

Eastern Highlands Health District
Board of Directors Regular Meeting*
Agenda
Thursday October 16, 2025, 4:30 PM
1712 Main Street, Coventry
Town Hall Annex

Call to Order

Approval of Minutes (8-21-25 regular meeting)

Public Comments

Old Business – None

New Business

1. Proposed 2026 Regular Meeting Schedule
2. DPH FY26 Per Capita Grant Application - Ratification

Subcommittees

3. Personnel Committee – Director of Health Performance review (no attachment)
Executive Session – Personnel in accordance with CGS 1-200(6)(a), Director of Health Performance Review
4. Board action on Director’s review and adjustments to compensation (no attachment)

Directors Report

5. Immunization Program Update
6. Opioid Initiative Update
7. CGA Public Health Committee – P.A. 25-97 Sewage Disposal workgroup appointment
8. Staffing Update – no attachment

Medical Advisors Report

Communications/other

9. Governor Lamont re: Executive Actions to Protect COVID-19 Vaccines
10. EHHD re: Press Release EHHD Urges Residents to Get Seasonal Vaccinations, including COVID-19
11. Governor Lamont re: Northeast Public Health Collaborative
12. NACCHO re: Shutdown & Agency Contingency Plans
13. OHS re: CT’s Application for Rural Health Transformation Program
14. EHHD re: EHHD 2024-2025 Annual Report
15. CT DPH re: CRI PHEP Funding FY25/26

16. CT Daily Campus re: Lamont protect COVID-19 Vaccines
17. CIRMA re: Equity Distribution
18. EHHD re: Weekly Viral Respiratory Disease Summary

Town Reports

Adjournment

Next Board Meeting – December 11, 2024 (FY 26/27 budget presentation)

***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, August 21, 2025

Members present: M. Capriola (Mansfield-virtual), J. Drumm (Coventry 4:33), H. Evans (Mansfield-virtual), J. Elsesser (Coventry), J. Rupert (Bolton), C. Silver-Smith (Ashford), M. Walter (Columbia - Virtual)

Staff present: R. Miller, M. Brosseau, K. Dardick (virtual)

Also present: P. Tanaka Town of Wellington First Selectman

J. Elsesser called the meeting to order at 4:30 pm

Approval of Minutes J. Rupert made a MOTION seconded by C. Silver-Smith to accept the minutes of the June 12, 2025 meeting as presented. MOTION passed unanimously.

Medical Advisor Report

Dr. Dardick reported that COVID activity in the community is still low. To his knowledge there is no new COVID vaccine. The variant omicron has been upgraded to Nimbus. Nimbus is similar to omicron with upper respiratory symptoms and is highly contagious.

Proposed Reclassification Sanitarian II to Assistant Director of Health/Sanitarian II

R. Miller presented an overview of the reclassification noting that the personnel committee met and reviewed the proposal at the June 11, 2025 meeting. M. Capriola, chair of the personnel committee stated that the personnel committee is supportive of the reclassification.

J. Elsesser commented that this is not a guarantee that the person hired for this position will be automatically promoted to the position of Director of Health. That person will need to apply and be part of the hiring process.

J. Rupert comment that he was uncomfortable with the 35% salary range. R. Miller explained the 35% range that is built into the broad ban pay range as part of the personnel rules.

J. Rupert made a MOTION seconded by C. Silver-Smith 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. MOTION PASSED unanimously.

Tolland Employee Wellness Service Agreement – Ratification

J. Rupert made a MOTION seconded by J. Drumm to approve the renewal of the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented August 21, 2025. MOTION passed unanimously.

Authorization to Negotiate and Execute Contact with CT DPH regarding Tobacco Best Practices Grant

R. Miller presented an overview of the grant contract and negotiating process, noting that the final contract will be brought to the Board for their information.

C. Silver-Smith made a MOTION seconded by J. Rupert 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 intended amount of \$166,050. MOTION PASSED unanimously with the friendly amendment by J. Elsesser of "intended" added to the motion.

Finance Committee

Financial Report period ending 6/30/2025

R. Miller presented the financial report, stating that the Finance committee met on 8/14. There was no quorum, but a discussion occurred. J. Rupert made a MOTION, seconded by C. Silver-Smith to accept the financial reports as presented. MOTION passed unanimously.

Fiscal year 25/26 Budget – DPH grant reduction impact

R. Miller reported that the state has reduced the per capita grant by 10% during year 1 and proposed an increase of 25% in year 2. R. Miller feels that the loss will be offset in operational savings and grant funding. He further stated that he is not recommending formal budget amendments at this time. The Board consensus supported this approach. J. Elsesser suggested that the Board compose and send a letter to DPH leadership and copy CCM and COST. J. Elsesser will draft the letter and make it available for the Board to review.

Personnel Committee

M. Capriola reported that she is compiling the results of the Director's Performance survey and will be reviewing with the Personnel Committee, with it being brought to the full board in October.

Directors Report

Strategic Plan Implementation – Progress report

R. Miller introduced the progress report format and discussed how it will be utilized to track the implementation of the strategic plan. He noted that the report will be sorted by status.

Quarterly Activity Report – Period ending 6/30/2025

R. Miller called attention to the significant staff time dedicated to the stops and starts of the grants. Currently he is working to spend down the grant quickly.

Advocacy efforts engaged in during this period included confidentiality laws of well data

R. Miller noted that EHHD is participating in the Hartford Healthcare Community Health Needs Assessment and Community Health Improvement Plan (CHIP).

Community Health activities have included staff managing 24 cases of elevated blood lead levels in children; investigating 8 infectious disease outbreaks and continued educational series on blood pressure.

EHHD Staffing update

R. Miller reported that the hiring for the position of public health nurse is ongoing.

Communication/Other

Joe Courtney's office re: Change to PRWORA impacting grantees

R. Miller noted that this is a potential policy change. Federally funded social service and Human services programs will no longer be available to immigrants without legal status.

NACCHO re: Federal Funding Updates

R. Miller reported that the PHEP (Emergency Preparedness) grant may be going away. It is still unclear as the amount the district will receive for the current fiscal year. The EHHD Emergency Management program may be getting reduced.

Town Reports

Coventry J. Drumm reported that the second hydrilla treatment at the lake has been completed. He further noted that the public beach has been closed for most of the season due to high bacterial levels contributed by the geese. The town is looking at ways to mitigate. He thanked R. Miller for his efforts to demonstrate and report on the significance of churning the water in the bathing area.

Willington P. Tanaka noted that the town has been dealing with an issue where a contaminated well was pumped out onto state property.

Ashford C. Silver-Smith reported on a weed problem at Lake Chaffee. Association members are dealing with the issue. Japanese knotweed has also become a problem.

Columbia M. Walter informed the Board that Columbia had a goose patrol that harassed the geese at the lake and the geese moved on. Columbia experienced pond weed in the lake. An experimental process was implemented to remove it from the lake with an end date of July 15 as that is when it would go to seed and the process of removal would actually spread the seed, worsening the issue. The lake has a marine patrol inspection system in place to control weeds brought in on boats. M. Walter noted that there is an empty restaurant in Columbia Plaza.

Mansfield M. Capriola informed the Board of a training held by Mansfield on the issue of Hoarding. EHHD staff attended. She further noted that it is move in weekend at UConn.

Adjournment

J. Rupert made a MOTION, seconded by C. Silversmith to adjourn the regular meeting at 5:39 pm. MOTION PASSED unanimously.

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

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

Memo

To: Board of Directors
From: Robert L Miller, Director of Health
Date: 10/14/2025
Re: Proposed 2026 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2026 calendar year:

January 15 (Typically, Budget Public Hearing)

February 19

April 16

June 18

August 20

October 15

December 17

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that a virtual option may be provided for these meetings. (All dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2026 regular meeting schedule as presented.



Eastern Highlands Health District

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

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: October 8, 2025

Re: FY 2025/2026 State Per Capita Grant Application

Attached for your review is a copy of the fiscal year 2025/2026 per capita grant application. As you may recall, this grant represents the state's primary funding mechanism supporting local full-time health departments and health districts. The State Fiscal Year 2026 budget resulted in a rate of \$2.32 per capita, which represents a 10% reduction from the previous fiscal year. The resulting total award is \$184,965.30. The deadline for application submittal was September 15, 2025.

We use this award to fund the salary and benefits of Sanitarian II positions (1.7 FTE). You will find the summary for the proposed budget on Page 4 in the attached application document.

I respectfully recommend the Board ratify the submittal this grant application.

Recommended motion: *Move, to ratify the submittal of the Eastern Highlands Health District's Fiscal Year 2025/2026 State of Connecticut Department of Public Health Per Capita Funding Application as presented October 16, 2025.*

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Please select your Department or District:

Eastern Highlands Health District	
4 South Eagleville Road	
Mansfield CT, 06268	
SFY 2026 Allocation	\$184,965.30
Population Estimate (2023)	79,045

[Click here for DPH provided support documents for SFY 2026 Per Capita application](#)

The Health Department shall use per capita funding that directly relates to the overall public health programs required of each local health department/district as defined in C.G.S. Section 19a-207a.

Allowed services include:

- (1) Monitoring of health status to identify and solve community health problems
- (2) Investigating and diagnosing health problems and health hazards in the community
- (3) Informing, educating, and empowering persons in the community concerning health issues
- (4) Mobilizing community partnerships and action to identify and solve health problems for persons in the community
- (5) Developing policies and plans that support individual and community health efforts
- (6) Enforcing laws and regulations that protect health and ensure safety
- (7) Connecting persons in the community to needed health care services when appropriate
- (8) Assuring a competent public health and personal care workforce

- (9) Evaluating effectiveness, accessibility and quality of personal and population-based health services
- (10) Researching to find innovative solutions to health problems

Disallowed services/costs include:

- a. Conferences/conventions/staff continuing education, membership dues
- b. Municipal reports
- c. Clothing
- d. Uniforms
- e. Capital/remodeling or improvement of facilities
- f. Salary for staff on educational leave
- g. Employee Assistance Programs
- h. Automobiles
- i. Real Estate

Please make sure the following items are uploaded along with this budget:

Application Check List

- | | |
|-------------------------------------|---|
| ☒ | 1. Signed DPH Invoice |
| ☐ | 2. Job descriptions for Per Capita funded staff that DPH does not already have on file. |

For Districts only:

- | | |
|-------------------------------------|---|
| ☒ | 3. Copies of municipality first quarter contributions |
| ☒ | 4. Public hearing notice & meeting minutes SFY2026 budget |
| ☒ | 5. Enter SFY 2026 Per Capita Municipal Rate ----> |

\$	6.15
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Budget Summary	
Health Department or District:	
Eastern Highlands Health District	
\$184,965.30	
July 1, 2025 - June 30, 2026	
Spending Category	Amount
Personnel	\$ 184,965.30
Salary	\$ 135,897.49
Fringe Benefits	\$ 49,067.81
Contractual	\$ -
Office Supplies	\$ -
Other	\$ -
Balance to zero	\$ (0.00)
SFY 2026 Total	\$ 184,965.30

Carryover from SFY 2025:	\$ -
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☒

Robert Miller
Director of Health Signature

Robert L. Miller, MPH, RS, Director of Health

10/7/2025

Date

☐

Amanda L. Backhaus
Financial Officer Signature

Amanda L. Backhaus, Director of Finance
Title

10/7/2025

Date

☐

Chief Elected Official (Municipalities) OR
Board of Directors Chairman (Districts) Signature

Title

Date

CERTIFICATION: With checking the box and electronic signature, we certify that funds have been committed and/or allocated via an official accounting system of records, consistently applied and maintained, for approved purposes in accordance with applicable contract terms and conditions and for the expenses and activities represented herein.

☐

DPH Per Capita Manager Signature

Title

Date

Robert L. Miller

From: John Elsesser <johnelsesser@gmail.com>
Sent: Wednesday, October 8, 2025 10:19 AM
To: Robert L. Miller
Subject: Re: FW: Per capita grant application

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.

Budget Summary	
Health Department or District:	
Eastern Highlands Health District	
\$184,965.30	
July 1, 2025 - June 30, 2026	
Spending Category	Amount
Personnel	\$ 184,965.30
Salary	\$ 115,097.43
Fringe Benefits	\$ 49,067.83
Contractual	\$ -
Office Supplies	\$ -
Other	\$ -
Balance (or zero)	\$ (0.00)
SPY 2026 Total	\$ 184,965.30

Carryover from SPY 2025: \$ -

Robert Miller
Director of Health Signature
Amanda L. Backhaus
Financial Officer Signature

Chairman of the Board (Chairman) OR
Board of Directors Chairman (Chairman)
Signature

Robert L. Miller, MPH, RD, Director of Health
Signature
Amanda L. Backhaus, Director of Finance
Title
Chairman
Title

10/7/2025
Date
10/7/2025
Date
10/12/2025
Date

CERTIFICATION: With checking the box and electronic signature, we certify that funds have been committed and/or allocated via an official accounting system of records, consistently applied and maintained, for approved purposes in accordance with applicable contract terms and conditions and for the expense and activities represented herein.

DPH Per Capita Manager Signature

Title

Date

On Wed, Oct 8, 2025 at 10:15 AM Robert L. Miller <MillerRL@ehhd.org> wrote:

Hi John – Just a friendly follow up. Please get me this when you can.

Thank,

Please complete UNSHADED cells only. Grey shaded cells will self-populate

PERSONNEL						
Salary and Wages						
	hrs./wk.	wks./yr.	Hourly rate	Total salary charged	Fringe benefit rate (.xx)	Total fringe benefits
Name: Glenn Bagdoian						
Title: Sanitarian II	37	52	46.52	\$ 89,504.48	42.90%	\$ 38,397.42
Position Justification: Staff will conduct field sanitarian activities that include but is not limited to food service inspections, soil testing, permit/license review and approval, and complaint investigation.						
Name: Chris Buter						
Title: Sanitarian II	20.244458	52	44.07	\$ 46,393.01	23.00%	\$ 10,670.39
Position Justification: Staff will conduct field sanitarian activities that include but is not limited to food service inspections, soil testing, permit/license review and approval, and complaint investigation.						
Name:						
Title:				\$ -		\$ -
Position Justification:						
Name:						
Title:				\$ -		\$ -
Position Justification:						
Name:						
Title:				\$ -		\$ -
Position Justification:						
Name:						
Title:				\$ -		\$ -
Position Justification:						
Name:						
Title:				\$ -		\$ -
Position Justification:						
Name:						
Title:				\$ -		\$ -
Position Justification:						

Please add all supporting individual staff here with hours, hourly rate, and total weeks, along with fringe rate per year.

Provide a justification of staff activities and the program(s) supported for each position.

Position Justification:		
	Salary TOTAL \$	135,897
	Fringe Benefit TOTAL \$	49,068
	Personnel TOTAL \$	184,965



Eastern Highlands Health District

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

**Eastern Highlands Health District
Public Hearing***

Proposed FY 25/26 Operating Budget, Cost Recovery Fee Schedule & CNR Budget

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 16, 2025, at 4:30 p.m. at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2025-2026 District Operating, Cost Recovery Fee Schedule, and Capital Nonrecurring Budget. At this hearing interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets, and Fee Schedule are available in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, CT 06268

*Virtual Hearing Option: In accordance with PA 22-3, this will be a hybrid meeting. 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 will be received up to the close of the hearing.

Dated at Mansfield, Connecticut, this 2nd day of January, 2025.

Robert L. Miller
Director of Health

VENDOR INVOICE FOR GOODS OR SERVICES
RENDERED TO THE STATE OF CONNECTICUT

STATE OF CONNECTICUT OFFICE OF
THE STATE COMPTROLLER
ACCOUNTS PAYABLE DIVISION

CO - 17 REV. 10/2010

PLEASE COMPLETE THIS FORM AND SEND IT TO THE

VENDOR: DEPARTMENT BILLING ADDRESS SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME DPHM1	(2) BUSINESS UNIT NO. DPHM1	(3) INVOICE NO. SFY2026GOVAPPRBUDGET- 418	(4) INVOICE AMOUNT \$184,965.30	
(5) DOCUMENT DATE July 1, 2025	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE 00000 00000 418
VENDOR / PAYEE: FIELDS 9,10, 14 & 18 ARE MANDATORY FOR PAYMENT				
(10) PAYEE: Eastern Highlands Health District ADDRESS: 4 South Eagleville Road ADDRESS: CITY: Mansfield STATE: CT COUNTRY: ZIP CODE : 06268				(11) VOUCHER NO. (12) VOUCHER DATE PREPARED BY

(13) VENDOR COMMENTS SFY2026 Per Capita Grant

(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT
SFY 2025 State Aid pursuant to the SFY 2026 Governor's Appropriated Budget and Section 19a-245 of the Connecticut General Statutes. For the period 7/1/25- 6/30/26 I certify that the above is a valid claim and has not been paid.  10/7/25 XX (Contractor) Signature of Authorized Person Date Robert L. Miller, MPH, RS, Director of Health Print or type Name, and Title				\$184,965.30

BUSINESS UNIT USE ONLY

(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/ GRANT	(27) CHARTFIELD 1	(28) CHARTFIELD 2	(29) BUDGET REFERENCE
\$184,965.30	1	11000	DPH48558	17009	42003	55070	DPH17009LOCHLTH	N/A	N/A	2026
(30) DEPARTMENT NAME AND ADDRESS STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVENUE, MS# 13LOC PO BOX 340308 HARTFORD, CT. 06134-0308							(31) PO NO. N/A	(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE (DPH AUTHORIZED SIGNATURE)		
							(33) PO BUSINESS UNIT DPHM1	(34) RECEIVING REPORT NO.	(35) DATE(S) OF RECEIPT(S)	

SHIPPING INFORMATION

(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.
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12570

Town Of Andover17 School Road
Andover, CT 06232
860-742-7305**M&T Bank**

10-4/220

7/2/2025

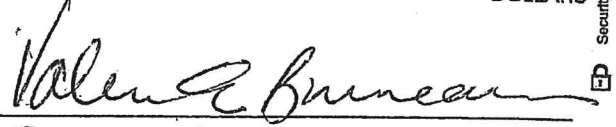
PAY TO THE
ORDER OF

TOWN OF MANSFIELD

\$ **4,833.90

Four Thousand Eight Hundred Thirty-Three and 90/100*****

DOLLARS

TOWN OF MANSFIELD
4 South Eagleville Road
Storrs, CT 06268
AUTHORIZED SIGNATURE

MEMO

40686

⑈012570⑈ ⑆022000046⑆

850085111⑈

Town Of Andover

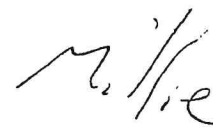
12570

TOWN OF MANSFIELD
Date 7/2/2025 Type Bill Reference July-SeptOriginal Amt.
4,833.90Balance Due
4,833.90

7/2/2025

Discount

Check Amount

Payment
4,833.90
4,833.90

General Fund Checkin 40686

4,833.90

Security features. Details on back

Town of Ashford
5 Town Hall Road
Ashford, CT 06278

Centreville Bank
57-91/115

No. 149492

EXPENSE
1006

DATE
07/09/2025
CHECK AMOUNT
\$6,502.09

PAY ***Six Thousand Five Hundred Two and 09/100 Dollars***

TO THE ORDER OF Mansfield, Town of (EHHD)
4 South Eagleville Road
STORRS/MANSFIELD, CT 06268-2599

Carol A. Soley
Soley a Soley

⑈149492⑈ ⑆011500913⑆ 0458400558⑈

Town of Ashford

Ashford, CT 06278

264	Mansfield, Town of (EHHD)	1006	07/09/2025		149492
Vendor	Vendor Name	Voucher	Date	Account Number	Check Number

PO Number	Invoice	Amount
0	17120000-48964	6,502.09

millie

Town of Bolton
222 Bolton Center Road
Bolton, CT 06043

Chelsea Groton Bank
51-7335/2111

No. 18201

(860) 649-7780

EXPENSE
1009

DATE
07/17/2025
CHECK AMOUNT
\$7,432.28

PAY ***Seven Thousand Four Hundred Thirty Two and 28/100 Dollars***

TO THE
ORDER
OF

TOWN OF MANSFIELD
4 SOUTH EAGLEVILLE ROAD
STORRS/MANSFIELD, CT 06268

[Signature]
Treasurer

⑈ 18201 ⑈ ⑆ 211173357⑆ 1114727259 ⑈

For Millie

THE RED THERMO SECURED "SP" LOGO IN THE LOWER CORNER OF THIS CHECK MUST FADE TEMPORARILY WHEN WARMED BY TOUCH OR FRICTION. SEE BACK FOR ADDITIONAL FEATURES

TOWN OF CHAPLIN
GENERAL FUND ACCOUNT
495 PHOENIXVILLE ROAD
CHAPLIN, CT 06235

 **BerkshireBank**
53-7169/2118

6335

7/1/2025

PAY TO THE ORDER OF Town of Mansfield

***3,316.39
\$

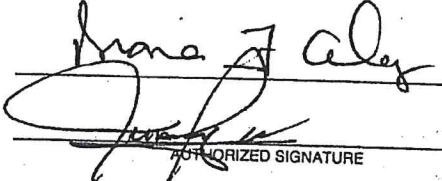
Three Thousand Three Hundred Sixteen and 39/100*****

Town of Mansfield
Eastern Highlands Health District
4 South Eagleville Road
Mansfield CT 06268-2599

DOLLARS

MEMO

17120000-48967


AUTHORIZED SIGNATURE

THE RED THERMO SECURED "SP" LOGO

⑈006335⑈ ⑆211871691⑆ 9003998962⑈

TOWN OF CHAPLIN GENERAL FUND ACCOUNT

Town of Mansfield

Date	Type	Reference
7/1/2025	Bill	2025-18-0000205

Original Amt.
3,316.39

Balance Due
3,316.39

7/1/2025

Discount

Check Amount

Payment
3,316.39
3,316.39

6335

Berkshire Bank - GF 8 17120000-48967

3,316.39

TOWN OF COLUMBIA

Board Of Selectmen
323 Jonathan Trumbull Hwy.
Columbia, CT 06237
(860) 228-8423



51-7010/2111

66470

CHECK NO.	CHECK DATE	VENDOR NO.
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066470 07/10/25 EASTHI

EIGHT THOUSAND NINETY-NINE AND 55/100 DOLLARS

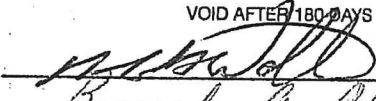
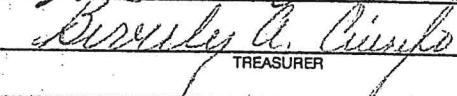
CHECK AMOUNT

\$*****8,099.55

PAY
TO THE
ORDER OF

TOWN OF MANSFIELD
4 SO. EAGLEVILLE RD.
STORRS MANSFIELD CT 06268-2599

VOID AFTER 180 DAYS



TREASURER

FD Details on back.

⑈066470⑈ ⑆211170101⑆10 0009745485⑈



Town of Coventry

1712 Main Street
Coventry CT 06238

WEBSTER BANK
TOWN OF COVENTRY
WEBSTER PLAZA
WATERBURY CT 06702

51-7010
2111

Check No. 0156253

DO NOT PAY
DATE OF ISSUE AFTER THIS DATE:
31-Jul-2025 29-Oct-2025

PAY

\$**18,923.55

Eighteen Thousand Nine Hundred Twenty Three and 55/100 Dollars

TO THE
ORDER
OF

TOWN OF MANSFIELD
COLLECTOR OF REVENUE
4 SOUTH EAGLEVILLE RD
STORRS MANSFIELD, CT 06268

[Signature]
[Signature]

SECURITY FEATURES INCLUDED: DETAILS ON BACK

⑈0156253⑈ ⑆211170101⑆ 0009843840⑈

Millie C. Brosseau

From: Patricia Ball
Sent: Thursday, September 25, 2025 8:53 AM
To: Carrie Zahner
Cc: Millie C. Brosseau
Subject: Bill#2025-18-208 Town Memb Contrib to EHHD-1Q

Hi
Just an FYI – bill #2025-18-0000208 Town Member Contribution to EHHD-1Q has been paid though a journal entry:
JE#2026-03-511
Dated 9-30-2025
\$39,054.04

Patricia Ball
Finance Department
internal x3940
external 860-429-4088
ballp@mansfieldct.org

MANSFIELD
CONNECTICUT

Your place to grow

THE RED THERMO SECURED "SP" LOGO IN THE LOWER CORNER OF THIS CHECK MUST FADE TEMPORARILY WHEN WARMED BY TOUCH OR HEAT. SEE BACK FOR ADDITIONAL FEATURES.

TOWN OF SCOTLAND
9 DEVOTION ROAD
SCOTLAND, CT 06264-6401

 Berkshire Bank

5834

53-7169/2118

6/26/2025

PAY TO THE
ORDER OF

Town of Mansfield

**2,426.18
\$

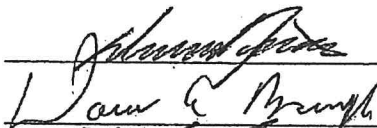
Two Thousand Four Hundred Twenty-Six and 18/100*****

DOLLARS

Town of Mansfield
4 South Eagleville Road
Storrs Mansfield, CT 06268-2599

MEMO

Acct # 1994-7/1/25 -9/30/25


Dawn E. Brumby
Authorized Signature



⑈005834⑈ ⑆211871691⑆ 273724370⑈

TOWN OF SCOTLAND

5834

Town of Mansfield

Date	Type	Reference	Original Amt.	Balance Due	6/26/2025 Discount	Payment
7/1/2025	Bill	2025-18-0000209	2,426.18	2,426.18		2,426.18
				Check Amount		2,426.18

Checking- Berkshire (* Acct # 1994-7/1/25 -9/30/25

2,426.18

VENDOR NUMBER	VENDOR NAME	CHECK NUMBER	CHECK DATE	CHECK AMOUNT
5594	TOWN OF MANSFIELD	684400	07/02/2025	\$22,407.53

INVOICE DATE	INVOICE NUMBER	DESCRIPTION	INVOICE AMOUNT
06/30/2025	139832	FY assessment GL #: 12300072-722000	\$22,407.53

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PANTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE



Town of Tolland
21 Tolland Green
Tolland, CT 06084

TD Bank

Vendor Number
5594

Check Number
684400

Check Date
07/02/2025

VOID 120 DAYS FROM DATE OF ISSUE

*** Twenty-Two Thousand Four Hundred Seven Dollars And Fifty-Three Cents ***

\$22,407.53

Pay To
The
Order Of

TOWN OF MANSFIELD
FOUR SOUTH EAGLEVILLE RD
STORRS, CT 06268-2599

Jolita Lazauskas, Director of Finan...

MP

Brian Foley, Town Manager

MP

Town of Willington
40 Old Farms Road
Willington, CT 06279-1700

M&T Bank
51-0004/0220

No. 12108935

EXPENSE
1008

DATE
07/10/2025
CHECK AMOUNT
\$8,536.20

PAY ***Eight Thousand Five Hundred Thirty Six and 20/100 Dollars***

TO Town Of Mansfield
THE 4 S. Eagleville Rd.
ORDER Storrs, CT 062262208
OF

[Handwritten signature]
D. S. A. G. H. S.
D. S. A. G. H. S.

Scanned by: Natalie on hand

11 12108935 10220000461 003100003211

Town of Willington

Willington, CT 06279-1700

379	Town Of Mansfield	1008	07/10/2025		12108935
Vendor	Vendor Name	Voucher	Date		Check Number

Account	Invoice	Amount	Description
01.1.0233.0200.300.70	2025-18-0000211	8,536.20	Health District 7/1-9/

For Millie

TOTAL:

\$8,536.20

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes

Thursday, January 16, 2025

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield-Virtual), M. Capriola (Mansfield), J. Drumm (Coventry), J. Elsesser (Coventry), H. Evans (Mansfield-Virtual), B. Foley (Tolland-Virtual), J. Rupert (Bolton-Virtual) C. Silver-Smith (Ashford-Virtual), M. Walter (Columbia-Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick

Also present: E. Melnick Strategic Planning Consultant, P. Tanaka Town of Willington First Selectman

J. Elsesser called the meeting to order at 4:34pm.

Scheduled Item: EHHD Public Hearing – Proposed FY25/26 Operating Budget, & Proposed FY25/26 CNR Budget.

J. Elsesser opened the public hearing at 4:37pm. R. Miller read the public notice into the record. (See attached). R. Miller gave a brief overview of the budget. R. Miller noted that there were no written comments received. There was no public present at the meeting to speak. J. Elsesser noted that the budget committee reviewed and modified the budget. E. Anderson initiated a discussion on level funding for vehicle replacement.

M. Capriola made a MOTION, seconded by E. Anderson to close the Public Hearing at 4:50 pm. MOTION PASSED unanimously.

Proposed Fiscal Year FY25/26 Operating Budget, Cost Recovery Fee Schedule & Proposed FY FY25/26 CNR Budget

E. Anderson made a MOTION, seconded by J. Drumm to adopt the budget as presented for FY 25/26 including the CNR Budget and Cost Recovery Fee Schedule. MOTION PASSED unanimously.

Minutes

E. Anderson made a MOTION, seconded by M. Capriola to approve the minutes of the December 12, 2024 meeting as presented. MOTION PASSED unanimously.

Proposed Eastern Highlands Health District Strategic Plan, FY2025-FY2029

R. Miller provided an introduction to the plan. E. Melnick gave a presentation of the plan, outlining the goals and objectives. Next steps will be to develop an implementation plan. R. Miller has a draft framework and will use that to develop a draft implementation plan. R. Miller will then engage the strategic planning committee, in the coming months to finalize the implementation plan.

C. Silver-Smith made a MOTION, seconded by H. Evans to adopt the document titled, "Eastern Highlands Health District, Strategic Plan FY 2025-FY 2029" as presented on January 16, 2025 in Coventry CT. MOTION PASSED unanimously.

Medical Advisors Report

Dr. Dardick stated there was nothing significant to report, noting that respiratory illnesses are being seen in the community.

Directors Report**CT Foundation of Dental Out Reach**

R. Miller informed the board that he has been in conversation with the agency who is looking for a location to hold a large scale free dental clinic in 2026. Tentatively, EO Smith has been targeted as the location. R. Miller noted that the health district will be a facilitator, connecting the organizers with key partners. B. Foley noted that he has worked closely with this organization in the past and offered his assistance.

Vaccine Program Update

R. Miller reported that the vaccine program has generated more revenue than proposed in the operating budget. To date 323 shots have been administered. R. Miller noted the assistance from Dr. Dardick and M. Capriola in growing the program.

Communications**CT Dept of Ag re: HPAI H5N1 panzootic**

R. Miller reported that H5N1 is a national public concern. To date there have been 65 cases (1 death) nationwide. Fortunately, there has been no evidence of person to person transmission.

Town Reports

Ashford C. Silver-Smith reported they have had a case of RSV and 4 cases of COVID. C. Silver-Smith announced there is a new Senior Center Director and Agent for the aging, Monica Gellegos.

Andover E. Anderson reported that a new restaurant, Pho House, has opened in Andover and is well received by residents. E. Anderson noted that the senior center has been open 5 months now and it has been hard work getting it up and running. They hope to offer health related programs soon.

Mansfield R. Aylesworth reported on the chronic issues with the Mansfield Community Center pool. Introduction of bacteria has resulted in the pool being drained and cleaned. Additional planned repairs will occur while it is drained. R. Aylesworth and M. Capriola expressed gratitude to R. Miller for his assistance with the issue.

Willington P Tanaka informed the board that the cannabis dispensary in town has gone out of business.

Tolland B. Foley expressed his thanks to R. Miller and L. Swanson for their response to an issue with Electric Blue.

Columbia M. Walter reported that a new food truck has opened in Columbia, Twin Beaks. They will soon be opening a retail space for selling organic meats.

Adjournment

E. Anderson made a MOTION, seconded by M. Walter to adjourn the regular meeting 5:49pm. MOTION PASSED unanimously.

Next Board Meeting – February 20, 2025, 4:30 PM

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R. Miller', with a horizontal line extending from the end.

Robert Miller

Secretary

8/9/2025 - Seasonal Vaccine Clinic Schedule Fall 2025

Get on board. Stay on Track.
Get Vaxed.™



== NO RESIDENCY REQUIREMENTS ==

REMEMBER TO BRING YOUR INSURANCE CARD

The EHHD is offering the following opportunities for seasonal vaccines. At this time, vaccines for **children** ages 4 through 18 are limited to influenza. If the COVID-19 vaccine becomes available through CT DPH, we will add that option and update this information.

Children's vaccines (through age 18): For those with insurance, please bring THEIR insurance card. All eligible children will be vaccinated regardless of insurance coverage.

Adult vaccines are self-pay or billed to insurance. For questions about adult vaccines, please contact Beacon Pharmacy via the link in the registration page.

2025 Vaccine Clinic Schedule

know someone who is house-bound and needs a vaccine?

Beacon Prescriptions in New Britain wants to help! email tdegroff@beaconrx.com

Date	Time	Location	What	Registration Link
Oct 7	3:30 - 6pm	EHHD office Mansfield	Flu only 4 years & up & adults	Registration required! Call EHHD office: 860-429-3325
Oct 14	3:30 - 6pm	EHHD office Mansfield	Flu only 4 years & up & adults	Registration required! Call EHHD office: 860-429-3325
Oct 16	10am - 1pm	Columbia Beckish Senior Center	*Adults only	https://tinyurl.com/nhznh5dx
Oct 16	3:30 - 6:30pm	Ashford Knowlton Hall	*Adults and children 4 years & up	https://tinyurl.com/4669tbhd No registration for children
Oct 20	noon - 2pm	Willington Senior Center	*Adults only	https://tinyurl.com/3pu3a988
Oct 22	9am - 11am	Chaplin Senior Center	*Adults only	https://tinyurl.com/26kbu3xn
Oct 22	3 - 5:30pm	Andover Elem.	Flu only 4 years & up & adults	No registration
Oct 23	3 - 5:30pm	Coventry Senior Center	*Adults and children 4 yrs & up	https://tinyurl.com/pkdr3wex No registration for children
Oct 27	noon - 3pm	Bolton Senior Center	*Adults only	https://tinyurl.com/626awb8n
Oct 30	3 - 6pm	Tolland High School	Flu only adults and children 4 years & up	No registration

* Adult vaccines are provided by Beacon Pharmacy: influenza (regular & high dose), COVID-19, pneumonia & RSV. Please indicate in the registration link, **in the comment section**, which vaccines you will request.

QUESTIONS? CALL THE EHHD OFFICE AT 860-429-3325

Robert L. Miller

Subject: Eastern Highlands Health District Opioid Initiative Kick Off Meeting
Location: Zoom

Start: Tue 10/28/2025 1:30 PM
End: Tue 10/28/2025 2:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Robert L. Miller
Required Attendees: Annemarie Sundgren; Jessica St.Louis; Beverly Bellody; Rupert, Jim; Eric Anderson (eanderson@andoverct.org); Ashford First Selectman - Ashford (firstselectman@ashfordtownhall.org); Dan Syme (firstselectman@scotlandct.org); Juan Roman III - Town of Chaplin (firstselectman@chaplinct.org); ptanaka@willington.com; Mark Walter; Ande Bloom; Cecile C. Serazo

Greetings Everyone – We are finally following up on the email sent out on this topic back in March. Sorry for the delay!

We have scheduled our kick off meeting for the Eastern Highlands Health District Opioid Initiative for October 28th at 1:30PM. At the meeting we will cover the following items:

- EHHD Opioid Initiative framework
- What services we can provide
- How we may coordinate into existing local and regional efforts
- Next steps

This will be a virtual meeting. Please feel free to forward this invite to whomever you see fit.

Please accept the meeting invite so that we know you're attending.

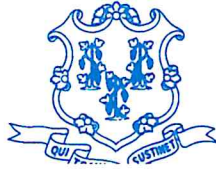
The meeting link will be sent out about a week before hand.

Yours in health,
 Rob

Robert L. Miller, MPH, RS

Director of Health
 Eastern Highlands Health District
 4 South Eagleville Road
 Storrs, CT 06268
 860-429-3325
 860-429-3321 (Fax)
 Twitter/X: @RobMillerMPH
 www.ehhd.org

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING
HARTFORD, CT 06106-1591

August 22, 2025

Robert Miller
4 South Eagleville Road
Storrs CT, 06268

Dear Mr. Miller,

Pursuant to Sec. (49) of Public Act No. 25-97, the Public Health Committee Leadership are pleased to appoint you to be a member of the *Working Group to Study Sewage Disposal*.

Your willingness, commitment, and desire to serve the residents of Connecticut is laudable. We are confident that the knowledge and experience that you bring to this position will be of great value to the working group discussions.

If you have questions or need additional information, please do not hesitate to contact us.

Thank you for your service.

Rep. Cristin McCarthy-Vahey, Co-Chair

Cristin McCarthy Vahey

Sen. Saud Anwar, Co-Chair

Saud Anwar

Rep. Nicole Klarides-Ditria, Ranking Member

Nicole Klarides-Ditria

Sen. Heather Somers, Ranking Member

Heather Somers

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Wednesday, September 10, 2025 12:50 PM
To: Robert L. Miller
Subject: Governor Lamont Announces Executive Actions To Protect COVID-19 Vaccine Access

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.

[Web Version](#)

STATE OF CONNECTICUT
GOVERNOR NED LAMONT

Governor Lamont Announces Executive Actions To Protect COVID-19 Vaccine Access

Posted on September 10, 2025

(HARTFORD, CT) – In the face of recent actions within the federal government that have created uncertainty in the ability of Americans to access COVID-19 vaccines during the upcoming respiratory virus season, Governor Ned Lamont today announced a series of executive actions his administration is implementing to ensure that Connecticut residents who wish to be vaccinated continue to have access to these vaccines and that coverage under state-regulated health insurance policies remains uninterrupted.

“As uncertainty in Washington continues, our administration is doing everything we can to ensure the residents of Connecticut have access to the health care they need to stay safe,” **Governor Lamont said**. “Making vaccines accessible is grounded in health and safety, which is too important to leave to the whims of a political agenda. Vaccines have been proven for many decades to prevent serious illness, hospitalization, and death, and patients and their doctors should be able to decide what is the best course of treatment for themselves. We will not allow gridlock in Washington to put the people of our state at risk.”

The Lamont administration's actions include a multi-pronged approach among several state agencies, notably the Connecticut Department of Public Health (DPH), the Connecticut Department of Consumer Protection (DCP), and the Connecticut Insurance Department (CID).

DPH releases interim guidance on who should receive COVID vaccines

- Document: [COVID-19 Updates and Interim Guidance from DPH](#)

Under the leadership of Commissioner Manisha Juthani, MD, DPH today released interim guidance for the 2025-2026 season emphasizing that vaccination remains the most effective defense against severe COVID-19. The guidance is similar to those issued in previous years, recommending that children six months and older receive the vaccine, as well as adults of all ages.

The guidance was developed based on evidence-based recommendations from professional and expert medical organizations such as the recently released guidance from [American Academy of Pediatrics](#) (AAP), [American College of Obstetricians and Gynecologists](#) (ACOG), and [American Academy of Family Physicians](#) (AAFP).

"We cannot predict which respiratory viral infection will be most prevalent this season, but we can protect our families against them and potential severe complications by getting vaccinated this fall," **Commissioner Juthani said**. "I am currently assembling an advisory committee to work with me on matters relating to recommendations by the Centers for Disease Control and Prevention and the federal Food and Drug Administration using evidence-based data from peer-reviewed literature and studies. We are in the process of scheduling our first meeting for this month. I am looking forward to discussing with this group the ongoing changes at the federal level regarding vaccines and other public health recommendations to ensure that we continue to provide the best care and guidance to the people of Connecticut."

DCP provides guidance on distribution of vaccines to pharmacists

- Document: [COVID-19 Vaccine Guidance Update from DCP](#)

To maintain seamless access while federal schedules are in flux, DCP today issued a guidance document to pharmacists, advising that – consistent with state law ([C.G.S. § 20-633](#)) – pharmacists may continue to order, prescribe, and administer FDA-approved or authorized COVID-19 vaccines using the most recent CDC administration instructions until the later of:

1. 30 days from issuance of DCP's notice, or
2. The vaccine's inclusion on the CDC Adult Immunization Schedule.

While federal actions restrict eligibility for adults ages 18 to 65 with no underlying medical conditions, prescribers and pharmacists may order, prescribe, and administer the COVID-19 vaccine to individuals who fall outside the eligibility criteria authorized by the FDA, consistent with "off-label" use.

"Here in Connecticut, pharmacists played a critical role in combatting the COVID-19 pandemic, and that will continue this fall as patients seek protection against the most current strains of the virus," **DCP Commissioner Bryan T. Cafferelli said**. "Pharmacists are trusted frontline healthcare workers who are often the first point of contact for patients seeking vaccination. While federal vaccine schedules are in flux, we have issued interim guidance to provide clarity and consistency for our pharmacists administering COVID-19 vaccines."

CID issues bulletin on insurance coverage

- **Document:** [CID Bulletin on Confirmation of Mandatory Coverage for COVID-19 Immunizations](#)

A bulletin issued today by CID to all health insurers and health care centers in Connecticut affirms that the DPH interim guidance for the 2025-2026 season aligns with existing state law requiring immunization coverage in Connecticut-issued health insurance policies. It also affirms that the DPH guidance is consistent with the COVID-19 immunization recommendations by the American Academy of Pediatrics, the American Academy of Family Physicians or the American College of Obstetricians and Gynecologists, for which coverage is mandated by state law.

Based the current guidance from DPH and the medical academies, there will be no change to existing COVID-19 immunization coverage in Connecticut-issued insurance policies, regardless of the CDC's position.

"This bulletin confirms that based on current DPH guidance, there will be no change to existing COVID-19 immunization coverage in Connecticut-issued insurance policies," **CID Commissioner Andrew Mais said.**

What this means for Connecticut residents

Combined, these actions will help address some restrictions created by the CDC to access to the COVID-19 vaccines in Connecticut. Adults of all ages can receive COVID-19 vaccinations at pharmacies and medical practices, and children between 6 months and 18 years can receive vaccinations through pediatric providers participating in the Connecticut Vaccine Program (CVP).

Additionally, these actions ensure that insurance coverage for COVID-19 vaccines based on current guidance from DPH, continues unchanged for state-regulated plans. For employers that offer self-funded (ERISA) plans, individuals should confirm their immunization benefits with their plan administrator.

What this means for Connecticut pharmacists and providers

Following these actions, pharmacists in Connecticut may continue to order, prescribe, and administer FDA-approved/authorized COVID-19 vaccines to adults using the most recent CDC administration instructions until the later of 30 days from DCP's notice or the vaccine's inclusion on the CDC Adult Immunization Schedule.

Additionally, pharmacists may continue to vaccinate pursuant to a prescriber's verbal or written prescription, and prescribers may order the vaccine consistent with FDA labeling and prevailing clinical recommendations. Vaccine supply and guidance for children will continue through the Connecticut Vaccine Program and medical homes.

Next steps to bring stability amid uncertainty in the federal government

Looking forward, Governor Lamont and officials within his administration continue to be in frequent communication with public health officials from regional states in the Northeast to coordinate on a collaborative approach to these issues. Additionally, the Lamont administration is researching potential legislative changes that may be needed within state statutes to ensure continued stability in the future, regardless of any potential shifts in positions from the federal government.

For information on how to be vaccinated in Connecticut, residents are encouraged to visit www.easyvax.com or speak with their local pharmacy or medical provider.

[Read on CT.gov](#)

State Capitol
210 Capitol Avenue
Hartford, CT 06106

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FOR IMMEDIATE RELEASE

October 7, 2025

The Eastern Highlands Health District Urges Residents to Get Seasonal Vaccinations, Including COVID-19 Dose

Storrs CT — As respiratory virus season has arrived and the Eastern Highlands Health District (EHHD) is encouraging all residents to stay protected by getting their recommended vaccinations — including influenza, RSV (when eligible), and the updated COVID-19 shot. Because the virus that causes influenza and COVID-19 infections mutates annual vaccination remains the strongest defense against severe illness, hospitalization, and community spread.

The Connecticut Department of Public Health recently issued **interim COVID-19 immunization guidance for the 2025–2026 season**, emphasizing that vaccination continues to be critically important to reduce severe outcomes. Under this guidance, persons are urged to discuss vaccination with their doctor to determine individualized recommendations through shared clinical decision-making, tailored to risk factors and vaccine history. Additional information on the DPH guidance can be found [here](#).

Key Points for Residents:

- **Who should get vaccinated?** Children 6 months and older, adults of all ages including pregnant persons are encouraged or eligible for COVID-19 vaccination under the state's interim recommendations.
- **Timing matters.** If you recently completed a COVID-19 vaccine series or received the 2024–2025 booster, wait **eight weeks** before getting the updated shot. If you were recently infected, the recommended interval is **three months**.

Additional Recommendations:

- Get your **influenza (flu) vaccine** as soon as possible.
- Follow recommendations for **RSV** and other routine vaccinations, especially for infants, older adults, and immunocompromised individuals.

- Continue masking in high-risk settings, practicing good hand hygiene, and staying home when ill.

“Our goal is to keep our community healthy and resilient,” said Robert Miller, Director of Health. “Vaccines are among our best tools this season. We urge everyone to consult with their healthcare provider about the vaccines appropriate for them and to get vaccinated as soon as possible.”

How to Get Vaccinated:

- Contact your primary care provider or local clinic
- Visit participating pharmacies (no prescription needed under interim rules)
- Use CT’s vaccination finder tools (e.g. EasyVax or CT WiZ)
- Check out the EHHD vaccine clinic schedule at www.ehhd.org

For more information, visit <http://ehhd.org/vax> or call 860-429-3325.

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Thursday, September 18, 2025 12:30 PM
To: Robert L. Miller
Subject: Several Northeastern States and America's Largest City Announce the Northeast Public Health Collaborative

No images? [Click here](#)



STATE OF CONNECTICUT
GOVERNOR NED LAMONT

Posted on September 18, 2025

**Several Northeastern States and America's Largest City Announce the
Northeast Public Health Collaborative**

*Voluntary Coalition includes Connecticut, Maine, Massachusetts, New Jersey,
New York State, Pennsylvania, Rhode Island and New York City*

*Regional Partnership Brings Together Public Health Agencies and Leaders to
Share Expertise, Improve Coordination, and Promote and Protect Evidence-Based
Public Health*

(HARTFORD, CT) – Several Northeastern states and America's largest city have been collaborating since early 2025 and today formally announced the Northeast Public Health Collaborative, a voluntary regional coalition of public health agencies and leaders, brought together to share expertise, improve coordination, enhance capacity, strengthen regional readiness, and promote and protect evidence-based public health.

The Collaborative's shared purpose is to work together in new ways – optimizing the use of shared resources, innovating and reimagining core services – to ensure trust in public health, respond to public health threats, advance community health and strengthen confidence in vaccines and science-based medicine. The group's shared goal is to protect the health, safety and well-being of all residents by providing information based on science,

data, and evidence, while working to ensure equitable access to vaccines, medications and services.

The regional partnership, which was informally established several months ago, held its first in-person meeting in Rhode Island in August. The Collaborative has already formed interjurisdictional working groups to identify opportunities for collaboration and shared planning across multiple public health disciplines including public health emergency preparedness and response, vaccine recommendations and purchasing, data collection and analysis, infectious disease, epidemiology and laboratory capacity and services.

Members of the Collaborative worked together on science-based guidance for health care personnel (HCP) advising on precautions health care workers should take to protect themselves and patients during respiratory virus season. Other examples of collaborative efforts include sharing information on public health emergency preparedness related to three FIFA (International Federation of Association Football) World Cup host cities within the collaborative, exploring workforce pipeline activities given the understaffing in public health and coordinating state lab related activities and services.

Connecticut Department of Public Health Commissioner Manisha Juthani, M.D., said, “In public health, we are always stronger together. Pathogens know no borders. Particularly in the northeast, people cross borders daily for work and school. In a time of significant change in public health, we have benefited from the enhanced collaborations between our jurisdictions. We are confident that we will preserve and protect core public health principles and services as we navigate current changes together.”

Maine CDC Director, Dr. Puthiery Va said, “The people of Maine are known for their resilience, neighborly support, and a collaborative approach to solving community challenges. This spirit is evident in the Northeast Public Health Collaborative, which serves as an incubator for solutions in public health. By working together, we can build more adaptable, sustainable, and resilient public health framework for the region.”

Massachusetts Commissioner of Public Health Robbie Goldstein, M.D., Ph.D., said, “When our states speak in concert, our voice carries farther, and our impact deepens. Those who work in public health are entrusted with a profound responsibility – a promise – to protect the health and safety of those in our states, to advance equity, and to ground every decision in data and evidence. Strong public health must stand high above ideology. Our region understands this, and we are moving forward, resolute, united, and guided by science.”

New Jersey Acting Health Commissioner Jeff Brown said, “The interconnectedness of our populations and shared health challenges across the Northeast make this Collaborative a natural synergy and extension of our longstanding partnerships with peer health agencies to support the health of the people of New Jersey. Public health requires regular sharing of information, ideas, and best practices across jurisdictions and state lines. Whether it's responding to a pandemic or an outbreak or preparing for a large-scale event such as the

upcoming FIFA World Cup, with three host cities in the Northeast, working together helps keep our residents safe and healthy. We look forward to continuing to do so with our colleagues in the Collaborative.”

New York State Health Commissioner Dr. James McDonald, M.D., M.P.H., said, “Everyone benefits when we work together. I am excited about this collaborative; we all share the same goal of achieving health and well-being for our people. New York is proud to be part of the Northeast Public Health Collaborative. By working together, we are creating a more adaptable, sustainable and resilient public health system for our state and the region.”

Pennsylvania Department of Health Secretary Dr. Debra Bogen said, “Protecting public health has always been a collaborative effort. Continuing to work with public health experts in other states allows the exchange of best practices, pursuit of efficiencies, and opportunities for collaboration to better meet the needs of Pennsylvanians.”

Rhode Island Department of Health Director Jerry Larkin, M.D., said, “Collaboration is the core of public health. We look forward to continuing to work with the Northeast Public Health Collaborative to improve information sharing, coordinate on public health initiatives, and develop policy that is grounded in science and data. This partnership will advance our work to prevent disease and promote the health and safety of the people in every community in Rhode Island.”

New York City Acting Health Commissioner Dr. Michelle Morse said, “As the oldest and largest local health department in the nation, the New York City Health Department is proud to be a member of the Northeast Public Health Collaborative. We must always protect our public health infrastructure, reject misinformation, and maintain trust in science. The collaborative is working together to rebuild public trust, and provide factual information, so people can make informed decisions about their health, and continue our critical work to address health inequities.”

While the Northeast Public Health Collaborative members share common public health goals and objectives, they recognize that each state and city is independent with their own diverse populations and unique sets of laws, regulations and histories. Members may choose to participate in or adapt those specific initiatives consistent with their particular needs, values, objectives, and statutory or regulatory requirements.



State Capitol
210 Capitol Avenue
Hartford, CT 06106

From: Victoria Van de Vate <vvandevate@naccho.org>

Sent: Wednesday, October 1, 2025 9:37 AM

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

Cc: Adriane Casalotti <ACasalotti@naccho.org>; Lauren Soule <LSoule@naccho.org>; Molly Curington <mcurington@naccho.org>

Subject: Shutdown & Agency Contingency Plans

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

SACCHO leaders,

As you know, federal government funding expired at midnight last night. Later this week, the Senate plans to vote on the same two [continuing resolutions](#) that failed less than two weeks ago and again yesterday (a Republican led stopgap and a Democratic alternative). Without a continuing resolution, the government will remain shut down. While we do not expect significant disruptions to the work of local health departments, it is important to note that the impact may change depending on the length of the lapse in federal appropriations.

Every agency has a [2026 shut down contingency plan](#). Per that plan, HHS will furlough 41% of its staff, with CDC furloughing nearly 65%. ***At this time, we expect the PMS system to remain operational, despite changes to the approval process implemented this year, as the HHS plan explicitly says that staff who ensure payments from the PMS system to grantee will continue to work.*** This is an issue NACCHO has been advocating on with HHS, Congress, and other stakeholders for the last few weeks, and we are glad to see it explicitly included in the plan. We are hopeful that this means we will not see interruptions or delays to the drawdown process but recognize that unanticipated challenges may still occur.

{HHS's, Program Support Center (PSC), Financial Management Portfolio (FMP), Payment Management Services (PMS), and Division of Payment Management (DPM) will be operational and retain the necessary staffing in an excepted status to ensure delivery of grant payments for excepted programs. The PMS and DPM will follow specific processes to ensure payment of permissible disbursements. In addition, HHS will maintain the [Grants.gov](#) system in an operational status, but with reduced federal support staff presence. The [Grants.gov](#) Contact Center will remain available and provide assistance to callers. HHS will provide the federal grantor community with guidance and updates in the event of a government shutdown.}

The primary impact we expect on LHDs is that CDC staffing will be significantly reduced, with only essential functions occurring. That means that questions or meetings with technical monitors or other CDC advisors will be interrupted. CDC staff on furlough cannot work—even to respond to an email. Those CDC staff who are deemed essential can only work on specific activities. ***LHDs expecting new or updated direct federal funding will likely face delays but can continue to spend funding they have already received.*** The shutdown plan also notes the suspension of analysis of surveillance data for reportable diseases—if the shutdown continues for a long period of time, LHDs might not have the timely data they need to inform the daily operations of their programs.

[Per the CDC contingency plan:](#)

Summary of Activities that Continue

The Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) will use the full extent of the authority under the Anti-deficiency Act (ADA) to protect life and property under a lapse in appropriations. Responses to urgent disease outbreaks and continuing efforts to support the President's Emergency Plan for AIDS Relief (PEPFAR), World Trade Center (WTC) Health Program, the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), and the Vaccines for Children (VFC) program will also continue.

Summary of Activities that will Not Continue

The Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) SMEs would not be available to provide guidance to state and local health departments implementing programs to protect the public's health (e.g., opioid overdose prevention, HIV prevention, diabetes prevention). We would not be able to provide communication to the American public about important health-related information. There would no longer be ongoing applied public health research by CDC and ATSDR scientists to improve prevention modalities. Investigation of risk factors, etc. would be suspended. Response to public inquiries about public health matters would be suspended. Analysis of surveillance data for reportable diseases would be suspended. Critical year-end surveillance reports would be delayed. Grant funding announcements would not be prepared, which will result in compressed times for applicants, such as state and local health departments and universities, to apply for funding.

WIC Funding

A notable exception to the above is [WIC funding](#), which is provided through USDA. Because WIC is a discretionary program, it receives no new funding during a shutdown. **At this time, federal contingency funds will only sustain benefit delivery for a few days.** After that, states will need to rely on their own funding streams to keep the program running in the short term, which they will be able to do to varying degrees.

If you experience any disruptions or challenges related to a government shutdown, please share those with me or to govtaffairs@naccho.org. We are collecting impacts for our advocacy work.

Please reach out with any questions or concerns.

Victoria

Victoria Van de Vate

Director of Government Affairs

National Association of County & City Health Officials

1201 I Street NW Fourth Floor | Washington, DC 20005

Main: [202-783-5550](tel:202-783-5550) | **Direct:** [202-800-6483](tel:202-800-6483)

E-mail: vvandevate@naccho.org

www.naccho.org

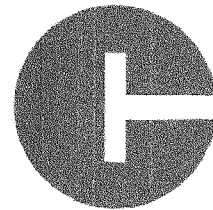
Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, September 30, 2025 11:29 AM
To: Andover Town Manager; Ashford First Selectman; Chaplin First Selectman (firstselectman@chaplinct.org); Heather Evans; Jacob Marie; Jennifer Lavoie; Jim Drumm; Jim Rupert (jrupert@boltonct.gov); John A. Elsesser (johnelsesser@gmail.com); Kenneth Dardick; Kim Kowalyshyn; Maria Capriola; Robert L. Miller; Peter Tanaka - Willington First Selectman (ptanaka@willingtonct.gov); Ryan J. Aylesworth; SaraBeth Nivison; Scotland First Selectman; Tolland Town Manager; Town Administrator (townadministrator@columbiact.org)
Subject: FW: OHS Enews: Connecticut's Application for Rural Health Transformation Program

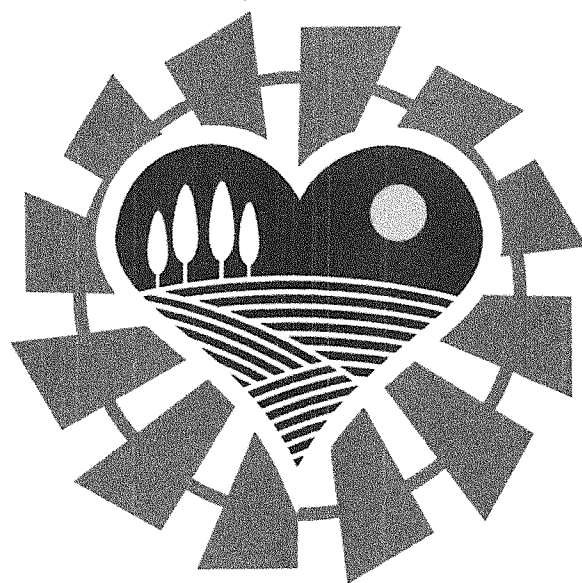
FYI

From: Office of Health Strategy <wendy.fuchs@ct.gov>
Sent: Tuesday, September 30, 2025 11:03 AM
To: Robert L. Miller <MillerRL@ehhd.org>
Subject: OHS Enews: Connecticut's Application for Rural Health Transformation Program

NEW In-person, virtual and extended written
opportunities for public comment



CONNECTICUT
Health Strategy



Learn more about the Rural
Health Transformation Program

Attend an In-Person or Virtual Listening Session

Attend an in-person or virtual listening session to share your views on rural health needs and opportunities. These sessions will be recorded. Please only share information you are comfortable sharing in a public forum.

Virtual Session

When: Friday, October 3, 2025, 1:00 PM - 2:00 PM

Zoom Link: <https://us06web.zoom.us/j/84356227741?pwd=Hx8wFZk9VK1Yd4GI8rqvpMDbbEFK9.1>

Connecticut Application for Rural Health Transformation Program - Opportunity for Public Comment

The State of Connecticut Department of Social Services, in collaboration with the Office of Health Strategy and several other state agencies, is preparing Connecticut's application for the **Rural Health Transformation Program** federal funding opportunity. We value your input on health needs, issues, concerns and opportunities across Connecticut.

Public comments will now be accepted through **October 9, 2025**.

Submit Your Written Comments
Here

In-Person Sessions

**When: Friday, October 3, 2025,
PM - 2:00 PM**

Where: Draper Library, CT State
Community College, Northwestern
Campus (formerly Northwestern

Phone: 929-205-6099, Meeting ID: 843 5622 7741, Passcode: 706077

One tap mobile:

929-205-6099,,84356227741#,,,,*706077# *or*

301-715-8592,,84356227741#,,,,*706077#

Zoom

instructions: https://us06web.zoom.us/join/84356227741?signature=vnRd2rhWQfWZlv_X7cDTUrP--DK6_JN0Gpa3OTu66rU

Virtual Zoom Link

Community College- NCCC), [Park F](#)
[East, Winsted, CT](#)

Parking: Park in the lot behind the Learning Resource Center. If that area is filled, there is on-street parking available near the campus.

Public Transit: [Information available](#)

When: Monday, October 6, 2025, 1:00 PM - 2:00 PM

Where: Student Center Theater (Room #33), Eastern Connecticut State University (ECSU), Willimantic, CT

Parking: Enter ECSU campus at 4th High Street, Willimantic, CT, go straight for three stop signs, turn left at the 4th stop sign and take a left to the parking garages; then park in the 4th levels of either ECSU campus parking garage; then proceed to the Student Center. Handicap parking available next to the Student Center. [parking map](#).

Public Transit: [Information available](#)

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ohs@ct.gov

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Rural Health Transformation (RHT) Program

Transforming Rural Healthcare in America

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. Through innovative system-wide change, the RHT Program invests in the rural healthcare delivery ecosystem for future generations.

Additional information on how to apply for RHT Program funding will be released via a Notice of Funding Opportunity (NOFO), and funding will be distributed in the form of a cooperative agreement.

Strategic Goals

The RHT Program seeks to further the following Strategic Goals:

Make rural America healthy again

Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.

Sustainable access

Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together — or with high-quality regional systems — to share or coordinate operations, technology, primary and specialty care, and emergency services.

Workforce development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.

Innovative care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.

Tech innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

Program Structure

RHT Program funding is \$50 billion to be allocated to approved States over five fiscal years, with \$10 billion of funding available each fiscal year, beginning in fiscal year 2026 and ending in fiscal year 2030.

- 50% to be distributed equally amongst all approved States
- 50% will be allocated by CMS based on a variety of factors including rural population, the proportion of rural health facilities in the State, the situation of certain hospitals in the State, and other factors to be specified by CMS in the NOFO

Uses of Funds

States must use RHT Program funds for three or more of the approved uses of funds:

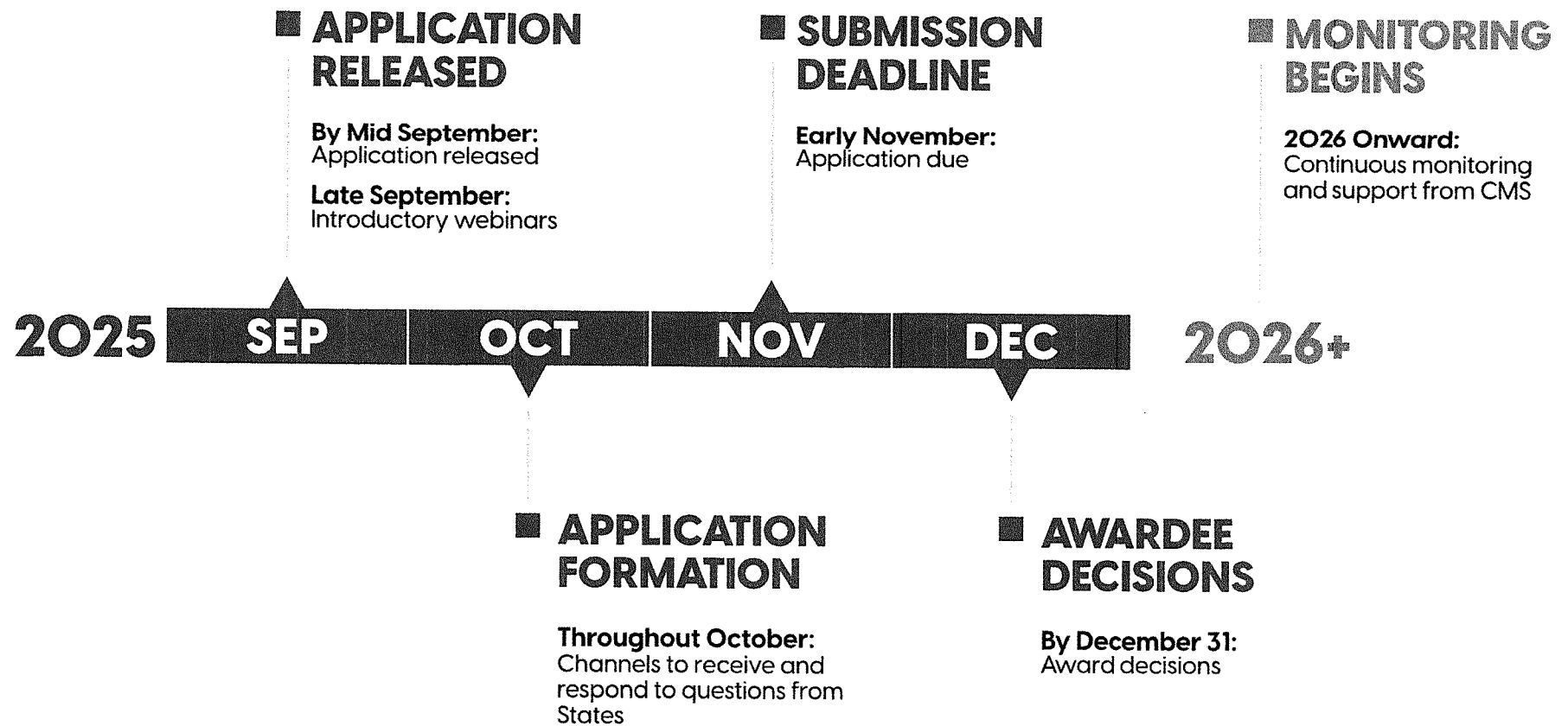
- Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
- Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator.
- Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
- Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
- Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.
- Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
- Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
- Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1)), other substance use disorder treatment services, and mental health services.
- Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.
- Additional uses designed to promote sustainable access to high quality rural health care services, as determined by the Administrator.

Eligibility

In accordance with the authorizing statute, only the 50 U.S. states are eligible to receive an RHT Program award; the District of Columbia and U.S. Territories are not eligible.

How to Apply for RHT Program Funding

- Application instructions to apply for RHT Program funding will be included in the NOFO and released on grants.gov by mid-September
- CMS will engage with States in the open application period to answer questions
- Application submissions will close in early November
- Awards will be decided by December 31, 2025



RHT Program Applicants Webinars

September 19, 2025 webinar

- [Recording](#)
- [Slides](#)
- [Transcript](#)

Stay Connected

For more information on the Rural Health Transformation Program, please email us at MAHARural@cms.hhs.gov or [sign up to get program updates](#).



Helpful Resources

- [Rural Health Transformation - Frequently Asked Questions](#)
- [Information on Applying for CMS Grants and Cooperative Agreements](#)
- [Current CMS Funding Opportunities](#)
- [Notice of Funding Opportunity \(NOFO\)](#)
- [Press Release: CMS Launches Landmark \\$50 Billion RHT Program \(09-15-2025\)](#)



Downloads

- [P.L. 119-21 Section 71401 Reg Text](#)
- [RHT Program Overview Presentation](#)

Page Last Modified: 09/26/2025 04:50 PM

[Help with File Formats and Plug-Ins](#)

CMS.gov



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services.
7500 Security Boulevard, Baltimore, MD 21244



2024-2025



Serving the towns of:

Andover, Ashford, Bolton, Chaplin, Columbia, Coventry,
Mansfield, Scotland, Tolland and Willington

Population: 79,696 Service Area: Approximately 208 Square Miles

HEALTH DISTRICT STAFF

Robert L. Miller, MPH, RS Director of Health
 Kenneth Dardick, MD..... Medical Advisor
 Glenn Bagdoian, RS..... Sanitarian II
 Ande Bloom Project Specialist
 Millie Brosseau Office Manager
 Christopher Buter, MPH, REHS Sanitarian II
 Jamie Fuller, BSN, RN Public Health Nurse
 Thad King, MPH, REHS, RS Sanitarian II
 Mia Mitoma Environmental Health Inspector
 Lynette Swanson, RS..... Chief Sanitarian
 Cecile Serazo, BSN, RN Community Health and Wellness
 Coordinator
 Nishel Thompson, MS Public Health Emergency
 Preparedness Coordinator



Front row left to right: Mia Mitoma, Glenn Bagdoian
 Second row left to right: Robert Miller, Millie Brosseau, Chris Buter
 Third row left to right: Cecile Serazo, Lynette Swanson

MISSION STATEMENT -

The Eastern Highlands Health District provides professional, people focused and community driven services, dedicated to enhancing the quality of life in our communities by preventing illness, promoting wellness, and protecting our environment.

Vision: *Promoting healthy people, healthy communities...
 ...healthier future.*

Values: *Equitable, Integrity, Knowledgeable, Professional,
 Resourceful, Respect, Responsive*



Message from the Director

As we close another year of public health service, I am pleased to share highlights of the Eastern Highlands Health District's key initiatives and accomplishments during fiscal year 2024-2025. Our dedicated team has continued to advance core public health priorities while strengthening our capacity to respond to emerging needs across our ten-member towns.

A major milestone this year was the completion and Board approval of our updated **Strategic Plan**, which now serves as a guiding document for our next phase of growth. With implementation already underway, we are focused on supporting a modern, responsive, and sustainable health district for the communities we serve.

In a step toward financial sustainability, we launched **third-party billing for our vaccination services**, establishing a new revenue source in insurance reimbursements. This is an early but encouraging success, as we work to expand access to vaccines while easing the financial burden on local governments. An essential element of encouraging access was our **"Get on board. Stay on track. Get Vaxed."** campaign (funded by a grant from the CDC) mitigating vaccine hesitancy, and promoting seasonal immunizations.

Hypertension prevention efforts progressed as well. We expanded our "Know your numbers" initiative (funded by a grant from the CDC) to include a number of educational sessions to provide participants the tools and knowledge to use active living and healthy eating to help manage hypertension.

Workforce development remained a priority. With the support of a \$229,000 state grant, we bolstered staff training, launched a leadership succession plan, and participated in statewide internship programs. These investments are already contributing to greater staff retention and succession planning.

Finally, we continue to engage with town leaders and residents across all member towns to ensure that local public health remains visible, effective, and accessible. We remain committed to expanding engagement and advancing public health

Thank you for your continued trust and partnership. We look forward to building on these accomplishments together as we promote and protect the health of all Eastern Highlands Health District residents.

My door is always open.

Yours in Health,

Robert L. Miller, MPH, RS
 Director of Health

EHHD BOARD OF DIRECTORS

John Elsesser (Chair) Town of Coventry
 Mark Walter (Vice Chair) Town of Columbia
 Eric Anderson (Assistant Treasurer)..... Town of Andover
 Cathryn Silver-Smith Town of Ashford
 Jim Rupert Town of Bolton
 Vacant Town of Chaplin
 James Drumm Town of Coventry
 Ryan Aylesworth Town of Mansfield
 Heather Evans Town of Mansfield
 Maria Capriola Town of Mansfield
 Vacant Town of Scotland
 Brian Foley Town of Tolland
 Jacob Marie Town of Tolland
 Vacant Town of Willington





Public Health

Prevent. Promote. Protect.

Local health departments work across the nation to prevent disease, promote health and protect communities. The National Association of County and City Health Officials (NACCHO) developed this logo to promote universal recognition of this critical work and to provide a consistent image and message for local health departments. EHHD is proud to support this national effort.

What is a Health District?

Health districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local public health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not have a full-time health department without district membership. Joining a health district is an attractive option for towns because they gain access to full-time public health services at minimal cost. Towns that are members of health districts provide annual per capita contributions to support health district operations. District membership increases the ability of a town to benefit from grant-funded public health programs.

Top 10 Benefits Your Community Receives as a Member of a Public Health District:

1. A professionally staffed department with fully trained and certified personnel.
2. Improved availability of services; seven days a week, 24 hours a day for emergencies.
3. Less fragmentation of services.
4. Uniform enforcement of state laws and regulations, codes and ordinances.
5. A regional approach to public health problems that cross town lines.
6. Pooling of manpower for backup services in times of need.
7. The capability to address a wider scope of public health problems and issues than your community could manage on its own.
8. Reduction of waste and maximized effectiveness through problem identification, priority setting, improved coordination and more efficient use of resources.
9. Eligibility for extensive state and federal funding, bringing services to the local level that might not otherwise be possible.
10. An opportunity for your town to network with other local health departments and state agencies.

10 Essential Services of Local Public Health:

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and **investigate** health problems and health hazards in the community.
3. **Inform, educate** and **empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to public health problems.

EHHD'S PROGRAMS AND SERVICES

EHHD provides the community with a range of programs and services to promote and protect environmental, personal, and community health.

Emergency Preparedness

A single agency cannot address all-hazards emergency preparedness. Eastern Highlands Health District (EHHD) continues to maintain partnerships to prepare for a successful community response to any emergency or disaster. EHHD is an active member of the CT DEMHS Region 4 ESF8 workgroup, which combines healthcare and community health plans and response in Eastern Connecticut. Regional activities this year included monthly meetings and bi-annual call down drills. EHHD also participates in Region 3 activities and provided support for the Region 3 Project Public Health Ready (PPHR) application, extending the EHHD's designation with the National Association of County and City Health Officials (NACCHO) through 2029.

This year the Eastern Highland Health District's Emergency Preparedness program continued its efforts to provide COVID-19 vaccinations and seasonal flu clinics at our Mansfield office, farmers market, libraries and other community events. The EHHD Medical Reserve Corps (MRC), a unit of medical and non-medical volunteers from the community, continued to dedicate their time and effort to support all local vaccination events.



EHHD is committed to keeping its partners and constituents informed of any emerging emergency situation. We work with federal, state, and regional partners to develop and evaluate plans, strategize and improve planning. To stay up-to-date, follow our social media pages (@EHHDHealth) or visit our website www.ehhd.org

Environmental Programs

Water Quality – EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns. The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to ensure compliance with water quality and health safety standards.



Subsurface Sewage Disposal – EHHD sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and perform site inspections during construction to verify compliance with codes and technical standards.



The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by on-site subsurface sewage disposal systems.

Salons – All barbershop, hairdressing, cosmetology, nail salons and spas are inspected annually for compliance with State and local laws and operating licenses are renewed annually.

Campground/Daycare/Youth Camp Inspections – EHHD conducts annual family campground inspections, biennial daycare inspections, and assists the State of Connecticut with youth camp kitchen inspections.

Food Protection – All food service establishments are inspected frequently and operating licenses are renewed annually. Temporary and special events, including Farmers' Markets, where food is served to the public, are also permitted and inspected for food safety compliance.



Complaint Investigation/Code Enforcement – EHHD staff investigate all complaints received by the department, ranging from food protection and water quality concerns to house, sewage, and vermin problems. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected voluntarily, property owners or violators are then subject to enforcement procedures.

Childhood Lead Poisoning Prevention – EHHD receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 3.5 µg/dL or above, and tracks these cases until the child's blood lead level is confirmed below this reference level. The health district provides re-test reminder letters and educational packets to these families to help them understand the health risks associated with lead exposure and assist them in identifying and reducing lead hazards in their child's environment. Elevated blood lead levels can require additional intervention by the health district, including property inspections and lead abatement enforcement.

Communicable Disease Control & Surveillance

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: COVID-19, hepatitis, rabies, and foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns (it is generally acknowledged that these diseases are underreported within the population).

Disease Control – Clinical laboratory and physician case reports are reviewed for possible follow-up and investigation. Outbreaks of disease are investigated, and measures to prevent and control further spread of disease are implemented when necessary. The second half of the fiscal year has been heavy on COVID-19 response efforts.



Community Health

EHHD Health Promotion initiatives focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our primary focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors.

Immunizations: EHHD continued to promote the importance of keeping up-to-date on immunizations and provided influenza vaccines to the community. Using the information gathered from the EHHD Immunization Rapid Community Assessment, conducted in the spring of 2024, EHHD worked to increase awareness of barriers to COVID-19 and influenza vaccines and provide opportunities for vaccination.

The Opioid Epidemic: EHHD partnered with North Central District Health Department and CT Harm Reduction Alliance to promote awareness about opioid overdose prevention, equipping individuals with the necessary knowledge and resources to save lives.



Healthy Homes: During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary.

Be Well: Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program provides a fully contracted service to the Town of Tolland. Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but are not limited to, quarterly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be_well. Find more information about having Be Well as part of your business or organization by sending an email to Be_well@ehhd.org.



Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook and Twitter). We focus "hot topic" updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD received a block grant through the Centers for Disease Control and Prevention to provide blood pressure screening and blood pressure educational series that included self-monitoring blood pressure cuffs. This grant is a multiyear grant to address uncontrolled hypertension in the EHHD communities. EHHD participated in several educational workshops and health fairs throughout the year focusing on topics such as COVID-19 awareness and prevention, vaccines, air quality, opioid overdose prevention, prevention of tick-borne illness, and flu prevention and treatment. EHHD continued to provide information on the prevention of acquiring Lyme disease, and other tick-borne illness as the use of outdoor spaces increased.



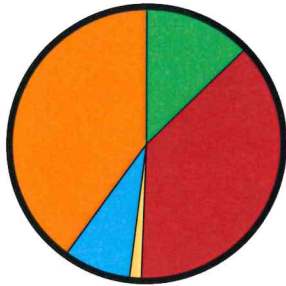
Tobacco Free Living - Focusing on policy, systems, and environmental changes to support healthier communities, EHHD created practical toolkits that guide towns in Tolland County toward adopting smoke-free workplace policies and ordinances. These toolkits—available on the EHHD website—also serve as a resource for other organizations and communities looking to implement similar smoke-free initiatives. In addition, EHHD maintains an up-to-date summary of smoking cessation resources, including web-based programs, phone and text support, and options for nicotine replacement therapy.



EHHD

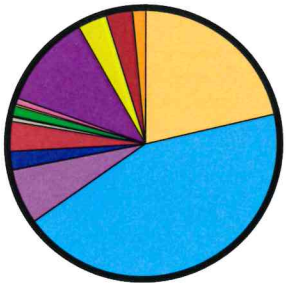
Budget Fiscal Year
2024/2025*

FY25 TOTAL REVENUE



Licensure Fees	\$163,086
Local Funds	\$482,422
Other	\$15,522
Program Fees	\$102,860
State	\$508,305
Total:	\$1,272,195

FY25 TOTAL EXPENDITURE



Personnel: Administrative/Management	\$301,438
Personnel: Environmental Health	\$613,293
Personnel: Community Health	\$94,076
Automobile	\$29,575
Administrative Overhead	\$54,880
Communications	\$4,850
Equipment	\$417
Insurance	\$15,542
Legal	\$312
Other	\$3,000
Purchased Services	\$128,426
Supplies & Materials	\$25,651
Vehicle & Travel	\$22,036
Miscellaneous	\$10,420
Educational/Training	\$0
Total:	\$1,303,915

* Figures not audited at the time of this publication.

EHHD Service And Activities Data By Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	1	0	0	0	0	1	0	0	1	3
ANIMALS/ANIMAL WASTE	0	0	1	0	0	0	0	0	0	2	3
ACTIVITY WITHOUT PROPER PERMITS	0	1	0	0	0	0	0	0	3	0	4
FOOD PROTECTION	0	0	0	0	0	1	2	0	1	1	5
HOUSING ISSUES	1	4	0	3	0	2	6	0	0	7	23
EMERGENCY RESPONSE	0	0	1	0	0	0	0	0	0	0	1
REFUSE/GARBAGE	0	1	0	0	0	0	3	2	1	5	12
RODENTS/INSECTS	0	3	1	1	0	2	0	1	1	2	11
SEPTIC/SEWAGE	0	8	0	1	1	0	3	0	8	2	23
OTHER	0	0	0	5	0	2	4	0	4	4	19
WATER QUALITY	0	7	0	0	0	0	0	0	0	1	8
COVID-19	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	25	3	10	1	7	19	3	18	25	112
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	0	1	0	0	0	1
DAY CARE	1	0	0	1	0	1	1	0	6	1	11
CAMPS	0	1	0	1	0	0	0	1	1	2	6
PUBLIC POOL	0	2	0	0	0	1	3	1	1	1	9
OTHER	1	0	0	0	0	0	9	0	0	0	10
SCHOOLS	0	0	1	0	0	0	0	0	0	0	1
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	1	0	0	0	1
COSMETOLOGY	0	5	3	0	5	6	36	0	35	6	96
TOTAL	2	8	4	2	5	8	51	2	43	10	135
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION -- ALL SITE VISITS	29	94	76	21	88	170	110	16	252	173	1029
DEEP HOLE TESTS -- NUMBER OF HOLES	30	116	54	31	83	178	66	6	120	59	743
PERCOLATION TESTS -- NUMBER OF HOLES	10	21	16	8	19	22	54	2	19	13	184
PERMITS ISSUED, NEW	0	8	3	6	8	22	18	1	16	8	90
PERMITS ISSUED, REPAIR	9	20	19	6	21	33	32	4	44	18	206
SITE PLANS REVIEWED	11	33	28	13	30	50	45	5	90	35	340
PUBLIC HEALTH REVIEWS	30	40	46	15	35	95	51	6	111	36	465
WELLS											
WELL SITES INSPECTED	6	4	3	10	4	5	8	7	41	10	98
WELL PERMITS ISSUED	2	9	5	11	10	16	17	5	19	8	102
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	6	0	0	0	0	0	0	28	0	34
SURFACE WATER	17	23	34	0	33	173	21	0	40	36	377
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	1	0	0	2	0	3	0	0	2	8
LEAD	0	0	0	19	0	54	114	0	23	206	416
OTHER	8	0	1	1	3	2	25	0	3	3	46
FOOD PROTECTION											
INSPECTIONS	14	28	24	30	23	56	151	5	78	51	460
ON SITE INSPECTION VIOLATION FOLLOW UP	2	3	1	5	1	11	37	0	5	7	72
DOCUMENTED INSPECTION VIOLATION FOLLOW UP	2	11	2	16	1	13	36	1	19	13	114
TEMPORARY PERMITS	3	10	9	1	4	65	26	2	19	9	148
TEMPORARY INSPECTIONS	0	7	0	1	0	88	22	2	6	7	133
PLAN REVIEWS	0	0	1	2	3	2	6	0	2	0	16
PRE-OPERATIONAL INSPECTIONS	4	4	2	6	5	8	5	0	2	4	40
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	0	2	0	2	5	0	1	7	17
ABATE PLAN REVIEWED	0	0	0	0	0	2	3	0	0	3	8
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	1	0	0	0	1	0	0	0	2
SUBDIVISION REVIEWED (PER LOT)	0	0	0	0	0	5	0	0	0	0	5

SELECTED REPORTABLE DISEASES BY TOWN*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Anaplasmosis	0	0	0	2	0	0	2	0	0	0	4
Babesiosis	0	0	0	1	0	0	2	2	0	0	5
Campylobacter	0	1	0	2	2	4	2	0	4	3	18
COVID-19	33	40	51	11	44	140	121	11	116	44	611
Cryptosporidium	0	0	1	0	0	0	0	0	0	1	2
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	0	0	0	1	0	1	0	0	0	2
Ehrlichiosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	0	0	0	0	0	0	0	0	0
Group A Streptococcus	0	0	1	0	0	0	1	0	1	0	3
Group B Streptococcus	0	0	2	0	1	1	0	1	2	1	8
Haemophilus Influenzae	0	0	0	0	2	0	0	0	1	0	3
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	1	0	1	1	6	0	0	1	10
Hepatitis C	0	1	1	0	0	1	1	0	0	1	5
Influenza	25	27	20	25	37	108	274	15	41	27	599
Lead-Elevated Blood Lead Levels in children up to age 6 (3.5-5 ug/dl)	1	0	2	2	0	1	1	0	1	3	11
Lead-Elevated Blood Lead Levels in children up to age 6 >5 ug/dl	0	0	1	1	0	3	6	0	1	3	15
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	16	25	11	16	20	36	53	9	19	23	228
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	1	0	0	0	2	0	3
Respiratory syncytial virus infection	3	3	4	6	12	18	22	3	13	7	91
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	1	0	0	2	2	4	0	1	1	11
Shigella	0	0	0	0	0	0	2	0	0	0	2
Streptococcus Pneumoniae	0	1	2	0	1	0	0	0	1	0	5
Varicella	0	0	0	0	0	0	0	0	1	0	1
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	1	0	0	0	1
Yersinia	0	0	0	0	0	0	0	0	0	0	0

* The case numbers above are considered to be below actual figures due to under reporting.



4 South Eagleville Road
Mansfield, CT 06268

MEMORANDUM

OPHPR Circular Letter #: 2025-07

TO: Cities Readiness Initiative (CRI) Regional Leads

FROM: Matthew Bryan, Health Program Associate
Office of Public Health Preparedness and Response

DATE: September 24, 2025

RE: Current contract period July 1, 2025-June 30, 2026, funding for CRI contracts

Earlier in the fiscal year, the Department of Public Health (DPH) shared information that we had only received partial funding for the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) cooperative agreement. We indicated that we would update you as we learned more and could confirm the status of federal funds that support your work. As of July 1, 2025, CDC had only received 75% of their total annual budget through the federal Office of Management and Budget, thus limiting the award amount. Subsequent to that, CDC worked to obtain remaining funds, and advocate for public health readiness work. In an effort to reduce unwarranted disruption, DPH moved forward with fully funding the regional CRI contracts that support regional public health planning, preparedness, and exercises in the absence of available funding.

We are happy to let you know that in August, the CDC received their full funding allotment from OMB, enabling the CDC to begin processing updated Notices of Award (NOAs) reflecting 100% of anticipated funding. On September 15, 2025, DPH received its updated NOA that reflects the full amount of funding. This means that the CRI contracts and PHEP work conducted by DPH can move forward for this current fiscal year, as planned.

While uncertainty regarding future public health funding remains, we hope that this memorandum alleviates concerns about the availability of PHEP funding for the current contract period (July 1, 2025-June 30, 2026). As we learn more about Congress's final budget and what that means for preparedness nationwide, we will provide updates to you all. Please share this information with interested parties as you deem appropriate.

cc: Francesca Provenzano, Section Chief
David Boyer, Health Program Supervisor
All Directors of Health

The Daily Campus

Home › News › Gov. Lamont to protect COVID-19 vaccines in Connecticut

News

Gov. Lamont to protect COVID-19 vaccines in Connecticut

By Katie Servas September 25, 2025

124 0



The Mansfield Community Center in Mansfield, Conn. on Sept. 23, 2025. The MCC has allowed for members of the community to improve thier fitness and health as a result of the wide variety of services offered. Photo by Sydney Chandler/The Daily Campus

Connecticut residents can continue to receive COVID-19 vaccinations under recent executive actions by Gov. Ned Lamont as of Sept. 10.

"As uncertainty in Washington continues, our administration is doing everything we can to ensure the residents of Connecticut have access to the health care they need to stay safe," Lamont said in a press release.

This comes in response to the updated restrictions on COVID-19 vaccine eligibility as released by the U.S. Food and Drug Administration, according to an article by CT Mirror.

The agency limited the vaccine to those who are 65 years or older, allowing those with health issues to also access the vaccine, as reported by NPR.

The vaccine was previously available to anyone six months of age or older, regardless of their health status.

Mansfield officials have emphasized that vaccines are available for residents.

"As the local health department, [we] continue to urge individuals to seek out their seasonal vaccines, not just COVID-19, but also influenza and the other vaccines that they may be eligible for," said Robert Miller, the director of health for the Eastern Highlands Health District.

Miller's district covers the Connecticut towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington.

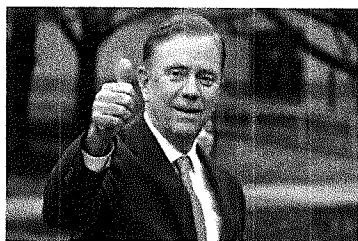


Image of Connecticut Governor, Ned Lamont from Jan. 2023. Photo courtesy of Wikimedia Commons

"Vaccines continue to be one of the most effective ways to prevent morbidity and mortality in the population, reduce hospitalizations, reduce days of sickness and improve the overall health of the population," Miller said.

With these protections, insurance coverage for the COVID-19 vaccine and other immunizations remain mandatory under the Connecticut insurance law, according to a bulletin linked in the press release.

Insurance coverage for vaccines has no cost if they are recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. However, regardless of the ACIP's approval of the COVID-19 vaccine, statewide insurance policies will not change, as stated in the bulletin.

Miller was "very heartened and happy" to see Lamont take this action to protect vaccine accessibility in the state.

"We learned through a pandemic a number of years ago, individuals receiving the vaccine protect themselves, but also the people around them, especially those who are most at risk, like elderly parents or relatives who may be immunocompromised," Miller said.

State healthcare providers and pharmacies will be administering this vaccine following the governor's actions to protect its availability for residents.

"We do encourage residents who can, please seek out their vaccines for the season," Miller said.

Residents interested in receiving vaccines this fall can view the schedule of seasonal vaccine clinics at www.ehhd.org. The website provides information about which vaccines are available at each clinic as they may differ from one clinic to the next, according to Miller.



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**Connecticut Interlocal
Risk Management
Agency**

545 Long Wharf Drive, 8th Floor
New Haven, CT 06511-5950
Telephone: 203-946-3700
CIRMA.org

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Mark Walter
Town Administrator, Columbia

David Demchak, ARM
President & Chief Executive Officer

Mr. Robert Miller
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268

Re: Congratulations on Your CIRMA Members' Equity Distribution

Dear Mr. Miller:

Thanks to the unwavering dedication of our employees, members, board and committee volunteers, and business partners, CIRMA is stronger than ever. The continued success of the Members' Equity Distribution program is a clear reflection of our financial strength and our deliberate, disciplined approach to delivering long-term value. It also reaffirms CIRMA's enduring commitment to prioritizing the well-being of Connecticut's local communities, emphasizing purpose, partnership, and shared prosperity.

Over the past year, we further distinguished our competitive advantages, disproving the assumption that one insurer is as good or as dedicated as another. It remains true that CIRMA is the only provider that returns equity to its members, not shareholders.

As a testament to our commitment to you, we are pleased to present your Members' Equity Distribution check for \$1,320.

Together, we continue to represent resiliency, dedication, service, and empathy. And when you combine the power of our shared community, aligned mission and values, and mutual goals, the results are limitless. We look forward to perpetuating and expanding our shared successes while capitalizing on every opportunity to exceed your expectations over the next year.

Thank you for your valued partnership and for choosing CIRMA. If you have any questions regarding this distribution, don't hesitate to get in touch with your CIRMA Underwriter at 203-946-3700.

Yours in community,

David Demchak, ARM
CIRMA President and CEO

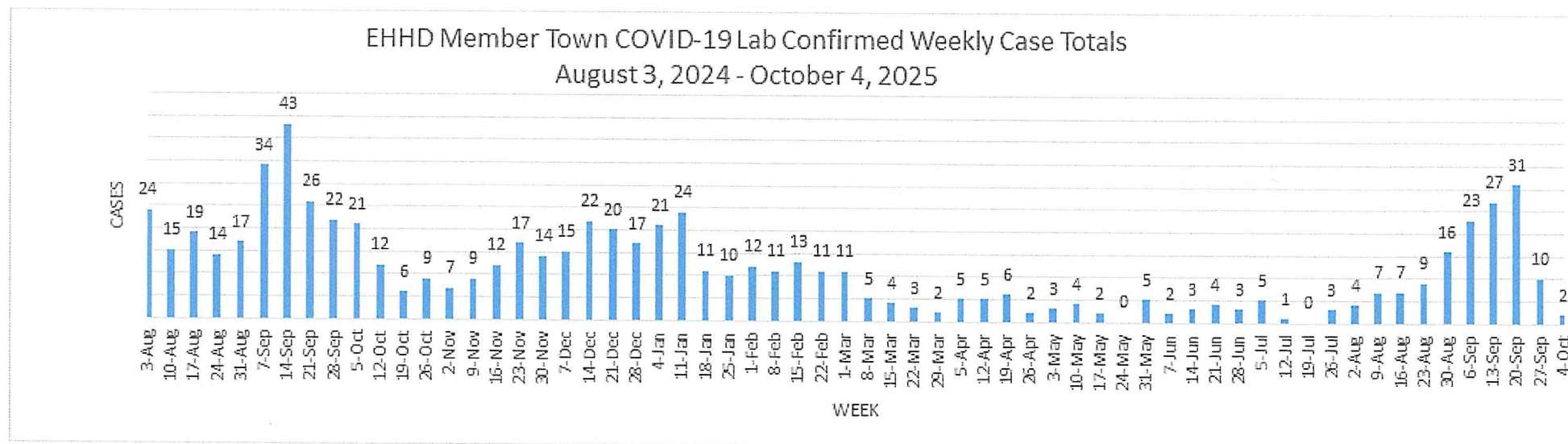
Carl P. Fortuna, Jr.
Chairman, CIRMA Board of Directors
First Selectman, Old Saybrook

Eastern Highlands Health District ehhd.org

Weekly Viral Respiratory Disease Summary

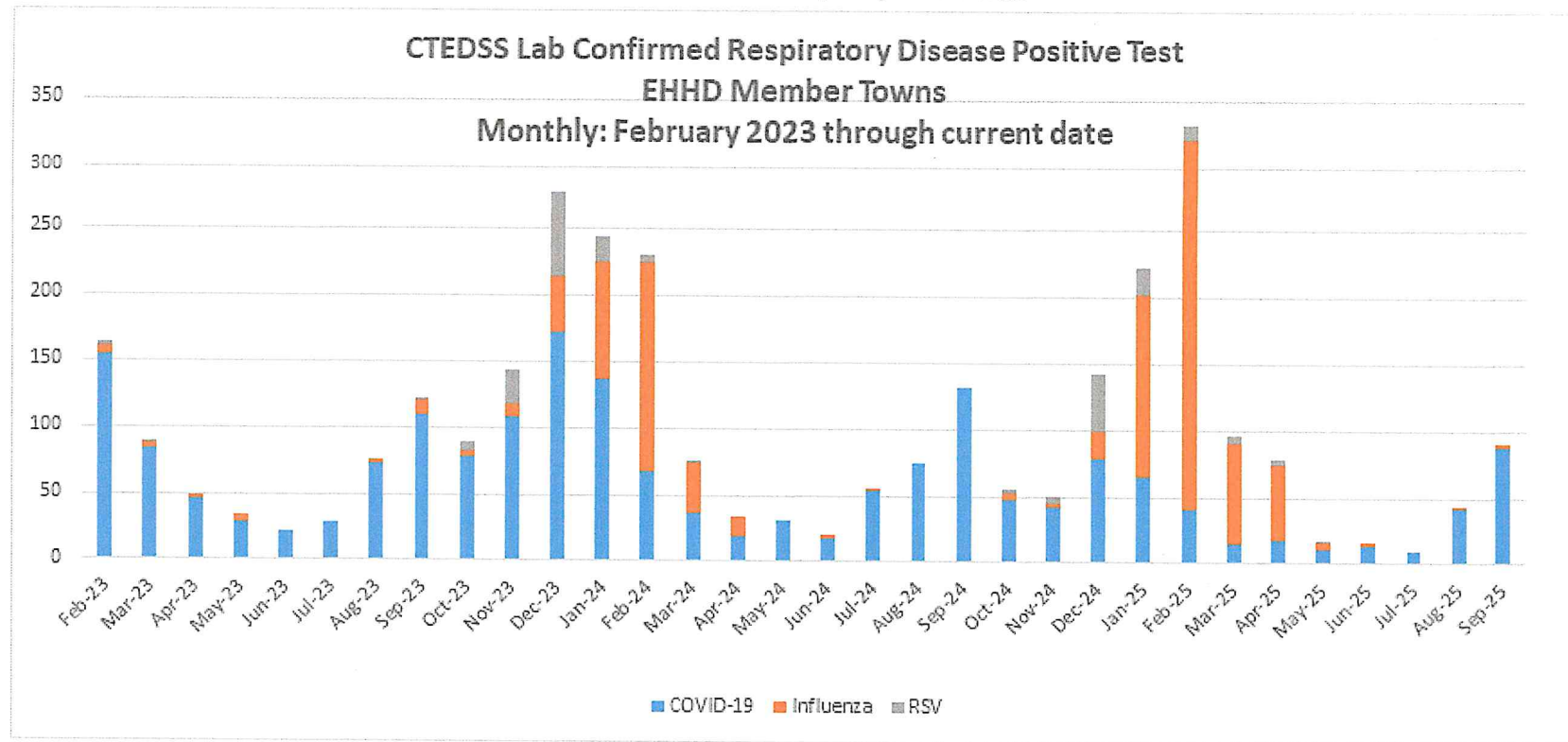
Updated October 5, 2025 at 9:00 am

Completed by: A. Bloom

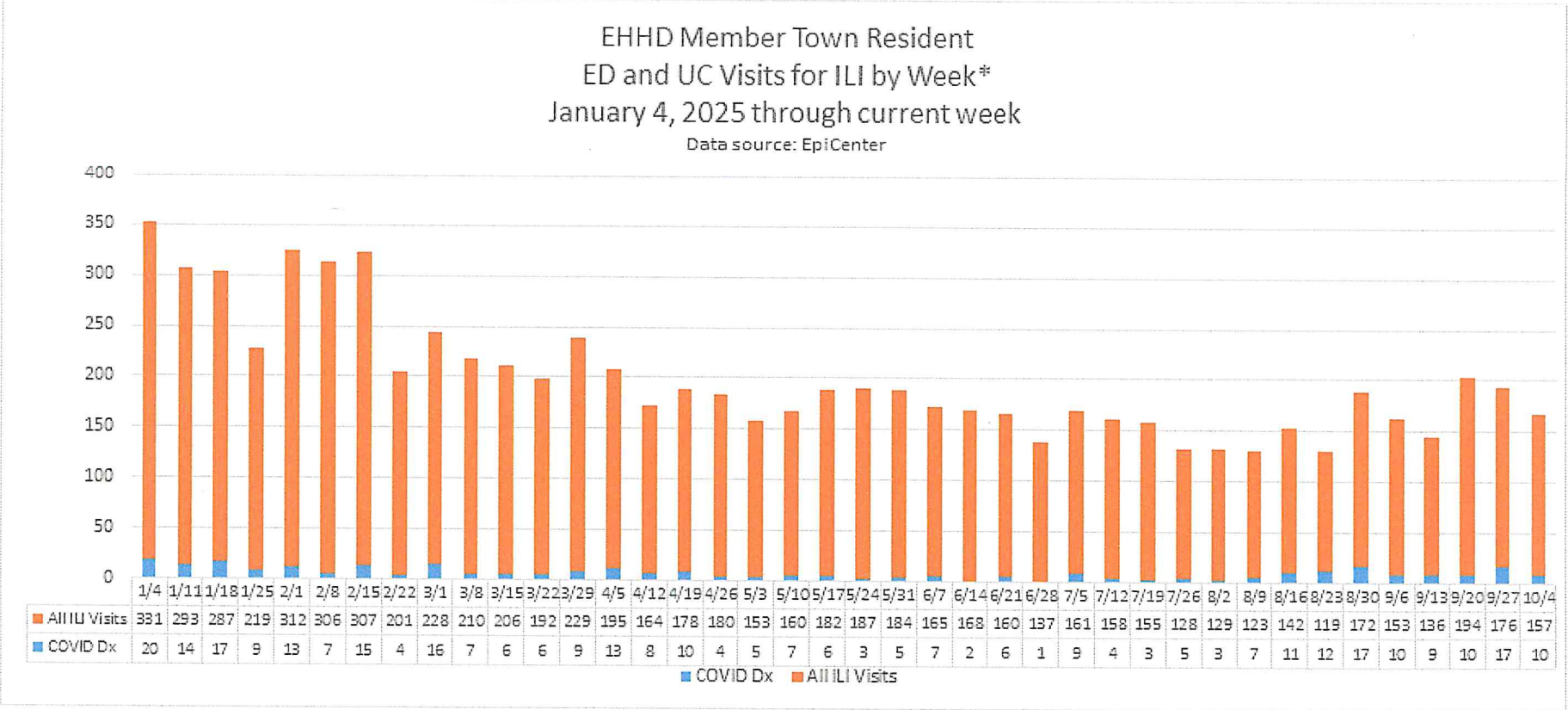


Source: CT DPH LHD data portal and CTEDSS

Note: Delays in reporting from labs to the state system can impact total counts from week to week, which can also result in discrepancies between CTEDSS numbers and cases reported through Epicenter (Emergency Department and Urgent Care visits, displayed below).



Source: DPH LHD data portal and CTEDSS



*Note:Influenza-like illness (ILI) is a nonspecific respiratory illness characterized by fever, fatigue, cough, and other symptoms typical of COVID, influenza and RSV, and is used as an identification to denote a potential infectious respiratory disease when individuals present to urgent care (UC) or emergency departments (ED).

==CLICK ON THE IMAGE BELOW FOR MORE INFORMATION FROM THE CT DEPARTMENT OF PUBLIC HEALTH==



Connecticut Department of Public Health



Weekly Respiratory Viral Disease Update

Viral respiratory diseases included in this update are influenza, COVID-19, and respiratory syncytial virus (RSV).

Data are updated weekly for the previous reporting week (Sunday - Saturday) and with preliminary data for the current reporting week. All data are preliminary and routinely updated.

Throughout this report the abbreviation "K" is used to denote a number as thousands (e.g. 10K equals 10,000).

Additional information about viral respiratory diseases are available on the [CDC website](#).

Current Week Ending:
10/4/2025

Previous Week Ending:
9/27/2025

Viral Respiratory Disease

Influenza

Respiratory Syncytial Virus

COVID-19

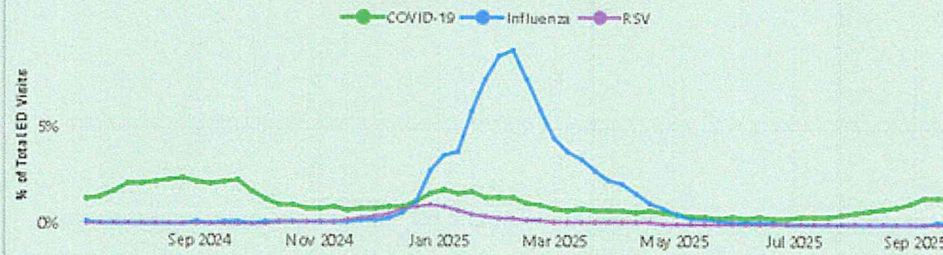
Syndromic Surveillance

Wastewater Surveillance

Weekly Respiratory Viral Disease Summary

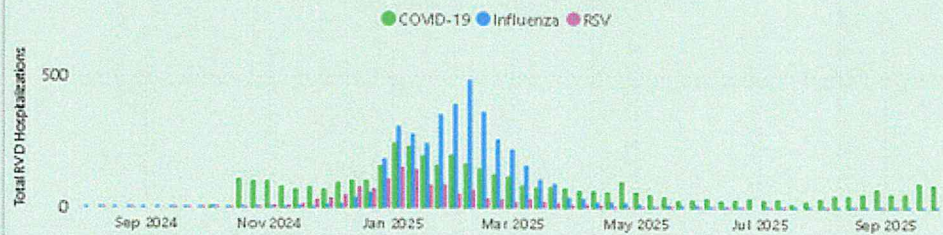
For the Week Ending: 10/04/2025

Weekly Emergency Department Visits of Viral Respiratory Illness, as a Percent of All Emergency Department Visits in Connecticut



Respiratory Viral Disease Associated Hospitalizations by Week

Current Week is Incomplete



Season Case Count Summary

COVID-19
48,819

Influenza
45,392

RSV
11,045



Connecticut Department of Public Health



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Current Week Ending:
10/4/2025

Previous Week Ending:
9/27/2025

Viral Respiratory
Disease

Influenza

Respiratory
Syncytial Virus

COVID-19

Syndromic
Surveillance

Wastewater
Surveillance

COVID-19 Case
Data

COVID-19
Hospitalizations

COVID-19
Deaths

COVID-19
Information

COVID Current Week Case Count (Incomplete)

80

COVID Previous Week Case Count

797

Number of COVID-19 Cases by Week
Current Week is Incomplete

