of \$910,057

R. Miller noted the drivers of the budget include:

- Salaries expenditure increase of 4.8%.

- Benefits expenditure increase of 5.4%
- Increase of 1.3% in the appropriation from the adopted FY 20/21 budgeted revenues for the state grant-in-aid
- Total member town contribution increase of 3.0%
- Fee for service revenue increase of 5.0%
- Appropriation from fund balance of \$49,807 to balance the budget
- An anticipated Increase of 25.9% in grant deductions for regular staff salary and benefits
- Increase in operational expenditures of 1.6%
- Decrease in Transfers out of CNR of \$3000

J. Elsesser noted that the finance committee reviewed the budget and stressed the competitiveness of the job market, and the necessity of the increases in the salary expenditures.

E. Paterson echoed J. Elsesser's comments, stating that staff turnover has been a problem in the past due to EHHD salaries not being competitive.

J. Elsesser made a MOTION seconded by D. Walsh to set public hearing date of Thursday, January 21, 2020 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2021/2022 Operating Budget, Capital non-recurring budget, as presented on December 10, 2020. MOTION PASSED unanimously

Comprehensive Annual Financial Audit Report – June 30, 2020; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors

R. Miller note that it is a clean audit.

D. Walsh made a MOTION, seconded by E. Anderson to accept the audit report as presented on December 10, 2020. MOTION PASSED unanimously.

Town Reports

Mansfield R. Aylesworth informed the board that is onboarding is going well. Communication strategies will be a focus and he will be meeting with many stakeholders.

Coventry J. Elsesser reported that there is progress with the tie in to the Bolton Sewers. He further noted that a significant event cleared the way for the microgrid project. He also informed the board that they have received a grant to rehab the elderly housing.

Tolland M. Rosen informed the board that the Tolland Town Hall remains COVID free, fully staffed and open to the public.

T. Nuccio noted that the College View Development is on hold. T. Nuccio informed the board that Tolland is doing whatever needs to be done to keep the schools and town buildings open and safe

Willington E. Wiczenski reported that the Willington Town Hall remains closed to the public due to the difficulty in maintaining social distancing. E. Wiczenski noted that several towns collaborated to provide a holiday light tour listing.

Columbia M. Walter reposted that the Columbia Town Hall is open by appointment only. The Senior Center remains closed and they are delivering a lot of meals to seniors. The

Main Moose has closed for the season. The Main Moose is planning to add a farm component in the spring. In addition the Lighthouse Restaurant has reopened. Other restaurants in Columbia seem to be doing well.

Bolton J. Kelly reported that Bolton is taking a conservative approach with respect to COVID and reopening the town hall as it is difficult to ensure social distancing. Currently ½ the staff is in the office at a time and business is conducted by appointment. The library is closed to in person attendance. J. Kelly informed the board of 2 projects moving forward. One is a survey and planning grant for an evaluation of the barns on the Bolton Heritage Farm with the hopes of the buildings being made available for public use. The second is the review of proposals from students in the UConn Engineering School for the expansion of the Town Hall.

Andover E. Anderson reported that Andover has seen 16 new infection in the first 8 days of December. The town is moving ahead with the connectivity grant which will connect town amenities, making the town more walkable and bikeable. Speeding and how bikers are affected is a concern. E. Anderson informed the board that they are looking at long term plans for a Community Center. Senior transportation is being run and they are seeing an increase in medical transportations. In addition they are work with Foodshare and food bank to deliver food to seniors. E. Anderson noted that he will be focusing on the mental health of the community of the next few months.

Medical Advisor Dr. Dardick informed the board that his office has seen an increase in patients calling who have tested positive and are having symptoms. He informed the board that Hartford Healthcare is ready to vaccinate, but details are still unpublished.

D. Walsh inquired about the Coventry library remaining open and what the state regulations are regarding libraries. R. Miller note that sector rules are in place for libraries staying open.

Subcommittee Reports

Finance Committee – Financial Report for the period ending 9/30/2020

R. Miller presented an overview of the financial report. The Finance Committee was unable to meet to review the report so full board acceptance of the report is requested. J. Elsesser made a MOTION, seconded by J. Kelly to accept the financial report for the period ending 9/30/2020 as presented 12/10/2020. MOTION PASSED unanimously.

Director's Report

COVID-19 Response Activities Update

R. Miller provided an update on some of the activities with which the health district is involved with an overview of the surveillance activities. The board requested an age breakdown on future reports.

There was discussion regarding the uptick in cases. R. Miller informed the board that they are seeing a pattern of cases linked to social gatherings and work place settings. T. Nuccio initiated discussion about messaging that should go out to the towns.

R. Miller noted that a full time Public Health Nurse, David Oellerich has been hired using funds from the ELC Grant. David Oellerich will play a lead role in administering vaccines.

R. Miller provided an update on Vaccine planning preparedness.

E. Wicinski complimented the health district on their support of the towns in their response to COVID.

Adjournment

MOTION made by E. Wicinski, seconded by M. Walter to adjourn at 6:36pm. MOTION PASSED unanimously.

Respectfully submitted,

Robert Miller

Secretary



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

Published on January 6, 2021

PUBLIC HEARING NOTICE

Proposed FY 21/22 Operating Budget & CNR Budget, and Fee Schedule1

The Eastern Highlands Health District Board of Directors will hold the following public hearing on 1/21/2021 at 4:30PM via a web-based virtual meeting to hear the public comments regarding the *Eastern Highlands Health District Proposed Fiscal Year 21/22 Operating and Capital Non-recurring Budgets*.

In accordance with Governor Lamont’s Executive Order 7B and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting is physically closed to the public. The public may join the meeting via telephone. *If you plan to join the meeting via phone, please email Millie Brosseau at mbrosseau@ehhd.org or call 860-429-3325 for the call in information.*

Written comments will be received up to the close of the hearing and can be emailed to mbrosseau@ehhd.org.

The Eastern Highlands Health District Proposed Fiscal Year 21/22 Operating and Capital Non-recurring Budget documents can be accessed at www.ehhd.org, or by requesting the documents by emailing mbrosseau@ehhd.org.

No information from the public shall be received after the close of the Public Hearings.

Robert L. Miller
Director of Health
Eastern Highlands Health District



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

Memorandum

To: EHHD Board of Directors
From: Robert L. Miller, MPH, RS, Director of Health
CC: Charmaine Bradshaw-Hill, Chief Financial Officer
Date: 12/2/2020
Re: Proposed Operating Budget and CNR Budget

Proposed Fiscal Year 2021/2022 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2021/2022. The proposal incorporates an expenditure increase of \$26,517 or 3.0%. The total budget has increased from \$883,540 to \$910,057. The member town contribution rate increased by 3.6% from \$5.685 to \$5.89 per capita (The average FY20/21 contribution rate for contiguous health districts is \$7.08).

Primary Budget Drivers

The primary issues driving the fiscal year 2021/2022 budget are a proposed increase in the staff salary account appropriation, and a corresponding increase in the benefits. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 4.8%. The increase accommodates merit and promotion increases for eligible staff, and an increase in hours for part-time staff.
2. A **Benefits** expenditure increase of 5.4%. The increase accommodates corresponding increases in basic benefits, a 2% increase in the medical insurance line item, and previously board authorized compensation.
3. An increase of 1.3% in the appropriation from the adopted FY20/21 figure is proposed for the **state grant – in - aid**. The state appropriated; and, we have received 102% of the FY20/21 budgeted revenues for this line. At this time, we are anticipating level funding into FY21/22 for local health departments.
4. A total member **town contribution** increase of 3.0%. This includes a per capita rate increase of 3.6%, plus changes in the population estimates.
5. A **fee for service** revenue increase of 5.0%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY21/22.
6. An **appropriation from fund balance** of \$49,807 is proposed to balance the budget. This appropriation is a decrease of \$1,113 as compared to the FY20/21 adopted budget.

Preventing Illness & Promoting Wellness for Communities In Eastern Connecticut
Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington

7. An increase of 25.9% in **grant deductions** for regular staff salary and benefits is anticipated.
8. An increase in **operational expenditures** of 1.6%. This increase is due primarily to Other Purchased Services to address a fee increase associated with our online permit tracking/payment software.
9. An decrease in **Transfers Out of CNR** of \$3,000.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY21/22					
		Adopted 20/21	Proposed 21/22	Change	Percent
Revenues					
	State Grant in Aid	\$ 133,600	\$ 135,270	\$ 1,670	1.3%
	Town contributions	\$ 457,530	\$ 471,450	\$ 13,920	3.0%
	Fees for Service	\$ 241,490	\$ 253,530	\$ 12,040	5.0%
	Appropriation of Fund Balance	\$ 50,920	\$ 49,807	\$ (1,113)	-2.2%
	Total	\$ 883,540	\$ 910,057	\$ 26,517	3.0%
Expenditures					
	Grant Deductions	\$ (49,681)	\$ (62,568)	\$ (12,887)	25.9%
	Salaries	\$ 597,361	\$ 625,750	\$ 28,389	4.8%
	Benefits	\$ 227,720	\$ 240,009	\$ 12,289	5.4%
	Operations	\$ 105,140	\$ 106,866	\$ 1,726	1.6%
	Transfers Out to CNR	\$ 3,000	\$ -	\$ (3,000)	-100.0%
	Total	\$ 883,540	\$ 910,057	\$ 26,517	3.0%

Highlighted below is additional narrative for selected account proposals for FY21/22

Revenues

- **State Grant – in – Aid.** This line item increases 1.3% with a total proposed appropriation of \$135,270. This is based on flat funding into the new biennium. There is no information from DPH at this time regarding anticipated actual appropriations for FY21/22 at this time.
- **Town Contributions.** A total combined increase of \$13,920, or 3.0% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 3.6%, plus changes in the population estimates provided by DPH. Overall population estimates have slightly declined. Individual town increases can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.
- **Fees for Service.** A combined total increase for all service fee categories is estimated at \$12,040, or 5.0%. While still early in the year, FY20/21 year to date fee revenue aggregate is at the same revenue level this time last fiscal year. This proposed revenue estimate is based on budgeted revenue projection for the current fiscal year can be found on page 10. No changes in the previously adopted fee schedule is proposed. Fee schedule

history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

- **General Fund Appropriation.** An appropriation of \$49,807 is proposed in this budget. This is a decrease of 2.2% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2022 will be 40% of the FY20/21 operating expenditures. (See page 4 for the GF roll forward report for FY21/22.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period.

Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 25.9% in grant deductions. This is based a new 30 month grant awarded by the DPH to support the COVID-19 response. (See page 15 for details on total grant revenue anticipated.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$28,389, or 4.8%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund an average 2.3% merit increases for eligible regular staff. The appropriation will also accommodate the promotion up a classification for one of our field staff, and fund an increase in hours for one part time staff person from .65 FTE to .81 FTE. (The additional part-time hours are 100% funded by the increase in grant deductions).
- **52105 Medical Insurance.** The total increase anticipated is \$2,710, or 2.0%. This is a place holder figure provided by the Mansfield Finance Department. The final figure is not yet available.
- **52220 Vehicle Allowance.** This is a previously board authorized \$5,400 expense offset for the Director.
- **53960 Other Purchased Services.** A total increase of \$2,150 is proposed. This is a contractual payment increase to our vendor that provides the upgrade in our online permit application and payment software.

Proposed FY 21/22 Capital Nonrecurring Budget Narrative (See Page 14)

Revenues

- **Surplus Vehicle Proceeds.** Estimated proceeds of \$2,500 from the surplus sale of one fleet vehicle.

Expenditures

- **Automobiles.** An expenditure of \$17,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **IT Infrastructure Upgrade.** An expenditure of \$6,000 is proposed to provide funding for internet kiosks at 7 agency satellite offices to accommodate online permitting and payments.

Recommendation

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 24, 2020 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 21, 2021 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2021/2022 Operating Budget, Capital non-recurring budget, as presented on December 10, 2020.*

Eastern Highlands Health District

Proposed Budget

Fiscal Year 2021 – 2022

December 10, 2020

Board of Directors Meeting

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Eastern Highlands Health District Budget Presentation FY 21/22

Vision – Healthy people, healthy communities...healthier future.

Mission Statement – Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment.

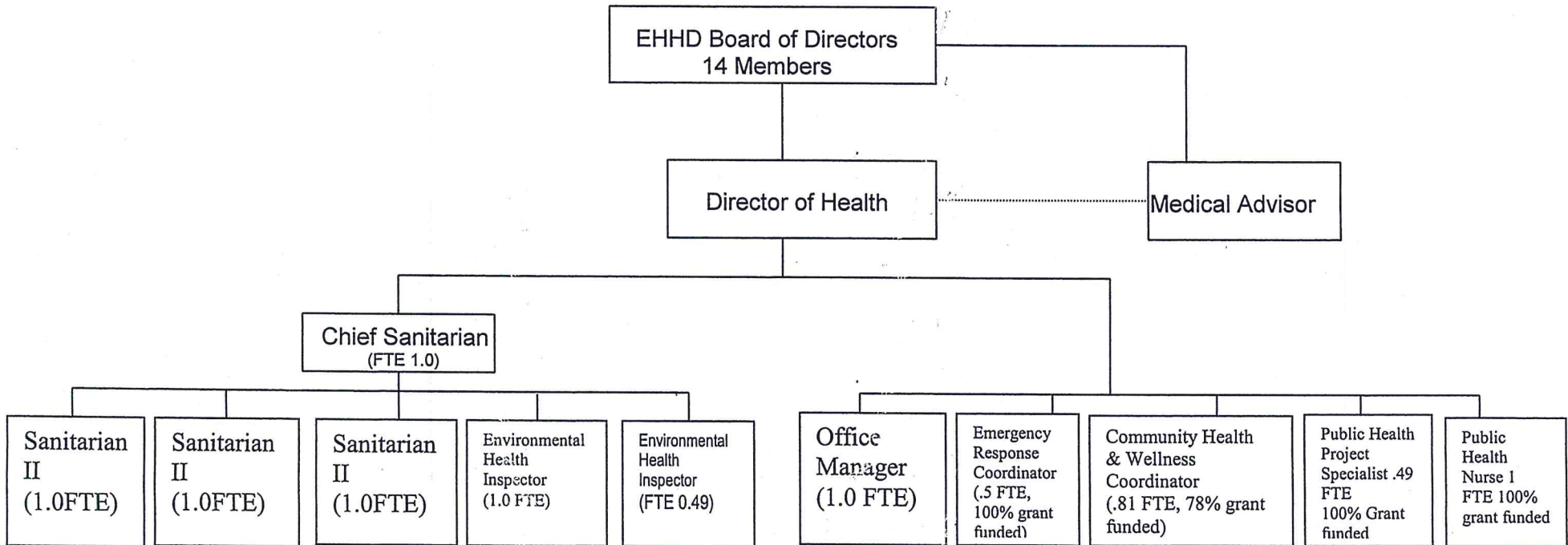
AGENCY SUMMARY AND AUTHORITY

The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 80,041.

The District is a governmental entity authorized under Connecticut statutes for the purpose of providing local public health services. The governing authority is by a Board of Directors and the Director of Health, who acts as an agent of the State Commissioner of Public Health for the purpose of enforcing the Public Health Code.

The District services include regulatory activities in the area of environmental health, including septic system inspection and approval; well and water quality monitoring; food service; lead investigations; radon, bathing water monitoring; and public health complaint investigations. Preventing epidemics is a critical service, which includes communicable disease control involving disease surveillance and outbreak investigation. Through grants and other alternative funding, the District is expanding the number of programs it provides on a variety of public health topics that affect membership communities, such as cardiovascular health, cancer prevention and emergency preparedness. Other public health functions conducted by the District include data collection, analysis and health planning activities.

Proposed Fiscal Year 2021/2022 Eastern Highlands Health District Organizational Chart



Fiscal Year 2021/2022 Budget Calendar

Finance Committee Budget Meeting	November 24, 2020
Finance Committee Budget Meeting	December 10, 2020 (If needed)
Budget Presentation to Board	December 10, 2020
Deadline for final budget estimates per By Laws	January 1, 2021
Fiscal Year 2021/2022 Budget Public Hearing	January 21, 2021 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2021
Adoption of Budget	February 18, 2021 (If needed)

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

Roll Forward FY 2021/22

	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Adopted 20/21	Estimated 20/21	Proposed 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27
Revenues:														
Member Town Contributions	390,841	405,820	423,080	429,282	429,260	437,600	457,530	457,530	471,450	483,236	495,317	507,700	520,393	533,402
State Grant-in-Aid	149,857	142,234	133,164	149,985	133,327	134,429	133,600	136,253	135,270	135,270	135,270	135,270	135,270	135,270
Services Fees	197,796	212,942	224,874	234,393	257,937	270,007	241,490	234,690	253,530	261,136	268,970	277,039	285,350	293,911
Local Support			800	-										
Total Revenues	738,495	760,996	781,918	813,660	820,525	842,036	832,620	828,473	860,250	879,642	899,557	920,009	941,013	962,583
Expenditures:														
Salaries & Benefits	656,060	644,630	686,253	691,797	658,453	670,270	775,460	774,000	803,172	819,236	835,620	852,333	869,380	886,767
Insurance	15,607	15,607	15,599	15,599	14,351	13,870	15,800	15,800	14,800	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	14,961	13,162	47,455	46,954	45,014	64,822	48,390	48,890	49,985	50,235	50,486	50,739	50,992	51,247
Other Purchased Services & Supplies	43,382	46,162	11,713	15,879	24,092	26,087	36,850	36,850	38,500	40,835	41,039	41,244	41,450	41,657
Equipment	645	762	300	1,612	1,401	945	3,600	3,600	3,600	3,600	4,000	4,000	4,000	4,000
Sub-total Expenditures	730,655	720,323	761,320	771,841	743,311	775,994	880,540	879,140	910,057	930,105	946,945	964,115	981,622	999,472
Operating Transfers Out	-	-	-	-	3,000	3,000	3,000	3,000	-	9,000	12,000	15,000	18,000	21,000
Total Expenditures and Operating Transfers Out	730,655	720,323	761,320	771,841	746,311	778,994	883,540	882,140	910,057	939,105	958,945	979,115	999,622	1,020,472
Excess/(Deficiency) of Revenues over Expenditures	7,840	40,673	20,598	41,819	74,214	63,042	(50,920)	(53,667)	(49,807)	(59,463)	(59,388)	(59,106)	(58,609)	(57,889)
Fund Balance, July 1	247,151	254,991	295,664	316,262	358,082	432,296	495,338	495,338	441,671	391,864	332,401	273,012	213,906	155,297
Fund Balance, June 30	\$254,991	\$295,664	\$316,262	\$358,082	\$432,296	\$495,338	\$444,418	\$441,671	\$391,864	\$332,401	\$273,012	\$213,906	\$155,297	\$97,409

Assumptions:

Member Town increase of 2.5% per year	Expenditures per Above	746,311	778,994	883,540	882,140	910,057	939,105	958,945	979,115	999,622	1,020,472
State Grant-in-Aid: FY21 8% below CGA budget, held flat each year after	Grant Deduction	80,234	63,084	49,681	49,681	62,586	62,586	62,586	62,586	62,586	62,586
Service Fee revenue increase of 3% annually	Total Expenditures	826,545	842,078	933,221	931,821	972,643	1,001,691	1,021,531	1,041,701	1,062,208	1,083,058
Salary & Benefit increases of 2% per year	FB as a % of Total Exp	52.30%	58.82%	47.62%	47.40%	40.29%	33.18%	26.73%	20.53%	14.62%	8.99%
Grant Deduction line for salaries held flat at \$58,000 per year starting FY22 (per Rob \$58,244 in FY2022)											
Professional & Technical increase of .5% per year											
Purchased Services increase of .5% per year											

Eastern Highlands Health District
Summary of Revenues and Expenditures for FY21/22

Fund: 634 Eastern Highlands Health District
Activity: 41200

Object	Description	Actual	Adopted	Estimated	Proposed	%	Dollar
		19/20	20/21	20/21	Budget 21/22		
Revenues:							
40220	Septic Permits	49,133	43,930	43,930	48,470	10.3%	4,540
40221	Well Permits	10,680	9,970	9,970	14,400	44.4%	4,430
40491	State Grant-In-Aid	134,429	133,600	136,253	135,270	1.3%	1,670
40630	Health Inspec. Service Fees	9,151	3,500	3,500	3,500	-	-
40633	Health Services-Bolton	26,645	27,800	27,800	28,770	3.5%	970
40634	Health Services-Coventry	67,419	70,570	70,570	73,080	3.6%	2,510
40635	Health Services-Mansfield	140,443	146,770	146,770	150,120	2.3%	3,350
40636	Soil Testing Service	49,490	36,760	36,760	33,740	(8.2%)	(3,020)
40637	Food Protection Service	79,718	84,170	84,170	80,000	(5.0%)	(4,170)
40638	B100a Review	33,690	24,410	24,410	33,540	37.4%	9,130
40639	Engineered Plan Rev	32,860	27,240	27,240	27,880	2.3%	640
40642	Health Services - Ashford	23,002	24,220	24,220	25,060	3.5%	840
40643	Health Services - Willington	32,092	33,470	33,470	34,540	3.2%	1,070
40646	GroupHome/Daycare inspection	1,430	1,210	1,210	1,200	(0.8%)	(10)
40647	Subdivision Review	1,375	1,000	1,000	1,500	50.0%	500
40648	Food Plan Review	2,481	2,500	2,500	2,500	-	-
40649	Health Services - Tolland	79,793	83,310	83,310	86,100	3.3%	2,790
40685	Health Services - Chaplin	12,146	12,830	12,830	13,190	2.8%	360
40686	Health Services - Andover	17,604	18,370	18,370	19,060	3.8%	690
40687	Health Services - Columbia	29,366	30,610	30,610	31,680	3.5%	1,070
40688	Health Services - Scotland	9,089	9,580	9,580	9,850	2.8%	270
	Cosmetology Inspections	-	6,800	-	6,800	-	-
40999	Appropriation of Fund Balance	-	50,920	53,667	49,807	(2.2%)	(1,113)
	Total Revenues	842,036	883,540	882,140	910,057	3.0%	26,517
Expenditures:							
51050	Grant deductions	(63,084)	(49,681)	(49,681)	(62,586)	26.0%	(12,905)
51601	Regular Salaries - Non-Union	548,798	597,361	590,561	625,750	4.8%	28,389
52001	Social Security	31,615	37,040	37,040	39,130	5.6%	2,090
52002	Workers Compensation	8,743	10,150	10,150	10,150	-	-
52007	Medicare	7,478	8,620	8,620	9,152	6.2%	532
52010	ICMA (Pension)	28,610	31,200	31,200	32,545	4.3%	1,345
52103	Life Insurance	1,705	2,270	2,270	2,390	5.3%	120
52105	Medical Insurance	98,130	135,540	135,540	138,250	2.0%	2,710
52117	RHS	2,239	2,250	2,250	2,320	3.1%	70
52112	LTD	635	650	650	672	3.4%	22
52203	Dues & Subscriptions	2,055	2,100	2,100	2,100	-	-
52210	Training	313	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	(56)	600	600	600	-	-
52220	Vehicle allowance	5,400	-	5,400	5,400	#DIV/0!	5,400
53120	Professional & Tech	22,541	7,120	7,120	7,495	5.3%	375
53122	Legal	4,192	2,000	2,000	3,000	50.0%	1,000
53125	Audit Expense	6,800	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	2,119	3,200	3,200	2,500	(21.9%)	(700)
53801	General Liability	13,870	15,800	15,800	14,800	(6.3%)	(1,000)
53924	Advertising	428	1,000	1,000	1,000	-	-
53925	Printing & Binding	970	1,150	1,150	1,150	-	-
53926	Postage	1,500	1,500	1,500	1,500	-	-
53940	Copier maintenance	78	1,000	1,000	1,000	-	-
53960	Other Purchased Services	14,049	16,200	16,200	18,350	13.3%	2,150
53964	Voice Communications	3,250	3,800	3,800	3,800	-	-
54101	Instructional Supplies	-	800	800	800	-	-
54214	Books & Periodicals	199	200	200	200	-	-
54301	Office Supplies	1,548	2,000	2,000	2,000	-	-
54601	Gasoline	1,558	3,000	3,000	2,500	(16.7%)	(500)
54913	Other Supplies & Materials	194	-	-	-	#DIV/0!	-
55420	Office Equipment	255	3,000	3,000	3,000	-	-
55430	Equipment - Other	690	600	600	600	-	-
56302	Admin. Overhead	29,170	29,670	29,670	30,090	1.4%	420
58410	Capital Nonrecurring Fund	3,000	3,000	3,000	-	(100.0%)	(3,000)
	Total Expenditures	778,994	883,540	882,140	910,057	3.0%	26,517

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits
 Proposed estimate: **\$48,470**

40221 Well Permits
 Proposed estimate: **\$14,400**

40491 State Grant-in-aid	<u>Population 2019</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,236	1.69	5,469
Ashford	4,255	1.69	7,191
Bolton	4,884	1.69	8,254
Chaplin	2,239	1.69	3,784
Columbia	5,379	1.69	9,091
Coventry	12,407	1.69	20,968
Scotland	1,672	1.69	2,826
Tolland	14,618	1.69	24,704
Mansfield	25,487	1.69	43,073
Willington	5,864	1.69	9,910
Total	80,041		\$135,270

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,884	\$ 5.890	\$28,770	\$970	3.49

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
12,407	\$ 5.890	\$73,080	\$2,510	3.56

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
25,487	\$ 5.890	\$150,120	\$3,350	2.28

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
4,255	\$ 5.890	\$25,060	\$840	3.47

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
14,618	\$ 5.890	\$86,100	\$2,790	3.35

40643 Health Services - Willington

<u>Willington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
5,864	\$ 5.890	\$34,540	\$1,070	3.20

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
2,239	\$ 5.890	\$13,190	\$360	2.81

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
3,236	\$ 5.890	\$19,060	\$690	3.76

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,379	\$ 5.890	\$31,680	\$1,070	3.50

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,672	\$ 5.890	\$9,850	\$270	2.82

40630 Health Inspection Service Fees

Proposed estimate: **\$3,500**

40636 Health Services - Soil Testing

Proposed estimate: **\$33,740**

40637 Food Protection Service

Proposed estimate: **\$80,000**

40638 B100a (Public Health Review)

Proposed estimate: **\$33,540**

40639 Plan Review Engineered Design

Proposed estimate: **\$27,880**

40645 Plan Review Non-engineered Design

Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections

Proposed estimate: **\$1,200**

40647 Subdivision Review

Proposed estimate: **\$1,500**

40648 Food Plan Review

Proposed estimate: **\$2,500**

40890 Cosmetology Inspections

\$6,800

40999 Appropriation of Fund Balance

\$ 49,807

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 21/22 Proposed	FY 21/22 Appropr	FTE	FY 21/22 Grant deduct	FTE
	623,500		8.32	52,115	0.92
Longevity/bonus	\$7,650				
Total Salaries	\$631,150				

	Salary Deductions	52,115
	Benefit Deductions	10,471
51050 Grant Deductions	Total Grant Deductions	\$ 62,586

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
631,150	\$39,131

52002 Workers compensation

Estimated Premium **\$10,150**

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 631,150	\$9,108

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	593,500
Employer percent contribution	<u>0.06</u>
Total estimated employer contribution	Total 32,560

52103 Life Insurance

Proposed estimate: **\$2,392**

52105 Medical Insurance

Proposed estimate: **\$138,250**

52117 RHS Contribution

Proposed estimate: **\$2,320**

52112 LTD

Proposed estimate: **\$672**

52203 Dues & Subscriptions

Proposed estimate: **\$2,100**

52210 Training

Proposed estimate: **\$3,500**

52212 Mileage Reimbursement

Proposed estimate: **\$600**

52220 Vehicle Allowance

\$5,400

53120 Professional and Technical Services

Medical advisor stipend	5500
website license/hosting	1120
Survey monkey	375
Lead XRF inspection	500
Total	\$7,495

53122 Legal Services

Proposed estimate: **\$3,000**

53125 Audit Expense

Proposed estimate: **\$6,900**

53303 Vehicle Maintenance and Repair

Proposed estimate: **\$2,500**

RATIONAL OF OBJECTSBUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance

Coverage by CIRMA:

General Liability, Auto liability, Professional and Public Official Liability

Estimated premium: **\$14,800**

53924 Advertising

Proposed estimate: **\$1,000**

53925 Printing and Binding

Proposed estimate: **\$1,150** (based on FY19 actual)

53926 Postage

Proposed estimate: **\$1,500**

53940 Copier Maintenance

Proposed estimate: **\$1,000**

53960 Other Purchased Services

Proposed estimate: **18,350** (Viewpermit contract)

53964 Voice Communications

Proposed estimate: **\$3,800** (cell/ipad data)

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

Proposed estimate: **\$2,000**

54601 Gasoline

Proposed estimate: **\$2,500** (Based on FY20 actual)

55420 Office equipment

Maintenance and replacement **\$3,000** (3 PC replacements)

55430 Equipment - Other

Field Equipment: **\$600**

56302 Administrative Overhead

Propose estimate: **\$30,090** (Sept 19 to Sept 20 - 1.4%)

This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.

56312 Contingency

\$0

58410 Capital Nonrecurring Fund

\$0

Analysis of Service Fee Revenues																		
REVENUE PERFORMANCE	Actual 2008-09	Actual 2009-2010	Actual 2010-11	Actual 2011-12	Actual 2012-13	Actual 2013-2014	Actual 2014-2015	Actual 2015-2016	Actual 2016-2017	Actual 2017-18	Actual 2018-2019	Actual 2019/2020	Adopted 2020/2021	Received 11/5/2019	Received 11/12/2020	Estimated Actuals 2020-21	Proposed 2021-22	
40220 Septic Permits (New and repair permits)	26160	31000	26100	29,295	28,455	31,845	31,655	31,285	34,400	43,880	51,145	49,133	43,930	15,230	16,880	38%	46,420	48,470
40221 Well permits	11280	18775	13604	12,135	12,505	13,600	15,535	14,345	16,985	12,925	12,955	10,680	9,970	3,480	9,335	94%	14,003	14,403
40630 Health Inspection Services (Other Inspections & services)	32928	21,273	5,875	14,133	14,621	1,857	3,318	5,375	13,716	3,993	3,210	9,151	3,500	8,108	1,229	35%	9,000	3,600
40636 Health Services - Soil testing (Test Holes & Perc Tests)	32229	37610	33330	31,475	33,590	32,380	32,965	39,710	33,585	41,775	40,960	49,490	36,760	13,030	11,933	32%	32,816	33,741
40637 Food Protection Service (License fees)	41307	37630	41583	48,930	55,060	57,796	60,068	61,743	66,413	71,399	83,961	79,718	83,310	4,660	3,827	5%	80,000	80,000
40638 B100a Review (Public health review)	21605	22350	21880	20,770	24,790	26,005	24,610	29,225	30,040	27,470	29,445	33,690	24,410	8,875	10,320	42%	33,640	33,640
40639 Engineered Plan Review	10000	17130	13500	13,220	9,585	10,360	8,685	8,905	7,290	8,175	29,535	32,860	27,240	9,525	9,250	34%	26,825	27,875
40646 Nonengineered Plan Review	5720	6285	5905	8,550	10,575	13,500	12,870	14,205	15,820	18,565	60	-	-	175	-	-	-	-
40646 Group Home / Daycare Insp.	955	695	1400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,430	1,210	440	110	9%	303	1,200
40647 Subdivision Review	4225	2340	3810	2,595	6,050	2,200	3,680	3,105	2,360	2,070	1,170	1,375	1,000	125	875	88%	1,500	1,500
40648 Food Plan Review	2747	5500	5027	2,851	4,641	3,075	3,220	3,790	3,035	2,670	4,290	2,481	2,500	360	1,285	51%	2,500	2,500
40890 Cosmetology (other)													6,800				-	6,800
Total	189156	200588	172014	184,854	201,007	193,818	197,796	212,943	224,874	234,352	257,941	270,008	240,630	64,008	65,044	27%	246,906	253,528

11/7/2018 72,437

<=(Revenues this time last year)



Adopted Fee Schedule
FY 20/21

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY 18/19	Adopted FY 19/20	Adopted FY 20/21
Food Service Fees*						
Application Review**	\$85	\$90	\$95	\$95	\$95	\$95
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	\$175
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	\$245
Class I License	\$120	\$125	\$125	\$125	\$125	\$135
Class II License	\$160	\$165	\$165	\$255	\$255	\$255
Class III License	\$240	\$245	\$255	\$355	\$355	\$355
Class IV License	\$330	\$340	\$355	\$380	\$380	\$380
Grocery Store >10,000ft ² - Class II&III				\$420	\$420	\$420
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	\$65
Temporary Permit - samples only		\$30	\$30	\$30	\$30	\$30
Expedited Temp food permit application review***				\$20	\$20	\$20
Late License renewal (plus app fee)/operating without License				\$200	\$200	\$200
CFM Process Fee (No CFM in place)				\$50	\$50	\$50
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	\$120
2 nd Re-inspection fee	\$115	\$120	\$135	\$135	\$135	\$135
Subsurface Sewage Disposal						
Permit - New	\$175	\$185	\$200	\$205	\$205	\$220
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	\$190
Permit - Construction by owner occupant				\$275	\$275	\$275
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	\$100
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	\$350
Design Flow ≥ 7500 GPD/ DEP system Inspection	\$440	\$460	\$460	\$460	\$460	\$460
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	\$60
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	\$40
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	\$60
Soil Testing						
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	\$90
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	\$110
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	\$30
Public Health & Subdivision Reviews						
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	\$50
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	\$70
Subdivision Plan Review (per lot) (Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	\$125
Subdivision Plan Revisions Reviewed (per lot) (Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	\$40
Miscellaneous						
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	\$115
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	\$130
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	\$110
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	\$80/hr
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	\$75
Pool Inspection	\$75	\$80	\$100	\$105	\$105	\$105
Private well Water Treatment Waste disposal plan review					\$50	\$50
Cosmotology Permit/Inspectio	\$3					\$25
Cosmotology Permit/Inspection - One or two chairs					\$80	\$100
Cosmotology Permit/Inspection - Three chairs or more					\$150	\$150
Well Permit	\$105	\$110	\$120	\$120	\$120	\$125
Farmers Market Food Vendor Seasonal License Categories						
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	\$40
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$40	\$60	\$60
Non-farmer Food Vendor License - Cold samples only						
One market location	\$30	\$35	\$35	\$40	\$75	\$75
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	\$90
Non-farmer Food Vendor License - Low Risk Food Preparation						
One market location	\$45	\$50	\$50	\$75	\$90	\$90
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	\$120
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$220	\$220	\$220	\$220	\$220

* License application fees waived for non-profit and municipal entities. Late fees and re-inspection fees still apply.

All food service fees apply to public school food operations.

**This fee will be deducted against the total plan review fee

***Application of expedited review fee is subject to written policy established by the Director

****Application of this service fee is subject to written policy established by the Director.

TABLE A

FY21 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

	EHHD Adopted FY2021	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct	Eastern Ct	ALL CT	HD ALL CT	5% Increase	10% Increase	15% Increase	20% Increase
		Median	Average	Median	Average	Median	Average	Median	Average				
Food Protection(3)													
<i>Class I License</i>	\$ 135	\$ 150	\$ 145	\$ 150	\$ 143	\$ 152	\$ 162	\$ 142	\$ 149	\$ 155	\$ 162		
<i>Class II License</i>	\$ 255	\$ 250	\$ 258	\$ 240	\$ 241	\$ 265	\$ 270	\$ 268	\$ 281	\$ 293	\$ 306		
<i>Class III License</i>	\$ 355	\$ 350	\$ 355	\$ 330	\$ 321	\$ 368	\$ 373	\$ 373	\$ 391	\$ 408	\$ 426		
<i>Class IV License</i>	\$ 380	\$ 350	\$ 389	\$ 350	\$ 348	\$ 403	\$ 400	\$ 399	\$ 418	\$ 437	\$ 456		
Temp event	\$ 65	\$ 150	\$ 215	\$ 150	\$ 58	\$ 60	\$ 66	\$ 68	\$ 45	\$ 75	\$ 78		
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144		
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162		
Plan review - Class I	\$ 175	\$ 185	\$ 202	\$ 200	\$ 223	\$ 180	\$ 204	\$ 184	\$ 193	\$ 201	\$ 210		
Plan review - Class II	\$ 175	\$ 185	\$ 212	\$ 200	\$ 230	\$ 225	\$ 244	\$ 184	\$ 193	\$ 201	\$ 210		
Plan review - Class III	\$ 245	\$ 245	\$ 240	\$ 250	\$ 250	\$ 253	\$ 304	\$ 257	\$ 270	\$ 282	\$ 294		
Plan review - Class IV	\$ 245	\$ 245	\$ 244	\$ 250	\$ 253	\$ 263	\$ 253	\$ 257	\$ 270	\$ 282	\$ 294		
Subsurface Sewage Disposal													
<i>Permit - new</i>	\$ 220	\$ 220	\$ 216	\$ 175	\$ 202	\$ 175	\$ 220	\$ 231	\$ 242	\$ 253	\$ 264		
<i>Permit - Major repair</i>	\$ 185	\$ 165	\$ 184	\$ 150	\$ 160	\$ 150	\$ 169	\$ 194	\$ 204	\$ 213	\$ 222		
Permit - Minor repair	\$ 60	\$ 100	\$ 95	\$ 100	\$ 96	\$ 100	\$ 106	\$ 63	\$ 66	\$ 69	\$ 72		
Permit - Design flow >2000GPD	\$ 350	\$ 350	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420		
<i>Percolation Test(4)</i>	\$ 200	\$ 220	\$ 187	\$ 165	\$ 172	\$ 158	\$ 169	\$ 210	\$ 220	\$ 230	\$ 240		
<i>Deep Hole Test</i>													
each additional pit	\$ 30	\$ 55	\$ 63	\$ 75	\$ 65	\$ 75	\$ 67	\$ 32	\$ 33	\$ 35	\$ 36		
Subdivision Plan Review (per lot)	\$ 125	\$ 55	\$ 125	\$ 125	\$ 125	\$ 138	\$ 132	\$ 131	\$ 138	\$ 144	\$ 150		
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 125	NA	NA	NA	\$ 50	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48		
<i>Plan review (per plan)</i>	\$ 130	\$ 55	\$ 140	\$ 130	\$ 138	\$ 183	\$ 194	\$ 137	\$ 143	\$ 150	\$ 156		
Review plan revisions	\$ 40	\$ 130	NA	NA	NA	\$ 50	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48		
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72		
<i>B100a - assessorly structure</i>	\$ 50	\$ 50	\$ 53	\$ 50	\$ 56	\$ 50	\$ 68	\$ 53	\$ 55	\$ 58	\$ 60		
<i>B100a - addition/use change</i>	\$ 70	\$ 65	\$ 60	\$ 65	\$ 61	\$ 58	\$ 84	\$ 74	\$ 77	\$ 81	\$ 84		
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72		
Misc													
<i>Well Permit</i>	\$ 125	\$ 125	\$ 125	\$ 125	\$ 118	\$ 125	\$ 127	\$ 131	\$ 138	\$ 144	\$ 150		
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90		
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138		
Group Home inspection	\$ 110	\$ 105	\$ 113	\$ 100	\$ 108	\$ 100	\$ 95	\$ 116	\$ 121	\$ 127	\$ 132		
Daycare inspection	\$ 110	\$ 105	\$ 109	\$ 105	\$ 109	\$ 120	\$ 122	\$ 116	\$ 121	\$ 127	\$ 132		
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78		
Family Camp ground Inspection	\$ 130	\$ 125	\$ 124	\$ 120	\$ 119	\$ 110	\$ 116	\$ 137	\$ 143	\$ 150	\$ 156		
Pool Registration/inspection	\$ 105	\$ 105	\$ 119	\$ 100	\$ 110	\$ 135	\$ 156	\$ 110	\$ 116	\$ 121	\$ 126		
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96		
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180		
Fee total for single lot development(5)	\$ 675	\$ 675	\$ 644	\$ 580	\$ 620	\$ 633	\$ 705						
FY21 Health District Per Capita Rate	\$ 5.69	\$ 5.75	\$ 7.08	\$ 6.81	\$ 7.74	\$ 6.85	\$ 8.96						

(1) Data obtained from attached documents titled, " Food Protection Program Fee Survey for All Connecticut Health Districts FY 2021", and "Survey of Fees Selected Services FY19/20 - All Connecticut Health Districts"

(2) Categories in *bold italics* are high volume, high revenue generating service areas.

(3) Many Health Districts use a range of fees based on class and seating capacity.

(4) Most Health Districts use a single fee that includes both a perc and deep hole testing.

(5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

Eastern Highlands Health District
Town Contribution, CPI, Per Capita Expenditure, State Per Capita Grant - Comparisons

Fiscal Year	Town Contribution Increases		CPI (1)	Town Contribution Per Capita (\$)	Adopted Expenditures Per Capita (4)	State grant allocation per capita (\$)	
	Proposed %	Adopted %				Pop. < 5000	Pop. > 5000
1998	NA	NA	1.7	3.51	6.86	1.78	1.52
1999	2.85	0	2	3.51	6.93	1.79	1.52
2000	3.1	1	3.7	3.54	7.31	2.09	1.79
2001	1	1	3.2	3.58	9.42	2.32	1.99
2002	0	0	1.1	3.58	8.67	2.32	1.99
2003	3	3	2.1	3.69	8.74	1.96	1.68
2004	3	0	3.3	3.69	8.55	1.65	1.66
2005	6.77	6.77	2.5	3.94	8.91	1.95	1.66
2006	6.6	2.9	4.3	4.055	8.73	1.95	1.66
2007	3.08	0.62	2.26	4.08	8.87	1.95	1.66
2008	5.15	5.15	5	4.29	9.35	2.43	2.08
2009	5.1	5.1	-1.16	4.51	9.85	2.43	2.08
2010	0	0	1.7	4.51	9.09	1.85	1.85
2011	0	0	3.36	4.51	8.99	1.85	1.85
2012	1.1	0	1.45	4.51	8.85	1.85	1.85
2013	2.4	0	1.48	4.51	8.67	1.85	1.85
2014	3.1	2	1.89	4.6	8.83	1.85	1.85
2015	4.9	4.9	0.0	4.85	9.46	1.85	1.85
2016	5.18	3.8	1.0	5.01	9.77	1.76	1.76
2017	5.7	4.1	1.5	5.215	10.15	1.64	1.64
2018	1.5	1.5	2.5	5.295	10.06	1.85	1.85
2019	2.5	0.3	1.7	5.31	10.05	1.65	1.65
2020	2	2		5.42	10.39	1.65	1.66
Total % Increase (3)			59	54	51	-6.7	9.2

(1) Each number represents the percentage change from June to June for "All Urban Consumers", with the exception of 2019 that is September to September

(3) Total percentage increase from September 1997 to September 2019.

(4) Figures do not include other state, federal grants, nor contracted services.

EASTERN HIGHLANDS HEALTH DISTRICT
CAPITAL NONRECURRING FUND - FUND 635
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND
CHANGES IN FUND BALANCE

Roll Forward FY 2021/22

	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Adopted 20/21	Estimated 20/21	Proposed 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27
Revenues:													
Transfer In - General Fund Equity Fund Transfer Dept of Transportation Grant Transfer In - Other Operating Surplus Vehicle proceeds				3,000	3,000	3,000	3,000	6,000	9,000	12,000	15,000	18,000	21,000
				1,910		3,000		2,500	3,000		3,000		3,001
Total Revenues				4,910	3,000	6,000	3,000	8,500	12,000	12,000	18,000	18,000	24,001
Expenditures by Project:													
Automobiles Computer/Office Equipment Strategic Planning Priorities: Strategic Plannin & CHA/CHIP IT Infrastructure Upgrade Office Reorganizing Project Digitizing records			15,992			17,000		17,000	17,000		17,000		17,000
	4,828		725		11,800								
						10,000	10,000		10,000				
	17,979		17,979			6,000	11,800	6,000					
	20,907										5,000	5,000	5,000
Total Expenditures	43,714		34,696		11,800	33,000	21,800	23,000	27,000	5,000	22,000	5,000	22,000
Excess/(Deficiency) of Revenues over Expenditures	(43,714)		(34,696)	4,910	(8,800)	(27,000)	(18,800)	(14,500)	(15,000)	7,000	(4,000)	13,000	2,001
Fund Balance, July 1	205,279	161,566	161,566	126,870	131,780	131,780	131,780	112,980	98,480	83,480	90,480	86,480	99,480
Fund Balance, June 30	\$161,566	\$161,566	\$126,870	\$131,780	\$122,980	\$104,780	\$112,980	\$98,480	\$83,480	\$90,480	\$86,480	\$99,480	\$101,481

EASTERN HIGHLANDS HEALTH DISTRICT
OTHER OPERATING - FUND 636
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND
CHANGES IN FUND BALANCE

Roll Forward FY 2021/22

	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Estimated 20/21
Revenues:								
Local Support- ECHIP	\$600							
State Support - Preventive Health Block		\$15,784		\$15,248	\$5,254	\$21,680	\$4,089	\$21,932
State Support - Cardiovascular Disease Prevention								
State Support - Women's Healthy Heart								
State Support - Bioterrorism Response								
State Support - Bioterrorism Response-Base	54,694	54,887	58,908	58,569	55,456	56,011	54,478	54,478
State Support - H1N1 Planning/Preparedness								
State Support - Crisis COVID							17,291	11,709
State Support - Community Transformation Grant	104,068	11,593						
State Support - Comprehensive Cancer Control Grant	10,000							
State Support- Policy/Environ. Change for Chronic Disea	16,279		17,024	4,386	13,604		11,288	
State Support - ELC								153,795
Local Support - Be Well Program Mansfield	52,365	53,936	55,741	56,707	61,064	40,946		
Local Support - Be Well Program Tolland	8,148	7,333	7,903	6,885	7,579	8,307	7,911	7,500
Cooperative Grant - CT Chapter of American Planning		25,031	72,969					
Cooperative Grant - Putting on "AIRS"								
Cooperative Grant - Lyme Disease Grant								
Cooperative Grant -Lead Poisoning	7,919	4,858	5,428	7,817				
Cooperative Grant - ACHIEVE	498	3,629	228	3,451	5,000	1,709	441	1,000
Cooperative Grant - CRI Cities Readiness Initiatives			5,622	378				
MRC Capacity Building Award	1,161	3,056	2,479					
MRC Region 4		129	8,598	58		2,344	1,470	4,400
'HHP/MRC							13,500	13,500
Citizen Corps Program	1,500	(31)						
Community Based Wellness Service	69	5,431						
	257,301	185,636	234,902	153,500	147,956	130,997	110,467	268,314
Expenditures by Project:								
Salaries & Benefits	171,132	148,572	170,608	132,149	114,068	79,908	67,385	163,672
Professional & Technical Services	3,050	7,063	28,538	8,981	6,540	1,310	1,105	2,683
Other Purchased Services & Supplies	83,119	30,000	35,756	12,070	27,348	49,779	41,977	101,959
Equipment				300				
Transfer Out								
Total Expenditures	257,301	185,636	234,902	153,500	147,956	130,997	110,467	268,314
Excess/(Deficiency) of Revenues over Expenditures								
Fund Balance, July 1								
Fund Balance, June 30								

**EASTERN HIGHLANDS HEALTH DISTRICT
FUND BALANCE ANALYSIS**

FY 2016/17 - Projected FY 2026/27

	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Adopted 20/21	Proposed 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27
General Fund											
Operating Expenditures	761,320	771,841	746,311	778,994	883,540	910,057	939,105	958,945	979,115	999,622	1,020,472
Grant Deduction	86,938	80,234	80,234	63,084	49,681	62,586	62,586	62,586	62,586	62,586	62,586
Total Expenditures	848,258	852,075	826,545	842,078	933,221	972,643	1,001,691	1,021,531	1,041,701	1,062,208	1,083,058
Fund Balance	316,262	358,082	432,296	495,338	444,418	391,854	332,401	273,012	213,906	155,297	97,409
FB as a % of Total Expenditures	37.28%	42.02%	52.30%	58.82%	47.62%	40.29%	33.18%	26.73%	20.53%	14.62%	8.99%
Capital Non-Recurring Fund											
Total Expenditures	-	34,696	-	11,800	33,000	23,000	27,000	5,000	22,000	5,000	22,000
Fund Balance	161,566	126,870	131,780	122,980	104,780	98,480	83,480	90,480	86,480	99,480	101,481
FB as a % of Total Expenditures	n/a	365.67%	n/a	1042.20%	317.52%	428.17%	309.19%	1809.60%	393.09%	1989.60%	461.28%
All Funds											
Total Expenditures	848,258	886,770	826,545	853,878	966,221	995,643	1,028,691	1,026,531	1,063,701	1,067,208	1,105,058
Fund Balance	477,828	484,952	564,076	618,318	549,198	490,344	415,881	363,492	300,386	254,777	198,890
FB as a % of Total Expenditures	56.33%	54.69%	68.24%	72.41%	56.84%	49.25%	40.43%	35.41%	28.24%	23.87%	18.00%
Service Fees & State Grant Revenue	358,038	384,378	391,265	404,436	375,090	388,800	396,406	404,240	412,309	420,620	429,181
Target Fund Balance - 50% of Service Fees & State Grant Revenue	179,019	192,189	195,632	202,218	187,545	194,400	198,203	202,120	206,155	210,310	214,590
General Fund - Fund Balance	316,262	358,082	432,296	495,338	444,418	391,854	332,401	273,012	213,906	155,297	97,409
Variance	137,243	165,893	236,663	293,120	256,873	197,464	134,198	70,892	7,752	(55,013)	(117,182)

**Eastern Highlands Health District
COVID-19
Response Activity Update
January 16, 2021**

Activation of Public Health Emergency Response Plan

We have transitioned away from bi-weekly planning cycle with a bi-weekly staff zoom meeting to a weekly vaccination team meeting. We participate in twice weekly local public health virtual meetings with DPH.

Public Health Surveillance

We continue to issue weekly reports. In an effort to provide keep community partners updated on disease prevalence and other response activates.

Due to DPH changes in database reporting formats, and significant increases in the size of the dataset, it has taken more staff time to manage and develop the weekly reports. Our last report dated January 15, 2021 is attached to this report.

We continue to support area schools with review of state and county leading and secondary indicators for public schools, in addition to local data, in support of area public school decision making.

COVID Testing

In response to a local area increase in case prevalence the Eastern Highlands Health District coordinated with area partners to establish weekly COVID-19 drive thru test sites in and around the health district. The two sites within the health district include the Mansfield Middle School, and the Tolland High School. I have the following data available for these sites:

MMS 12/9 – 242 tests, 236 negatives, 4 positives, 2 inconclusive – 1.7%

MMS 12/16 – 238 tests, 228 negatives, 9 positives – 3.7%

MMS 12/23 – 207 tests, 203 negatives, 4 positives -1.9%

MMS 12/30- 130 tests, 125 negatives, 3 positives, 2 inconclusive – 2.3%

MMS 1/6 – 193 tests, 184 negatives, 8 positives, 1 inconclusive – 4.1%

THS 12/13 – 371 tests, 360 negatives, 11 positives – 3.0%

THS 12/27 – 350 tests, 322 negatives, 23 positives, 1 inconclusive – 6.5%

THS 1/10 – 222 tests, 199 negatives, 23 positives – 10.3%

The testing schedule for these two locations has been extended through February.

In addition to the above locations the health district supports the promotion of a number of other testing sites in the region. This office will continue to work to make testing events available within the health district.

Contact Tracing

The health district (or the DPH tracing unit) is contact tracing every confirmed case within our Jurisdiction that are not UConn students. We continue to stay updated with bi-weekly modifications to the new state-wide web based contact tracing system called *ContaCT*. Below are updates to the contact tracing program that represent, in part, our efforts to respond to this pandemic:

- During the month of December with state support an average of **180 community cases per week were investigated. This weekly average has increased to 250 for January.**
- During the month of December we investigated or supported the investigation of approximately **15 public school affiliated cases per week.** Many schools are distance learning in early January.
- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- During December and into January we investigate approximately **4 town governmental affiliated cases per week.**
- The health district currently has 4 staff and 2 MRC volunteers conducting contact tracing each on at least a part-time basis. Last month, we reached our internal capacity to manage all cases within our jurisdiction. We now routine rely on state contact tracers to support our daily efforts.

University of Connecticut Storrs

The fall semester begins January 19, 2021. The testing plan requires pre-arrival test, then a post arrival test for residential students. Then a two week quarantine period using distance learning commences. In-person classes start thereafter. Surveillance testing includes weekly tests for all on and off campus student through February. In-person classes end in late April.

Schools

In the period leading up to school reopening and since, this agency continues to respond to questions from school nurses, principles, and superintendents. The topics include but are not limited to contact tracing, student and staff exclusion guidance, travel advisory guidance, symptom screening criteria, case communications and notifications, confidentiality, interpretation and implementation of SDE mitigation guidance, and many other COVID related matters. We provide thoughtful, researched responses daily.

PPE Distribution

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site. However still have a moderate inventory left. To date, we have distributed approximately **120,000 items to 46 area healthcare**, and personal care providers in our jurisdiction. We continue to provide PPE regularly to area providers upon request.

Reopen CT Sector Rules

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support on the application and interpretation of Reopen CT, both phase 1, phase 2, phase 3, and now phase 2.1 of the business sector rules; providing modified inspections and infection control guidance for food service establishments (Approximately 170 are currently open, with 40 closed). Since March we have responded to **119 complaints** regarding violations of the sector rules, or the Governors executive orders.

This office issued two cease and desist orders since the sector rules have been in place. One 9/28 to Huskies Restaurant and Tavern, and a second on 11/10 to the American Eagle Saloon and Café in Willington for violations of the Governors executive orders regarding masks, social distancing and other sector rules. Both establishments have since received approval on re-open plans and passed a pre-operational inspection.

Governors Executive Orders and other state guidance - Application and Interpretation

We continue to track and review executive orders and state guidelines as they are issued, providing consultation and interpretation support to recreation departments, first responder agencies, youth services agencies, boards of education, town leadership, and other entities as requested. In addition to numerous phone consultations, and emails, this office and staff participates in regular COVID response staff meetings with a number of member towns.

Public Health Education, Communications, Messaging

EHHD is aligned with the Governor's and CDC Messaging; providing regular public information updates to website, and social media (FB & Twitter).

We push out information and updates on access to testing of general public and first responders.

Agency updates routinely provided to community partners.

We continue to provide consultation regarding the travel advisory to a number of public sector employers.

We are now pushing out information on COVID-19 vaccine access and eligibility to the public and community partners via website, email blast, and news media.

Medical Reserve Corps retention and recruitment

We continue to recruit and vet new MRC volunteers, with our roster increasing by 6 to 102 volunteers, at this point in time. We deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students at the beginning of the fall semester. Three volunteers are currently trained in contact tracing. A combined total of 46 MRC volunteers supported our three seasonal flu clinics that occurred in October and November.

Most recently 20 MRC volunteers supported ten COVID-19 vaccine clinics in December and January. More volunteers will be activated to support future clinics.

COVID-19 Crisis Response Funding for State and Local Health Departments (COVID grant #1)

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596 to be expended by March 2021. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. Most of the staff time expended on the response is regular-time, and not covered for re-imburement. Consequently, our reimbursable expenses are relatively small at this time. We currently have \$1,576 unspent from this funding source.

Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant (COVID grant #2)

The EHHD has been awarded \$384,489 through November 17, 2022 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. The DPH approved our application. We have since received our full award of \$153,795 for the first budget period ending May 17, 2021.

Coronavirus Relief Fund

With the Town of Mansfield's assistance, the health district was able to claim for reimbursement **\$104,787** in pandemic response expenses against the Municipal CRF for the period ending December 30, 2020. The expenses claimed are related to regular and program staff time dedicated to the pandemic response during this period. These funds have since been received by the Mansfield Finance Department.

COVID-19 Vaccination Campaign Planning and Activities

We are currently meeting weekly with DPH and regional vaccination planning partners. Here are the latest salient updates on distribution and administration.

- *As of the writing of this report, the EHHD has administered 790 doses in ten clinics at the Mansfield Community Center.*
- *The EHHD will be conducting 4 to 5 weekly clinics for the next number of months. Clinics will be located in either the Mansfield Community Center, or E.O. Smith High School.*
- *The Governor's advisory committee on vaccine has shifted the priority for local health departments during the initial parts of phase 1b to 75+ individuals. This priority group will likely take many weeks.*
- *We will initiate second dose clinics on weekly basis starting January 25, 2021.*
- The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual registered in VAMS and eligible for vaccine per the State's phased plan. Consequently, the EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals. This clinic format will likely be in place through phase 1b and 1c.
- In an effort to facilitate vaccine access to local eligible persons the EHHD will directly notify local partners when EHHD vaccine appointments are posted in VAMS.
- This office is currently working with the Governor's office, Hartford Healthcare and Trinity Health to find viable regional locations for large scale, high volume mass vaccination sites.
- We have not yet received any details on how or if we will be reimbursed for vaccine administration.
- The mass vaccination campaign will span many months, perhaps up to a year.
- Details on the current CT vaccination Phase rollout is attached to this report.
- This office will be working with local social services officials to facilitate vaccine access for senior citizens and other vulnerable populations.

Connecticut COVID-19 Response



Get answers.
Get help.
Get involved.

[CT.gov Home](#) [\(/\)](#) [Connecticut COVID-19 Response](#) [\(/Coronavirus\)](#) [CT COVID-19 Vaccine: Phases and Eligibility](#)

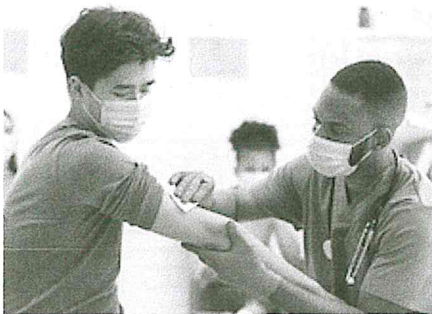
Search The CT Coronavirus Update Information Here



CT COVID-19 Vaccine: Phases and Eligibility

Current Phases of COVID-19 Vaccination

Phase 1a



Healthcare Personnel: All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients of infectious materials. Healthcare personnel should contact their Employer Coordinator, who has been designated to ensure access to the vaccine. Vaccine administration for healthcare workers will be available at hospitals, outpatient clinics, and local health departments.

Long-Term Care Facility Residents: Adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently. Residents of long-term care facilities should ask facility leadership about reviewing vaccine. All vaccine clinics in long-term care facilities will be administered by CVS and Walgreens.

Medical First Responders: High risk of exposure to COVID-19 through their response to medical emergencies such as Emergency Medical Technicians, Police, and Fire.

Phase 1b

Vaccine access will be phased in for the following groups in Phase 1b:

Currently Scheduling:

Coronavirus Question?

Ask here

- **Individuals 75 years of age and older** ([/Coronavirus/COVID-19-Vaccination---75-and-older](#))

Scheduling Soon:

- Front line essential workers (*please see additional info below*)
- Individuals between the ages of 65 and 74
- Individuals between the ages of 16 and 64 with comorbidities
- Individuals and staff in congregate settings (*please see additional info below*)

Details on congregate settings:

Congregate settings include individuals and staff in halfway homes, inpatient mental health facilities, corrections facilities, homeless shelters, domestic violence shelters, substance use and residential treatment facilities along with others. More information about congregate settings will be available soon. Vaccination programs for congregate settings will be coordinated by State and local health.

Details on Phase 1b Essential Workers:

Frontline essential workers face work-related exposure to COVID-19 because work-related duties must be performed on-site, in proximity (<6 feet) to the public or to coworkers AND are in one of the following sectors:

- Healthcare personnel not included in Phase 1a
- First responders
- Agricultural workers, including farmworkers
- Food service and restaurants
- U.S. Postal Service workers
- Manufacturing workers
- Grocery store & pharmacy workers
- Public transit workers
- Food banks and meal delivery services for the elderly
- Education and child-care workers
- Solid waste and wastewater workers
- Inspectors working on site in the above locations
- Frontline public and social services

Coronavirus Question?

Ask here

Find information you need to schedule vaccine appointments for you and your staff if **you're an employer (/Coronavirus/COVID-19-Vaccinations---Employers)**- and learn how to schedule your own appointment if **you're an independent contractor (/Coronavirus/COVID-19-Vaccinations---Independent-Contractors)**.

Upcoming Phases

Phase 1c

Updated information will be coming soon!

Future Phases

(Summer and Fall, 2021)

COVID-19 vaccinations will be available to eligible members of the general public starting this summer. At that time you should expect to have access to the vaccine at the same locations where you would normally get vaccinated: pharmacies, doctors offices, community health clinics, local health clinics, as well as through other providers.

Our decisions about priority order will be made based on **ACIP guidelines**, (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html>) our State's allocation subcommittee advice, and ultimately the decision of the Governor. ACIP and our allocation subcommittee are making their recommendations based on multiple factors - including maximizing the benefits of vaccine access, mitigating the spread of the pandemic, and mitigating health inequities.

Coronavirus Question?

Ask here

Eastern Highlands Health District COVID-19 Update

DATE: 1/15/2021

TIME: 11:00 AM

COMPLETED BY: A. Bloom

TOWN LEVEL DATA

TOWN	Number of Cumulative cases	Change from last week	Two week change	Cumulative Hospitalizations	2 week hospitalization change	Deaths
Andover	117	16	26	2	0	2
Ashford	145	39	44	5	0	3
Bolton	163	32	51	8	0	5
Chaplin	70	10	17	1	0	0
Columbia	197	17	37	7	1	3
Coventry	422	45	90	11	0	5
Mansfield	882	51	83	12	1	6
(non-student)		(50)	(82)	(12)	(1)	(6)
Scotland++	35	9	18	1	0	1
Tolland	612	43	106	17	0	15
Willington	154	16	25	3	0	3
EHHD Total	2,797	278	497	67	2	43
CT Totals	221,544	18,786	35,836	1,118*	-18	6,553

Data Source: CTEDSS and CT DPH; cumulative town counts as of 1/14/2021; reporting period for two week town level case counts is 12/27/2020 through 1/9/2021

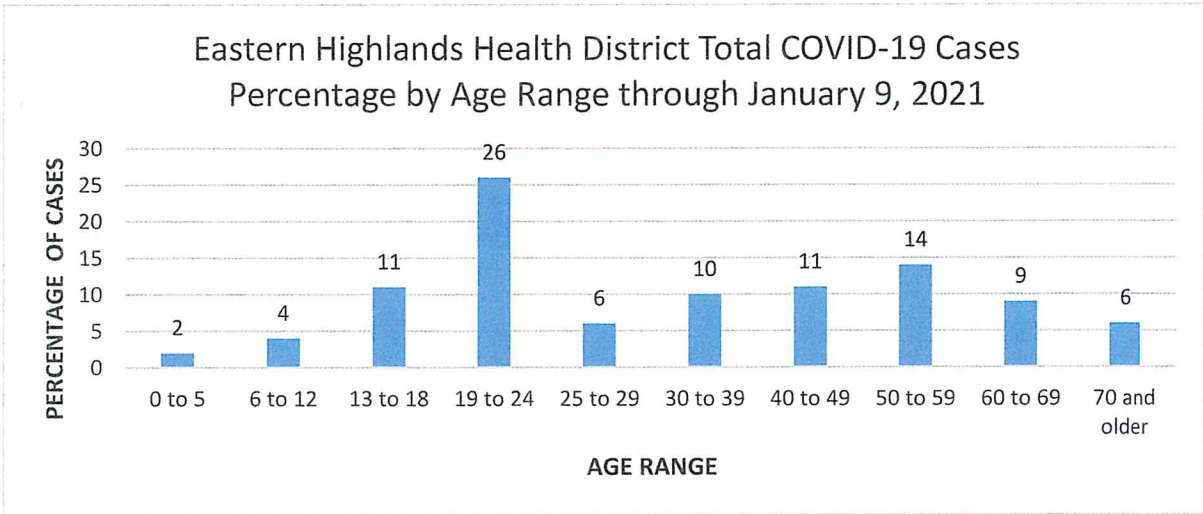
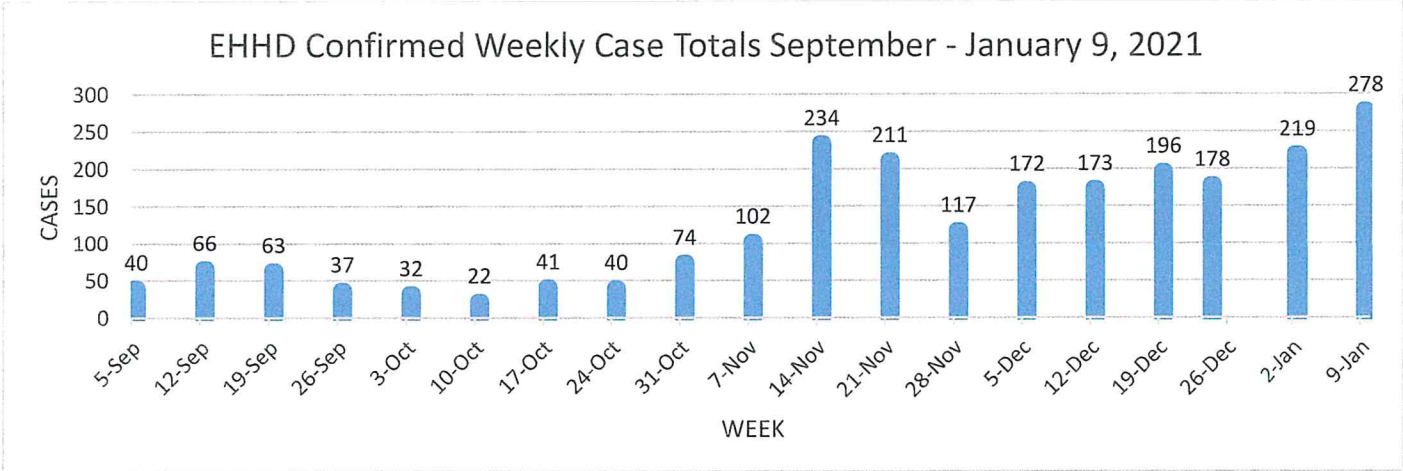
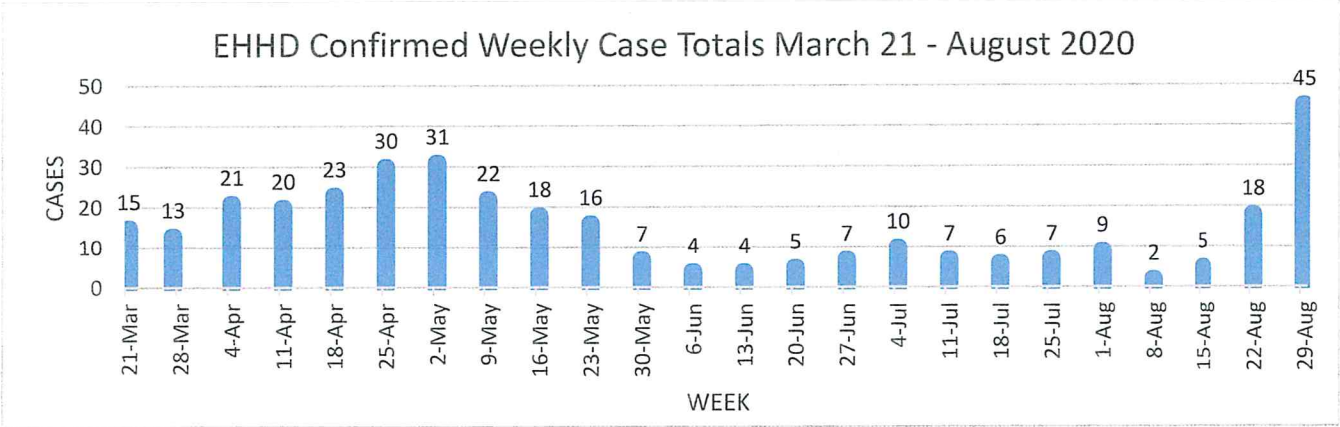
*This is the current (net) number of hospitalizations. It is not a cumulative count.

++ Likely to be lower than actual resident positive cases due to residents using Baltic, North Windham and Hampton as mailing address.

NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays.

Recent EHHD News:

- The EHHD conducted four vaccination clinics for phase 1a eligible personnel in the past week. 270 doses were administered. Four additional clinics are scheduled for coming week as part of the phase 1b rollout.
- Follow this link for more information on the Phases of the vaccine rollout: <https://portal.ct.gov/Coronavirus/COVID-19-Vaccination---Phases>
- **Based on health district contact tracing evidence, disease transmission within our population is largely driven by small gatherings of family members not from the same household, small social gatherings, and workplace settings. Recent uptick in part likely due to holiday gatherings.**
- The weekly case count bar chart on the next page indicates a **56%** increase in the prevalence of cases from the previous 2 weeks. Follow this link for more town level data: <https://portal.ct.gov/Coronavirus/COVID-19-Data-Tracker>

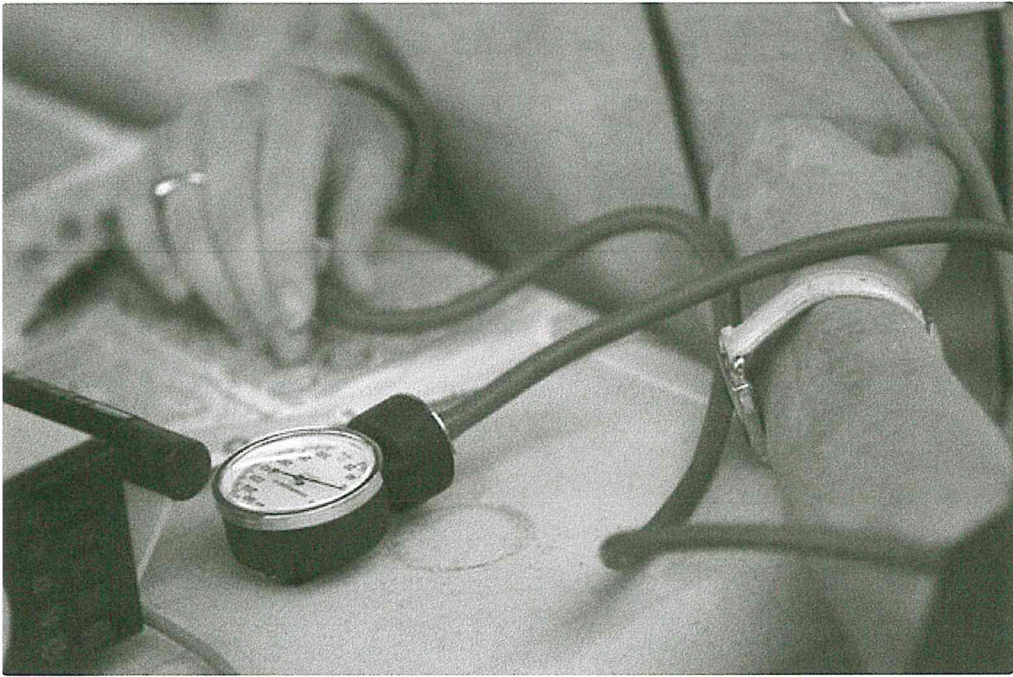


NOTE: For both charts, counts can change from week to week due to the state reassigning a case to a different town once further information is gathered on the case or lab reporting delays. May not equal 100% due to fractional rounding.

CT NEW LONDON

UPDATED: Williams School faculty, staff get COVID-19 vaccine following mix-up

By Brian Hallenbeck



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New London — An administrative error enabled nearly a dozen faculty and staff at The Williams School to get COVID-19 vaccinations last week even though the shots are so far being reserved for health care personnel and residents of long-term care facilities.

Williams Head of School Mark Fader said Monday the U.S. Centers for Disease Control informed the school late last month— mistakenly, it turned out — that its employees were eligible for the vaccinations being administered as part of "Phase 1a." Following protocols, he said he directed an assistant to provide a roster of Williams employees via the

Each of the private school's 53 employees received an email providing instructions on scheduling a vaccination, Fader said, but then Ledge Light Health District, the local health department for nine towns in the area, contacted the school Dec. 29 to say the initial VAMS email had been sent to "the wrong organization."

Williams, a private college preparatory day school for grades 6 through 12, is located on the Connecticut College campus.

"Your organization has been identified as a critical infrastructure group by your state," the VAMS email to Williams' COVID-19 coordinator, Fader's assistant, begins. "This means your employees are eligible for a COVID-19 vaccine."

In an email sent Monday night, a spokeswoman for the state Department of Public Health confirmed the department uses VAMS.

"I don't know the particulars of what happened with the Williams School, but we are grateful they realized the mistake and quickly took corrective action," Maureen Fitzgerald, the spokeswoman, wrote.

Fader said the school immediately emailed its employees about the mistake and advised them to cancel any appointments they had made for vaccinations. At that point, 11 staff members already had gotten the vaccine, he said.

"By the time I read my email and went to sign up, I couldn't get an appointment," Fader said.

Stephen Mansfield, Ledge Light's director of health, said he brought the misclassification of The Williams School employees to light after hearing from a colleague that a number of them had shown up at a clinic for vaccinations. The colleague was from the Mansfield-based Eastern Highlands Health District, which serves 10 towns in Tolland and Windham counties.

Mansfield said the mix-up involving The Williams School is not an isolated incident.

Trending People



Von Miller

Von Miller is an American footballer who plays as an outside linebacker fo...



Josh Hawley

Joshua David Hawley (born December 31, 1979) is an American attorney an...



Ivanka Trump

Ivanka Trump, is an American businesswoman, television personalit...



Boris Johnson

Boris Johnson is a British conservative politician. He became the prime...



Olivia Wilde

Olivia Wilde is a popular American actress, producer, and director. She...

Emma Stone

Emily Jean Stone is a popular Oscar-winning American actress. Known as...

Julian Assange

Julian Assange is an Australian computer programmer, investigative...

Alex Trebek

George Alexander 'Alex' Trebek is the host of the highly popular game sho...

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partners what the eligibility requirements are, but it isn't always crystal clear."

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While the state has yet to issue detailed guidance about who will be eligible to receive the COVID-19 vaccine in "Phase 1b," the CDC has projected that the phase will include those who work in the education sector (teachers and support staff members) as well as such frontline essential workers as firefighters and police officers; corrections officers; food and agricultural workers; and public transit workers.

Connecticut, which as of Monday had administered more than 75,000 doses of the vaccine, expects to complete its Phase 1a inoculations by the end of the month.

Fader said the 11 Williams employees who received the COVID-19 vaccine will be allowed to get the second dose that is part of the two-dose regimen for the versions manufactured by both Pfizer and Moderna. He said he was not authorized to release information about how many of those vaccinated were faculty and how many were staff.

"We have followed all protocols from CDC/Ledge Light Health District throughout the pandemic, which has allowed us to fortunately stay open for in-person learning each day, five days a week," Fader wrote in an email.

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CORONAVIRUS

Rollout of COVID-19 vaccine uneven in Connecticut, with state's largest cities lagging behind smaller health districts

By ELIZA FAWCETT and DAVE ALTIMARI
HARTFORD COURANT | JAN 07, 2021





New Haven, Ct. - 12/28/2020 - New Haven Fire Chief John Alston, Jr. is vaccinated for COVID-19 during a ceremony outside the New Haven Health Department marking the first phase of a four-part mass immunization campaign. "Let the healing begin," proclaimed Alston after receiving his shot from APRN Grace Grajales. Photograph by Mark Mirko | mmirko@courant.com (Mark Mirko/Mark Mirko)

Three weeks into the rollout of the COVID-19 vaccine in Connecticut, administration of the vaccine is uneven across the state, as a number of small health districts have already vaccinated hundreds of people while three of the state's biggest cities have not yet opened vaccination clinics.

The current, most restrictive stage of the state's vaccination campaign — Phase 1A, which includes health care workers, nursing home residents and emergency first responders — is expected to last through February. After that, Connecticut towns and cities will face the daunting task of vaccinating large portions of the public, from frontline essential workers to elderly residents to people who are incarcerated and, eventually, the wider public.

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But vaccine administration has been somewhat irregular so far. Some municipalities that have borne the disproportionate burden of the pandemic, including Bridgeport and Hartford, have not set up their own vaccination sites yet, relying instead on local hospitals to vaccinate eligible individuals.

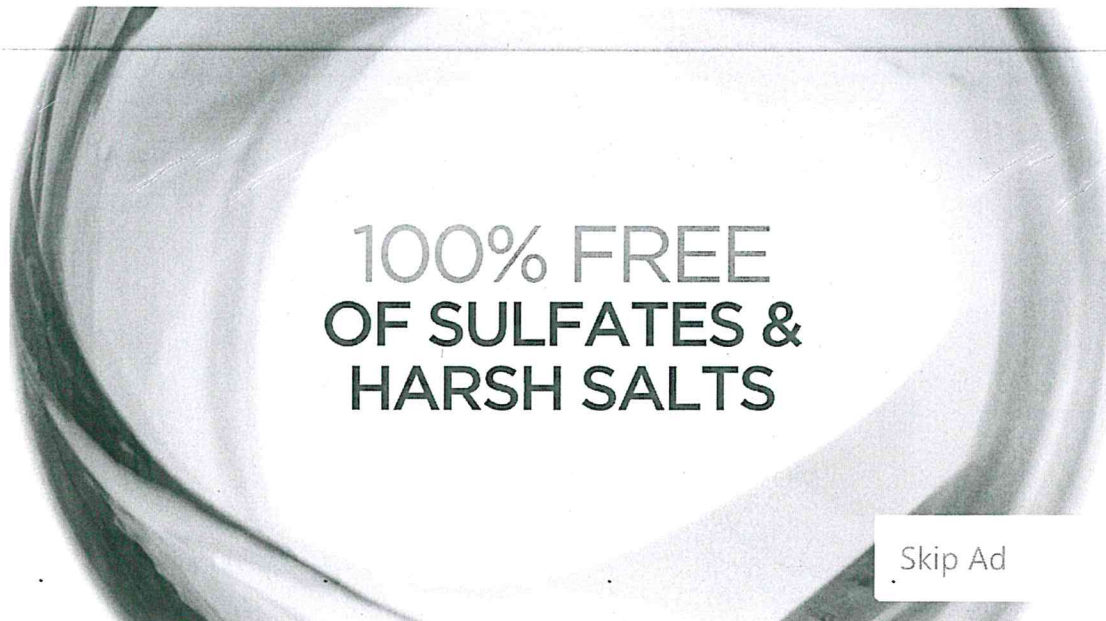
[How is Connecticut doing with COVID-19 vaccinations? Look up vaccination progress in all states here.](#) »

Of the 48 health districts across the state enrolled in the COVID-19 vaccine program, only 32 have received, or are scheduled to receive, shipments of the COVID-19 vaccine, according to the state Department of Health. A number of large health districts — including the Naugatuck Valley Health District, which is the

second largest health district in the state, and the Waterbury Health Department — have not yet received the vaccine.

While some municipalities have swiftly set up clinics to vaccinate those eligible under Phase 1A, others are lagging behind. In Hartford, the city's emergency first responders have started to be vaccinated through hospitals, said Liany E. Arroyo, Hartford's director of health.

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Yet the city has not set up any vaccination clinics of its own. Neither has Bridgeport — and on Wednesday, that city's health director, Lisa Morrissey, abruptly resigned only months after taking the job. The state's largest city will now be run by a team of people with assistance from the state.

New Haven Fire Chief John Alston Jr. is vaccinated for COVID-19 during a ceremony outside the New Haven Health Department marking the first phase of a four-part mass immunization campaign. "Let the healing begin," proclaimed Alston after receiving his shot from APRN Grace Grajales. (Mark Mirko/Mark Mirko)

Meanwhile, in New Haven, the city health department held its first vaccination clinic last week and has already vaccinated more than 600 first responders and health care workers. Director of Health Maritza Bond said they have another 700 vaccinations lined up by the end of this week and she has placed an order with the DPH for 350 additional doses of the vaccine.

"We are gearing up and have launched our mass vaccination campaign," Bond said. "In three and a half days last week we vaccinated 670 individuals and we hope to hit 1,000 by the end of this week."

More than 100,000 doses of the COVID-19 vaccine have been administered in Connecticut so far, spread out across more than 2% of the population. Connecticut ranks among the top states nationally in terms of the share of its vaccine doses administered and the proportion of the population that has been vaccinated.

But the irregular pace of vaccination distribution between municipalities raises questions about how well towns and cities will be able to scale up the inoculation campaign in later phases, when thousands of people will need to be swiftly vaccinated.

'A massive public health undertaking'

There are some 70 health districts across Connecticut, including some covering wide geographic areas and others based in larger cities that are eligible to become vaccinators.

The various health districts that have requested the vaccine range from the Pomperaug Health District, which is one of the smallest in the state, to the North Central Health District, based in Enfield, which is the largest. To administer the vaccine, the state is expected to rely heavily on federally qualified health centers and pharmacies such as CVS and Walgreens, which have done an effective job vaccinating the state's nursing home residents and staff.

Dr. Deidre Gifford, acting commissioner of the state Department of Public Health speaks at a press conference at The Reservoir nursing home in West Hartford on Dec. 18. The nursing home was one of the first in the country to vaccinate its residents and staff for COVID-19. (Brad Horrigan / Hartford Courant)

DPH acting Commissioner Dr. Deidre Gifford said that the COVID-19 vaccinations are “a massive public health undertaking that requires multiple sources of vaccine administration throughout the state.”

“Our local health departments and districts are critical partners in this effort, and we have been working with all of our LHDs to encourage them to develop robust vaccination programs. The majority of our LHDs are either already administering vaccines or will be in the near future,” she said.

As the state transitions into Phase 1B, she said, local health departments will be vaccinating eligible people directly, in partnership with nearby health districts, or through a contracted provider.

“In the meantime, we will ensure vaccine access to all eligible individuals through other partners in those cities and towns where there are gaps,” she added.

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Progress in small health districts

While some of the larger health districts have been slow to vaccinate, some smaller health districts across the state have been able to swiftly set up vaccination clinics.

In Mansfield, Robert Miller, health director of the Eastern Highland Health District, said that the district has run three clinics and vaccinated 250 first responders or health care workers so far. There are another three clinics scheduled where he hopes to vaccinate another 350 people.

Miller said there has been a learning curve with the new federal system, known as VAMS, which requires more time to input data as vaccinations are taking place.

Apple Rehab Middletown registered nurse Paul Morris, left, receives the Pfizer BioNTech COVID-19 vaccine administered by CVS pharmacist Patty Rizzo. On-site staff and residents received the vaccine on Dec. 18. (Brad Horrigan/The Hartford Courant)

“We are going to be doing this for some time,” he said. “I expect we will be doing vaccinations all through the summer when we hope to do 400-500 shots a week.”

In Old Saybrook, Scott Martinson, director of the Connecticut River Area Health District, said Tuesday evening that his district has vaccinated 583 people so far and is now helping vaccinate first responders in other health districts.

Martinson said once he finished vaccinating all people eligible under Phase 1A in Old Saybrook, Clinton, Deep River, Haddam and Chester, he started doing others. He's now vaccinated first responders in Essex, Westbrook and Killingworth, as well as many state police officers.

"More local entities will need to step up to the plate," Martinson said. "This is going to be an all-hands-on-deck very soon."

Hartford and Bridgeport lagging

Bridgeport Communication Director Rowena White said the city will conduct its first vaccine clinic on Friday, where they will start vaccinating health department staff and others who will be vaccinators for the city.

White said that when Morrissey, the former health director, was out with COVID-19, several members of the staff filled in for her and will now once again step forward.

"It's not ideal; however, they have an understanding of what needs to be done and we fell confident that no balls will be dropped and we will be ready," White said, adding that DPH also has been very helpful.

"What we need help with is educating people about the vaccine so they know that it is safe and that they should take it," White said.

A fridge that will hold the vaccines is set up in the box office at the Connecticut Convention Center Wednesday, Dec. 23, 2020, in Hartford. (Kassi Jackson/Kassi Jackson)

On Tuesday, Arroyo, Hartford's public health director, said that the city had not received any COVID-19 vaccine yet. The following day, DPH released a list that showed Hartford had been distributed some Moderna vaccine.

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When asked about Hartford's plans to administer vaccinations, Mayor Luke Bronin said Tuesday morning that "vaccination distribution is a massive logistical undertaking."

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"Our local health department stands ready to help, whether that's through the direct delivery of vaccines or through promotion, education and support in any way we can," he said.

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Bronin chief of staff Vasishth Srivastava said in an email Wednesday that, based on how many doses of the vaccine the city receives, the city health department plans to open a vaccination clinic next week for city health staff.

"As we move further into distribution, we hope to bring the vaccine to parts of our community that need access to the vaccine but who may not be able to themselves registered and go get it — like seniors," he wrote.

In later phases of the state vaccination campaign, Hartford aims to partner with hospitals and federally qualified health centers to open community vaccine clinics, on the model of the city's community COVID-19 testing sites, Arroyo said.

Hartford firefighters have been getting vaccinated at St. Francis Hospital and Medical Center, although Fire Chief Reginald Freeman said this week that only about 20% of the department's 354 members have agreed to be vaccinated so far.

"Any member at any point can change their mind and sign up for the vaccination," Freeman said. "The members schedule the appointment on their own via a link that we provided to them."

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Eliza Fawcett is a reporter for The Courant covering politics. She has previously reported for the Chicago Tribune, the Los Angeles Times, and the Pittsburgh Post-Gazette. She graduated from Yale University.



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Volunteers are needed to give COVID vaccines

MICHELLE WARREN
Chronicle Staff Writer

MANSFIELD — As the Eastern Highlands Health District anticipates a large number of people seeking COVID-19 vaccinations during Phase 1B, it seeks more volunteers to assist with the administration of the vaccinations.

"We need people to do all kinds of things," EHHD Director Robert Miller said during the Mansfield Town Council meeting Monday.

Those who would like to help out can do so by joining the health district's medical reserve corps.

According to the state website, the next round of vaccinations, Phase 1B, includes the following: people who are 75 and older; people who are 16 to 64 years old and have comorbidities; individuals and staff in congregate settings; and frontline essential workers.

Soon, Phase 1B could include people 65 and older as part of an expansion of the phase.

"It's a big group and it's going to take a few months of vaccinating to get through that group so we're all very anxiously waiting to see how the state is going to prioritize those subgroups within the broader group," Miller said.

The frontline essential workers group includes: healthcare professionals who were not included in phase 1A; first responders; agricultural workers, including farm workers; food service and restaurant workers; U.S. postal service workers; manufacturing workers; grocery store and pharmacy workers; food bank and meal services delivery for the elderly; education and child-care workers; solid waste and wastewater workers; inspectors working on site in the above locations; and frontline public and social services.

The vaccine will be administered by appointment and for free.

Miller said, as of Monday, there were 90 or 95 volunteers on the medical reserve corps, which is not enough.

He said he had begun speaking to state officials about bringing contractors to the area to do a large scale, drive-through vaccination event.

The governor's advisory committee on vaccinations was expected to meet Thursday and he was hopeful information would be provided soon after that meeting.

"The EHHD serves a population of 80,000 people and with an anticipated participation rate of 60 percent, we're looking at 48,000 people," Miller said.

Given additional resources that are expected, the aim is to administer 2,000 or 3,000 vaccinations a month.

He said the health district will be dependent on the state hiring vaccinators to support the staff and volunteers.

Mansfield Mayor Antonia Moran thanked council member Terry Berthelot for volunteering to be on the medical reserve corps.

"It's great to see that Mansfield residents and council members, in particular, are stepping up," she said.

Berthelot said it was "fantastic" to see the EHHD staff at work.

"It was very, very impressive how organized they are," she said.

Berthelot was glad EHHD staff were able to use the community center for a vaccination clinic, but felt that as the situation "ramps up," additional space may be needed.

"This is truly a top priority and we want to support you in this," she said.

Berthelot noted no medical experience is required to help.

Individuals who would like to join the medical reserve corps can register by filling out an application at the following link: cresponds.ct.gov.

Follow Michelle Warren on Twitter - @mwarrentc.

This article appears in our print edition and in our Chronicle e-edition (available at 4 p.m. weekdays, 8 a.m. Saturday) complete with all photos and special

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