

Eastern Highlands Health District  
Board of Directors Regular Meeting\*  
Agenda  
Thursday December 8, 2022, 4:30 PM  
1712 Main St, Coventry  
Town Hall Annex

Call to Order

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

Approval of Minutes (October 20, 2022)

Public Comments

Old Business - none

New Business

1. Proposed Fiscal Year 2023/2024 Operating Budget, and CNR Budget - Set public hearing date
2. Comprehensive Annual Financial Audit Report – June 30, 2022; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors

Town Reports

Subcommittee Reports

3. Finance Committee – Financial report for the period ending 9/30/22

Directors Report

4. Town Opioid Settlement Funds
5. CDC re: \$3 Billion to Improve US Public Health Workforce and Infrastructure
6. Governor Lamont re: Official Statement recognizing EHHD
7. Quarter Activity Report period ending 9/30/22
8. COVID-19 Activity Report
9. EHHD 2021/2022 Annual Report

Communications/Other

10. DPH re: SFY 2021 Local Health Annual Report Feedback
11. HHS re: Recognition of Region 4 MRC vaccinating 4000 Coast Guard Academy cadets and staff
12. DPH re: TB Information for Local Health Departments
13. DPH re: Itinerant Food Vendor reciprocity MOU

Adjournment

*Next Board Meeting – January 19, 2023*

\*Virtual Meeting Option: In accordance with PA 22-3, this will be a hybrid meeting. Please email [mbrosseau@ehhd.org](mailto: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](http://EHHD.ORG) within seven (7) days after the meeting. Public comment will be accepted by email at [mbrosseau@ehhd.org](mailto: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  
Coventry Town Hall Annex  
Thursday, October 20, 2022

**Members present:**

**In Person** E. Anderson (Andover), J. Elsesser (Coventry), J. Rupert (Bolton) D. Walsh (Coventry), E. Wiczenski (Willington)

**Virtual** R. Aylesworth (Mansfield), B. Foley (Tolland), T. Nuccio (Tolland), M. Walter (Columbia)

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

J. Elsesser opened the meeting at 4:36 PM.

**Personnel Committee Report**

**Executive Session**

J. Rupert made a MOTION, seconded by E. Wiczenski to enter Executive Session at 4:37 PM to discuss personnel matters in accordance with GCS 1-200(6)(a), Director of Health Performance Review. Executive session ended at 5:00 PM.

Regular meeting resumed at 5:00 PM.

R. Aylesworth made a MOTION, seconded by J. Rupert that the Eastern Highlands Health District Board of Directors authorize a 2.9% increase in Robert Miller's base pay, retroactive to July 1, 2022, in reflection of merit and cost of living. MOTION PASSED unanimously.

**Approval of Minutes**

E Anderson made a MOTION, seconded by D. Walsh to approve the minutes of the August 18, 2022 meeting as presented. MOTION PASSED unanimously.

**Public Comments**

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

**Proposed 2023 Regular Meeting Schedule**

E. Wiczenski made a MOTION, seconded by E. Anderson to adopt the Eastern Highlands Health District Board of Directors 2023 regular meeting schedule as presented. MOTION PASSED unanimously.

**Finance Committee – Proposed FY 2022/2023 Budget Changes**

R. Miller provided an overview of the changes and noted that the Finance Committee met on October 12, 2022 to review and recommend the changes. E. Wiczenski made a MOTION, seconded by J. Rupert that the full board approve the changes to the FY 22/23 operating budget as presented October 12, 2022 with total authorized spending of \$927,862. MOTION PASSED unanimously.



## **Town Reports**

**Bolton** J. Rupert informed the Board that there was no blue-green algae bloom at Bolton Lake this year. He also noted that the town has received a STEAP grant to install a community septic system to serve the town buildings. The town has received a commitment letter from DOT for a Connectivity Grant. J. Rupert reported that the Board of Selectmen at their October meeting, offered him the position of Town Administrator and they are currently in negotiations.

**Andover** E. Anderson reported that it has been a busy year. Road work continues. He informed the board that an RFP is out for the design and building of a Community Center. He noted that the Board of Selectmen has decided to utilize all ARPA funds for the construction of the Community Center. E. Anderson reported that the town has received a STEAP grant that will be utilized to tear down the old fire department and senior center and build a parking garage for senior transportation. He also reported that the majority of construction has been done on a connectivity grant that addresses safety issues for crossing route 6.

**Willington** E. Wiczenski informed the board that Flat Pennies Restaurant has opened. The town has received the STEAP grant for a septic system at the Town Hall. She also informed the board that the school building project is moving forward.

**Tolland** B. Foley reported that the salt in private wells continues to be a problem. The hiring of a consultant is under review. B. Foley informed the board that suicide in youth and elderly is of concern, as is the opioid issue. B. Foley reported that the town has received a grant that will be used to prevent vaping. He further noted that the Harvest Fest was a successful event.

**Columbia** M. Walter expressed that he would like to see the health district weigh in on the police bill. M. Walter reported that the STEAP grant they have been pursuing is still not approved. A bridge will be replaced on the Hop River trail. M. Walter informed the board that the town will have a Celebration of Rec park on Saturday, October 22; Everyone is invited.

### **Mansfield**

R. Aylesworth reported that following a delay due to staff shortages, the affordable housing committee will begin convening this fall. R. Aylesworth noted that work continues on the new consolidated elementary school. He further reported that the town is moving onto Phase 2 of the Mansfield facilities needs assessment study which will include public engagement and community outreach. R. Aylesworth noted that many large scale multi-family housing projects are being proposed and reviewed.

**Coventry** J. Elsesser reported that salt contaminated wells continues to be an issue. The town has been awarded a water grant that will help with a \$5million project to extend public water to contaminated wells. A second grant is being pursued to tie in GH Robertson school with South Coventry Water system. E. Wiczenski asked if adjustments were being made in the products used for snow. J. Elsesser noted that they are considering using one route as a sample for a wood chip and salt product. In addition, all employees will be going to "salt training".

T. Nuccio expressed that this issue should be a group discussion and pursued at a larger level.

E. Wiczenski moved to virtual at 5:40 PM.

J. Elsesser noted that there are 2 empty restaurants in Coventry.

J. Elsesser noted that construction is underway at Dr. Jenkins office area. The first softball field has been graded. Seeding will be done in the spring. The school roof project has been completed. HVAC will be added to the High School.

J. Elsesser reported that the town is building a new transfer station.

J. Elsesser informed the board that he has been appointed to a State Wide School Air Committee.

J. Elsesser expressed desire to have a larger discussion about ambulance services for the towns.

J. Elsesser noted that work has been done on the trails near Laidlaw park.

J. Elsesser reported that there was a brief blue-green algae bloom at Coventry lake.

## **Directors Report**

### **Changes to Private Well Testing Laws – CGS Sec. 19a-37**

R. Miller informed the board of this new law. He noted that he has sent a list of questions to DPH looking for clarification on a number of items. He called attention to the section that makes well water reports received from labs confidential information, and noted that this will change health district operating procedures.

### **Implementing Overdose Prevention Strategies at the Local Level – NACCHO Grant**

The North Central District Health department received this grant. Eastern Highlands Health District will partner with NCDHD. R. Miller reported that this grant will support the development of strategies to address the opioid overdose issue. A steering committee will be set up. R. Miller made reference to the Opioid Settlement notice. It was suggested that a workshop be set up or guidance provided on how to use the money.

### **Uganda Ebola Outbreak – Local health department response to travelers**

R. Miller informed the board that local public health is charged with monitoring travelers. In particular, making contact and monitoring them. R. Miller noted that we had 2 travelers in 2014 that the department monitored.

### **Staffing update**

R. Miller reported that the Environmental Health Inspector vacancy has been filled.

### **COVID-19 Response Activities Report - Update**

R. Miller noted that the district is seeing a plateau in cases since June. He informed the board that Public Health is expecting an increase of cases this fall.

Dr. Dardick reported that the cases are exploding “in the trenches” and not being captured by the data used to report cases as they are cases that are using home tests. Dr. Dardick noted that the cases seem less severe and more contagious.

R. Miller noted that the data does show 2-3 deaths per month over the past 4 to 5 months.

J. Elsesser noted that the CVS minute clinic in Coventry is now closed on weekends.

E. Anderson initiated discussion about many people being sick for days before testing positive. Dr. Dardick feels this can be attributed to people being vaccinated. Even though a person is sick, the viral load is low enough that it will not trigger a positive test.

R. Miller reported that vaccinations by the EHHD staff continue at a brisk pace. Additionally, the district is seeing outbreaks in schools.

Dr. Dardick reported that his office saw the first case of influenza last week. R. Miller noted that the district has held flu vaccination clinics and at this point has administered approximately 150 flu vaccines.

R. Miller reported that district staff have been trained in QPR training – Question Persuade Refer. This is training to help recognize youth in trouble.

E. Anderson made a MOTION, seconded by J. Rupert to adjourn at 6:11 PM. MOTION PASSED unanimously.

**Next Board Meeting – December 8, 2022, 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](http://www.EHHD.org)

**Memorandum**

**To:** Board of Directors  
**From:** Robert L. Miller, MPH, RS, Director of Health  
**CC:** Cherie Trahan, Interim Chief Financial Officer  
**Date:** 12/1/2022  
**Re:** Proposed Operating Budget and CNR Budget

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**Proposed Fiscal Year 2023/2024 Operating Budget**

Submitted herewith for your review is a proposed operating budget for fiscal year 2023/2024. The proposal incorporates an expenditure increase of \$53,252, or 5.7%. The total budget has increased from \$927,862 to \$981,114. The member town contribution rate increased by 3.25% from \$5.685 to \$5.87 per capita (The average FY22/23 member town contribution rate for contiguous health districts is \$7.65).

**Primary Budget Drivers**

The primary issues driving the fiscal year 2023/2024 budget are a proposed increase in the staff salaries, anticipated increases in benefit costs, and anticipated increases in operational expenses. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 2.8%. The increase in the account appropriation accommodates merit increases for eligible staff.
2. A **Benefits** expenditure increase of 9.8%. The increase accommodates corresponding increases in basic benefits, and 14.5% place holder increase in the medical insurance line item.
3. A 0.3% increase in the appropriation from the adopted amended FY22/23 figure is proposed for the **state grant – in - aid**. The state appropriated and we have received, 100% of the FY22/23 adopted amended revenues for this line. At this time, we are anticipating level funding into FY23/24 for local health departments.
4. A total member **town contribution** increase of 3.6%. This includes a per capita rate increase of 3.25%, plus changes in the population estimates.
5. A **fee for service** revenue increase of 1.5%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year and extrapolates them into FY23/24.
6. An **appropriation from fund balance** of \$49,884 is proposed to balance the budget. This appropriation is an increase of \$32,524 as compared to the FY22/23 adopted amended budget.

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



7. An decrease of 0.7% in **grant deductions** for regular staff salary and benefits is estimated.
8. An increase in **operational expenditures** of 11.2%. This increase is driven by an anticipated underfunded mandate, expenses from a newly proposed service program, and anticipated increases in other miscellaneous operational accounts.
9. An increase in **Transfers Out of CNR** of \$3,000. This is consistent with the 5 year roll forward plan for the CNR.

The above changes are summarized on the following chart:

<b>PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY23/24</b>				
	<b>Adopted Amended 22/23</b>	<b>Proposed 23/24</b>	<b>Change</b>	<b>Percent</b>
<b>Revenues</b>				
State Grant in Aid	\$ 206,500	\$ 207,210	\$ 710	0.3%
Town contributions	\$ 451,502	\$ 467,810	\$ 16,308	3.6%
Fees for Service	\$ 252,500	\$ 256,210	\$ 3,710	1.5%
Appropriation of Fund Balance	\$ 17,360	\$ 49,884	\$ 32,524	187.4%
<b>Total</b>	<b>\$ 927,862</b>	<b>\$ 981,114</b>	<b>\$ 53,252</b>	<b>5.7%</b>
<b>Expenditures</b>				
Grant Deductions	\$ (63,514)	\$ (63,088)	\$ 426	-0.7%
Salaries	\$ 648,735	\$ 666,723	\$ 17,988	2.8%
Benefits	\$ 228,001	\$ 250,345	\$ 22,344	9.8%
Operations	\$ 111,640	\$ 124,134	\$ 12,494	11.2%
Transfers Out to CNR	\$ 3,000	\$ 3,000	\$ -	
<b>Total</b>	<b>\$ 927,862</b>	<b>\$ 981,114</b>	<b>\$ 53,252</b>	<b>5.7%</b>

**Highlighted below is additional narrative for selected account proposals for FY23/24**

**Revenues**

- **State Grant – in – Aid.** This line item increase 0.3 % with a total proposed appropriation of \$207,210. This is assuming flat funding into the new biennium. There is no information from DPH at this time regarding anticipated actual appropriations for FY23/24 at this time.
- **Town Contributions.** A total combined increase of \$16,308, or 3.6% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 3.25%, plus changes in the population estimates provided by DPH. Population estimates have increased by 273 individuals. Individual town contribution changes can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.



- **Fees for Service.** A combined total increase for all service fee categories is estimated at \$3,710, or 1.5%. This estimate is based on a number of factors. There are no changes proposed to the agency fee rates. Due to an anticipated slowdown in the economy, fee revenue projections are slightly downgraded in selected service fee categories. This reduction in the FY23/24 projected revenue estimates is offset by a proposal to initiate a new revenue stream generated by the administration of seasonal flu vaccine. The revenue estimates for FY22/23 can be found on page 10. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

As referenced above, this budget cycle includes a proposed \$8,500 estimated increase in revenue from insurance re-imbursements for the administration of flu shots by health district clinical staff (See page 17, Seasonal Influenza Vaccine Pilot Program)

- **General Fund Appropriation.** An appropriation of \$49,884 is proposed in this budget. This is an increase of \$32,524 from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2024 will be 34.3% of the FY23/24 operating expenditures. (See page 4 for the GF roll forward report for FY23/24.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period.

## Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates a small decrease of 0.7% in grant deductions. This includes an ongoing grant awarded by the DPH to support the COVID-19 response. (See page 15 for details on total grant revenue anticipated for FY24.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$17,988, or 2.8%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund an average 3.0% merit increase for eligible regular staff. Actual individual increases are determined the availability of funds, and an annual performance evaluation.
- **ICMA (Retirement).** The total increase is \$4,594, or 13.8%. This includes an increase associated with the proposed wage increase, and the enrollment of an existing staff person that became eligible to participate in the retirement plan.
- **52105 Medical Insurance.** The total increase anticipated is \$17,725, or 14.5%. This is a conservative placeholder figure provided by the Mansfield Finance Department that reflects the potential increase in premiums. The final figure is not yet available.
- **53120 Professional & Tech Services.** The total increase anticipated is \$3,500, or 44.6%. This is due to a state mandate linked to changes to the Childhood Lead Protection regulations. This appropriation will fund an anticipated increase in the vendor provided environmental lead inspection services required by the new law.
- **53125 Audit Expense.** The total increase anticipated is 8.7%, or \$600. This is due to a rate increase imposed by our auditor, CliftonLarsonAllen, LLP.
- **53960 Other Purchased Services.** A total anticipated increase of \$1,024, or 5.0 % is proposed. This is an anticipated payment increase to our software vendor for our online permit application and payment software. This contract is due for renewal in FY23/24.
- **Clinical Supplies.** New this budget cycle is \$4,000 in proposed Influenza Vaccine Program expenditures. See page 17, Influenza Vaccine Program Pilot Program for more information.

- **Gasoline.** An increase of \$500, or 20% is estimated. This is due an anticipated increase in fuel costs.
- **56302 Administrative Overhead.** A total increase \$2570, or 8.2% is proposed. This is a contractual payment increase linked to the CPI to the Town of Mansfield for accounting, financial reporting, HR, and IT services.
- **58410 Capital Nonrecurring Fund transfer.** A total increase of \$3,000 is proposed. This is consistent with our roll forward CNR fund five projection (See page 14).

### **Proposed FY 23/24 Capital Nonrecurring Budget Narrative (See Page 14)**

#### **Revenues**

- **Transfer In – General Fund.** This is a planned transfer of \$3,000 from the general fund. This appropriation is consistent with our 5 year CNR roll forward plan.
- **Equity Fund Transfer.** This is a planned special transfer of \$125,000 from the General Fund.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$5,000 from the surplus sale of one fleet vehicle.

#### **Expenditures**

- **Automobiles.** An expenditure of \$27,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **Community Health Assessment (Community Survey).** An expenditure of \$8,000 is proposed to fund a community wellness survey administered by DataHaven to support our Community Health Assessment.
- **Office Move and/or Renovation Project.** An anticipated expenditure of \$50,000 is proposed to support a new location and/or space renovation for the Main Office.

### **Recommendation**

The budget detailed herewith was reviewed by the Finance Committee at their November 22, 2022 special meeting at which time they acted unanimously to forward the proposed budget as presented to the full board. If the board is so inclined, the following motion is recommended: *Move, to set public hearing date of Thursday, January 19, 2023 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2023/2024 Operating Budget, Capital non-recurring budget, as presented on December 8, 2022.*

**Eastern Highlands Health District**

**Proposed Budget**

**Fiscal Year 2023 – 2024**

**December 8, 2022**

**Board of Directors Meeting**

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# Eastern Highlands Health District

## Budget Presentation

### FY 23/24

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

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

#### AGENCY SUMMARY AND AUTHORITY

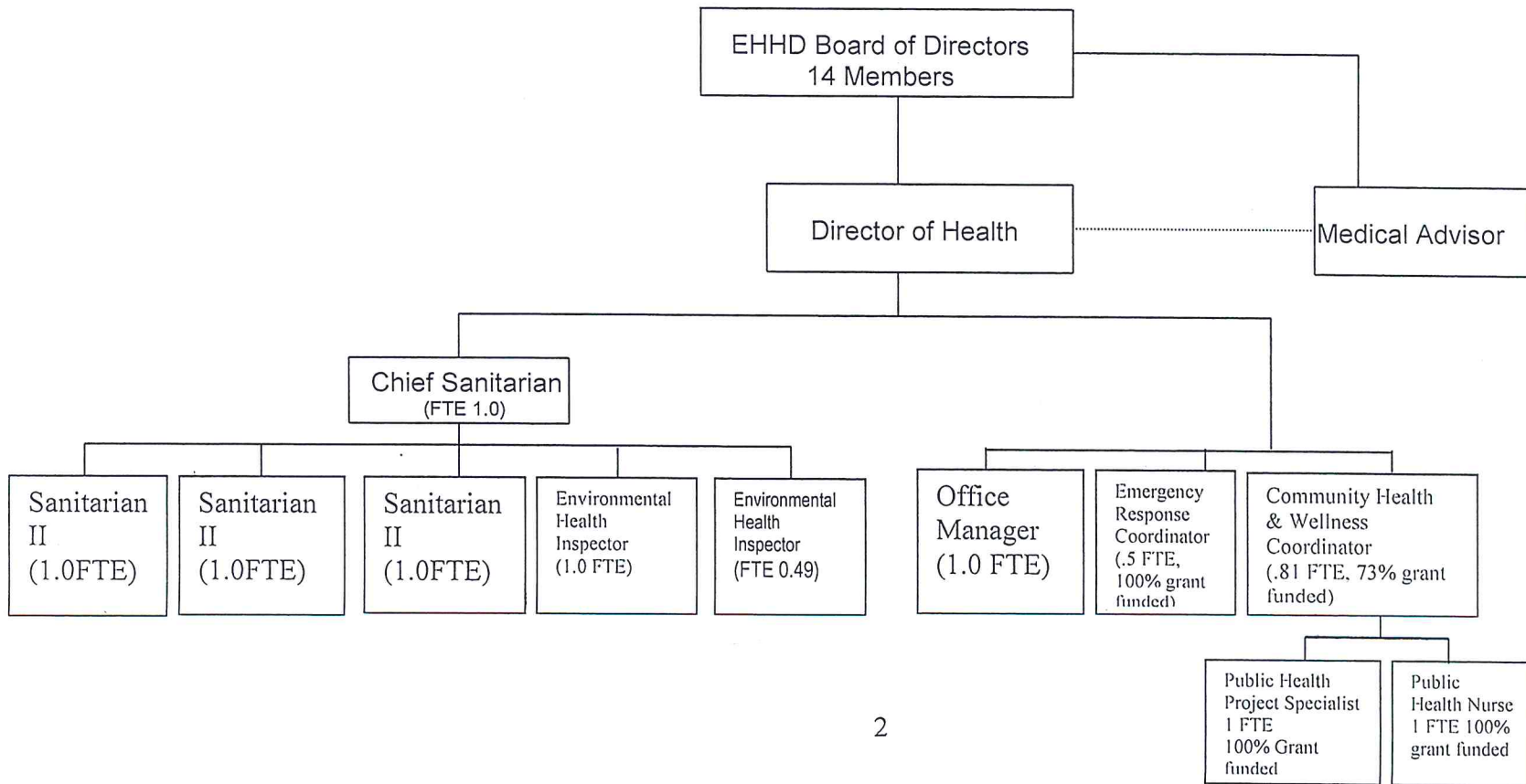
The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 79,696.

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

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



# Proposed Fiscal Year 2023/2024 Eastern Highlands Health District Organizational Chart



### **Fiscal Year 2023/2024 Budget Calendar**

Finance Committee Budget Meeting	November 22, 2022
Finance Committee Budget Meeting	December 8, 2022 (If needed)
Budget Presentation to Board	December 8, 2022
Deadline for final budget estimates per By Laws	January 1, 2023
Fiscal Year 2023/2024 Budget Public Hearing	January 19, 2023 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2023
Adoption of Budget	February 16, 2023 (If needed)

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

Roll Forward FY 2023/24

	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Amended 22/23	Estimated 22/23	Proposed 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29
<b>Revenues:</b>												
Member Town Contributions	429,260	437,600	457,536	455,033	451,502	451,502	467,810	479,505	491,493	503,780	516,375	529,284
State Grant-in-Aid	133,327	134,429	136,253	208,107	206,500	206,500	207,210	207,210	207,210	207,210	207,210	207,210
Services Fees	257,937	270,007	295,398	283,453	252,500	252,500	256,210	263,896	271,813	279,968	288,367	297,018
<b>Total Revenues</b>	<b>820,525</b>	<b>842,036</b>	<b>889,187</b>	<b>946,593</b>	<b>910,502</b>	<b>910,502</b>	<b>931,230</b>	<b>950,612</b>	<b>970,516</b>	<b>990,958</b>	<b>1,011,951</b>	<b>1,033,512</b>
<b>Expenditures:</b>												
Salaries & Benefits	658,453	670,270	665,199	776,797	819,422	819,422	860,180	877,384	894,931	912,830	931,086	949,708
Insurance	14,351	13,870	14,603	14,115	14,800	14,800	15,050	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	45,014	64,822	16,574	32,450	17,745	17,745	21,845	21,954	22,064	22,174	22,285	22,397
Other Purchased Services & Supplies	24,092	26,087	72,222	54,007	69,295	69,295	77,439	77,826	78,215	78,606	78,999	79,394
Equipment	1,401	945	2,774	4,068	3,600	3,600	4,000	4,000	4,000	4,000	4,000	4,000
<b>Sub-total Expenditures</b>	<b>743,311</b>	<b>775,994</b>	<b>771,372</b>	<b>881,437</b>	<b>924,862</b>	<b>924,862</b>	<b>978,114</b>	<b>996,964</b>	<b>1,015,011</b>	<b>1,033,411</b>	<b>1,052,171</b>	<b>1,071,299</b>
Operating Transfers Out	3,000	3,000	3,000		3,000	3,000	3,000	5,000	9,000	12,000	15,000	18,000
<b>Total Expenditures and Operating Transfers Out</b>	<b>746,311</b>	<b>778,994</b>	<b>774,372</b>	<b>881,437</b>	<b>927,862</b>	<b>927,862</b>	<b>981,114</b>	<b>1,001,964</b>	<b>1,024,011</b>	<b>1,045,411</b>	<b>1,067,171</b>	<b>1,089,299</b>
<b>Excess/(Deficiency) of Revenues over Expenditures</b>	<b>74,214</b>	<b>63,042</b>	<b>114,815</b>	<b>65,156</b>	<b>(17,360)</b>	<b>(17,360)</b>	<b>(49,884)</b>	<b>(51,352)</b>	<b>(53,495)</b>	<b>(54,453)</b>	<b>(55,220)</b>	<b>(55,788)</b>
<b>Equity Fund Transfer to Capital Nonrecurring Fund</b>					<b>(125,000)</b>	<b>(125,000)</b>	<b>(125,000)</b>					
<b>Fund Balance, July 1</b>	<b>358,082</b>	<b>432,296</b>	<b>495,338</b>	<b>610,153</b>	<b>675,309</b>	<b>675,309</b>	<b>532,949</b>	<b>358,065</b>	<b>306,712</b>	<b>253,218</b>	<b>198,765</b>	<b>143,545</b>
<b>Fund Balance, June 30</b>	<b>\$432,296</b>	<b>\$495,338</b>	<b>\$610,153</b>	<b>\$675,309</b>	<b>532,949</b>	<b>532,949</b>	<b>358,065</b>	<b>\$306,712</b>	<b>\$253,218</b>	<b>\$198,765</b>	<b>\$143,545</b>	<b>\$87,757</b>
<b>Expenditures per Above</b>	<b>746,311</b>	<b>778,994</b>	<b>774,372</b>	<b>881,437</b>	<b>927,862</b>	<b>927,862</b>	<b>981,114</b>	<b>1,001,964</b>	<b>1,024,011</b>	<b>1,045,411</b>	<b>1,067,171</b>	<b>1,089,299</b>
<b>Grant Deduction</b>	<b>80,234</b>	<b>63,084</b>	<b>156,240</b>	<b>88,105</b>	<b>63,514</b>	<b>63,514</b>	<b>63,088</b>	<b>63,088</b>	<b>63,088</b>	<b>63,088</b>	<b>63,088</b>	<b>63,088</b>
<b>Total Expenditures</b>	<b>826,545</b>	<b>842,078</b>	<b>930,612</b>	<b>969,542</b>	<b>991,376</b>	<b>991,376</b>	<b>1,044,202</b>	<b>1,065,052</b>	<b>1,087,099</b>	<b>1,108,499</b>	<b>1,130,259</b>	<b>1,152,387</b>
<b>FB as a % of Total Exp</b>	<b>52.30%</b>	<b>58.82%</b>	<b>65.56%</b>	<b>69.65%</b>	<b>53.76%</b>	<b>53.76%</b>	<b>34.29%</b>	<b>28.80%</b>	<b>23.29%</b>	<b>17.93%</b>	<b>12.70%</b>	<b>7.62%</b>

**Assumptions:**

- Member Town increase of 2.5% per year
- State Grant-in-Aid: held flat each year after
- Service Fee revenue increase of 3% annually
- Salary & Benefit increases of 2% per year
- Grant Deduction line for salaries held flat at \$58,000 per year starting FY22 (per Rob \$58,244 in FY2024)
- Professional & Technical increase of .5% per year
- Purchased Services increase of .5% per year



Eastern Highlands Health District  
Summary of Revenues and Expenditures for FY23/24

Fund: 634 Eastern Highlands Health District  
Activity: 41200

Object	Description					Proposed	% change	Dollar change
		Actual 20/21	Actual 21/22	Amended 22/23	Estimated 22/23	Budget 23/24		
<b>Revenues:</b>								
40220	Septic Permits	61,170	60,822	48,950	48,950	47,880	(2.2%)	(1,070)
40221	Well Permits	22,395	12,875	12,590	12,590	12,090	(4.0%)	(500)
40491	State Grant-In-Aid	136,253	208,107	206,500	206,500	207,210	0.3%	710
40630	Health Inspec. Service Fees	5,245	2,410	3,500	3,500	3,500	-	-
40633	Health Services-Bolton	27,800	27,766	27,670	27,670	28,290	2.2%	620
40634	Health Services-Coventry	70,574	70,534	69,570	69,570	71,640	3.0%	2,070
40635	Health Services-Mansfield	146,770	144,894	147,140	147,140	154,720	5.2%	7,580
40636	Soil Testing Service	46,388	51,980	48,830	48,830	43,050	(11.8%)	(5,780)
40637	Food Protection Service	78,455	82,996	80,000	80,000	81,000	1.3%	1,000
40638	B100a Review	38,175	26,810	18,480	18,480	20,710	12.1%	2,230
40639	Engineered Plan Rev	36,575	39,830	28,150	28,150	28,780	2.2%	630
40642	Health Services - Ashford	24,224	24,190	23,792	23,792	24,570	3.3%	778
40643	Health Services - Willington	33,468	33,337	31,650	31,650	32,450	2.5%	800
40646	GroupHome/Daycare inspection	880	1,650	1,200	1,200	1,200	-	-
40647	Subdivision Review	2,640	1,375	1,500	1,500	1,500	-	-
40648	Food Plan Review	3,475	2,705	2,500	2,500	2,500	-	-
40649	Health Services - Tolland	83,314	83,103	82,730	82,730	85,180	3.0%	2,450
40685	Health Services - Chaplin	12,825	12,729	12,170	12,170	12,580	3.4%	410
40686	Health Services - Andover	18,368	18,396	17,900	17,900	18,390	2.7%	490
40687	Health Services - Columbia	30,614	30,579	29,920	29,920	30,790	2.9%	870
40688	Health Services - Scotland	9,579	9,505	8,960	8,960	9,200	2.7%	240
	Cosmetology Inspections	-	-	6,800	6,800	5,500	(19.1%)	(1,300)
	Vaccine Administration	-	-	-	-	8,500	-	8,500
40999	Appropriation of Fund Balance	-	-	17,360	17,360	49,884	187.4%	32,524
<b>Total Revenues</b>		<b>889,187</b>	<b>946,593</b>	<b>927,862</b>	<b>927,862</b>	<b>981,114</b>	<b>5.7%</b>	<b>53,252</b>
<b>Expenditures:</b>								
51050	Grant deductions	(156,240)	(88,105)	(63,514)	(63,514)	(63,088)	(0.7%)	426
51601	Regular Salaries - Non-Union	591,565	603,011	648,735	648,735	666,723	2.8%	17,988
52001	Social Security	42,013	44,348	40,560	40,560	41,670	2.7%	1,110
52002	Workers Compensation	10,875	9,306	11,000	11,000	9,400	(14.5%)	(1,600)
52005	Unemployment Compensation	-	25	-	-	-	-	-
52007	Medicare	9,236	10,372	9,485	9,485	9,746	2.8%	261
52010	ICMA (Pension)	20,319	32,493	33,354	33,354	37,948	13.8%	4,594
52103	Life Insurance	1,610	1,832	2,830	2,830	2,920	3.2%	90
52105	Medical Insurance	135,540	150,770	122,275	122,275	140,000	14.5%	17,725
52117	RHS	2,280	2,516	2,400	2,400	2,530	5.4%	130
52112	LTD	644	659	697	697	731	4.9%	34
52203	Dues & Subscriptions	2,139	2,634	2,100	2,100	2,100	-	-
52210	Training	-	1,537	5,400	5,400	5,400	-	-
52212	Mileage Reimbursement	(181)	-	3,500	3,500	3,500	-	-
52220	Vehicle allowance	5,399	5,399	600	600	600	-	-
53120	Professional & Tech	8,008	23,322	7,845	7,845	11,345	44.6%	3,500
53122	Legal	1,666	2,128	3,000	3,000	3,000	-	-
53125	Audit Expense	6,900	7,000	6,900	6,900	7,500	8.7%	600
53303	Vehicle Repair & Maintenance	1,522	4,081	2,500	2,500	2,500	-	-
53801	General Liability	14,603	14,115	14,800	14,800	15,050	1.7%	250
53924	Advertising	249	1,943	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,209	906	1,150	1,150	1,200	4.3%	50
53926	Postage	1,500	1,523	1,500	1,500	1,500	-	-
53940	Copier maintenance	80	-	1,000	1,000	1,000	-	-
53960	Other Purchased Services	16,191	18,336	20,475	20,475	21,499	5.0%	1,024
53964	Voice Communications	1,716	3,552	4,850	4,850	4,850	-	-
54101	Instructional Supplies	-	-	800	800	800	-	-
54214	Books & Periodicals	-	-	200	200	200	-	-
54301	Office Supplies	1,863	845	2,000	2,000	2,000	-	-
	Clinical Supplies	-	-	-	-	4,000	-	4,000
54601	Gasoline	1,569	2,701	2,500	2,500	3,000	20.0%	500
54913	Other Supplies & Materials (+COVID-:	16,653	(9,970)	-	-	-	-	-
55420	Office Equipment	2,385	2,985	3,000	3,000	3,000	-	-
55430	Equipment - Other	389	1,083	600	600	600	-	-
56302	Admin. Overhead	29,670	30,090	31,320	31,320	33,890	8.2%	2,570
58410	Capital Nonrecurring Fund	3,000	-	3,000	3,000	3,000	-	-
<b>Total Expenditures</b>		<b>774,372</b>	<b>881,437</b>	<b>927,862</b>	<b>927,862</b>	<b>981,114</b>	<b>5.7%</b>	<b>53,252</b>

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits  
Proposed estimate: **\$47,880**

40221 Well Permits  
Proposed estimate: **\$12,090**

40491 State Grant-in-aid

	<u>Population 2020</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,133	2.60	8,146
Ashford	4,186	2.60	10,884
Bolton	4,819	2.60	12,529
Chaplin	2,143	2.60	5,572
Columbia	5,246	2.60	13,640
Coventry	12,205	2.60	31,733
Scotland	1,568	2.60	4,077
Tolland	14,511	2.60	37,729
Mansfield	26,357	2.60	68,528
Willington	5,528	2.60	14,373
<b>Total</b>	<b>79,696</b>		<b>\$207,211</b>

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,819	\$ 5.870	<b>\$28,290</b>	<b>\$620</b>	<b>2.24</b>

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,205	\$ 5.870	<b>\$71,640</b>	<b>\$2,070</b>	<b>2.98</b>

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
26,357	\$ 5.870	<b>\$154,720</b>	<b>\$7,580</b>	<b>5.15</b>

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,186	\$ 5.870	<b>\$24,570</b>	<b>\$778</b>	<b>3.27</b>

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,511	\$ 5.870	<b>\$85,180</b>	<b>\$2,450</b>	<b>2.96</b>

40643 Health Services - Willington

<u>Willington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,528	\$ 5.870	<b>\$32,450</b>	<b>\$800</b>	<b>2.53</b>

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,143	\$ 5.870	<b>\$12,580</b>	<b>\$410</b>	<b>3.37</b>

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,133	\$ 5.870	<b>\$18,390</b>	<b>\$490</b>	<b>2.74</b>



DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,246	\$ 5.870	<b>\$30,790</b>	<b>\$870</b>	<b>2.91</b>

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,568	\$ 5.870	<b>\$9,200</b>	<b>\$240</b>	<b>2.68</b>

40630 Health Inspection Service Fees

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

40636 Health Services - Soil Testing

Proposed estimate: **\$43,050**

40637 Food Protection Service

Proposed estimate: **\$81,000**

40638 B100a (Public Health Review)

Proposed estimate: **\$20,710**

40639 Plan Review Engineered Design

Proposed estimate: **\$28,780**

40645 Plan Review Non-engineered Design

Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections

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

40647 Subdivision Review

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

40648 Food Plan Review

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

40890 Cosmetology Inspections

**\$5,500**

Vaccine Administration

**\$8,500**

Billing/reimbursement for flu shots

40999 Appropriation of Fund Balance

**\$ 49,884**

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 22/23 Proposed Apprpr	FY 22/23 FTE Grant deduct	FTE
	664,473	8.35	57,069
Longevity/bonus	<u>\$2,250</u>		<u>0.91</u>
<b>Total Salaries</b>	<b>\$666,723</b>		

	<b>Salary Deductions</b>	57,069
	<b>Benefit Deductions</b>	<u>6,019</u>
51050 Grant Deductions	<b>Total Grant Deductions</b>	<b>\$ 63,088</b>

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
666,723	<b>\$41,672</b>

52002 Workers compensation

Estimated Premium **\$9,400**

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 666,723	<b>\$9,746</b>

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	632,473
Employer percent contribution	<u>0.06</u>
<b>Total estimated employer contribution</b>	<b>Total 37,948</b>

52103 Life Insurance

Proposed estimate: **\$2,917**

52105 Medical Insurance

Proposed estimate: **\$140,000** Place holder provided by Finance Dept

52117 RHS Contribution

Proposed estimate: **\$2,530**

52112 LTD

Proposed estimate: **\$731**

52203 Dues & Subscriptions

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

52210 Training

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

52212 Mileage Reimbursement

Proposed estimate: **\$600**

52220 Vehicle Allowance

**\$5,400**

53120 Professional and Technical Services

Medical advisor stipend	5500
website license/hosting	1470
Survey monkey	375
Lead XRF inspection	<u>4000</u>
<b>Total</b>	<b>\$11,345</b>

53122 Legal Services

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

53125 Audit Expense

Proposed estimate: **\$7,500**

53303 Vehicle Maintenance and Repair

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

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance		
Coverage by CIRMA:		
General Liability, Auto liability, Professional and Public Official Liability, and Crime		
Estimated premium:	<b>\$15,050</b>	
53924 Advertising		
Proposed estimate:	<b>\$1,000</b>	
53925 Printing and Binding		
Proposed estimate:	<b>\$1,200</b>	
53926 Postage		
Proposed estimate:	<b>\$1,500</b>	
53940 Copier Maintenance		
Proposed estimate:	<b>\$1,000</b>	
53960 Other Purchased Services		
Proposed estimate:	<b>21,499</b>	(Viewpermit contract)
53964 Voice Communications		
Proposed estimate:	<b>\$4,850</b>	(cell/ipad data + Code red)
54101 Instructional Supplies		
Proposed estimate:	<b>\$800</b>	
54214 Books and Periodicals		
Proposed estimate:	<b>\$200</b>	
54301 Office supplies		
Proposed estimate:	<b>\$2,000</b>	
54601 Gasoline		
Proposed estimate:	<b>\$3,000</b>	
55420 Office equipment		
Maintenance and replacement	<b>\$3,000</b>	(3 PC replacements)
Clinic Supplies		
Vaccine & Ancillary Supplies	<b>\$4,000</b>	
55430 Equipment - Other		
Field Equipment:	<b>\$600</b>	
56302 Administrative Overhead		
Propose estimate:	<b>\$33,890</b>	(Sept 21 to Sept 22 -CPI, 8.2%)
This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.		
56312 Contingency	<b>\$0</b>	
58410 Capital Nonrecurring Fund	<b>\$3,000</b>	

Analysis of Service Fee Revenues

REVENUE PERFORMANCE	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Adopted	Received	Received	Estimated	Proposed
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-2010	2010-11	2011-12	2012 - 13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019/2020	2020/2021	2021/2022	2022/2023	10/1/2021	11/10/2022	2022-23	2023-24	
40220 Septic Permits (New and repair permits)	40,750	56765	43885	31410	26160	31000	26100	29,295	28,455	31,845	31,655	31,285	34,400	43,880	51,145	49,133	61,170	60,822	48,950	15,060	23,940	49%	47,880	47,880
40221 Well permits	14,120	23205	19690	22895	11280	18775	13604	12,135	12,505	13,600	15,535	14,345	16,985	12,925	12,955	10,680	22,395	12,875	12,590	3,875	5,375	43%	12,094	12,094
40630 Health Inspection Services ( Other Inspections & services)	12,325	0	14948	2943	32928	21,273	5,875	14,133	14,621	1,857	3,318	5,375	13,716	3,893	3,210	9,151	5,244	2,411	3,500	188	580	17%	3,500	3,500
40636 Health Services - Soil testing (Test Holes & Perc Tests)	73,880	73780	60140	46805	32229	37610	33330	31,475	33,590	32,380	32,965	39,710	33,585	41,775	40,960	49,490	48,388	51,980	48,830	13,950	14,350	29%	43,050	43,050
40637 Food Protection Service (License fees)	24,573	25735	29700	37973	41307	37630	41583	48,930	55,060	57,796	60,068	61,743	68,413	71,399	83,961	79,718	78,455	82,995	80,000	6,475	6,772	8%	81,000	81,000
40638 B100a Review (Public health review)	18,595	25870	22235	23420	21605	22350	21880	20,770	24,790	26,005	24,610	29,225	30,040	27,470	29,445	33,690	38,175	26,810	18,480	6,160	10,355	56%	20,710	20,710
40639 Engineered Plan Review	14,380	25605	21455	11985	10000	17130	13500	13,220	9,585	10,360	8,685	8,905	7,280	8,175	29,535	32,860	36,575	39,610	28,150	8,660	14,390	51%	28,780	28,780
40645 Nonengineered Plan Review	4,605	3235	6815	7635	5720	6285	5905	8,550	10,575	13,500	12,870	14,205	15,820	18,565	60			220						
40646 Group Home / Daycare Insp.	840	1022	1175	1740	955	695	1400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,430	880	1,650	1,200	330	330	28%	1,200	1,200
40647 Subdivision Review	24,530	6455	7965	9765	4225	2340	3810	2,595	6,050	2,200	3,680	3,105	2,360	2,070	1,170	1,375	2640	1,375	1,500	-	875	58%	1,500	1,500
40648 Food Plan Review	1,380	2050	2040	2485	2747	5500	5027	2,851	4,641	3,075	3,220	3,780	3,035	2,670	4,200	2,481	3,475	2,705	2,500	855	1,075	43%	2,500	2,500
40890 Cosmetology (other)																			6,800		5,125	75%	5,500	5,500
Vaccine Administration																								8,500
<b>Total</b>	<b>230,758</b>	<b>243722</b>	<b>228848</b>	<b>198838</b>	<b>189158</b>	<b>200588</b>	<b>172014</b>	<b>#####</b>	<b>#####</b>	<b>193,818</b>	<b>197,796</b>	<b>212,943</b>	<b>224,874</b>	<b>234,392</b>	<b>257,841</b>	<b>270,008</b>	<b>295,397</b>	<b>283,453</b>	<b>252,500</b>	<b>55,553</b>	<b>83,167</b>	<b>28%</b>	<b>247,714</b>	<b>256,214</b>



Adopted Fee Schedule  
FY 20/21

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY18/19	Adopted FY 19/20	Adopted Fy 20/201
<b>Food Service Fees*</b>						
Application Review**	\$85	\$90	\$95	\$95	\$95	\$95
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	\$175
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	\$245
Class I License	\$120	\$125	\$125	\$125	\$125	\$135
Class II License	\$160	\$165	\$165	\$255	\$255	\$255
Class III License	\$240	\$245	\$255	\$355	\$355	\$355
Class IV License	\$330	\$340	\$355	\$380	\$380	\$380
Grocery Store > 10,000ft <sup>2</sup> - Class II&III				\$420	\$420	\$420
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	\$65
Temporary Permit - samples only		\$30	\$30	\$30	\$30	\$30
Expedited Temp food permit application review***				\$20	\$20	\$20
Late License renewal (plus app fee)/operating without License				\$200	\$200	\$200
CFM Process Fee (No CFM in place)				\$50	\$50	\$50
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	\$120
2 <sup>nd</sup> Re-inspection fee	\$115	\$120	\$135	\$135	\$135	\$135
<b>Subsurface Sewage Disposal</b>						
Permit - New	\$175	\$185	\$200	\$205	\$205	\$220
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	\$190
Permit - Construction by owner occupant				\$275	\$275	\$275
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	\$100
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	\$350
Design Flow ≥ 7500 GPD/ DEP system Inspection	\$440	\$460	\$460	\$460	\$460	\$460
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	\$60
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	\$40
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	\$60
<b>Soil Testing</b>						
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	\$90
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	\$110
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	\$30
<b>Public Health &amp; Subdivision Reviews</b>						
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	\$50
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	\$70
Subdivision Plan Review (per lot) (Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	\$125
Subdivision Plan Revisions Reviewed (per lot) (Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	\$40
<b>Miscellaneous</b>						
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	\$115
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	\$130
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	\$110
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	\$80/hr
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	\$75
Pool Inspection	\$75	\$80	\$100	\$105	\$105	\$105
Private well Water Treatment Waste disposal plan review					\$50	\$50
Cosmotology Permit/Inspection - Independent contractor						\$25
Cosmotology Permit/Inspection - One or two chairs					\$80	\$100
Cosmotology Permit/Inspection - Three chairs or more					\$150	\$150
Well Permit	\$105	\$110	\$120	\$120	\$120	\$125
<b>Farmers Market Food Vendor Seasonal License Categories</b>						
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	\$40
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$40	\$60	\$60
Non-farmer Food Vendor License - Cold samples only						
One market location	\$30	\$35	\$35	\$40	\$75	\$75
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	\$90
Non-farmer Food Vendor License - Low Risk Food Preparation						
One market location	\$45	\$50	\$50	\$75	\$90	\$90
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	\$120
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$220	\$220	\$220	\$220	\$220

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

All food service fees apply to public school food operations.

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

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

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



TABLE A

FY23 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

	EHHD Adopted FY2023	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct		Eastern Ct		ALL CT HD		ALL CT HD		5% increase	10% Increase	15% increase	20% increase
		Median	Average	Median	Average	Median	Average	Median	Average								
Food Protection(3)																	
<i>Class I License</i>	\$ 135	\$ 150	\$ 145	\$ 150	\$ 150	\$ 173	\$ 168	\$ 142	\$ 149	\$ 155	\$ 162						
<i>Class II License</i>	\$ 255	\$ 250	\$ 258	\$ 245	\$ 249	\$ 273	\$ 284	\$ 268	\$ 281	\$ 293	\$ 306						
<i>Class III License</i>	\$ 355	\$ 350	\$ 363	\$ 330	\$ 337	\$ 368	\$ 389	\$ 373	\$ 391	\$ 408	\$ 426						
<i>Class IV License</i>	\$ 380	\$ 350	\$ 400	\$ 350	\$ 366	\$ 410	\$ 418	\$ 399	\$ 418	\$ 437	\$ 456						
Temp event	\$ 65	\$ 150	\$ 215	\$ 150	\$ 58	\$ 60	\$ 67	\$ 68	\$ 45	\$ 75	\$ 78						
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144						
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162						
Plan review - Class I	\$ 175	\$ 185	\$ 202	\$ 200	\$ 223	\$ 183	\$ 211	\$ 184	\$ 193	\$ 201	\$ 210						
Plan review - Class II	\$ 175	\$ 185	\$ 212	\$ 200	\$ 230	\$ 250	\$ 262	\$ 184	\$ 193	\$ 201	\$ 210						
Plan review - Class III	\$ 245	\$ 245	\$ 242	\$ 250	\$ 251	\$ 288	\$ 326	\$ 257	\$ 270	\$ 282	\$ 294						
Plan review - Class IV	\$ 245	\$ 245	\$ 245	\$ 250	\$ 254	\$ 313	\$ 254	\$ 257	\$ 270	\$ 282	\$ 294						
Subsurface Sewage Disposal																	
<i>Permit - new</i>	\$ 220	\$ 220	\$ 216	\$ 175	\$ 202	\$ 220	\$ 228	\$ 231	\$ 242	\$ 253	\$ 264						
<i>Permit - Major repair</i>	\$ 190	\$ 165	\$ 185	\$ 150	\$ 161	\$ 165	\$ 177	\$ 200	\$ 209	\$ 219	\$ 228						
Permit - Minor repair	\$ 100	\$ 100	\$ 105	\$ 100	\$ 104	\$ 100	\$ 114	\$ 105	\$ 110	\$ 115	\$ 120						
Permit - Design flow >2000GPD	\$ 350	\$ 350	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420						
<i>Percolation Test(4)</i>	\$ 200	\$ 220	\$ 187	\$ 165	\$ 172	\$ 158	\$ 170	\$ 210	\$ 220	\$ 230	\$ 240						
<i>Deep Hole Test</i>																	
each additional pit	\$ 30	\$ 55	\$ 63	\$ 75	\$ 65	\$ 75	\$ 77	\$ 32	\$ 33	\$ 35	\$ 36						
Subdivision Plan Review (per lot)	\$ 125	\$ 55	\$ 125	\$ 125	\$ 125	\$ 138	\$ 132	\$ 131	\$ 138	\$ 144	\$ 150						
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 125	NA	NA	NA	\$ 50	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48						
<i>Plan review (per plan)</i>	\$ 130	\$ 55	\$ 140	\$ 130	\$ 138	\$ 183	\$ 195	\$ 137	\$ 143	\$ 150	\$ 156						
Review plan revisions	\$ 40	\$ 130	NA	NA	NA	\$ 50	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48						
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72						
<i>B100a - assessor structure</i>	\$ 50	\$ 50	\$ 53	\$ 50	\$ 56	\$ 50	\$ 72	\$ 53	\$ 55	\$ 58	\$ 60						
<i>B100a - addition/use change</i>	\$ 70	\$ 65	\$ 60	\$ 65	\$ 61	\$ 75	\$ 89	\$ 74	\$ 77	\$ 81	\$ 84						
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72						
Misc																	
<i>Well Permit</i>	\$ 125	\$ 125	\$ 125	\$ 125	\$ 118	\$ 138	\$ 134	\$ 131	\$ 138	\$ 144	\$ 150						
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90						
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138						
Group Home inspection	\$ 110	\$ 105	\$ 113	\$ 100	\$ 108	\$ 100	\$ 88	\$ 116	\$ 121	\$ 127	\$ 132						
Daycare inspection	\$ 110	\$ 105	\$ 109	\$ 105	\$ 109	\$ 123	\$ 121	\$ 116	\$ 121	\$ 127	\$ 132						
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78						
Family Camp ground Inspection	\$ 130	\$ 125	\$ 124	\$ 120	\$ 119	\$ 110	\$ 116	\$ 137	\$ 143	\$ 150	\$ 156						
Pool Registration/inspection	\$ 105	\$ 105	\$ 119	\$ 100	\$ 114	\$ 140	\$ 165	\$ 110	\$ 116	\$ 121	\$ 126						
cosmetology inspection - small	\$ 100	NA	NA	NA	NA	NA	NA	\$ 105	\$ 110	\$ 115	\$ 120						
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180						
<b>Fee total for single lot development(5)</b>	<b>\$ 675</b>	<b>\$ 675</b>	<b>\$ 644</b>	<b>\$ 580</b>	<b>\$ 620</b>	<b>\$ 740</b>	<b>\$ 737</b>										
<b>FY23 Health District Per Capita Rate</b>	<b>\$ 5.68</b>	<b>\$ 6.98</b>	<b>\$ 7.65</b>	<b>\$ 7.50</b>	<b>\$ 8.17</b>	<b>\$ 7.50</b>	<b>\$ 9.49</b>										

(1) Data obtained from attached documents titled, " Food Protection Program Fee Survey for All Connecticut Health Districts FY 2023", and "Survey of Fees Selected Services FY22/23 - All Connecticut Health Districts"

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

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

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

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

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

Fiscal Year	Town Contribution Increases		Town Contribution		Adopted Expenditures	State grant allocation per capita (\$)	
	Proposed %	Adopted % (or amended)	CPI (1)	Per Capita (\$)	Per Capita (4)	Pop. < 5000	Pop. > 5000
1999	NA	NA	1.7	3.51	6.86	1.78	1.52
2000	2.85	0	2	3.51	6.93	1.78	1.52
2001	3.1	1	3.7	3.54	7.31	2.09	1.79
2002	1	1	3.2	3.58	9.42	2.32	1.99
2003	0	0	1.1	3.58	8.67	2.32	1.99
2004	3	3	2.1	3.69	8.74	1.96	1.68
2005	3	0	3.3	3.69	8.55	1.95	1.66
2006	6.77	6.77	2.5	3.94	8.91	1.95	1.66
2007	6.6	2.9	4.3	4.06	8.73	1.95	1.66
2008	3.08	0.62	2.26	4.08	8.87	1.95	1.66
2009	5.15	5.15	5	4.29	9.35	2.43	2.08
2010	5.1	5.1	-1.2	4.51	9.85	2.43	2.08
2011	0	0	1.7	4.51	9.09	1.85	1.85
2012	0	0	3.36	4.51	8.99	1.85	1.85
2013	1.9	0	1.45	4.51	8.85	1.85	1.85
2014	2	2	1.48	4.6	8.67	1.85	1.85
2015	4.9	4.9	1.89	4.83	8.83	1.85	1.85
2016	3.8	3.8	0.0	5.01	9.46	1.85	1.85
2017	3.8	4	1.0	5.22	9.77	1.76	1.76
2018	1.5	1.5	1.5	5.3	10.2	1.64	1.64
2019	0.3	0.3	2.5	5.31	10.1	1.85	1.85
2020	2	2	1.7	5.42	10.1	1.65	1.65
2021	6	4.9	.001	5.68	10.4	1.66	1.66
2022	3.6	0	5.4	5.68	11.8	2.6	2.6
2023	2.9	0	8.2	5.68	11.7	2.6	2.6
2024	3.25						
<b>Total % change (3)</b>			<b>88</b>	<b>62</b>	<b>70</b>	<b>46</b>	<b>70</b>

(1) Each number represents the percentage change from June to June for "All Urban Consumers", with the exception of 2022 that is September to September

(3) Total percentage increase from September 1999 to September 2022.

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

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

Roll Forward FY 2023/24

	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Adopted 22/23	4/21/22 Change	Amended 22/23	Proposed 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29
<b>Revenues:</b>													
Transfer In - General Fund	3,000	3,000	3,000		3,000		3,000	3,000	5,000	9,000	12,000	15,000	18,000
Equity Fund Transfer					125,000		125,000	125,000					
Surplus Vehicle proceeds	1,910			5,200	3,000		3,000	5,000	5,000		5,000	5,000	
<b>Total Revenues</b>	<b>4,910</b>	<b>3,000</b>	<b>3,000</b>	<b>5,200</b>	<b>131,000</b>		<b>131,000</b>	<b>133,000</b>	<b>10,000</b>	<b>9,000</b>	<b>17,000</b>	<b>20,000</b>	<b>18,000</b>
<b>Expenditures by Project:</b>													
Automobiles					20,000	5,000	25,000	27,000	27,000		27,000	27,000	
Computer/Office Equipment		11,800											
Vaccine Refrigerator									20,000				
Strategic Planning Priorities:													
Strategic Plannin & CHA/CHIP								8,000	10,000	10,000	10,000		
IT Infrastructure Upgrade				1,068									
Websites										10,000			
Office Reorganizing Project								50,000	100,000				
Digitizing records									10,000	10,000	10,000	5,000	
<b>Total Expenditures</b>		<b>11,800</b>		<b>1,068</b>	<b>20,000</b>	<b>5,000</b>	<b>25,000</b>	<b>85,000</b>	<b>167,000</b>	<b>30,000</b>	<b>47,000</b>	<b>32,000</b>	
<b>Excess/(Deficiency) of Revenues over Expenditures</b>	<b>4,910</b>	<b>(8,800)</b>	<b>3,000</b>	<b>4,132</b>	<b>111,000</b>	<b>(5,000)</b>	<b>106,000</b>	<b>48,000</b>	<b>(157,000)</b>	<b>(21,000)</b>	<b>(30,000)</b>	<b>(12,000)</b>	<b>18,000</b>
Fund Balance, July 1	126,870	131,780	122,980	125,980	130,112		130,112	236,112	284,112	127,112	106,112	76,112	64,112
Fund Balance, June 30	\$131,780	\$122,980	\$125,980	\$130,112	\$241,112		\$236,112	\$284,112	\$127,112	\$106,112	\$76,112	\$64,112	\$82,112



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

Roll Forward FY 2022/23

	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Estimated 22/23	Projected 23/24
<b>Revenues:</b>										
State Support - Preventive Health Block	\$15,784		\$15,248	\$5,254	\$21,680	\$4,089	\$7,754	\$4,111	\$23,951	\$5,987
State Support - Bioterrorism Response-Base	54,887	58,908	58,569	55,456	56,011	54,478	54,478		52,250	52,250
State Support - Crisis COVID						17,291	12,303			
State Support - CRF Proceeds from Town of Mansfield							104,878			
State Support - Community Transformation Grant	11,593									
State Support- Policy/Environ. Change for Chronic Disea		17,024	4,386	13,604		11,288	1,845	14,990		
State Support - ELC							101,316			
State Support - ELC 2									183,515	195,536
State Support - ELC BP-2							18,881	183,562		
Local Support - Be Well Program Mansfield	53,936	55,741	56,707	61,064	40,946					
Local Support - Be Well Program Tolland	7,333	7,903	6,886	7,579	8,307	7,911	7,833	7,970	7,500	7,500
Cooperative Grant - CT Chapter of American Planning	25,031	72,969								
Cooperative Grant -Lead Poisoning	4,858	5,428	7,817							
Cooperative Grant - ACHIEVE	3,629	228	3,451	5,000	1,709	441	5,000		2,000	2,000
Cooperative Grant - CRI Cities Readiness Initiatives		5,622	378							
MRC Capacity Building Award	3,056	2,479								
MRC Region 4	129	8,598	58		2,344	1,470	6,844	4,525	2,500	
HHP/MRC						13,500	13,500			
Citizen Corps Program	(31)									
Hospital Preparedness Program								12,003		
Public Health Emergency Response								51,711		
Community Based Wellness Service	5,431									
	<b>185,636</b>	<b>234,902</b>	<b>153,500</b>	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>278,872</b>	<b>271,716</b>	<b>263,273</b>
<b>Expenditures by Project:</b>										
Salaries & Benefits	148,572	170,608	132,149	114,068	79,908	67,385	269,490	233,899	165,747	160,597
Professional & Technical Services	7,063	28,538	8,981	6,540	1,310	1,105	47,715	200	2,717	2,633
Other Purchased Services & Supplies	30,000	35,756	12,070	27,348	49,779	41,977	17,427	44,773	103,252	100,044
Equipment			300							
<b>Total Expenditures</b>	<b>185,636</b>	<b>234,902</b>	<b>153,500</b>	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>278,872</b>	<b>271,716</b>	<b>263,273</b>



**EASTERN HIGHLANDS HEALTH DISTRICT  
FUND BALANCE ANALYSIS**

FY 2018/19 - Projected FY 2028/29

	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Amended 22/23	Estimated 22/23	Proposed 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29
<b>General Fund</b>												
Operating Expenditures	746,311	778,994	774,372	881,437	927,862	927,862	981,114	1,001,964	1,024,011	1,045,411	1,067,171	1,089,299
Grant Deduction	80,234	63,084	156,240	88,105	63,514	63,514	63,088	63,088	63,088	63,088	63,088	63,088
Total Expenditures	826,545	842,078	930,612	969,542	991,376	991,376	1,044,202	1,065,052	1,087,099	1,108,499	1,130,259	1,152,387
Fund Balance	432,296	495,338	610,153	675,309	532,949	532,949	358,065	306,712	253,218	198,765	143,545	87,757
FB as a % of Total Expenditures	52.30%	58.82%	65.56%	69.65%	53.76%	53.76%	34.29%	28.80%	23.29%	17.93%	12.70%	7.62%
<b>Capital Non-Recurring Fund</b>												
Total Expenditures	-	11,800	-	1,068	25,000	25,000	85,000	167,000	30,000	47,000	32,000	-
Fund Balance	131,780	122,980	125,980	130,112	236,112	236,112	284,112	127,112	106,112	76,112	64,112	82,112
<b>All Funds</b>												
Total Expenditures	826,545	853,878	930,612	970,610	1,016,376	1,016,376	1,129,202	1,232,052	1,117,099	1,155,499	1,162,259	1,152,387
Fund Balance	564,076	618,318	736,133	805,421	769,061	769,061	642,177	433,824	359,330	274,877	207,657	169,869
FB as a % of Total Expenditures	68.24%	72.41%	79.10%	82.98%	75.67%	75.67%	56.87%	35.21%	32.17%	23.79%	17.87%	14.74%
Service Fees & State Grant Revenue	391,265	404,436	431,651	491,560	459,000	459,000	463,420	471,106	479,023	487,178	495,577	504,228
Target Fund Balance - 50% of Service Fees & State Grant Revenue	195,632	202,218	215,826	245,780	229,500	229,500	231,710	235,553	239,512	243,589	247,788	252,114
General Fund - Fund Balance	432,296	495,338	610,153	675,309	532,949	532,949	358,065	306,712	253,218	198,765	143,545	87,757
Variance	236,663	293,120	394,327	429,529	303,449	303,449	126,355	71,159	13,706	(44,824)	(104,243)	(164,356)

**Seasonal Influenza Vaccination  
Pilot Program  
Rational for Services and Estimated First Year Budget**

**Background**

With the hiring of the health districts first Registered Nurse in 2019, and the availability of grant funding, the Health District was able to enroll our agency in the Connecticut Vaccine Program, and establish the agency as a registered vaccine provider for the first time. With the grant funding we were able to purchase and administer a small number of flu vaccine doses over the past three flu seasons free of charge. With few exceptions, these pop up flu clinics have largely targeted our first responder community and their families. The grant funding to purchase the vaccine is coming to an end.

The administration of vaccines to prevent and control communicable diseases is a traditional, effective, and basic community service provided by many local governmental public health agencies. The recent consolidation of Connecticut healthcare networks and regional visiting nurses associations, combined with the expansion of healthcare services in large pharmacy chains, has led to a reduction in local vaccine provider agencies available to mobilize, and host local pop-up seasonal flu clinics. Based on our experience over the past three years as a vaccine provider, the Health District is in position to fill some of the service gaps created by these changes, and provide this basic community public health service that our residents have reasonably come to expect.

**Financial Impact**

Below is an estimated first year operating budget for the Health District seasonal flu vaccination program:

<b>Revenues</b>	<b># shots</b>	<b>Rate</b>	<b>Total</b>
Administration Reimbursement	180	\$ 30	\$ 5,400
Vaccine Reimbursement	150	\$ 18	\$ 2,700
Out of Pocket Payor	20	\$ 20	\$ 400
		<b>Total Program Revenues</b>	<b>\$ 8,500</b>
<b>Expenditures</b>	<b># doses</b>	<b>Rate</b>	<b>Total</b>
Adult Vaccine	150	\$ 18	\$ 2,700
Pediatric Vaccine	50	\$ -	\$ -
Ancillary Supplies (needles, syringes, band aids, etc)			\$ 1,000
Sharps container disposal bins			\$ 300
		<b>Total Program Expenditures</b>	<b>\$ 4,000</b>
No staffing expenses for year one			<b>Revenue NET \$ 4,500</b>

The above budget assumes capacity exists within the current regular, and grant funded staff to administer and manage this smaller scale pilot program. With the budget management and administration experience gained from this first year, management will be in a better position to apply this experience to inform efforts to grow the program into a sustainable revenue source for the future.

**Recommendation**

The administration of vaccines to prevent and control communicable diseases is an effective, basic community service provided by many local governmental public health agencies. These are traditional local public health services that inherently promote the agency with its presence and branding in the community, and engages and expands partnerships. The Health District is in position to fill some existing service gaps in the community in the future. Furthermore, the flu vaccination program has a legitimate potential to provide a long-term, sustainable net positive revenue source for the agency.

This office recommends these services be integrated into the annual operating budget for the Health District.



**EASTERN HIGHLANDS HEALTH DISTRICT**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

**YEAR ENDED JUNE 30, 2022**



CPAs | CONSULTANTS | WEALTH ADVISORS

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## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Eastern Highlands Health District  
Mansfield, Connecticut

### Report on the Audit of the Financial Statements

#### *Opinions*

We have audited the accompanying financial statements of the governmental activities and each major fund of Eastern Highlands Health District, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise Eastern Highlands Health District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of Eastern Highlands Health District, as of June 30, 2022, the respective changes in financial position and the respective budgetary comparison for the general fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Opinions*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Eastern Highlands Health District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Eastern Highlands Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Eastern Highlands Health District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Eastern Highlands Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and OPEB schedule be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November 16, 2022, on our consideration of Eastern Highlands Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Eastern Highlands Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Eastern Highlands Health District's internal control over financial reporting and compliance.



**CliftonLarsonAllen LLP**

West Hartford, Connecticut  
November 16, 2022



Eastern Highlands Health District

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## MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2022

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Management of the Eastern Highlands Health District (the District) offers readers of these financial statements this narrative overview and analysis of the financial activities of the District for the fiscal year ended June 30, 2022.

### **Financial Highlights**

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by \$843,711 (*net position*). Of this amount, \$743,801 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position increased by \$55,731. The increase in net position is primarily due to the District's operational surplus of \$65,156 coming from revenues in excess of budget (\$46,159), less budgeted use of fund balance (\$29,658) which was unnecessary, and expenditures less than budget (\$48,655) in the General Fund, plus an increase of \$4,132 in Capital Projects from sale of assets. This was offset by depreciation in excess of asset additions.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$805,420, an increase of \$69,288 in comparison with the prior year. Of combined fund balances, \$675,308 is *available for spending* at the District's discretion (*unassigned fund balance*).
- At the end of the current fiscal year, unassigned fund balance for the General Fund was \$675,308 or 76.6% of total General Fund expenditures and transfers out.

### **Overview of the Basic Financial Statements**

This discussion and analysis is intended to serve as an introduction to the District's basic financial statements. The District's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the basic financial statements.

***Government-Wide Financial Statements*** - The government-wide financial statements are designed to provide readers with a broad overview of the District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents information on all of the District's assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the District is improving or deteriorating.

The *statement of activities* presents information showing how the District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused vacation leave).

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## MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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***Fund Financial Statements*** - A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the District are governmental funds.

***Governmental Funds*** - Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a District's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures and changes in fund balances provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The District maintains three governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures and changes in fund balances for the General Fund, Health Grants Fund and Capital Projects Fund, all of which are considered to be major funds.

The General Fund is the general operating fund of the District and operates under a budget. Annually, the budget is voted upon by District Board Members. A budgetary comparison statement has been provided for the General Fund to demonstrate compliance with this budget.

***Notes to the Basic Financial Statements*** - The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements.

### **Government-Wide Financial Analysis**

As noted earlier, net position may serve over time as a useful indicator of a district's financial position. In the case of District, assets exceeded liabilities by \$843,711 at the close of the most recent fiscal year.

Of the net position, \$99,910 reflects the District's investment in capital assets (e.g., office equipment and vehicles). These assets are not available for future spending.



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MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT  
NET POSITION  
JUNE 30, 2022 AND 2021**

	2022	2021
Current and other assets	\$ 965,236	\$ 836,241
Capital assets, net of accumulated depreciation	99,910	117,315
Total assets	<u>1,065,146</u>	<u>953,556</u>
Deferred outflows of resources	840	1,047
Long-term liabilities outstanding	54,982	56,951
Other liabilities	159,816	100,109
Total liabilities	<u>214,798</u>	<u>157,060</u>
Deferred inflows of resources	7,477	9,563
Net Position:		
Investment in Capital Assets	99,910	117,315
Unrestricted	<u>743,801</u>	<u>670,665</u>
Total Net Position	<u>\$ 843,711</u>	<u>\$ 787,980</u>

At the end of the current fiscal year, the District is able to report positive balances in both of the categories of net position.

**Governmental Activities** - The District's net position increased by \$55,731 during the current fiscal year. The District had an operational surplus of \$65,156 coming from revenues in excess of budget (\$46,159), less budgeted use of fund balance (\$29,658) which did not occur, and expenditures less than budget (\$48,655) in the General Fund, plus an increase of \$4,132 in Capital Projects funding from sale of assets. The operational surplus was offset by depreciation in excess of capital outlay.



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MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT  
CHANGE IN NET POSITION  
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
Revenues:		
Program revenues:		
Charges for services	\$ 222,950	\$ 295,397
Operating grants and contributions	448,186	470,885
General revenues:		
Assessment to member towns	464,475	457,536
Sale of assets	5,200	-
Total revenues	<u>1,140,811</u>	<u>1,223,818</u>
Expenses:		
Health services	<u>1,085,080</u>	<u>1,126,885</u>
Change in net position	55,731	96,933
Net position - July 1	<u>787,980</u>	<u>691,047</u>
Net Position - June 30	<u>\$ 843,711</u>	<u>\$ 787,980</u>

- Charges for services decreased from the prior year by \$72,447, primarily due to a decrease in demand for well permits (\$9,520), B100a building permit review (\$11,365) and various other services.
- Operating grants and contributions decreased by a net of \$22,699, primarily due to the receipt of following grants:
  - ELC1-BP2 Enhancing Detection Grant for \$183,562
  - Public Health Emergency Response for \$51,711
  - State Grant in Aid for \$208,107
- Assessment to member towns showed an increase of \$6,939.
- Health services expenditures decreased by \$41,805, primarily due to a decrease in demand for services

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## MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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### **Financial Analysis of the District's Funds**

As noted earlier, the District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

#### **Governmental Funds**

The focus of the District's governmental funds is to provide information on near-term inflows, outflows and balances of spendable resources. Such information is useful in assessing the District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a District's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$805,420, an increase of \$69,288 in comparison with the prior year. Of the ending fund balances, \$675,308 constitutes unassigned fund balance, which is available for spending at the District's discretion.

The General Fund is the operating fund of the District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$675,308.

The fund balance of the District's General Fund increased by \$65,156 during the current fiscal year. The key factors in this increase are revenues in excess of budget by \$46,159, primarily in charge for services and expenditures less than budget by \$48,655 primarily for salaries and benefits. Of the budgeted use of fund balance of \$49,808, \$29,658 was unappropriated for spending.

The Capital Projects Fund has a total fund balance of \$130,112, all of which is restricted for capital projects. Capital outlay was \$1,068 during the fiscal year, however the Fund realized \$5,200 in funding from the sale of assets.

#### **General Fund Budgetary Highlights**

During the year, expenditures were less than budgetary estimates by \$48,655. The key factors are a reduction in salary and benefit costs of \$60,017 primarily due to unfilled vacancies and grant funding. This was offset by a net increase of \$11,362 in all other costs.

#### **Capital Assets**

**Capital Assets** - The District's investment in capital assets for its governmental activities as of June 30, 2022 amounts to \$99,910 (net of accumulated depreciation). This investment in capital assets includes office equipment and vehicles. Depreciation expense was \$16,157 for the year. Vehicle asset disposals this year were \$12,476. There were no asset additions.





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MANAGEMENT’S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT CAPITAL ASSETS  
(NET OF DEPRECIATION)**

	2022	2021
Office equipment	\$ 78,123	\$ 87,705
Vehicles	21,787	29,610
Total	<u>\$ 99,910</u>	<u>\$ 117,315</u>

**Economic Factors and Next Year’s Budgets and Rates**

The facilities and offices of the District are located east of Hartford, Connecticut. The District is one of 20 local health districts in the state of Connecticut. Established on June 6, 1997, it now serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Scotland, Tolland, Willington and Mansfield, with a total district population of 79,423. The main District office is located in the town of Mansfield.

The budget for fiscal year 2023 was passed by its Board of Directors on January 20, 2022 for \$962,197. We anticipate being able to operate according to the Board’s Adopted Budget for fiscal year 22/23.

**Requests for Information**

This financial report is designed to provide a general overview of the District’s finances for all those with an interest in the government’s finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to Cherie Trahan, Interim Director of Finance, Town of Mansfield, 4 South Eagleville Road, Mansfield, CT 06268.

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF NET POSITION  
JUNE 30, 2022**

	<u>Governmental Activities</u>
<b>ASSETS</b>	
<b>CURRENT ASSETS</b>	
Cash and Cash Equivalents	\$ 930,481
Accounts Receivable	34,755
Total Current Assets	<u>965,236</u>
<b>NONCURRENT ASSETS</b>	
Capital Assets Not Being Depreciated	-
Capital Assets Being Depreciated (Net of Accumulated Depreciation):	
Office Equipment	78,123
Vehicles	21,787
Total Noncurrent Assets	<u>99,910</u>
Total Assets	1,065,146
<b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred Outflows of Resources Related to OPEB	<u>840</u>
Total Deferred Outflows of Resources and Assets	<u>\$ 1,065,986</u>
<b>LIABILITIES</b>	
<b>CURRENT LIABILITIES</b>	
Accrued Liabilities	\$ 60,159
Unearned Revenue	99,657
Compensated Absences, Due Within One Year	8,936
Total Current Liabilities	<u>168,752</u>
<b>NONCURRENT LIABILITIES</b>	
Compensated Absences, Due in More Than One Year	35,745
Total OPEB Liability	<u>10,301</u>
Total Noncurrent Liabilities	<u>46,046</u>
Total Liabilities	214,798
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Deferred Inflows of Resources Related to OPEB	7,477
<b>NET POSITION</b>	
Investment in Capital Assets	99,910
Unrestricted	<u>743,801</u>
Total Net Position	<u>843,711</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 1,065,986</u>

See accompanying Notes to Financial Statements.

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF ACTIVITIES  
YEAR ENDED JUNE 30, 2022**

<b>FUNCTIONS/PROGRAMS</b>	Expenses	Program Revenues		Net Revenues (Expenses) and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	Total Governmental Activities
Governmental Activities:				
Health Services	\$ 1,085,080	\$ 222,950	\$ 448,186	\$ (413,944)
Total Governmental Activities	<u>\$ 1,085,080</u>	<u>\$ 222,950</u>	<u>\$ 448,186</u>	
<b>GENERAL REVENUES</b>				
Assessment to Member Towns				464,475
Sale of Assets				<u>5,200</u>
Total General Revenues				<u>469,675</u>
<b>CHANGE IN NET POSITION</b>				
Net Position - Beginning of Year				<u>787,980</u>
<b>NET POSITION - END OF YEAR</b>				
				<u>\$ 843,711</u>

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET – GOVERNMENTAL FUNDS  
JUNE 30, 2022

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
<b>ASSETS</b>				
Cash and Cash Equivalents	\$ 733,297	\$ 67,072	\$ 130,112	\$ 930,481
Accounts Receivable	1,802	32,953	-	34,755
Total Assets	<u>\$ 735,099</u>	<u>\$ 100,025</u>	<u>\$ 130,112</u>	<u>\$ 965,236</u>
<b>LIABILITIES AND FUND BALANCES</b>				
<b>LIABILITIES</b>				
Accrued Liabilities	\$ 59,791	\$ 368	\$ -	\$ 60,159
Unearned Revenue	-	99,657	-	99,657
Total Liabilities	<u>59,791</u>	<u>100,025</u>	<u>-</u>	<u>159,816</u>
<b>FUND BALANCES</b>				
Committed	-	-	130,112	130,112
Unassigned	675,308	-	-	675,308
Total Fund Balances	<u>675,308</u>	<u>-</u>	<u>130,112</u>	<u>805,420</u>
Total Liabilities and Fund Balances	<u>\$ 735,099</u>	<u>\$ 100,025</u>	<u>\$ 130,112</u>	<u>\$ 965,236</u>

See accompanying Notes to Financial Statements.



EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET – GOVERNMENTAL FUNDS (CONTINUED)  
JUNE 30, 2022

Fund Balances - Total Governmental Funds \$ 805,420

Amounts reported for governmental activities in the statement of net position are different because:

Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the funds:

Governmental Capital Assets	\$ 279,635	
Less: Accumulated Depreciation	(179,725)	
Net Capital Assets		99,910

Other long-term assets are not available to pay for current-period expenditures and, therefore, are not recorded in the funds:

Deferred outflows of resources related to OPEB 840

Some liabilities are not due and payable in the current period and, therefore, are not reported in the funds:

Compensated Absences	(44,681)
Deferred Inflows of Resources Related to OPEB	(7,477)
Total OPEB Liability	<u>(10,301)</u>

Net Position of Governmental Activities \$ 843,711

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
GOVERNMENTAL FUNDS  
YEAR ENDED JUNE 30, 2022**

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
<b>REVENUES</b>				
Member Town Contributions	\$ 464,475	\$ 12,495	\$ -	\$ 476,970
Intergovernmental	208,107	266,377	-	474,484
Septic Permits	60,822	-	-	60,822
Well Permits	12,875	-	-	12,875
B100a Building Permit Review	26,810	-	-	26,810
Soil Testing Service	51,980	-	-	51,980
Engineered Plan Review	39,610	-	-	39,610
Food Protection Service	82,995	-	-	82,995
Other Health Services	2,411	-	-	2,411
Non-Engineered Plan Review	220	-	-	220
Group Home/Daycare Inspection	1,650	-	-	1,650
Subdivision Review	1,375	-	-	1,375
Food Plan Review	2,705	-	-	2,705
Sales of Assets	-	-	5,200	5,200
Total Revenues	956,035	278,872	5,200	1,240,107
<b>EXPENDITURES</b>				
Current:				
Payroll and Benefits	764,713	233,480	-	998,193
Other Purchased Services	85,962	31,123	-	117,085
Liability Insurance	14,115	-	-	14,115
Supplies and Services	10,376	11,472	-	21,848
Repairs and Maintenance	4,081	-	-	4,081
Other	11,632	2,797	-	14,429
Capital Outlay	-	-	1,068	1,068
Total Expenditures	890,879	278,872	1,068	1,170,819
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>	65,156	-	4,132	69,288
<b>NET CHANGE IN FUND BALANCES</b>	65,156	-	4,132	69,288
Fund Balance - Beginning of Year	610,152	-	125,980	736,132
<b>FUND BALANCE - END OF YEAR</b>	\$ 675,308	\$ -	\$ 130,112	\$ 805,420

See accompanying Notes to Financial Statements.

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
GOVERNMENTAL FUNDS (CONTINUED)  
YEAR ENDED JUNE 30, 2022**

Net Change in Fund Balances - Total Governmental Funds	\$	69,288
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Amounts reported for governmental activities in the statement of activities are different because:

Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period:

Depreciation Expense		(16,157)
Loss on Disposal of Capital Assets		(1,248)

Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the funds:

Change in deferred outflows of resources related to OPEB		(207)
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Some expenses reported in the statement of activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds:

Compensated Absences		2,764
Change in Deferred Inflows of Resources Related to OPEB		2,086
Change in Total OPEB Liability		(795)
		(795)

Change in Net Position of Governmental Activities	\$	55,731
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EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
BUDGET AND ACTUAL – GENERAL FUND  
YEAR ENDED JUNE 30, 2022

	Original Budget	Final Budget	Actual	Variance with Final Budget
<b>REVENUES</b>				
Member Town Contributions	\$ 478,250	\$ 455,040	\$ 464,475	\$ 9,435
Intergovernmental	135,270	208,106	208,107	1
Septic Permits	48,470	48,470	60,822	12,352
Well Permits	14,400	14,400	12,875	(1,525)
B100a Building Permit Review	33,540	33,540	26,810	(6,730)
Soil Testing Service	33,740	33,740	51,980	18,240
Engineered Plan Review	27,880	27,880	39,610	11,730
Food Protection Service	80,000	80,000	82,995	2,995
Non-Engineered Plan Review	-	-	220	220
Group Home/Daycare Inspection	1,200	1,200	1,650	450
Subdivision Review	1,500	1,500	1,375	(125)
Food Plan Review	2,500	2,500	2,705	205
Other Health Services	3,500	3,500	2,411	(1,089)
Other Miscellaneous	-	-	-	-
Total Revenues	860,250	909,876	956,035	46,159
<b>EXPENDITURES</b>				
Current:				
Regular Salaries - Nonunion	563,164	578,084	527,744	(50,340)
Social Security	39,130	40,055	44,350	4,295
Workers' Compensation	10,150	10,150	9,307	(843)
Unemployment Compensation	-	-	25	25
Medicare	9,152	9,368	10,372	1,004
Salary Related Benefits	-	-	(12,837)	(12,837)
ICMA	32,545	33,440	32,493	(947)
Life Insurance	2,390	2,390	1,833	(557)
Medical Insurance	138,250	150,770	150,770	-
Long-Term Disability Insurance	672	672	659	(13)
RHS Contribution	2,320	2,320	2,516	196
Dues and Subscriptions	2,100	2,100	2,634	534
Training	3,500	3,500	1,537	(1,963)
Mileage Reimbursement	600	600	-	(600)
Vehicle Allowance	5,400	5,400	5,399	(1)
Professional and Technical	7,495	7,495	23,322	15,827
Legal	3,000	3,000	2,128	(872)
Audit Expense	6,900	6,900	7,000	100
Vehicle Repair and Maintenance	2,500	2,500	4,081	1,581
General Liability	14,800	14,800	14,115	(685)
Advertising	1,000	1,000	1,943	943
Printing and Binding	1,150	1,150	906	(244)

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
BUDGET AND ACTUAL – GENERAL FUND (CONTINUED)  
YEAR ENDED JUNE 30, 2022

	Original Budget	Final Budget	Actual	Variance with Final Budget
<b>EXPENDITURES (CONTINUED)</b>				
Postage	\$ 1,500	\$ 1,500	\$ 1,523	\$ 23
Copier Maintenance Fees	1,000	1,000	-	(1,000)
Contracted Services	18,350	18,350	18,333	(17)
Voice Communications	3,800	3,800	3,552	(248)
Instructional Supplies	800	800	-	(800)
Books and Periodicals	200	200	-	(200)
Supplies	2,000	2,000	845	(1,155)
Gasoline	2,500	2,500	2,701	201
COVID-19 Expenses	-	-	(530)	(530)
Office Equipment	3,000	3,000	2,985	(15)
Equipment - Other	600	600	1,083	483
Administrative Overhead	30,090	30,090	30,090	-
Total Expenditures	<u>910,058</u>	<u>939,534</u>	<u>890,879</u>	<u>(48,655)</u>
<b>EXCESS OF REVENUES OVER (UNDER) EXPENDITURES</b>	(49,808)	(29,658)	65,156	94,814
<b>OTHER FINANCIAL SOURCES (USES)</b>				
Appropriation of Fund Balance	<u>49,808</u>	<u>29,658</u>	<u>-</u>	<u>(29,658)</u>
Total Other Financing Sources (Uses)	<u>49,808</u>	<u>29,658</u>	<u>-</u>	<u>(29,658)</u>
<b>NET CHANGE IN FUND BALANCES</b>	<u>\$ -</u>	<u>\$ -</u>	65,156	<u>\$ 65,156</u>
Fund Balances at Beginning of Year			<u>610,152</u>	
<b>FUND BALANCE - END OF YEAR</b>			<u>\$ 675,308</u>	

See accompanying Notes to Financial Statements.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Reporting Entity**

The Eastern Highlands Health District (the District) was formed in June 1997 as a cooperative effort to create a regional, full-time professional health department and consists of the following member towns in the state of Connecticut: Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. The board of directors of the District consists of appointed representatives from each member town. The District provides a wide range of public health services for its member towns. The services are funded by local assessments, federal and state grants, and direct charges for specific services.

**Basis of Presentation**

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to government units. The Government Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the District's accounting policies are described below.

**Government-Wide and Fund Financial Statements**

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the activities of the District. For the most part, the effect of interfund activity has been removed from these statements. Governmental activities are normally supported by member town assessments and intergovernmental revenues.

The statement of activities demonstrates the degree to which the direct expenses of a given function or segment is offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function or segment. Program revenues include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function or segment, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function or segment. Member town assessments and other items not properly included among program revenues are reported instead as general revenues.

Separate financial statements are provided for governmental funds. Major individual governmental funds are reported as separate columns in the fund financial statements.

**Measurement Focus, Basis of Accounting and Financial Statement Presentation**

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenues as soon as all eligibility requirements imposed by the provider have been met.



EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Basis of Presentation (Continued)**

Measurement Focus, Basis of Accounting and Financial Statement Presentation (Continued)

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the government considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting. However, expenditures related to compensated absences are recorded only when payment is due.

Member town assessments, expenditure reimbursement type grants, certain intergovernmental revenues, and transfers associated with the current fiscal period are all considered to be susceptible to accrual and so have been recognized as revenues of the current fiscal period. All other revenue items are considered to be measurable and available only when cash is received by the District.

The District reports the following major governmental funds:

The *General Fund* is the government's primary operating fund. It accounts for all financial resources of the general government, except those required to be accounted for in another fund.

The *Health Grants Fund* accounts for the grants activity of the District. The major source of revenue for this fund is governmental grants.

The *Capital Projects Fund* accounts for the financial revenues to be used for major capital asset construction and/or purchases. The major source of revenue for this fund is transfers from the General Fund.

As a general rule, the effect of interfund activity has been eliminated from the government-wide financial statements.

Amounts reported as program revenues include 1) charges to customers or applicants for goods, services, or privileges provided, 2) operating grants and contributions, and 3) capital grants and contributions. Internally dedicated resources are reported as general revenues rather than as program revenues.

When both restricted and unrestricted resources are available for use, it is the District's policy to use restricted resources first, then unrestricted resources as they are needed. Unrestricted resources are used in the following order: committed, assigned, then unassigned.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Cash Equivalents**

The District's cash and cash equivalents are considered to be cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition.

**Receivables**

Intergovernmental receivables are considered to be fully collectible, and no allowance has been recorded.

**Capital Assets**

Capital assets, which include property, plant, and equipment, are reported in the government-wide financial statements. Capital assets are defined by the government as assets with an initial, individual cost of more than \$1,000 and an estimated useful life in excess of one year. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated acquisition value at the date of donation.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets' lives are not capitalized.

Major outlays for capital assets and improvements are capitalized as projects are constructed.

Property, plant, and equipment of the District are depreciated using the straight-line method over the following estimated useful lives:

Office Equipment	5 to 10 Years
Vehicles	6 to 10 Years

**Compensated Absences**

A limited amount of vacation earned may be accumulated by employees until termination of their employment, at which time they are paid for accumulated vacation. Sick time does not vest.

**Long-Term Obligations**

In the government-wide financial statements, long-term obligations are reported as liabilities in the governmental activities statement of net position.

**Total Other Postemployment Benefits Other than Pensions (OPEB) Liability**

The total OPEB liability is measured as the portion of the actuarial present value of projected benefits that is attributed to past periods of employee service. The total OPEB liability is measured as of a date (measurement date) no earlier than the end of the employer's prior fiscal year and no later than the end of the current fiscal year, consistently applied from period to period.



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Deferred Outflows/Inflows of Resources**

In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position or fund balance that applies to a future period or periods and so will not be recognized as an outflow of resources (expense/expenditure) until then. The District reports deferred outflows related to OPEB in the government-wide statement of net position. A deferred outflow of resources related to OPEB results from differences between expected and actual experience, changes in assumptions, or other inputs. These amounts are deferred and included in OPEB expense in a systematic and rational manner over a period equal to the average of the expected remaining service lives of all employees that are provided with benefits through the pension plan (active employees and inactive employees).

In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position or fund balance that applies to a future period or periods and so will not be recognized as an inflow of resources (revenue) until that time. The District reports a deferred inflow of resources related to OPEB in the government-wide statement of net position. A deferred inflow of resources related to OPEB results from differences between expected and actual experience, changes in assumptions, or other inputs. These amounts are deferred and included in OPEB expense in a systematic and rational manner.

**Interfund Transfers**

Transfers are for regularly recurring operational transfers that are appropriated in the General Fund and paid to other funds during the year.

**Fund Equity and Net Position**

In the fund financial statements, governmental funds report reservations of fund balance for amounts that are not available for appropriation or are legally restricted by outside parties for use for a specific purpose. Designations of fund balance represent tentative management plans that are subject to change.

In the government-wide financial statements, net position is classified into the following categories:

*Investment in Capital Assets:* This category presents the net position that reflects the value of capital assets, net of accumulated depreciation.

*Unrestricted Net Position:* This category presents the net position of the District that is not restricted.



EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Fund Equity and Net Position (Continued)**

The equity of the fund financial statements is defined as “fund balance” and is classified in the following categories:

*Nonspendable Fund Balance:* This represents amounts that cannot be spent due to form (e.g., inventories and prepaid amounts).

*Restricted Fund Balance:* This represents amounts constrained for a specific purpose by external parties, such as grantors, creditors, contributors, or laws and regulations of their governments.

*Committed Fund Balance:* This represents amounts constrained for a specific purpose by a government using its highest level of decision-making authority (Eastern Highlands Health District board of directors).

*Assigned Fund Balance:* This represents amounts constrained for the intent to be used for a specific purpose by the Director of Health.

*Unassigned Fund Balance:* This represents fund balance in the General Fund in excess of nonspendable, restricted, committed, and assigned fund balance. If another governmental fund has a fund balance deficit, it is reported as a negative amount in unassigned fund balance.

Sometimes the government will fund outlays for a particular purpose from both restricted and unrestricted resource (the total of committed, assigned, and unassigned fund balance). In order to calculate the amounts to report as restricted, committed, assigned, and unassigned fund balance in the governmental fund financial statements, a flow assumption must be made about the order in which the resources are considered to be applied. It is the District’s policy to consider restricted fund balance to have been depleted using any of the components of unrestricted fund balance. Further, when the components of unrestricted fund balance can be used for the same purpose, committed fund balance is depleted first, followed by assigned fund balance. Unassigned fund balance is applied last.

**Estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, including disclosures of contingent assets and liabilities and reported revenues, expenses, and expenditures during the fiscal year. Actual results could differ from those estimates.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Adoption of New Accounting Standards**

In June 2017, the Governmental Accounting Standards Board (GASB) issued GASB Statement No. 87, *Leases*. This standard requires the recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and as inflows of resources or outflows of resources recognized based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this standard, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources.

The Entity adopted the requirements of the guidance effective July 1, 2021, however, management concluded that they did not have any arrangements that met the requirements of this standard.

**NOTE 2 STEWARDSHIP, COMPLIANCE, AND ACCOUNTABILITY**

**Budgets and Budgetary Accounting**

The District adheres to the following procedures in establishing the budgetary data included in the financial statements of the General Fund, the only fund with a legally adopted annual budget.

Annually, the budget is voted upon by District board members.

The District board may amend the budget. A public hearing is required if the per capita costs to the member towns increase as a result of the amendment. With the exception of payroll, Social Security, workers' compensation, Medicare, retirement, health insurance, and life insurance, the Director of Health may make necessary line item transfers in the operating portion of the budget without board approval, provided the total operating portion of the budget does not increase. Transfers greater than \$5,000 shall be reported to the finance committee. Changes in payroll, Social Security, workers' compensation, Medicare, retirement, health insurance, and life insurance line items shall be approved by the finance committee. There were no additional appropriations this year.

Formal budgetary integration is employed as a management control device during the year.

Legal level of control (the level at which expenditures may not legally exceed appropriations) is at the total budget level.

Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which the purchase order, contract, or other commitment is issued, and, accordingly, encumbrances outstanding at year end are reported in budgetary reports as expenditures in the current year. Generally, all unencumbered appropriations lapse after a year, except those of the Capital Projects Fund. Encumbered appropriations are carried forward to the ensuing fiscal year, and as of June 30, 2022, the District did not have outstanding encumbrances.



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 3 DETAILED NOTES ON ALL FUNDS**

**Deposits**

At June 30, 2022, the carrying amount of the District's deposits was \$930,481 and is part of the Town of Mansfield, Connecticut's pooled cash account. Further information on the cash pool can be located and read as part of the Town of Mansfield, Connecticut's Financial Statements, which can be found at <https://www.mansfieldct.gov/>. The District does not have a deposit policy for custodial credit risk. Separate risk classification is not available.

**Capital Assets**

Capital asset activity for the year ended June 30, 2022 was as follows:

	Beginning Balance	Increases	Decreases	Ending Balance
Governmental Activities:				
Capital Assets Being Depreciated:				
Office Equipment	\$ 157,588	\$ -	\$ -	\$ 157,588
Vehicles	134,523	-	12,476	122,047
Total Capital Assets Being Depreciated	292,111	-	12,476	279,635
Less: Accumulated Depreciation for:				
Office Equipment	69,883	9,582	-	79,465
Vehicles	104,913	6,575	11,228	100,260
Total Accumulated Depreciation	174,796	16,157	11,228	179,725
Total Capital Assets Being Depreciated, Net	117,315	(16,157)	1,248	99,910
Governmental Activities Capital Assets, Net	<u>\$ 117,315</u>	<u>\$ (16,157)</u>	<u>\$ 1,248</u>	<u>\$ 99,910</u>

Depreciation expense was charged to functions/programs of the primary government as follows:

Governmental Activities:	
Health Services	<u>\$ 16,157</u>
Total Depreciation - Governmental Activities	<u>\$ 16,157</u>

**Long-Term Debt**

Long-term liability activity for the year ended June 30, 2022 was as follows:

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Governmental Activities:					
Total OPEB Liability	\$ 9,506	\$ 795	\$ -	\$ 10,301	\$ -
Compensated Absences	47,445	44,905	47,669	44,681	8,936
Total Governmental Activities:					
Long-Term Liabilities	<u>\$ 56,951</u>	<u>\$ 45,700</u>	<u>\$ 47,669</u>	<u>\$ 54,982</u>	<u>\$ 8,936</u>



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 4 OTHER POST EMPLOYMENT BENEFITS PLAN**

**Plan Description**

The District administers one single-employer, post-retirement healthcare plan (the Plan). The Plan provides medical benefits to eligible retirees and their spouses. The Plan is administered by the District. Plan provisions are determined by District Policy.

The District currently pays for post employment health care benefits on a pay-as-you-go basis. As of June 30, 2022, the District has not established a trust fund to irrevocably segregate assets to fund liability associated with the postemployment benefits, which would require the reporting of a trust fund in accordance with GASB guidelines. Administration costs are financed from current operations.

**Benefit Provided**

The District Plan provides for medical and dental benefits for all eligible retirees. Benefit provisions are set by District policy, and require employees to complete 25 years of aggregate service; or attainment of age 55 with 10 years of continuous service or 15 years of aggregate service.

**Employees Covered by Benefit Terms**

Membership in the Plan consisted of the following at July 1, 2021:

Active Employees	6
Total	6

**Total OPEB Liability**

The District's total OPEB liability of \$10,301 was measured as of June 30, 2022 and was determined by an actuarial valuation as of July 1, 2020.

**Actuarial Assumptions and Other Inputs**

The total OPEB liability in the June 30, 2022 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement unless otherwise specified:

Inflation	2.40%
Salary increases	3.40%, average, including inflation
Discount Rate	3.54%
Health Care Cost Trend Rates	6.50% in 2021, reducing by 0.2% each year to an ultimate rate of 4.40% per year rate for 2032 and later
Retirees' Share of Benefit-Related Costs	100% of projected health insurance premiums for retirees

The discount rate was based on the 20-year AA municipal bond index.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 4 OTHER POST EMPLOYMENT BENEFIT PLAN (CONTINUED)**

**Actuarial Assumptions and Other Inputs (Continued)**

Mortality rates were based on Pub-2010 Public Retirement Plans Amount-Weighted Mortality Tables for General Employees, projected to the valuation date with Scale MP-2020.

The actuarial assumptions used in the July 1, 2020 valuation were based on standard tables modified for certain Plan features and input from the Plan sponsor.

**Changes in the Total OPEB Liability**

	Total OPEB Liability
Balances as of July 1, 2021	\$ 9,506
Changes for the Year:	
Service Cost	845
Interest on Total OPEB Liability	223
Difference Between Expected and Actual Experience	(172)
Changes in Assumptions or Other Inputs	(101)
Net Changes	795
Balances as of June 30, 2022	\$ 10,301

Changes of assumptions and other inputs reflect a change in the discount rate from 2.16% in 2021 to 3.54% in 2022.

**Sensitivity of the Total OPEB Liability to Changes in the Discount Rate**

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (2.54%) or 1 percentage point higher (4.54%) than the current discount rate:

	1% Decrease	Current Discount Rate	1% Increase
Total OPEB Liability	\$ 10,301	\$ 10,301	\$ 10,185

**Sensitivity of the Total OPEB Liability to Changes in the Health Care Cost Trend Rates**

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using health care cost trend rates that are 1 percentage point lower (5.50% decreasing to 3.40%) or 1 percentage point higher (7.50% decreasing to 5.40%) than the current health care cost trend rates:

	1% Decrease	Health Care Cost Trend Rates	1% Increase
Total OPEB Liability	\$ 9,655	\$ 10,301	\$ 10,986

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 4 OTHER POST EMPLOYMENT BENEFIT PLAN (CONTINUED)**

**OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB**

For the year ended June 30, 2022, the District recognized OPEB expense of (\$1,084). At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences Between Expected and Actual Experience	\$ -	\$ 7,396
Changes of Assumptions or Other Inputs	840	81
Total	\$ 840	\$ 7,477

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Year Ending June 30,	Amount
2023	\$ (2,152)
2024	(2,152)
2025	(2,152)
2026	(231)
2027	35
Thereafter	15
Total	\$ (6,637)

**NOTE 5 OTHER INFORMATION**

**Risk Management**

The District is exposed to various risks of loss related to public officials, torts, injuries to employees, or acts of God. The District purchases commercial insurance for all risks of loss, except for medical insurance. Settled claims have not exceeded commercial coverage in any of the past three fiscal years. There have been no significant reductions in insurance coverage from coverage in the prior year.

Hospital and medical surgical health coverage for District employees is administered by the Town of Mansfield, Connecticut (the Town), which has been recorded in the Town's records as an internal service fund. The fund's general objectives are to formulate, on behalf of the members, a health insurance program at lower cost of coverage and to develop a systematic method to control health costs.

A third party administers the Plan through a contract with the Town for which the fund pays a fee. The fund has purchased \$175,000 of combined medical surgical and major medical individual stop-loss coverage.



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2022**

**NOTE 5 OTHER INFORMATION (CONTINUED)**

**Related Party Transactions**

As disclosed in Note 1, the District's board of directors consists of appointed representatives from the member towns consisting of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. Revenues received from these member towns are as follows for the year ended June 30, 2022:

Andover	\$	19,603
Ashford		25,780
Bolton		27,766
Chaplin		12,729
Columbia		32,590
Coventry		75,168
Mansfield		144,894
Scotland		9,505
Tolland		83,103
Willington		33,337
Total	\$	<u>464,475</u>

No amounts were due to or from the member towns as of June 30, 2022.

**Contingent Liabilities**

The District's management indicates that there are no material or substantial claims, judgments, or litigation against the District.

**EASTERN HIGHLANDS HEALTH DISTRICT  
SCHEDULE OF CHANGES IN TOTAL OPEB LIABILITY AND RELATED RATIOS  
LAST FOUR FISCAL YEARS\***

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Service Cost	\$ 845	\$ 1,672	\$ 1,392	\$ 1,278
Interest	223	441	609	590
Differences Between Expected and Actual Experience	(172)	(11,527)	(386)	(90)
Changes of Assumptions and Other Inputs	<u>(101)</u>	<u>632</u>	<u>705</u>	<u>204</u>
Net Change in Total OPEB Liability	795	(8,782)	2,320	1,982
Total OPEB Liability - Beginning	9,506	18,288	15,968	13,986
Total OPEB Liability - Ending	<u>\$ 10,301</u>	<u>\$ 9,506</u>	<u>\$ 18,288</u>	<u>\$ 15,968</u>
Covered Payroll	\$ 487,586	\$ 471,554	\$ 605,504	\$ 585,429
Total OPEB Liability as a Percentage of Covered Payroll	2.11%	2.02%	3.02%	2.73%

\* This schedule is intended to show information for ten years. Additional years' information will be displayed as it becomes available.

**Notes to Schedule:**

The discount rate was changed from 2.16% in 2021 to 3.54% in 2022.



**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Directors  
Eastern Highlands Health District  
Mansfield, Connecticut

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of Eastern Highlands Health District, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements, and have issued our report thereon dated November 16, 2022.

***Report on Internal Control Over Financial Reporting***

In planning and performing our audit of the financial statements, we considered Eastern Highlands Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Eastern Highlands Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of Eastern Highlands Health District's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.



Board of Directors  
Eastern Highlands Health District

***Report on Compliance and Other Matters***

As part of obtaining reasonable assurance about whether Eastern Highlands Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

***Purpose of This Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

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*CliftonLarsonAllen LLP*

**CliftonLarsonAllen LLP**

West Hartford, Connecticut  
November 16, 2022



Board of Directors  
Eastern Highlands Health District  
Mansfield, Connecticut

We have audited the financial statements of the governmental activities and each major fund of Eastern Highlands Health District as of and for the year ended June 30, 2022, and have issued our report thereon dated November 16, 2022. We have previously communicated to you information about our responsibilities under auditing standards generally accepted in the United States of America and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit in our planning communication dated August 15, 2022. Professional standards also require that we communicate to you the following information related to our audit.

### **Significant audit findings or issues**

#### ***Qualitative aspects of accounting practices***

##### *Accounting policies*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Eastern Highlands Health District are described in Note 1 to the financial statements.

As described in Note 1, Eastern Highlands Health District changed accounting policies related to leases by adopting Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, effective July 1, 2021. There was no material impact on the entity's net position or fund balance and changes in net position or fund balance as a result of the adoption of this accounting standard.

We noted no transactions entered into by the entity during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

##### *Accounting estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management's estimate of the net other post-employment benefit (OPEB) liability is based on an actuarial valuation utilizing various assumptions and estimates approved by management.
- Management's estimate of useful lives of governmental-activities capital assets, which is used in computing depreciation in the government-wide financial statements.

We evaluated the key factors and assumptions used to develop the above estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

*Financial statement disclosures*

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. There were no particularly sensitive financial statement disclosures.

The financial statement disclosures are neutral, consistent, and clear.

***Significant unusual transactions***

We identified no significant unusual transactions.

***Difficulties encountered in performing the audit***

We encountered no significant difficulties in dealing with management in performing and completing our audit.

***Uncorrected misstatements***

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management did not identify and we did not notify them of any uncorrected financial statement misstatements.

***Corrected misstatements***

Management did not identify and we did not notify them of any financial statement misstatements detected as a result of audit procedures.

***Disagreements with management***

For purposes of this communication, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. No such disagreements arose during our audit.

***Management representations***

We have requested certain representations from management that are included in the management representation letter dated November 16, 2022.

***Management consultations with other independent accountants***

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the entity's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

***Significant issues discussed with management prior to engagement***

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to engagement as the entity's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our engagement.



**Required supplementary information**

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

\* \* \*

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



**CliftonLarsonAllen LLP**

West Hartford, Connecticut  
November 16, 2022

**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**September 30, 2022**  
(with comparative totals for September 30, 2021)

	<b>Adopted</b>	<b>Amended</b>	<b>Percent of</b>		
	<b>Budget</b>	<b>Budget</b>	<b>2023</b>	<b>Adopted</b>	<b>2022</b>
	<b>2022/23</b>	<b>2022/23</b>		<b>Budget</b>	
<b>Revenues</b>					
Member Town Contributions	\$ 464,620	\$ 451,502	\$ 116,156	25.0%	\$ 117,860
State Grants	206,500	206,500	206,500	100.0%	-
Septic Permits	48,950	48,950	18,295	37.4%	15,060
Well Permits	12,590	12,590	4,250	33.8%	3,875
Soil Testing Service	48,830	48,830	10,800	22.1%	13,950
Food Protection Service	82,500	82,500	5,022	6.1%	7,330
B100a Reviews	18,480	18,480	7,240	39.2%	6,160
Septic Plan Reviews	29,650	29,650	10,695	36.1%	8,880
Other Health Services	4,700	4,700	695	14.8%	519
Cosm Insp	6,800	6,800	4,250	62.5%	
Appropriation of Fund Balance	38,577	17,360	-	0.0%	-
<b>Total Revenues</b>	<b>962,197</b>	<b>927,862</b>	<b>383,904</b>	<b>39.9%</b>	<b>173,634</b>
<b>Expenditures</b>					
Salaries & Wages	648,735	648,735	135,015	20.8%	135,498
Grant Deductions	(63,514)	(63,514)	(29,591)	46.6%	(20,876)
Benefits	254,536	220,201	55,621	21.9%	61,399
Miscellaneous Benefits	14,000	14,000	3,165	22.6%	2,923
Insurance	14,800	14,800	6,735	45.5%	6,543
Professional & Technical Services	17,745	17,745	6,997	39.4%	3,602
Vehicle Repairs & Maintenance	2,500	2,500	451	18.0%	258
Health Reg*Admin Overhead	31,320	31,320	7,830	25.0%	7,523
Other Purchased Services	29,975	29,975	3,115	10.4%	1,624
Other Supplies	5,500	5,500	1,152	20.9%	(5,643)
Equipment - Minor	3,600	3,600	2,026	56.3%	3,169
<b>Total Expenditures</b>	<b>959,197</b>	<b>924,862</b>	<b>192,515</b>	<b>20.1%</b>	<b>196,020</b>
<b>Operating Transfers</b>					
Transfer to CNR Fund	3,000	3,000	-	0.0%	-
<b>Total Exp &amp; Oper Trans</b>	<b>962,197</b>	<b>927,862</b>	<b>192,515</b>	<b>20.0%</b>	<b>196,020</b>
Excess (Deficiency) of Revenues	-	-	191,389		(22,386)
Fund Balance, July 1	675,309	675,309	675,309		610,152
Fund Balance plus Cont. Capital, Sept.30	\$ 675,309	\$ 675,309	\$ 866,698		\$ 587,766

**Eastern Highlands Health District**  
**General Fund**  
**Balance Sheet**  
**September 30, 2022**  
(with comparative totals for September 30, 2021)

	<u>2023</u>	<u>2022</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 873,759	\$ 604,521
Accounts Receivable	<u>377</u>	<u>377</u>
Total Assets	<u><u>874,136</u></u>	<u><u>604,899</u></u>
 <b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>7,439</u>	<u>17,133</u>
Total Liabilities	<u>7,439</u>	<u>17,133</u>
Fund Balance	<u>866,698</u>	<u>587,766</u>
Total Liabilities and Fund Balance	<u><u>\$ 874,136</u></u>	<u><u>\$ 604,899</u></u>



**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Balance Sheet**  
**September 30, 2022**  
(with comparative totals for September 30, 2021)

	<u>2023</u>	<u>2022</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ <u>106,230</u>	\$ <u>125,980</u>
Total Assets	<u>106,230</u>	<u>125,980</u>
<b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>106,230</u>	<u>125,980</u>
Total Liabilities and Fund Balance	\$ <u>106,230</u>	\$ <u>125,980</u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**September 30, 2022**  
(with comparative totals for September 30, 2021)

	<b>2023</b>	<b>2022</b>
<b>Revenues</b>		
General Fund	\$ -	\$ -
Total Revenues	-	-
<b>Operating Transfers</b>		
General Fund	-	-
Total Operating Transfers	-	-
Total Rev & Oper Trans	-	-
<b>Expenditures</b>		
Professional & Technical Services	-	-
Vehicles	23,882	-
Office Equipment	-	-
Total Expenditures	23,882	-
Excess (Deficiency) of Revenues	(23,882)	-
Fund Balance, July 1	130,112	125,980
Fund Balance plus Cont. Capital, Sept.30	\$ 106,230	\$ 125,980



Eastern Highlands Health District

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

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## Memo

**To:** EHHD Member Town Chief Executive Officer  
**Cc:** Board of Directors  
**From:** Robert Miller, MPH, RS, Director of Health  
**Date:** November 30, 2022  
**Re:** Opioid Settlement Funds – Spending Options

### Background

As a result of a multi-state legal settlement with opioid distributors and a manufacturer, the State of Connecticut will receive approximately \$300 million over the next 18 years. Eighty-five percent of these funds will go the State, with 15% going directly to cities and towns. While there have been a number of agreements and settlements associated with holding the addiction industry accountable over the past two years, this appears to be one that funnels monies directly to the towns through an appointed Directing Administrator. Individual Town allocations for the *second payment* can be found on the attached document.

### Funding Options

The Health District has received inquiries from member towns regarding an appropriate use of these funds. In response to these inquiries we offer the following information.

There are generally four categories within the scope of opioid treatment and prevention that may be considered for funding. These are (1) prescriber engagement, (2) public messaging campaigns, (3) harm reduction, and (4) treatment strategies.

**Prescriber engagement** typically involves education, and tracking and monitoring programs. These are usually implemented through policy and/or legislative initiatives at the state or federal level. As such, with the relatively small allocations provided each town this option does not lend itself well to funding.

**Public messaging campaigns** are designed and implemented at every level of government, and by any number stakeholder organizations. At the local level such organizations include the town Local Prevention Council (LPC). Directing your town settlement funds to your LPC for this purpose is an option.



**Harm reduction** is a set of practical strategies and ideas aimed at reducing the negative consequence associated with drug use. Such strategies can be implemented by state or local government organizations, or non-governmental organizations. There are a number of non-governmental organizations in the state serving EHHD member towns that do really good work. Directing your town settlement funds to one of these organizations is a reasonable option. You could engage one of these organizations to conduct a training or event within your community. Alternatively, you could fund your own small scale harm reduction effort. One example is purchasing NARCAN kits for local EMS to implement a “Leave Behind” program.

**Treatment Strategies.** Based on information currently available it is the position of this agency that organizations that directly or indirectly provide post-overdose services, and access to medications for opioid use disorder (OUD) is the best option for the use of town settlement funds. Directing the allocations available to towns for the purpose of *public messaging* will have a de Minimis effect due to the very small allocations. *Harm reduction* can be locally targeted, and a more overt use of the funds in some cases; and, you may choose to go the harm reduction route. However, given the *increase in demand in our state over the past six years*, and the small allocations available, this office suggests that directing the town allocations to support *treatment resource* is the most practical option at this time. Such options can be reevaluated with each year allocations are disbursed.

While not necessarily complete, below you will find a list of organizations that provide treatment resources which service our local communities, and their contact information:

## **Treatment Resources**

### **Hockanum Valley Community Council**

<https://www.hvcchelps.org/>

860-872-9825

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

### **Community Health Resources**

<https://www.chrhealth.org/>

860-646-3888

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

### **Perception Programs, Inc.**

<https://www.perceptionprograms.org/>

860-450-7122

Ashford, Chaplin, Columbia, Coventry, Mansfield, Scotland, Willington

### **United Services, Inc.**

<http://www.unitedservicesct.org/>

860-774-2020

Ashford, Chaplin, Columbia, Coventry, Mansfield, Scotland, Willington

**Natchaug Hospital (Part of Hartford Healthcare)**

<https://natchaug.org/>

860-456-1311

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

## **Harm Reduction Services**

**Connecticut Harm Reduction Alliance**

**Access to Naloxone, Syringe Service Programs, and Safer Drug Consumption Services**

<https://www.ghhrc.org/>

860-263-8720

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

If there are any questions regarding the information provided above, please do not hesitate to contact me at [millerrl@ehhd.org](mailto:millerrl@ehhd.org), or call 860-429-3325.



# National Opioid Settlements



## ALLOCATION NOTICE

Payment Year: 2

Date of Notice: 9/27/2022

Deadline to Dispute Allocation: 10/18/2022

Expiration of 50 Days: 11/16/2022

Settling State	Connecticut
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### I. PAYMENT ALLOCATION DETERMINATION

This Notice is an official communication from the Directing Administrator of the National Opioid Settlements. A copy of this Notice has been sent to the Enforcement Committee and Settling Distributors pursuant to Section IV.B of the Distributor Settlement Agreement, dated as of July 21, 2021, as amended, between and among the Settling States, the Settling Distributors, and Participating Subdivisions (the "Distributor Settlement Agreement"). All capitalized terms used in this letter have the meanings ascribed to them in the Distributor Settlement Agreement.

Pursuant to Section IV.B and Exhibit M of the Distributor Settlement Agreement, Connecticut's Total Payment Year 2 amount is **\$13,500,663.99**, which is broken down in Table 1 in Attachment 1 to this Allocation Notice.

As provided under Section V.C of the Distributor Settlement Agreement, Connecticut has instructed the Directing Administrator to calculate the intrastate allocations pursuant to the national default. Using the default provisions, the Directing Administrator has allocated the Annual Payment as follows: (i) 15% to the State Fund, (ii) 70% to the Abatement Accounts Fund, and (iii) 15% to the Subdivision Fund, to be paid directly to the Subdivisions per the allocation percentages provided in Exhibit G of the Distributor Settlement Agreement. Connecticut has further instructed the Directing Administrator to allocate the Additional Restitution Amount in full to the State Fund. The intrastate allocations are included as Attachment 1 to this Allocation Notice.

Undisputed amounts allocated to the State Fund, the Abatement Accounts Fund, and Subdivision Fund for Participating Subdivisions will be paid no later than the date that is 50 days after the date of this Allocation Notice.

### II. YOUR RIGHT TO DISPUTE

Section IV.B.4 of the Distributor Settlement Agreement provides that within twenty-one (21) calendar days of receiving notice any party may dispute the calculation of the amount to be received by a Settling State or its Participating Subdivisions listed on Exhibit G as inconsistent with the terms of the Agreement. Written notice must be provided to the Settlement Fund Administrator, the Enforcement Committee, any affected Settling State, and the Settling Distributors identifying the nature of the dispute, the amount of money that is disputed, and the Settling State(s) affected.

A party has until the Deadline to Dispute Allocation listed at the top of this Allocation Notice to deliver a written notification of dispute. The amounts listed in this Allocation Notice will be deemed accepted if the Directing Administrator has not received a party's dispute before midnight Eastern Time on the deadline date. Submit your written request by email to [DirectingAdministrator@NationalOpioidOfficialSettlement.com](mailto:DirectingAdministrator@NationalOpioidOfficialSettlement.com).

Any party affected by the dispute may object to the notification of dispute. Depending on the nature of the dispute, contested disputes must be resolved in either the court that entered a state's Consent Judgment or the National Arbitration Panel. The Directing Administrator will not disburse any funds potentially affected by a contested dispute until the dispute is resolved by the court or the National Arbitration Panel.



# National Opioid Settlements



## III. TO ACCEPT PAYMENT

If you do not dispute the payment and you have previously created a Portal Account and completed your Payment Election Forms and W-9 Forms, no further action is needed. The Directing Administrator will begin issuing payments after the applicable deadlines have passed using the existing payment instructions. If you have not previously created a Portal Account, please do so and complete the Payment Election Forms and W-9 Forms to create payment instructions for any Settlement Payments. **Keep your payment instructions current in the Portal as the Directing Administrator will use these forms to issue settlement payments.**

## IV. TO REALLOCATE PAYMENT

If you wish to reallocate your portion of the allocation to another Participating Subdivision or the Abatement Accounts Fund, you may do so by emailing [DirectingAdministrator@NationalOpioidOfficialSettlement.com](mailto:DirectingAdministrator@NationalOpioidOfficialSettlement.com) before the Deadline to Dispute Allocation included on the Allocation Notice. The Directing Administrator will not treat a reallocation request as a dispute.

Sincerely,

BrownGreer PLC  
Directing Administrator  
250 Rocketts Way  
Richmond, VA 23231



# National Opioid Settlements



## ATTACHMENT 1 - DISTRIBUTORS YEAR 2 PAYMENT ALLOCATION TO CONNECTICUT (As of 9/27/2022)

**TABLE 1: YEAR 2 SUMMARY<sup>1</sup>**

		Restitution/ Abatement	Additional Restitution	Total Payment 2
<b>1.</b>	<b>Total Allocation</b>	<b>\$11,115,121.29</b>	<b>\$2,385,542.69</b>	<b>\$13,500,663.99</b>
<b>2.</b>	<b>Allocation Method</b>	<b>National Default</b>		
3.	15% to State Fund	\$1,667,268.19	\$0.00	\$1,667,268.19
4.	70% to Abatement Accounts Fund	\$7,780,584.91	\$0.00	\$7,780,584.91
5.	15% to Subdivision Fund	\$1,667,268.19	\$0.00	\$1,667,268.19
6.	Additional Restitution 100% to State Fund	\$0.00	\$2,385,542.69	\$2,385,542.69

**TABLE 2: ALLOCATION TO SUBDIVISIONS**

	Subdivision	Exhibit G State Allocation Percentage	Restitution/ Abatement	Total Payment 2
1.	Andover Town	0.0513214640%	\$855.67	\$855.67
2.	Ansonia City	0.5316052437%	\$8,863.29	\$8,863.29
3.	Ashford Town	0.1096965130%	\$1,828.94	\$1,828.94
4.	Avon Town	0.5494886534%	\$9,161.45	\$9,161.45
5.	Barkhamsted Town	0.0620629520%	\$1,034.76	\$1,034.76
6.	Beacon Falls Town	0.1953947308%	\$3,257.75	\$3,257.75
7.	Berlin Town	0.5215629385%	\$8,695.85	\$8,695.85
8.	Bethany Town	0.1039156068%	\$1,732.55	\$1,732.55
9.	Bethel Town	0.3522422145%	\$5,872.82	\$5,872.82
10.	Bethlehem Town	0.0078647202%	\$131.13	\$131.13
11.	Bloomfield Town	0.4888368136%	\$8,150.22	\$8,150.22
12.	Bolton Town	0.1520831395%	\$2,535.63	\$2,535.63
13.	Bozrah Town	0.0582057867%	\$970.45	\$970.45
14.	Branford Town	0.8903816954%	\$14,845.05	\$14,845.05
15.	Bridgeport City	3.2580743095%	\$54,320.84	\$54,320.84
16.	Bridgewater Town	0.0118125935%	\$196.95	\$196.95
17.	Bristol City	1.3355768908%	\$22,267.65	\$22,267.65
18.	Brookfield Town	0.3087903124%	\$5,148.36	\$5,148.36
19.	Brooklyn Town	0.1880661562%	\$3,135.57	\$3,135.57
20.	Burlington Town	0.2348761319%	\$3,916.02	\$3,916.02

<sup>1</sup> Final payments to the State and/or Abatement Accounts Funds may vary by +/- \$0.01-\$0.05 to account for rounding to the nearest cent during Subdivision calculations.



# National Opioid Settlements



21.	Canaan Town	0.0343343640%	\$572.45	<b>\$572.45</b>
22.	Canterbury Town	0.1354310071%	\$2,258.00	<b>\$2,258.00</b>
23.	Canton Town	0.2669011966%	\$4,449.96	<b>\$4,449.96</b>
24.	Chaplin Town	0.0523959290%	\$873.58	<b>\$873.58</b>
25.	Cheshire Town	0.9783113499%	\$16,311.07	<b>\$16,311.07</b>
26.	Chester Town	0.0772387574%	\$1,287.78	<b>\$1,287.78</b>
27.	Clinton Town	0.5348726093%	\$8,917.76	<b>\$8,917.76</b>
28.	Colchester Town	0.6134395770%	\$10,227.68	<b>\$10,227.68</b>
29.	Colebrook Town	0.0296870114%	\$494.96	<b>\$494.96</b>
30.	Columbia Town	0.1005666237%	\$1,676.72	<b>\$1,676.72</b>
31.	Cornwall Town	0.0486027928%	\$810.34	<b>\$810.34</b>
32.	Coventry Town	0.3460011479%	\$5,768.77	<b>\$5,768.77</b>
33.	Cromwell Town	0.4750451453%	\$7,920.28	<b>\$7,920.28</b>
34.	Danbury City	1.1556465907%	\$19,267.73	<b>\$19,267.73</b>
35.	Darien Town	0.6429649345%	\$10,719.95	<b>\$10,719.95</b>
36.	Deep River Town	0.0924563595%	\$1,541.50	<b>\$1,541.50</b>
37.	Derby City	0.3503125449%	\$5,840.65	<b>\$5,840.65</b>
38.	Durham Town	0.0079309232%	\$132.23	<b>\$132.23</b>
39.	East Granby Town	0.1455975170%	\$2,427.50	<b>\$2,427.50</b>
40.	East Haddam Town	0.3145696377%	\$5,244.72	<b>\$5,244.72</b>
41.	East Hampton Town	0.4637546663%	\$7,732.03	<b>\$7,732.03</b>
42.	East Hartford Town	1.2645454069%	\$21,083.36	<b>\$21,083.36</b>
43.	East Haven Town	0.8590923735%	\$14,323.37	<b>\$14,323.37</b>
44.	East Lyme Town	0.6375826296%	\$10,630.21	<b>\$10,630.21</b>
45.	East Windsor Town	0.2419743793%	\$4,034.36	<b>\$4,034.36</b>
46.	Eastford Town	0.0446651958%	\$744.69	<b>\$744.69</b>
47.	Easton Town	0.1354961231%	\$2,259.08	<b>\$2,259.08</b>
48.	Ellington Town	0.4010047839%	\$6,685.83	<b>\$6,685.83</b>
49.	Enfield Town	0.9173431190%	\$15,294.57	<b>\$15,294.57</b>
50.	Essex Town	0.1431870357%	\$2,387.31	<b>\$2,387.31</b>
51.	Fairfield Town	1.4212308415%	\$23,695.73	<b>\$23,695.73</b>
52.	Farmington Town	0.6572091547%	\$10,957.44	<b>\$10,957.44</b>
53.	Franklin Town	0.0446032416%	\$743.66	<b>\$743.66</b>
54.	Glastonbury Town	1.0420644550%	\$17,374.01	<b>\$17,374.01</b>
55.	Goshen Town	0.0030464255%	\$50.79	<b>\$50.79</b>
56.	Granby Town	0.2928405247%	\$4,882.44	<b>\$4,882.44</b>
57.	Greenwich Town	1.5644702467%	\$26,083.91	<b>\$26,083.91</b>
58.	Griswold Town	0.3865570141%	\$6,444.94	<b>\$6,444.94</b>



# National Opioid Settlements



59.	Groton Town	1.4033874500%	\$23,398.23	<b>\$23,398.23</b>
60.	Guilford Town	0.8399392493%	\$14,004.04	<b>\$14,004.04</b>
61.	Haddam Town	0.0151716553%	\$252.95	<b>\$252.95</b>
62.	Hamden Town	1.7724359413%	\$29,551.26	<b>\$29,551.26</b>
63.	Hampton Town	0.0429454985%	\$716.02	<b>\$716.02</b>
64.	Hartford City	5.3268549899%	\$88,812.96	<b>\$88,812.96</b>
65.	Hartland Town	0.0359782738%	\$599.85	<b>\$599.85</b>
66.	Harwinton Town	0.0126363764%	\$210.68	<b>\$210.68</b>
67.	Hebron Town	0.1593443254%	\$2,656.70	<b>\$2,656.70</b>
68.	Kent Town	0.0835899976%	\$1,393.67	<b>\$1,393.67</b>
69.	Killingly Town	0.6116898413%	\$10,198.51	<b>\$10,198.51</b>
70.	Killingworth Town	0.2652963170%	\$4,423.20	<b>\$4,423.20</b>
71.	Lebanon Town	0.2746607824%	\$4,579.33	<b>\$4,579.33</b>
72.	Ledyard Town	0.5514380850%	\$9,193.95	<b>\$9,193.95</b>
73.	Lisbon Town	0.1156355161%	\$1,927.95	<b>\$1,927.95</b>
74.	Litchfield Town	0.3481982974%	\$5,805.40	<b>\$5,805.40</b>
75.	Lyme Town	0.0023141411%	\$38.58	<b>\$38.58</b>
76.	Madison Town	0.7594223560%	\$12,661.61	<b>\$12,661.61</b>
77.	Manchester Town	1.3929765818%	\$23,224.66	<b>\$23,224.66</b>
78.	Mansfield Town	0.3058754037%	\$5,099.76	<b>\$5,099.76</b>
79.	Marlborough Town	0.0766010346%	\$1,277.14	<b>\$1,277.14</b>
80.	Meriden City	1.8508778149%	\$30,859.10	<b>\$30,859.10</b>
81.	Middlebury Town	0.0276033951%	\$460.22	<b>\$460.22</b>
82.	Middlefield Town	0.0075627554%	\$126.09	<b>\$126.09</b>
83.	Middletown City	1.5343128975%	\$25,581.11	<b>\$25,581.11</b>
84.	Milford City	1.8215679630%	\$30,370.42	<b>\$30,370.42</b>
85.	Monroe Town	0.4307375445%	\$7,181.55	<b>\$7,181.55</b>
86.	Montville Town	0.5806185940%	\$9,680.47	<b>\$9,680.47</b>
87.	Morris Town	0.0099785725%	\$166.37	<b>\$166.37</b>
88.	Naugatuck Borough	1.0644527326%	\$17,747.28	<b>\$17,747.28</b>
89.	New Britain City	1.5740557511%	\$26,243.73	<b>\$26,243.73</b>
90.	New Canaan Town	0.6136187204%	\$10,230.67	<b>\$10,230.67</b>
91.	New Fairfield Town	0.2962030448%	\$4,938.50	<b>\$4,938.50</b>
92.	New Hartford Town	0.1323482193%	\$2,206.60	<b>\$2,206.60</b>
93.	New Haven City	5.8061427601%	\$96,803.97	<b>\$96,803.97</b>
94.	New London City	1.0536729060%	\$17,567.55	<b>\$17,567.55</b>
95.	New Milford Town	1.0565475001%	\$17,615.48	<b>\$17,615.48</b>
96.	Newington Town	0.7132456565%	\$11,891.72	<b>\$11,891.72</b>



# National Opioid Settlements



97.	Newtown Town	0.5964476353%	\$9,944.38	<b>\$9,944.38</b>
98.	Norfolk Town	0.0442819100%	\$738.30	<b>\$738.30</b>
99.	North Branford Town	0.4795791623%	\$7,995.87	<b>\$7,995.87</b>
100.	North Canaan Town	0.0913148022%	\$1,522.46	<b>\$1,522.46</b>
101.	North Haven Town	0.7922543069%	\$13,209.00	<b>\$13,209.00</b>
102.	North Stonington Town	0.1803885830%	\$3,007.56	<b>\$3,007.56</b>
103.	Norwalk City	1.5918210823%	\$26,539.93	<b>\$26,539.93</b>
104.	Norwich City	1.1639182124%	\$19,405.64	<b>\$19,405.64</b>
105.	Old Lyme Town	0.0247921386%	\$413.35	<b>\$413.35</b>
106.	Old Saybrook Town	0.4181170767%	\$6,971.13	<b>\$6,971.13</b>
107.	Orange Town	0.3683598812%	\$6,141.55	<b>\$6,141.55</b>
108.	Oxford Town	0.3955127994%	\$6,594.26	<b>\$6,594.26</b>
109.	Plainfield Town	0.5352043161%	\$8,923.29	<b>\$8,923.29</b>
110.	Plainville Town	0.3937549612%	\$6,564.95	<b>\$6,564.95</b>
111.	Plymouth Town	0.4213382978%	\$7,024.84	<b>\$7,024.84</b>
112.	Pomfret Town	0.1174722050%	\$1,958.58	<b>\$1,958.58</b>
113.	Portland Town	0.3205523149%	\$5,344.47	<b>\$5,344.47</b>
114.	Preston Town	0.1319895374%	\$2,200.62	<b>\$2,200.62</b>
115.	Prospect Town	0.3056173107%	\$5,095.46	<b>\$5,095.46</b>
116.	Putnam Town	0.2953254103%	\$4,923.87	<b>\$4,923.87</b>
117.	Redding Town	0.1726435223%	\$2,878.43	<b>\$2,878.43</b>
118.	Ridgefield Town	0.6645173744%	\$11,079.29	<b>\$11,079.29</b>
119.	Rocky Hill Town	0.3929175425%	\$6,550.99	<b>\$6,550.99</b>
120.	Roxbury Town	0.0037924445%	\$63.23	<b>\$63.23</b>
121.	Salem Town	0.1075219911%	\$1,792.68	<b>\$1,792.68</b>
122.	Salisbury Town	0.1052257347%	\$1,754.40	<b>\$1,754.40</b>
123.	Scotland Town	0.0395212218%	\$658.92	<b>\$658.92</b>
124.	Seymour Town	0.5301171581%	\$8,838.47	<b>\$8,838.47</b>
125.	Sharon Town	0.0761294123%	\$1,269.28	<b>\$1,269.28</b>
126.	Shelton City	0.5601099879%	\$9,338.54	<b>\$9,338.54</b>
127.	Sherman Town	0.0494382353%	\$824.27	<b>\$824.27</b>
128.	Simsbury Town	0.6988446241%	\$11,651.61	<b>\$11,651.61</b>
129.	Somers Town	0.2491740063%	\$4,154.40	<b>\$4,154.40</b>
130.	South Windsor Town	0.7310935932%	\$12,189.29	<b>\$12,189.29</b>
131.	Southbury Town	0.0581965974%	\$970.29	<b>\$970.29</b>
132.	Southington Town	0.9683065927%	\$16,144.27	<b>\$16,144.27</b>
133.	Sprague Town	0.0874709763%	\$1,458.38	<b>\$1,458.38</b>
134.	Stafford Town	0.3388202949%	\$5,649.04	<b>\$5,649.04</b>



# National Opioid Settlements



135.	Stamford City	2.9070395589%	\$48,468.15	<b>\$48,468.15</b>
136.	Sterling Town	0.0949826467%	\$1,583.62	<b>\$1,583.62</b>
137.	Stonington Town	0.5576891315%	\$9,298.17	<b>\$9,298.17</b>
138.	Stratford Town	0.9155695700%	\$15,265.00	<b>\$15,265.00</b>
139.	Suffield Town	0.3402792315%	\$5,673.37	<b>\$5,673.37</b>
140.	Thomaston Town	0.2664061562%	\$4,441.71	<b>\$4,441.71</b>
141.	Thompson Town	0.2673479187%	\$4,457.41	<b>\$4,457.41</b>
142.	Tolland Town	0.4342020371%	\$7,239.31	<b>\$7,239.31</b>
143.	Torrington City	1.3652460176%	\$22,762.31	<b>\$22,762.31</b>
144.	Trumbull Town	0.7617744403%	\$12,700.82	<b>\$12,700.82</b>
145.	Union Town	0.0153941764%	\$256.66	<b>\$256.66</b>
146.	Vernon Town	0.7027162157%	\$11,716.16	<b>\$11,716.16</b>
147.	Voluntown Town	0.0733181557%	\$1,222.41	<b>\$1,222.41</b>
148.	Wallingford Town	1.5350353996%	\$25,593.16	<b>\$25,593.16</b>
149.	Warren Town	0.0489758024%	\$816.56	<b>\$816.56</b>
150.	Washington Town	0.1553517897%	\$2,590.13	<b>\$2,590.13</b>
151.	Waterbury City	4.6192219654%	\$77,014.82	<b>\$77,014.82</b>
152.	Waterford Town	0.7608802056%	\$12,685.91	<b>\$12,685.91</b>
153.	Watertown Town	0.6868118808%	\$11,451.00	<b>\$11,451.00</b>
154.	West Hartford Town	1.6216697477%	\$27,037.58	<b>\$27,037.58</b>
155.	West Haven City	1.4026972589%	\$23,386.73	<b>\$23,386.73</b>
156.	Westbrook Town	0.2586999280%	\$4,313.22	<b>\$4,313.22</b>
157.	Weston Town	0.3664201329%	\$6,109.21	<b>\$6,109.21</b>
158.	Westport Town	0.8921084083%	\$14,873.84	<b>\$14,873.84</b>
159.	Wethersfield Town	0.6208707168%	\$10,351.58	<b>\$10,351.58</b>
160.	Willington Town	0.0975268185%	\$1,626.03	<b>\$1,626.03</b>
161.	Wilton Town	0.6378099925%	\$10,634.00	<b>\$10,634.00</b>
162.	Winchester Town	0.3760305376%	\$6,269.44	<b>\$6,269.44</b>
163.	Windham Town	1.0108949901%	\$16,854.33	<b>\$16,854.33</b>
164.	Windsor Locks Town	0.3174167624%	\$5,292.19	<b>\$5,292.19</b>
165.	Windsor Town	0.7548324123%	\$12,585.08	<b>\$12,585.08</b>
166.	Wolcott Town	0.5443693820%	\$9,076.10	<b>\$9,076.10</b>
167.	Woodbridge Town	0.2435300513%	\$4,060.30	<b>\$4,060.30</b>
168.	Woodbury Town	0.3411988605%	\$5,688.70	<b>\$5,688.70</b>
169.	Woodmont Borough	0.0173159412%	\$288.70	<b>\$288.70</b>
170.	Woodstock Town	0.1817110623%	\$3,029.61	<b>\$3,029.61</b>
171.	<b>TOTALS</b>	<b>100.0000%</b>	<b>\$1,667,268.19</b>	<b>\$1,667,268.19</b>



## Press Release

For Immediate Release  
Tuesday, November 29, 2022

Contact: [CDC Media Relations](#)  
(404) 639-3286

### **CDC Awards More Than \$3 Billion to Improve U.S. Public Health Workforce and Infrastructure**

*Funds will build up public health in all communities to promote and protect health*

Today, CDC is awarding \$3.2 billion to help state, local, and territorial jurisdictions across the United States strengthen their public health workforce and infrastructure. This first-of-its-kind funding provides awards directly to state, local, and territorial health departments to provide the people, services, and systems needed to promote and protect health in U.S. communities. Everyone in the United States lives in a jurisdiction that will receive funding under this new grant.

“State, local, and territorial health departments are the heart of the U.S. public health system, and the COVID-19 pandemic severely stressed these agencies, which were already weakened by neglect and underinvestment,” said CDC Director Rochelle Walensky, M.D., M.P.H. “This grant gives these agencies critical funding and flexibility to build and reinforce the nation’s public health workforce and infrastructure, and protect the populations they serve. We are meeting them where they are and trusting them to know what works best for their communities.”

The \$3.2 billion includes \$3 billion from the [American Rescue Plan Act](#) for jurisdictions to recruit, retain, and train their workforce, including critical frontline public health workers such as epidemiologists, contact tracers, laboratory scientists, community health workers, and data analysts. The funding also includes \$140 million from a new appropriation for jurisdictions to strengthen and revitalize their public health infrastructure. Lastly, national partners will be awarded \$65 million to provide training, evaluation, and other technical assistance to jurisdictions as they work to strengthen the services they provide and rebuild their workforce to help protect every American community.

In crafting this grant, CDC’s core focus was on listening to jurisdictions and partners to ensure the funding was tailored to meet their actual needs; needs which are as diverse as the jurisdictions themselves. This grant helps to address urgent and ongoing public health needs in communities that are economically or socially marginalized, rural communities, and communities with people from racial and ethnic minority groups. The grant is also a critical new tool for CDC to provide direct support to public health agencies and deliver future resources for modernizing data systems and meeting the fundamental public health needs of American communities.

Stronger infrastructure allows public health to ensure food and water is safe, detect and track diseases, stop outbreaks, provide child and maternal healthcare, and monitor data. As we look to the future, continued investments will strengthen our national public health workforce and infrastructure, supporting a public health system that is prepared to respond to any future health threat.

## CDC Public Health Workforce, Infrastructure, and Data Modernization Grant

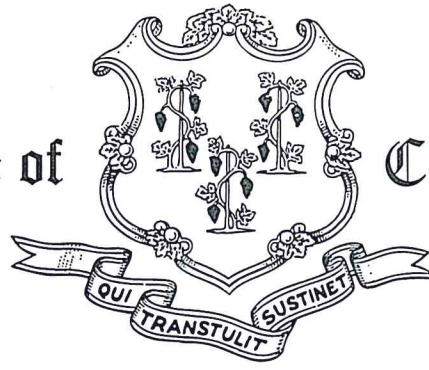
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### Distribution of Funds to Local Health Departments

- Approximately \$12 million must be pushed out to Local Health Departments in Year 1.
- Cannot require LHDs to apply for funds or to do any reporting/accounting beyond what is required by State Law.
- Will use a weighted per-capita formula that factors in Community Resiliency Estimates (CRE) and Social Vulnerability Index (SVI)
- LHDs can use these funds for anything allowed as expenditures through the CDC grant model (e.g., wages, equipment, contracts, infrastructure spending, etc.)
- Will have resources available to LHDs to use these funds for “buying back” services (e.g., PH Training Academy coursework)



State of Connecticut



By His Excellency Ned Lamont, Governor: an

## Official Statement

On behalf of the State of Connecticut,

I, Ned Lamont, Governor, take great  
pleasure in honoring and recognizing

*Eastern Highlands Health District*

in celebration of

*National Public Health Workers Day*

on

*November 21, 2022*

The Monday before Thanksgiving each year is observed by the *American Public Health Association* and *Research!America* as **National Public Health Workers Day** – to highlight and celebrate the profound contributions and sacrifices made by the public health workforce throughout the United States. This year, the State of Connecticut joins these and other distinguished public health organizations in paying tribute to the countless brave individuals in the public health sector who have worked with steadfast determination to safeguard the health and wellbeing of our shared community.

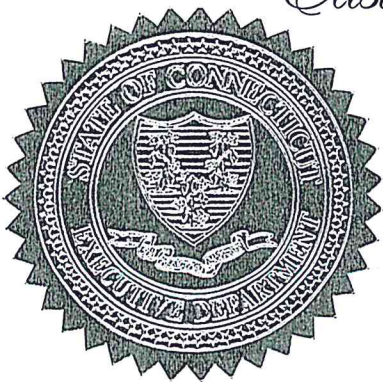
This year, I would like to convey sincere appreciation to the many residents who are employed by or volunteered for one of our public health districts, departments, or Tribal health offices throughout Connecticut – who valiantly rose to the occasion during the COVID-19 pandemic, and in doing so prevented the worst of possible health outcomes during a moment of unprecedented crisis. By coordinating public health services for the wellbeing of all community members – in particular our most vulnerable populations, including the elderly, homebound, low-income, and uninsured – local health organizations provided testing services, epidemiological investigations, medical material distribution, disease monitoring, and more. The courageous efforts made by your respective organizations over the past several years are deserving of the highest of praise. Each and every one of you is a testament to the power of the indomitable human spirit, and the successes that are accomplished when we work together united toward a common goal. The State of Connecticut owes you a debt of gratitude for the heroic deeds you have made, and continue to make, throughout the pandemic, as we thoughtfully put the knowledge we have gained into practice. The results you have achieved to make Connecticut once again, a safe and healthy place for all, are deserving of the highest of praise.

Therefore, I, Ned Lamont, Governor of the State of Connecticut,

on this day of Monday, November 21, 2022, do hereby  
officially convey honor and recognition upon

*Eastern Highlands Health District*

in the State of Connecticut.



*Ned Lamont*

GOVERNOR

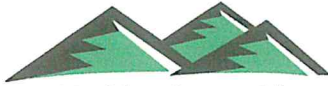




## Activity Report July 1, 2022 – September 30, 2022

### Highlighted Accomplishments/Activities

- The agency continues its efforts to prevent COVID. See the separate report on COVID-19 response activities during this period.
- We continue to progress on the implementation of the recently adopted Section 5 of the EHHD Sanitary Code, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa. This office anticipates issuing a report on the program implementation in February.
- We completed our summer bathing water quality monitoring program for all public swimming areas in lakes and ponds, with 184 water samples grabbed and analyzed over the season at 27 locations.
- The Health District led the public health response to cyanobacteria bloom at Coventry Lake. This included but was not limited to issuing and terminating public health advisory, review of and report out weekly test data, field response, technical support to the Town, participation in public forum, and risk communication messaging to community.
- Staff continues working with Town of Mansfield staff to support the new elementary school project. This includes not only typical site construction oversight, but also support in responding to concerns of well water quality at the school.
- We continue to support the Town of Tolland & Coventry's effort to address sodium and chloride contamination in private water supply well.
- Attended and participated in the Annual Conference of the National Association of City and County Health Officials in Atlanta.
- Recruited and hired a replacement of the vacated Environmental Health Inspector full-time position in August.
- Buildout and expanded the functionality of our OpenGov online data tracking platform by launching the newly development complaint submittal and enforcement tracking module.
- Public Health 101 presentation provided to town residents in support of Mansfield's Government Academy.
- Attend and participated as active member of the UConn Institutional Bio-safety Committee, community member at-large.



## Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: [www.EHHD.org](http://www.EHHD.org)

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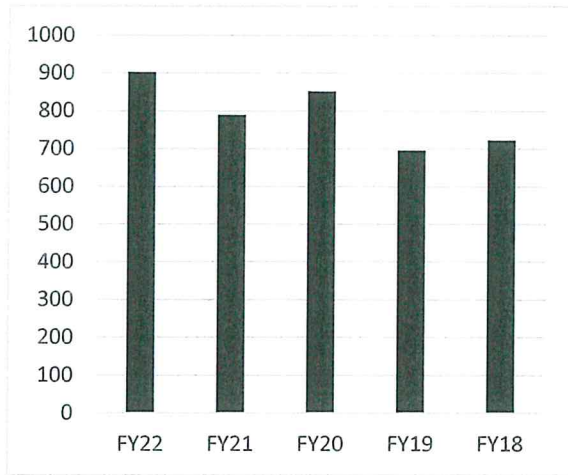
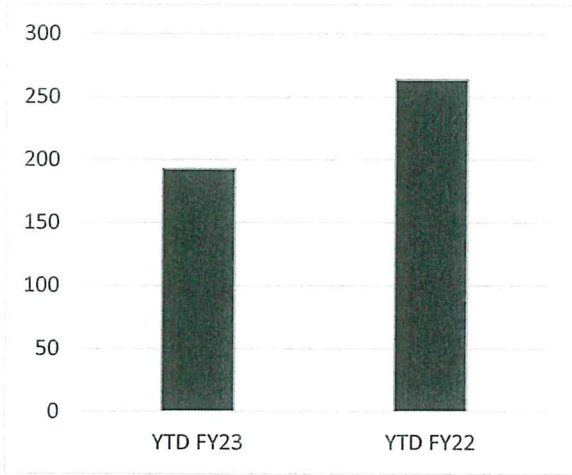
- This office continues to support and participate in monthly Mansfield “Town/Gown” meeting with UConn.
- *Community Health and Wellness Programs:* See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Monkeypox & TB case management, Chronic Disease Prevention (Block Grant) activities, and other outreach initiatives.
- *Emergency Preparedness Program:* The staff position responsible for this report was recently filled. Highlighted EP activities for this period include completion and submission of the COVID-19 response AAR, coordination of seasonal flu clinics, and completion of quarterly call out communications drill. (See separate EHHD PHPP report attached.)

### **Plans for the Next Quarter**

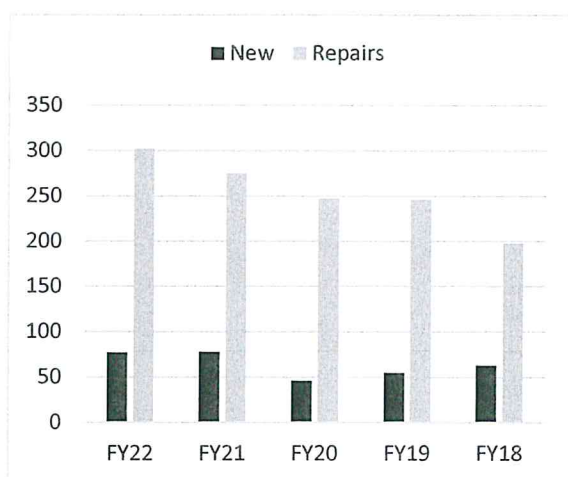
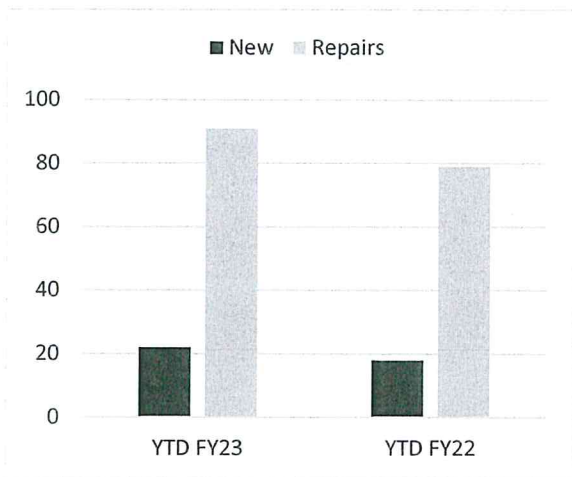
- Working with Finance Committee develop and present Proposed FY23/24 Budget to Board of Directors
- See separate report on COVID-19 response activities planned for next quarter.
- Engage Town of Coventry stakeholders regarding the Blue Green Algae mitigation plan for Coventry Lake.
- Continue to progress on the implement Cosmetology Permitting and Inspection program including processing application, fees and conducting initial inspections.
- Coordinate and host influenza flu clinics.
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
- Continue to support Mansfield with new school project and concerns associated with drinking water.

### **Statistical Report (Attached)**

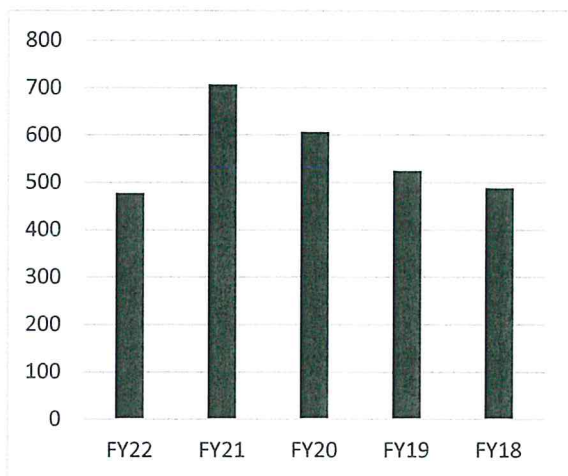
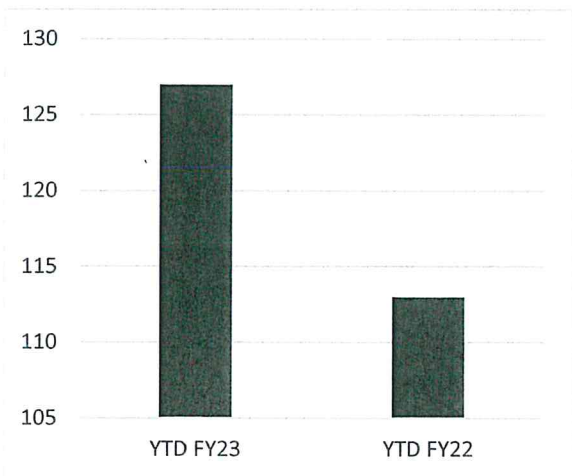
### Deep Test Holes



### Septic Permits

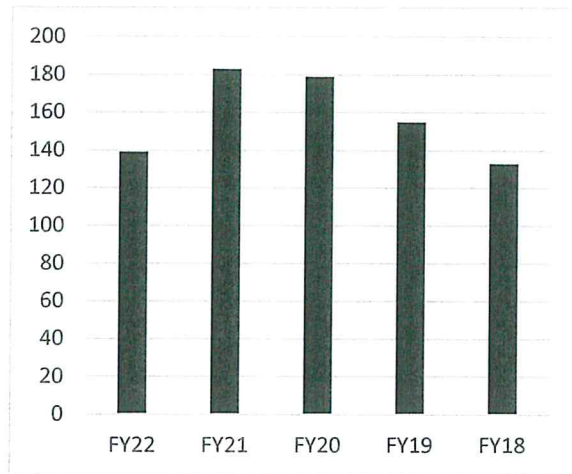
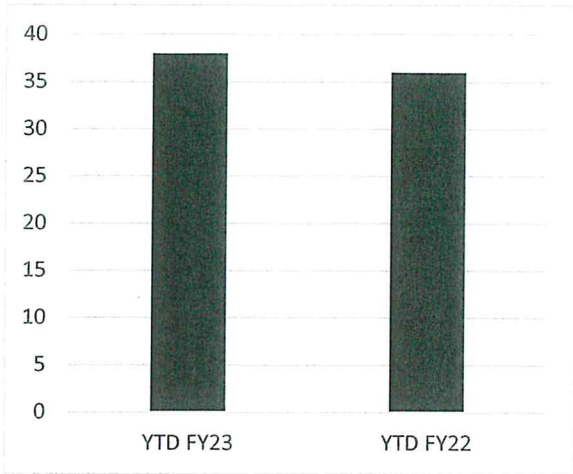


### Public Health Reviews

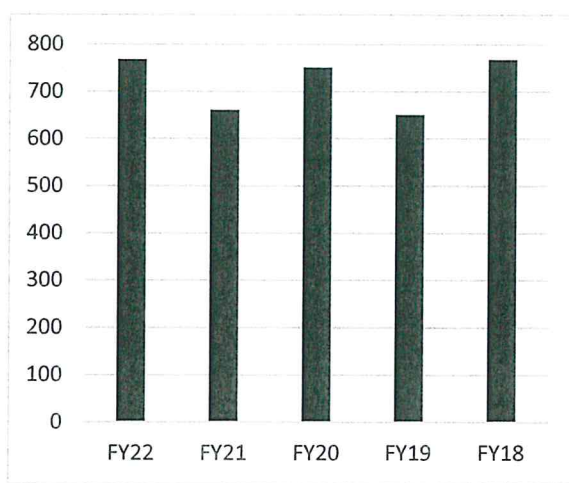
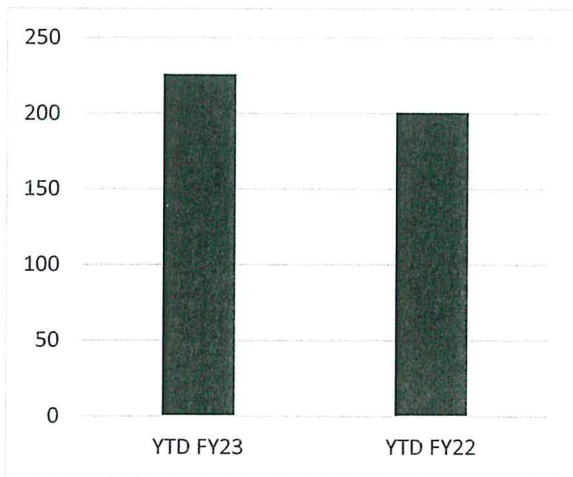




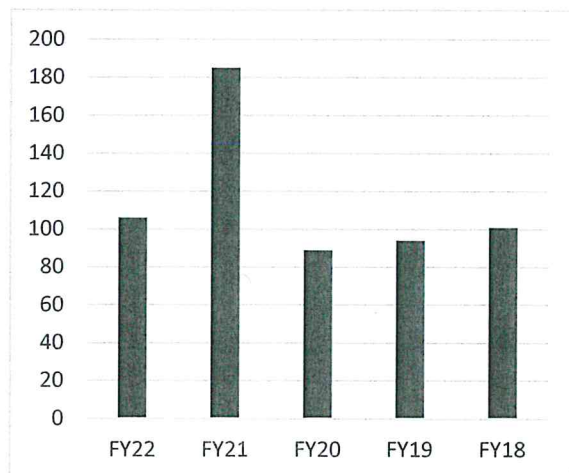
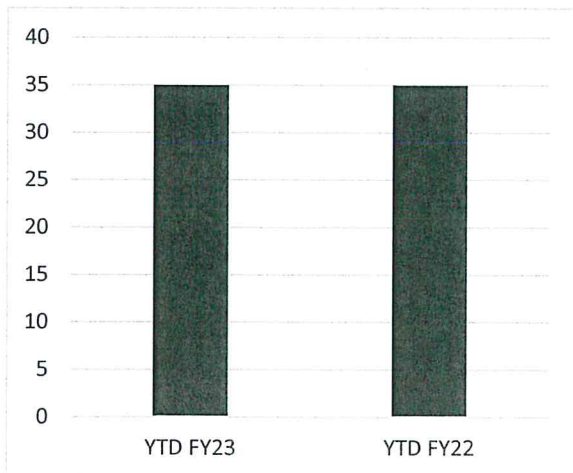
### Complaints



### Food Service Inspections



### Well Permits Issued



	A	B	C	D	E	F	G	H	I	J
1	EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2022-2023									
2	July 1, 2022 - September 30, 2022									
3	ACTIVITY INDICATORS				MONTHS				Current	Previous
4	COMMUNITY HEALTH ACTIVITIES				July	Aug	Sept	Total	YTD FY23	YTD FY22
5	<i>Communicable Disease Control</i>									
6		Case reports reviewed*			18	16	22	56	56	100
7		Case interviews			0	3	1	4	4	0
8		Cluster Investigations			0	2	1	3	3	0
9	*These numbers do not include SAR-COVID-19 cases									
10	<i>Public Health Education</i>									
11		Programs			<i>See narrative for program descriptions</i>					
12										
13	ENVIRONMENTAL HEALTH ACTIVITIES									
14	<i>Complaints</i>									
15		Air Quality			0	0	1	1	1	1
16		Animals/Animal Waste			0	1	0	1	1	1
17		Activity Without Proper Permits			0	0	1	1	1	0
18		Food Protection			2	0	1	3	3	7
19		Housing Issues			1	1	5	7	7	13
20		Emergency Response			1	0	0	1	1	0
21		Refuse/Garbage			2	0	0	2	2	0
22		Rodents/Insects			2	0	1	3	3	0
23		Septic/Sewage			1	5	2	8	8	5
24		Other			4	1	1	6	6	4
25		Water Quality			1	4	0	5	5	2
26		COVID-19			0	0	0	0	0	3
27		Total			14	12	12	38	38	36
28	<i>Health Inspection</i>									
29		Group homes			0	0	0	0	0	0
30		Day Care			1	0	2	3	3	5
31		Camps			0	0	0	0	0	4
32		Public Pool			1	4	0	5	5	8
33		Other			3	0	0	3	3	1
34		Schools			0	0	2	2	2	0
35		Mortgage, FHA, VA			0	0	0	0	0	0
36		Bathing Areas			0	11	0	11	11	0
37		Cosmetology			0	5	19	24	24	
38		Total			5	20	23	48	48	18
39	<i>On-site Sewage Disposal</i>									
40		Site inspection			64	102	82	248	248	273
41		Deep hole tests			95	51	47	193	193	264
42		Percolation tests			19	11	14	44	44	62
43		Permits issued, new			6	6	10	22	22	18
44		Permits issued, repair			28	28	35	91	91	79
45		Site Plans Reviewed			31	39	43	113	113	97
46		Public Health Reviews			42	41	44	127	127	113
47	<i>Wells</i>									
48		Well sites inspected			8	10	6	24	24	32
49		Well permits issued			11	16	8	35	35	35
50	<i>Laboratory Activities (samples taken)</i>									
51		Potable water			2	2	0	4	4	0
52		Surface water			87	96	1	184	184	203
53		Ground water			0	0	0	0	0	0
54		Rabies			0	0	0	0	0	0
55		Lead			0	2	0	2	2	0
56		Other			2	1	2	5	5	0
57	<i>Food Protection</i>									
58		Inspections			35	43	59	137	137	155
59		Reinspections			7	6	10	23	23	13
60		Temporary Permits			19	26	31	76	76	53
61		Temporary Inspections			14	6	38	58	58	23
62		Plan review			1	2	0	3	3	6
63		Pre-operational inspections			4	3	1	8	8	10
64		Total Inspections			56	55	107	218	226	201
65	<i>Lead Activities</i>									
66		Housing inspection			0	0	0	0	0	0
67		Abate plan reviewed			0	0	0	0	0	0
68	MISCELLANEOUS ACTIVITIES									
69		Planning and Zoning referrals			1	0	0	1	1	0
70		Subdivision reviewed (# of lots)			3	0	2	5	5	0

# ANDOVER QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues	1			1	7
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects	2			2	3
Septic/Sewage				0	8
Other				0	6
Water Quality				0	5
COVID-19				0	0
<b>Total</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>38</b>

#### Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	0
Public Pool				0	5
Other	3			3	3
Schools				0	2
Mortgage, FHA, VA				0	0
Bathing Areas		3		3	11
Cosmetology				0	24
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>6</b>	<b>48</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	2	3	6	11	248
Deep hole tests -- number of holes	3			3	193
Percolation tests -- number of holes	1			1	44
Permits issued, new				0	22
Permits issued, repair		3		3	91
Site plans reviewed		2	1	3	113
Public Health Reviews*	2	6	2	10	127

#### Wells

Well sites inspected				0	24
Well permits issued	1			1	35

#### Laboratory Activities (samples taken)

Potable water				0	4
Surface water	5	6		11	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other				0	5

#### Food Protection

Inspections	4	1	1	6	137
Reinspections		1		1	23
Temporary permits	1	2		3	76
Temporary inspections				0	58
Plan reviews				0	3
Pre-operational inspections				0	8

#### Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	5



	A	B	C	D	E	F	G	H	I	J
1	<b>ASHFORD QUARTERLY REPORT</b>									
2	July 1, 2022 - September 30, 2022									
3										
4	<b>ACTIVITY INDICATORS</b>									
5										
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>	
7	<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>									
8	<i>Complaints</i>									
9		Air Quality						0	1	
10		Animals/Animal Waste						0	1	
11		Activity Without Proper Permits				1		1	1	
12		Food Protection						0	3	
13		Housing Issues				1		1	7	
14		Emergency Response						0	1	
15		Refuse/Garbage	1					1	2	
16		Rodents/Insects						0	3	
17		Septic/Sewage	1	1		1		3	8	
18		Other				1		1	6	
19		Water Quality						0	5	
20		COVID-19						0	0	
21		Total		2	1	4		7	38	
22	<i>Health Inspection</i>									
23		Group homes						0	0	
24		Day Care						0	3	
25		Camps						0	0	
26		Public Pool						0	5	
27		Other						0	3	
28		Schools						0	2	
29		Mortgage, FHA, VA						0	0	
30		Bathing Areas						0	11	
31		Cosmetology				7		7	24	
32		Total		0	0	7		7	48	
33										
34		Site inspection -- all site visits		9	5	7		21	248	
35		Deep hole tests -- number of holes		3	3	6		12	193	
36		Percolation tests -- number of holes		1		3		4	44	
37		Permits issued, new				1		1	22	
38		Permits issued, repair		3	1			4	91	
39		Site plans reviewed		3	3	1		7	113	
40		Public Health Reviews*		3	3	3		9	127	
41	<i>Wells</i>									
42		Well sites inspected						0	24	
43		Well permits issued			2			2	35	
44	<i>Laboratory Activities (samples taken)</i>									
45		Potable water						0	4	
46		Surface water		4	7			11	184	
47		Ground water						0	0	
48		Rabies						0	0	
49		Lead						0	2	
50		Other						0	5	
51	<i>Food Protection</i>									
52		Inspections		3	3	2		8	137	
53		Reinspections		2	2			4	23	
54		Temporary permits		3	3	7		13	76	
55		Temporary inspections				5		5	58	
56		Plan reviews						0	3	
57		Pre-operational inspections						0	8	
58	<i>Lead Activities</i>									
59		Housing inspection						0	0	
60		Abate plan reviewed						0	0	
61	<b>MISCELLANOUS ACTIVITIES</b>									
62		Planning and Zoning referrals						0	1	
63		Subdivision reviewed (per lot)				2		2	5	
64										
65										
66										

# BOLTON QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	July	August	September	<u>Total</u>	<u>District Total</u>
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues				0	7
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	3
Septic/Sewage				0	8
Other				0	6
Water Quality				0	5
COVID-19				0	0
<b>Total</b>	0	0	0	0	38

#### Health Inspection

Group homes				0	0
Day Care			1	1	3
Camps				0	0
Public Pool				0	5
Other				0	3
Schools			1	1	2
Mortgage, FHA, VA				0	0
Bathing Areas		6		6	11
Cosmetology			1	1	24
<b>Total</b>	0	6	3	9	48

#### On-site Sewage Disposal

Site inspection -- all site visits	5	7	9	21	248
Deep hole tests -- number of holes	9	3	6	18	193
Percolation tests -- number of holes	2		2	4	44
Permits issued, new			2	2	22
Permits issued, repair	4	4	3	11	91
Site plans reviewed	2	8	3	13	113
Public Health Reviews*	1	1	3	5	127

#### Wells

Well sites inspected		3		3	24
Well permits issued		1		1	35

#### Laboratory Activities (samples taken)

Potable water				0	4
Surface water	8	10		18	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other				0	5

#### Food Protection

Inspections		3	4	7	137
Reinspections			2	2	23
Temporary permits	2	3	4	9	76
Temporary inspections			1	1	58
Plan reviews				0	3
Pre-operational inspections				0	8

#### Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	5



# CHAPLIN QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues				0	7
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects			1	1	3
Septic/Sewage				0	8
Other				0	6
Water Quality				0	5
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>38</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	3
Camps				0	0
Public Pool				0	5
Other				0	3
Schools				0	2
Mortgage, FHA, VA				0	0
Bathing Areas				0	11
Cosmetology				0	24
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	2	5	3	10	248
Deep hole tests -- number of holes	3		1	4	193
Percolation tests -- number of holes	1	1		2	44
Permits issued, new	1	1		2	22
Permits issued, repair	1		2	3	91
Site plans reviewed	1		1	2	113
Public Health Reviews*	1	2	2	5	127
<i>Wells</i>					
Well sites inspected	2		1	3	24
Well permits issued	2		2	4	35
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	4
Surface water				0	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other	1			1	5
<i>Food Protection</i>					
Inspections	2	2	5	9	137
Reinspections			2	2	23
Temporary permits	1	2		3	76
Temporary inspections				0	58
Plan reviews				0	3
Pre-operational inspections				0	8
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	5



# COLUMBIA QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues				0	7
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	3
Septic/Sewage				0	8
Other				0	6
Water Quality				0	5
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38</b>

#### Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	0
Public Pool				0	5
Other				0	3
Schools				0	2
Mortgage, FHA, VA				0	0
Bathing Areas				0	11
Cosmetology			1	1	24
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>48</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	10	11	7	28	248
Deep hole tests -- number of holes	18	6	13	37	193
Percolation tests -- number of holes	1	1	3	5	44
Permits issued, new			1	1	22
Permits issued, repair		3	4	7	91
Site plans reviewed		3	4	7	113
Public Health Reviews*	3	3	1	7	127

#### Wells

Well sites inspected	2	3	2	7	24
Well permits issued		2	1	3	35

#### Laboratory Activities (samples taken)

Potable water				0	4
Surface water	16	11		27	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other		1		1	5

#### Food Protection

Inspections	2	4	4	10	137
Reinspections				0	23
Temporary permits	1	3	2	6	76
Temporary inspections				0	58
Plan reviews				0	3
Pre-operational inspections	1			1	8

#### Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	5

# COVENTRY QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues				0	7
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	3
Septic/Sewage		1		1	8
Other				0	6
Water Quality				0	5
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>38</b>

#### Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	0
Public Pool				0	5
Other				0	3
Schools				0	2
Mortgage, FHA, VA				0	0
Bathing Areas				0	11
Cosmetology			1	1	24
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>48</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	10	12	21	43	248
Deep hole tests -- number of holes	16	6		22	193
Percolation tests -- number of holes	4	1		5	44
Permits issued, new	1	2	2	5	22
Permits issued, repair	3	4	5	12	91
Site plans reviewed	4	4	7	15	113
Public Health Reviews*	11	13	10	34	127
Well sites inspected	2	1	2	5	24
Well permits issued	2	5	1	8	35

#### Laboratory Activities (samples taken)

Potable water	2	1		3	4
Surface water	38	33		71	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other				0	5

#### Food Protection

Inspections	7	5	13	25	137
Reinspections			2	2	23
Temporary permits	4	2	4	10	76
Temporary inspections	13	6	25	44	58
Plan reviews				0	3
Pre-operational inspections				0	8

#### Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals	1			1	1
Subdivision reviewed (per lot)	2			2	5



# MANSFIELD QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	1
Animals/Animal Waste		1		1	1
Activity Without Proper Permits				0	1
Food Protection	2			2	3
Housing Issues		1	2	3	7
Emergency Response	1			1	1
Refuse/Garbage				0	2
Rodents/Insects				0	3
Septic/Sewage			1	1	8
Other	2	1		3	6
Water Quality		4		4	5
COVID-19				0	0
<b>Total</b>	<b>5</b>	<b>7</b>	<b>3</b>	<b>15</b>	<b>38</b>

#### Health Inspection

Group homes				0	0
Day Care			1	1	3
Camps				0	0
Public Pool		4		4	5
Other				0	3
Schools			1	1	2
Mortgage, FHA, VA				0	0
Bathing Areas		2		2	11
Cosmetology		2	2	4	24
<b>Total</b>	<b>0</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>48</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	11	29	11	51	248
Deep hole tests -- number of holes	15	9	9	33	193
Percolation tests -- number of holes	5	2	3	10	44
Permits issued, new	1	2		3	22
Permits issued, repair	4	4	7	15	91
Site plans reviewed	4	7	6	17	113
Public Health Reviews*	2	4	5	11	127

#### Wells

Well sites inspected		2	1	3	24
Well permits issued		3	1	4	35

#### Laboratory Activities (samples taken)

Potable water				0	4
Surface water	4	9		13	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other	1		2	3	5

#### Food Protection

Inspections	8	22	22	52	137
Reinspections	2	3	4	9	23
Temporary permits	1	1	2	4	76
Temporary inspections	1		1	2	58
Plan reviews	1	2		3	3
Pre-operational inspections		3		3	8

#### Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	5



# SCOTLAND QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues				0	7
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	3
Septic/Sewage				0	8
Other				0	6
Water Quality				0	5
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38</b>

#### Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	0
Public Pool				0	5
Other				0	3
Schools				0	2
Mortgage, FHA, VA				0	0
Bathing Areas				0	11
Cosmetology				0	24
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	1	4		5	248
Deep hole tests -- number of holes	7	3	3	13	193
Percolation tests -- number of holes	1	1	1	3	44
Permits issued, new				0	22
Permits issued, repair	3		1	4	91
Site plans reviewed	4	2		6	113
Public Health Reviews*	1		1	2	127

#### Wells

Well sites inspected	1			1	24
Well permits issued	1			1	35

#### Laboratory Activities (samples taken)

Potable water				0	4
Surface water				0	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other				0	5

#### Food Protection

Inspections	1	1	1	3	137
Reinspections				0	23
Temporary permits	1	4	5	10	76
Temporary inspections			4	4	58
Plan reviews				0	3
Pre-operational inspections				0	8

#### Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)	1			1	5

# TOLLAND QUARTERLY REPORT

July 1, 2022 - September 30, 2022

## ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality			1	1	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	3
Housing Issues			1	1	7
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	3
Septic/Sewage		2		2	8
Other	1			1	6
Water Quality				0	5
COVID-19				0	0
<b>Total</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>38</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	3
Camps				0	0
Public Pool				0	5
Other				0	3
Schools				0	2
Mortgage, FHA, VA				0	0
Bathing Areas				0	11
Cosmetology		1	7	8	24
<b>Total</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>8</b>	<b>48</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	10	15	17	42	248
Deep hole tests -- number of holes	19	15	3	37	193
Percolation tests -- number of holes	3	4	1	8	44
Permits issued, new		1	4	5	22
Permits issued, repair	5	9	11	25	91
Site plans reviewed	7	10	17	34	113
Public Health Reviews*	11	6	14	31	127
<i>Wells</i>					
Well sites inspected		1		1	24
Well permits issued	5	2	3	10	35
<i>Laboratory Activities (samples taken)</i>					
Potable water		1		1	4
Surface water	8	11	1	20	184
Ground water				0	0
Rabies				0	0
Lead				0	2
Other				0	5
<i>Food Protection</i>					
Inspections	6	2	4	12	137
Reinspections	1			1	23
Temporary permits	5	4	5	14	76
Temporary inspections			1	1	58
Plan reviews				0	3
Pre-operational inspections			1	1	8
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	5



	A	B	C	D	E	F	G	H	I	J
1	<b>WILLINGTON QUARTERLY REPORT</b>									
2	July 1, 2022 - September 30, 2022									
3										
4	<b>ACTIVITY INDICATORS</b>									
5										
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>	
7	<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>									
8	<i>Complaints</i>									
9		Air Quality						0	1	
10		Animals/Animal Waste						0	1	
11		Activity Without Proper Permits						0	1	
12		Food Protection				1		1	3	
13		Housing Issues				1		1	7	
14		Emergency Response						0	1	
15		Refuse/Garbage		1				1	2	
16		Rodents/Insects						0	3	
17		Septic/Sewage			1			1	8	
18		Other		1				1	6	
19		Water Quality		1				1	5	
20		COVID-19						0	0	
21		Total		3	1	2		6	38	
22	<i>Health Inspection</i>									
23		Group homes						0	0	
24		Day Care		1				1	3	
25		Camps						0	0	
26		Public Pool		1				1	5	
27		Other						0	3	
28		Schools						0	2	
29		Mortgage, FHA, VA						0	0	
30		Bathing Areas						0	11	
31		Cosmetology				2		2	24	
32		Total		2	2	0		4	48	
33	<i>On-site Sewage Disposal</i>									
34		Site inspection -- all site visits		4	11	1		16	248	
35		Deep hole tests -- number of holes		2	6	6		14	193	
36		Percolation tests -- number of holes			1	1		2	44	
37		Permits issued, new		3				3	22	
38		Permits issued, repair		5		2		7	91	
39		Site plans reviewed		6		3		9	113	
40		Public Health Reviews		7	3	3		13	127	
41										
42		Well sites inspected		1				1	24	
43		Well permits issued			1			1	35	
44	<i>Laboratory Activities (samples taken)</i>									
45		Potable water						0	4	
46		Surface water		4	9			13	184	
47		Ground water						0	0	
48		Rabies						0	0	
49		Lead				2		2	2	
50		Other						0	5	
51	<i>Food Protection</i>									
52		Inspections		2		3		5	137	
53		Reinspections		2				2	23	
54		Temporary permits			2	2		4	76	
55		Temporary inspections				1		1	58	
56		Plan reviews						0	3	
57		Pre-operational inspections		3				3	8	
58	<i>Lead Activities</i>									
59		Housing inspection						0	0	
60		Abate plan reviewed						0	0	
61	<b>MISCELLANEOUS ACTIVITIES</b>									
62		Planning and Zoning referrals						0	1	
63		Subdivision reviewed (per lot)						0	5	
64										
65										



**Eastern Highlands Health District  
Community Health and Wellness Coordinator  
1st Quarter Report July 1, 2022 –September 30, 2022**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally **1,196 individuals in member towns** this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
<p><b>1b (1)</b> Refine/update grant monitoring network</p>	<p>Did not find any grants during this period.</p>	<p>The CHWC will look for opportunities for grants for EHHD and will work with CHART to explore opportunities.</p>
<p><b>1g (1)</b> Explore and expand partnership opportunities</p>	<p>CHWC is part of the Immunization Coalition and attended 3 meetings and was part of the planning committee for the Annual Influenza Meeting and assisted in the meeting on 9/14/22. The CHWC attended 1 quarterly meeting of the Coventry Worker’s Safety and Wellness meeting.</p>	<p>CHWC provided feedback to the meetings.</p>
<p><b>2a (2)</b> Effective communication of health district programs and news with staff and member towns officials</p>	<p>Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings.</p> <p>CHWC continues to produce quarterly newsletters.</p> <p>CHWC oversees the COVID-19 clinical staff and volunteers for vaccination clinics.</p> <p>CHWC is a voting member of the Chaplin School Readiness Committee but meetings were suspended for this quarter.</p>	<p>Bulletin boards with health and safety messages were updated.</p> <p>Topics included: Physical activity information, Healthy Communities information, hearing health, and COVID-19 safety.</p> <p>Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.</p>
<p><b>3c (1)</b> Engage in advocacy events and activities</p>	<p>CHWC is a source public for COVID-19 information. CHWC supported EHHD’s campaign to educate and protect Coventry residents from a toxic blue-green algae outbreak on Coventry Lake. CHWC was one of the representatives at a town blue green algae education event on 09/20/2022</p>	<p>CHWC will continue to explore ways to support community events</p>

<b>Childhood Lead Activities</b>	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were 10 cases followed in this reporting period. 2 events were closed. 9 phone calls were made to families and providers. 3 correspondences completed to families.
<b>Communicable Disease Control</b>	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	CHWC conducted contact tracing on Covid-19 cases/contacts. In August 2022, CHWC was contacted to provide support to a resident with latent TB who was unable to afford medications. CHWC provided advocacy and f/u. CHWC interviewed and 1 case of Monkeypox and provided support to the patient. CHWC provided information and advocacy to partners and residents about getting vaccinated for Monkeypox.
<b>CHWC Training and Continued Education</b>	CHWC assisted as a committee member and participated in the Flu conference 9/14/22. CHWC completed the 2 required trainings for the CVP immunizations program: <b>You Call the Shots, and Vaccine Storage and Management.</b>	CHWC will continue to explore opportunities to participate in continuing education when appropriate
<b>Vaccine Program</b>	CHWC attended 2 monthly meetings of the Immunization Coalition. EHHD performed biweekly vaccine clinics one for adults and one for children. EHHD provided Covid-19 vaccine clinics at Coventry Farmer's Market, Celebrate Mansfield, Celebrate Tolland, Mansfield Flea Market, Bolton Library, Bolton Concert on the Green.	CHWC will continue to maintain and update the vaccine program and will attend the Immunization Coalition meetings. CHWC will participate in regional meetings to coordinate mass vaccination. CHWC will continue to coordinate COVID-19 vaccination.

### **Emergency Preparedness/Response**

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CTResponds system. In total, in this reporting period there are 190 volunteers. CHWC provided telephone support to residents and stakeholders about COVID-19, including schools. CHWC continues to support contact tracing for COVID-19 cases. CHWC also provides important information to the Covid-19 Project Staffer to circulate on social media and on EHHD bulletin boards.

**CHWC trains clinic staff and supervises clinical operations. EHHD performs biweekly vaccination clinics in Mansfield. During this quarter, there was 7 pop-up clinics: Mansfield Flea**



Market, Bolton Concert series, Bolton Library, Coventry Farmer’s Market, Celebrate Tolland, celebrate Mansfield, and Coventry booster clinic. The total number of doses administered during this quarter was 370 Covid-19 and 75 flu shots. CHWC sends emails to MRC volunteers to staff the upcoming clinics and then assigns the volunteers to the clinics. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters. CHWC keeps standing orders updated with the Medical Director.

CHWC continues to attend Region 4 MRC mass vaccination and MRC planning meetings units and to maintain the National MRC activity log.

CHWC conducted a meeting for the Medical Reserve Corps on 09/29/22. It was both in-person and virtual, 26 people attended.

**Employee Wellness Programs**

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

**Tolland**

The Kick-off event for Tolland Be Well was July 27<sup>th</sup>, 10 people attended. Currently there are 14 people registered for the Tolland Be Well Program. The CHWC coordinated the Quarterly Educational Event, on 09/07/2023 for the Tolland Town employees Strength Training with a personal trainer from Mansfield Community Center, 07 people attended in person and an online version was posted to the Be Well website for people unable to attend.

**Preventive Health Block Grant**

CHWC attended 2 Bike Mansfield Meetings and assisted with collecting data and filling out the Town of Mansfield’s Bike Friendly application with the League of American Bicyclists. The CHWC sent out the Fall Quarterly Buzz the first week of September. Working with Ande Bloom to reach out to Recreation Directors and Libraries to find projects that support the Active Living Philosophy that is the part of the grant and EHHD’s plans. CHWC and Ande Bloom are currently working with Bike Mansfield and Mansfield Elementary School administrators on the Safe Routes to School and a Bike Safety Program. During this quarter, CHWC assisted in the coordination and purchase of seed material for the Town of Coventry to improve existing trails. (Coventry Narrative attached at the end of document)

**Community Outreach**

CHWC provided information to individuals and stakeholders regarding COVID-19 in phone calls and emails. CHWC participated in 1 meetings of the UCONN Bike Friendly University meetings. CHWC participated in 1 meeting of the Coventry Safety and Wellness Committee. CHWC provided a class on Medication Management to Mansfield seniors 09/28/2022, 9 people were in attendance.

Communicable disease*	July	August	September	Quarter
Number of reported cases	18	16	22	56
Interviews	0	3	1	4
Investigations	0	2	1	3

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



Date	Description	# served	Community
<a href="#">Fall 2022</a>	Employee Wellness Newsletter (UConn) 191	191	UConn
<a href="#">Fall 2022</a>	Employee Wellness Newsletter 60	60	Andover
Fall 2022	Employee Wellness Newsletter 60	60	Ashford
Fall 2022	Employee Wellness Newsletter 200	200	Bolton
Fall 2022	Employee Wellness Newsletter 30	30	Chaplin
Fall 2022	Employee Wellness Newsletter 60	60	Columbia
Fall 2022	Employee Wellness Newsletter 60	60	Coventry
Fall 2022	Employee Wellness Newsletter 60	60	Scotland
Fall 2022	Employee Wellness Newsletter 430	435	Tolland
Fall 2022	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	2	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	3	And the Annual Influenza Meeting
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	2	
UCONN Bike Friendly Campus	UCONN staff and students along with other stakeholders working on improving biking on UCONN campus. The goal of the group is to obtain the League of American Bicyclists Bike Friendly Status.	0	
R-4 ESF 8 meeting	Region 4 emergency response meeting	0	
Bolton Health and Wellness		0	
Coventry Safety and Wellness		1	
Chaplin School Readiness Program		0	
Covid Health Disparities NE	United Way and local partners meeting to coordinate a program to recruit, train, and	2	

support students to provide Covid-19 information.



## Town of Coventry

Land Use Office – Wetlands

1712 Main Street · Coventry, CT 06238

Planning · Zoning · Wetlands · Economic Development · Conservation

Phone: 860 742-4062 Fax: 860 742-4059 Web: coventryct.org



Date: July 19, 2022

To: Cecile C. Serazo, Community Health and Wellness  
Coordinator

Ande Bloom, Public Health Project  
Specialist  
Eastern Highlands Health District  
(EHHD)

Re: Active Living Project Proposal – Rolling Woods, Windy Hill, Laidlaw  
Park

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The Town of Coventry, in conjunction with the Conservation Commission, is seeking funding for projects that relate to our open space parcels and their recreational use. Specifically, making trails more accessible for the community during a majority of the year and creating connections between open space parcels via trails to our recreational parcels. The Rolling Woods open space subdivision presents a great opportunity to create these connections, it abuts town recreational fields, another open space subdivision, and is surrounded by many other neighborhoods. Please see the background of the properties below:

The Rolling Woods subdivision was the first open space subdivision approved by the Town of Coventry and its respective boards in 1993. It has a total acreage of 78.13 acres, 12.2 acres of that being wetlands. From the total acreage of 78.13 acres, 26.9 acres was deeded to the Town of Coventry to be dedicated open space (34.5%) and within that open space, 10.6 acres are wetlands (39%) and 16.3 acres are non-wetlands (61%). This subdivision has 43 developed lots. As a part of this subdivision, a walking trail was approved.

The Windy Hill open space subdivision was approved in 2014 and conveyed 28.06 acres of open space to the Town of Coventry. This subdivision directly connects to the Rolling Woods open space subdivision and has a proposed walking trail as well. There are plans to connect the trails. Windy Hill is still under construction, there are 25 proposed lots.

In addition to these two open space subdivisions, the Town of Coventry owns another parcel that they acquired in 1968. This parcel is located at 999 Merrow Road and is referred to as Laidlaw Park. This parcel is 37.3 acres and contains three recreational soccer fields, a playscape area, walking trails and a newly constructed 30' x 26' pavilion. This parcel connects to the open space subdivision trails.

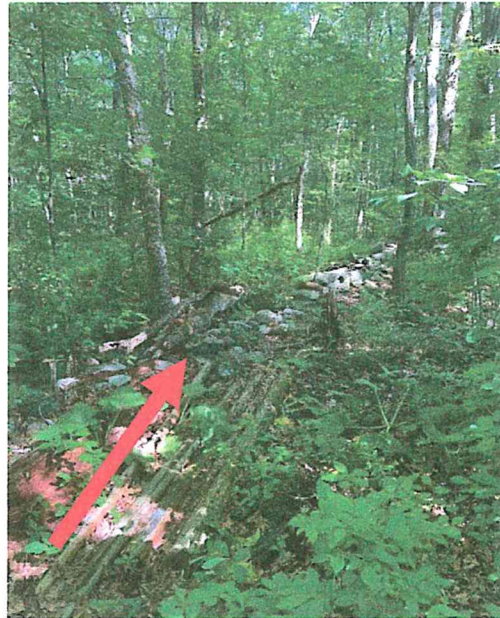


Please see the 2016 aerial photograph of these properties on page 6.

After evaluating the trail network, the Protected Open Spaces Committee along with Town Staff, has identified two trail areas that need improvement within the Rolling Woods open space. Currently, during certain parts of the year these two areas are impassable due to the saturation from water. To solve this issue and allow for more usage, we are proposing to purchase wood to construct two low profile bog bridges. Additionally, on the Laidlaw Park parcel, we are proposing to purchase and install a Community Trail kiosk because the trail network and recreational uses are currently not communicated to the open space/park users.

SL:\3-CC\Open Space Management Plans\Rolling Woods\Narrative for EHH

1 of 6





July 19, 2022  
Rolling Woods EHHD

**Location 1:** The trail is currently blazed through a wet area (left picture) and users have rerouted it to the left closer to the stone wall (right picture). There is currently a makeshift corduroy made of dead trees, however, this is not a permanent solution and is not stable.

Protected Open Spaces is still ironing out the exact details, however, the bog bridge will most likely consist of two 4" x 6" GC tread boards in parallel (w/ 1" gap) screwed to (3x) 6" x 6" x 3 foot-long CG base boards. No motorized vehicles or power equipment will be used on site for this project and it will go through the proper permitting process with theTown.



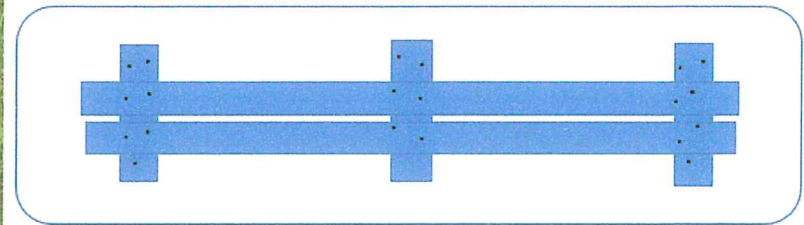
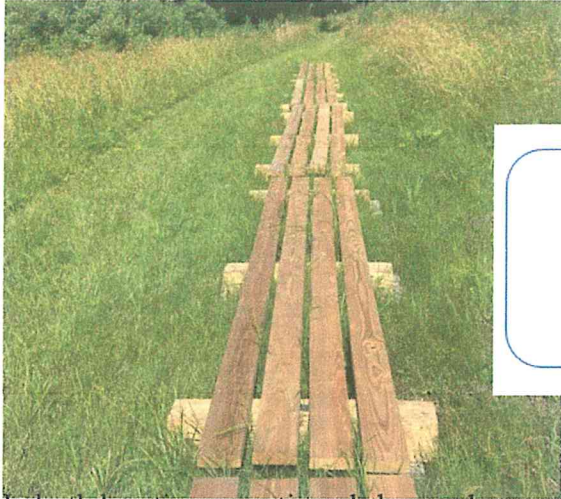
The picture above shows the makeshift corduroy to the left side and the original trail to the right.



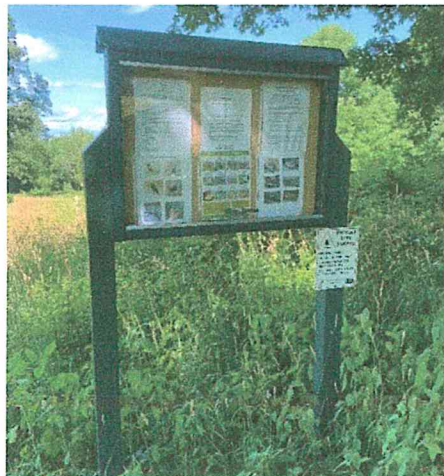
**Location 2:** This trail is currently blazed through a wet area and there are stones placed to try and allow access to the rest of the trail, however, this is not stable or ideal for this environment.

Similar to what was mentioned above, Protected Open Spaces is still ironing out the exact details, however, the proposed bog bridge will most likely consist of two 4" x 6" GC tread boards in parallel (w/ 1" gap) screwed to (3x) 6" x 6" x 3 foot-long CG base boards. No motorized vehicles or power equipment will be used on site for this project and it will go through the proper permitting process with the Town.





In both locations mentioned above a low profile bog bridge is proposed. The picture above depicts a recently installed bridge at Williams Preserve. It was constructed in June 2022 and has received positive feedback from the community. The Williams Preserve Bridge is 4 boards wide, as indicated above, both bridges for the Rolling Woods property would be 2 boards wide.

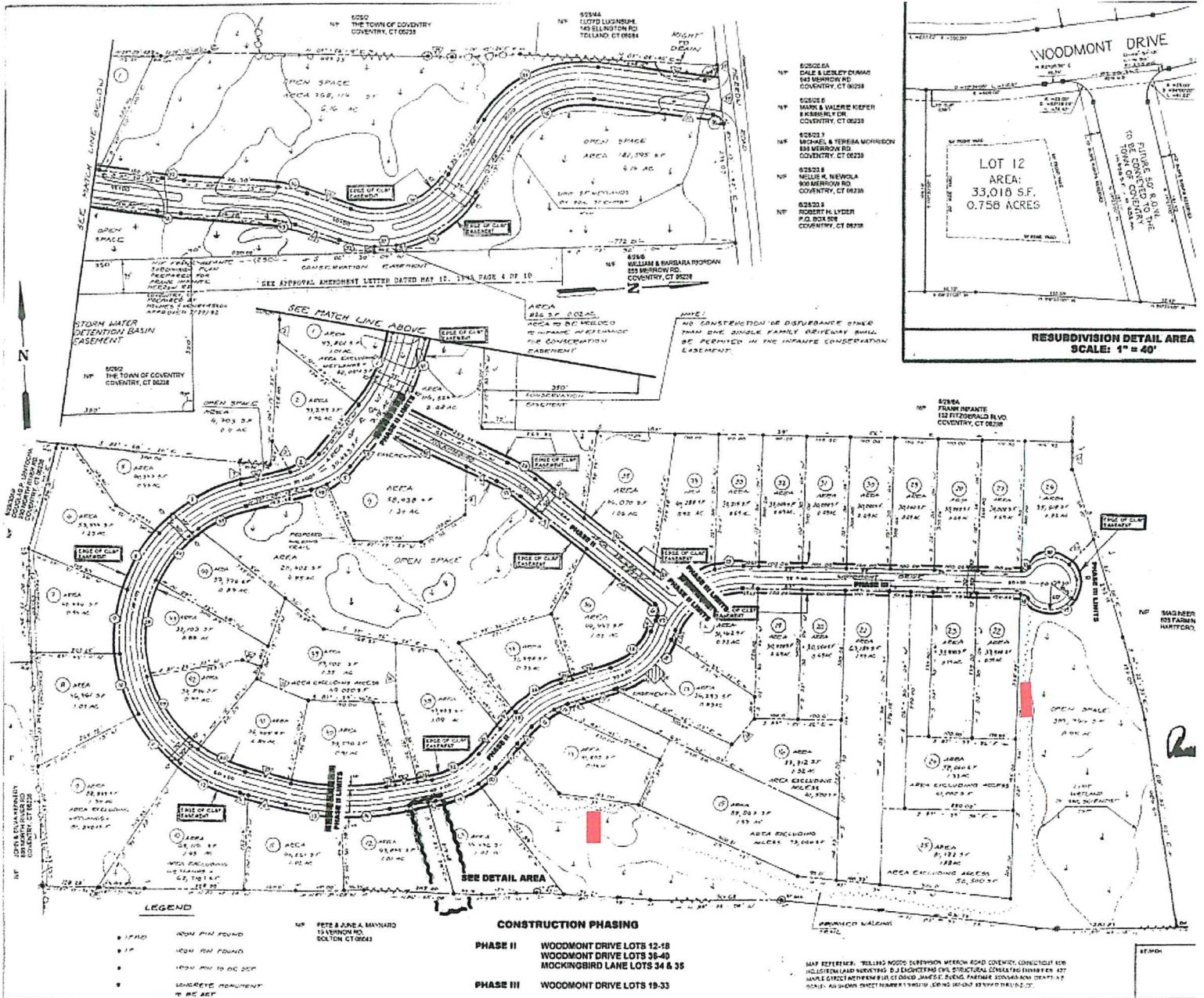


In addition to the two low profile bog bridges, we are proposing to install a trailhead kiosk at Laidlaw Park that depicts the open space trail and the recreational fields. This will increase communication to the community of what resources they have available to them and it promotes active living.

Lastly, general trail signage (trail posts) and path clearing is proposed.

Overall, we project that these improvements will cost \$5,000 and will increase walking trail and recreational field connectivity to over 68 immediate residences, along with the surrounding community and the Laidlaw Park users. Every year the Conservation Commission is allocated \$1,800 to use for projects that include trail improvement. With 45+ open space properties totaling over 1,000 acres, it is imperative that we seek outside funding in order to complete numerous projects to provide opportunities for residents to remain active outdoors and enjoy our Town's natural resources.





This is the original Rolling Woods open space subdivision approval. The open space and walking trails are depicted. The red lines represent the location of the proposed low profile bog bridges.





This is a 2016 aerial photograph depicting the three parcels related to this proposal: Laidlaw Park, the Rolling Woods Open Space, and the Windy Hill Open Space.







July 19, 2022  
Rolling Woods EHHD

This is a 2016 aerial photograph depicting the three parcels related to this proposal and the additional surrounding neighborhoods.

L:\3-CC\Open Space Management Plans\Rolling Woods\Narrative for EHHD

## **Eastern Highlands Health District Public Health Preparedness Program**

June 2022- September 2022

- **PHEP Activities:**

- Fulfilled PHEP/MRC deliverables for BP4 and submitted year-end reports.
- Completed contribution for Region 4 COVID-19 AAR.
- Updated CodeRed notification system & performed callout to EHHD staff.
- Site Visit and meeting at EHHD with new MCM coordinators

- **Regional Planning Activities:**

- Participated in R4 & R3 ESF8, PHEP, MRC, and CRI meetings.

- **Medical Reserve Corps (MRC):**

- Began coordinating Flu Clinics for employees in surrounding health departments.

- **Plans for Next Quarter:**

- Proceed with BP4 PHEP deliverables and any necessary requirements.
- Support CRI Region 4 partners to complete MCM action plan and ORR
- Support EHHD staff with flu vaccination campaign.
- Upcoming Region 4 training opportunities “Stop the Bleed” and “Mass Dispensing

**Eastern Highlands Health District  
COVID-19  
Response Activity Update  
November 30, 2022**

**On-going Response Planning and Coordination**

The internal staff meeting frequency continues to be every two weeks for this and other EHHD operating matters. Local health directors continue to meet virtually bi-weekly with DPH officials. This office also participates with monthly meetings with State Department of Education on COVID related matters, with the start of the school year.

The health district recently completed our section of the DEMHS Region 4 after Action Report for the pandemic response.

**Public Health Surveillance**

We continue to issue weekly reports to 86 community partners and stakeholders, in an effort to keep community partners updated on disease prevalence and other response activities. Our latest weekly report dated December 2, 2022 is attached to this report.

**COVID Testing**

The health district continues to provide detailed listing of regional testing sites on agency website, which are updated weekly.

The health district continues to coordinate with the CT DPH, local partners, and state vendors to be prepared for the next increase in testing demand. Towards that end, a state sponsored back up testing site has been identified in Tolland, and the Windham testing site is prepared to ramp up capacity on short notice.

We continue to support daycares, and schools seeking additional self-test kits.

**Outbreak and Cluster Investigation**

The health district contact traced every confirmed case within our Jurisdiction that are not UConn students through the end of February 2022. At that point in time, pursuant to guidance from both the CDC and CT DPH, efforts transitioned away from universal community contact tracing to case investigation and rapid outbreak response. We continue to stay updated with bi-weekly modifications to the new state-wide web based contact tracing system called *ContaCT*. Below are updates to the case investigation and outbreak response program that represent, in part, our on-going efforts to respond to this pandemic:

- During the month of October and November we supported and responded to 5 clusters/outbreaks at 4 schools and 1 daycare providers.
- During October and November 2022 we investigate and supported the town response to approximately 1 town governmental affiliated cases.
- During the month of October and November 2022 an average of 58 community cases per week were received and/or supported up in some fashion.



## **University of Connecticut Storrs**

For the Fall 2022 semester positive cases will isolate in place. Point of care testing will be administered. There are currently no plans to mandate additional boosters.

## **Schools**

In the period leading up to school reopening and since, this agency continues to respond to questions from school nurses, principals, and superintendents. The topics include but are not limited to student and staff exclusion guidance, symptom screening criteria, communications and notifications, confidentiality, interpretation and implementation of SDE guidance, vaccination clinic coordination, and many other COVID related matters. We provide thoughtful, researched responses on a routine basis.

With the transition away from contract tracing to outbreak response the EHHD hosted a superintendents meeting on 2/23, and issued its own updated guidance to schools on February 28, 2022.

In response to BA.2 surge in May, this agency re-distributed the February updated outbreak/cluster guidance from both DPH and EHHD to all schools.

Updated DPH/SDE guidance for the Fall 2022 academic year was issue early August. Subsequent to an internal staff review, the EHHD aligned agency messaging and support with new school guidance.

## **PPE Distribution**

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site automatically. However still have a moderate inventory left, and additional inventory can be ordered if needed. We continue to provide PPE to area providers and other when needed.

## **Governors Executive Orders and other state guidance**

We continue to track executive orders as they are updated, providing consultation and interpretation to stakeholders, and other entities as requested.

## **Public Health Education, Communications, Messaging**

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

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

Agency updates routinely provided to community partners.

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

Our vaccination messaging is now supporting efforts to promote vaccination of kids age 5 to 11, and boosters all eligible persons.

We continue to maintain our social media presents with 6 to 8 social media posts per week as of the November 2022.

Providing support to United Services COVID-19 outreach initiative targeting families to address vaccine hesitation. We are recruiting college student ambassadors in support of the program.

### **Medical Reserve Corps retention and recruitment**

We continue to recruit and vet new MRC volunteers. To date, a total of approximately 200 volunteers have received field experience or training.

MRC volunteers continue to support our pop up clinics as needed to fill staffing gaps during this late summer and fall seasons.

In partnership with DPH, we are in the process of updating background checks for all volunteers.

### **COVID-19 Vaccination Activities**

Here are the latest salient updates on distribution and administration.

- *As of the writing of this report, the EHHD has administered over 13,228 doses in 260+ clinics throughout the Eastern Highlands Health District. 20 clinics have been hosted during the month of October and November 2022. We've conducted pop up clinics at the Bolton Library, Columbia FD, Tolland FD, and the Mansfield Community Center during this period.*
- *With end of the ELC1 budget period and the start of ELC2 our vaccination clinics are expanding to include a strong educational and consultation component focusing on prevention and infection control of COVID-19.*
- *As of 10/27/22, the health district has administered 232 doses to homebound residents since March 2021. Here is the break down by town: Andover (6), Ashford (18), Bolton (26), Chaplin (6), Columbia (42), Coventry (15), Mansfield (42), Scotland (6), Tolland (44), and Willington (27).*
- *We expanded our COVID-19 vaccine inventory to include Pfizer and Moderna Bivalent booster shot.*
- We continue to hold weekly vaccine clinic hours to Monday 10am to 1pm & Thursday 12 noon – 3pm for ages 5 and up at the Main Health District office.
- The EHHD is leveraging the use of DPH funded mobile vaccination units made available by the DPH for pop-up clinic opportunities when it makes sense to do so. We have coordinated or supported a number of clinics using the DPH Griffin Health mobile vaccination units as of January 2022.

### **Plans for the Future**

- Due to a recent state 2022 mandate we must transition from VAMAS to CT Wiz to manage immunization records.
- We plan to expand all of our clinics to include strong educational component this winter.
- Apply lessons learned, and update all emergency response plans.
- Continue outbreak/cluster investigation program.
- Provide guidance to partners on appropriate mitigation measures as new variants continue to pose changes in risk.



## Eastern Highlands Health District COVID-19 Update

DATE: 12/2/2022

TIME: 8:30 AM

COMPLETED BY: A. Bloom

### TOWN LEVEL DATA

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland ++	Tolland	Willington	EHHD Totals
<b>Cumulative Cases</b>	584	833	870	480	1,098	2,407	3,245	135	2,597	930	<b>13,179</b>
<b>Change from last week</b>	7	2	6	2	10	14	2	0	6	2	<b>51</b>
<b>Two week change</b>	10	4	6	4	13	23	9	1	15	4	<b>89</b>
<b>Deaths</b>	6	6	6	4	13	13	34	2	26	5	<b>115</b>

NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays. UConn cases for the Fall 2022 semester to date are 538 and not included in the totals above (UConn dashboard contains both lab and self-reported positive tests; from <https://covidashboard.uconn.edu>)

### CONNECTICUT TOTALS (December 1, 2022)

Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations*	Two week change in hospitalizations	Deaths
<b>927,641</b>	<b>4,365</b>	<b>7,141</b>	<b>413</b>	<b>88</b>	<b>11,587</b>

Data Sources: CTEDSS and CT DPH; cumulative town counts as of 12/1/2022; reporting period for two week town level case counts is 11/13/2022 through 11/26/2022. \*Current (net) number of hospitalizations; it is not a cumulative count. ++ Scotland case count likely lower than actual positive cases due to residents using Baltic, North Windham and Hampton as a mailing address.

### EHHD RESIDENTS WHO RECEIVED COVID-19 VACCINE+

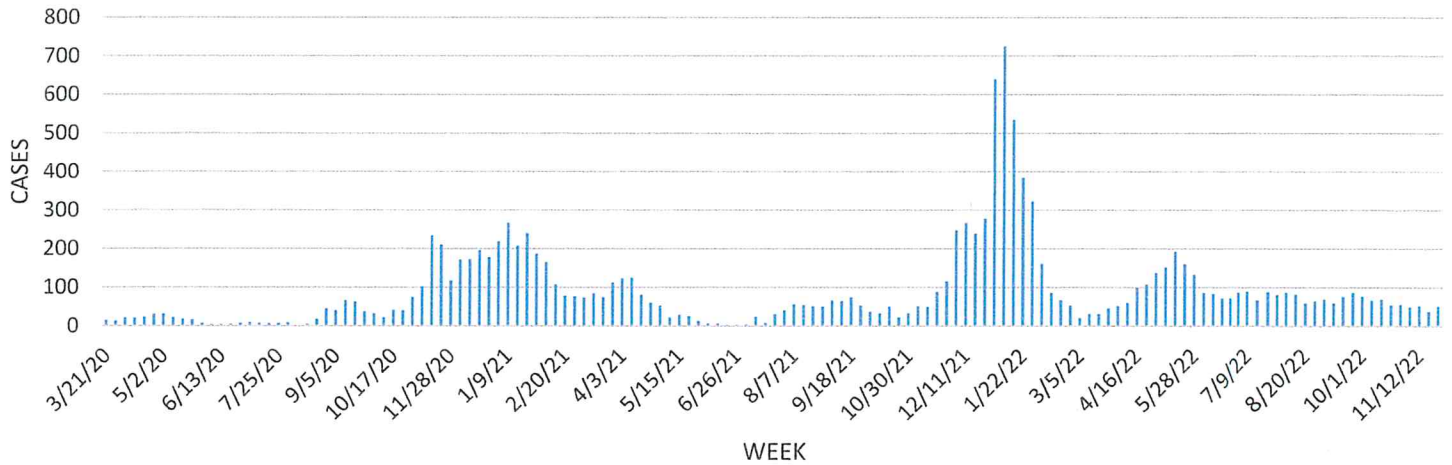
Est. pop.	AGE GROUP													
	5-11 years		12-17 years		18-24 years		25-44 years		45-64 years		65+ years		Total pop.	
	% finished primary series	% rcvd boost	% finished primary series	% rcvd boost	% finished primary series	% rcvd boost	% finished primary series	% rcvd boost	% finished primary series	% rcvd boost	% finished primary series	% rcvd boost	% finished primary series	% rcvd boost
EHHD 80,041	43	8	71	40	81	63	78	45	77	56	100	96	78	55
CT 3,631,470	**	**	**	**	**	**	80	40	88	59	91	72	77	45

Data Source: Connecticut immunization registry CT DPH as of 11/30/2022. Vaccination data includes 5/6/2022 data from UCONN (previously reported at <https://covidashboard.uconn.edu>). +Downward changes from prior weeks are likely due to de-duplication or re-assignment of cases to different towns associated with UConn student residency changes. \*\*State vaccination numbers are not broken down into the same age groups as the town level data and cannot be reported here.

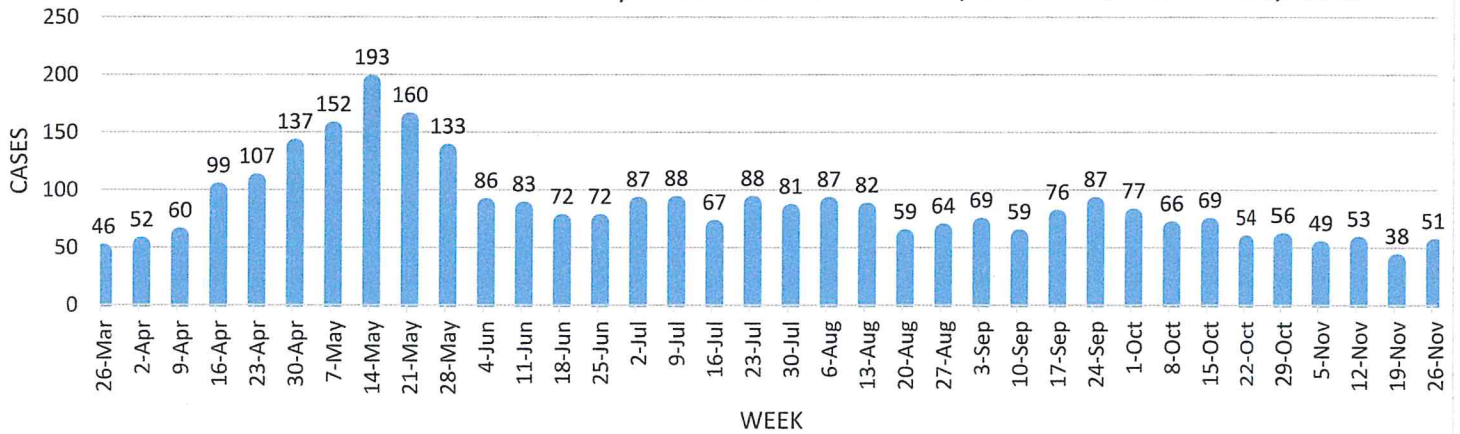
NOTE: census estimates for 65 and older is likely low, resulting in 100% rates based on actual number of vaccines provided to this age group.



**EHHD Positive COVID-19 Cases by Week March 21, 2020 - November 26, 2022**



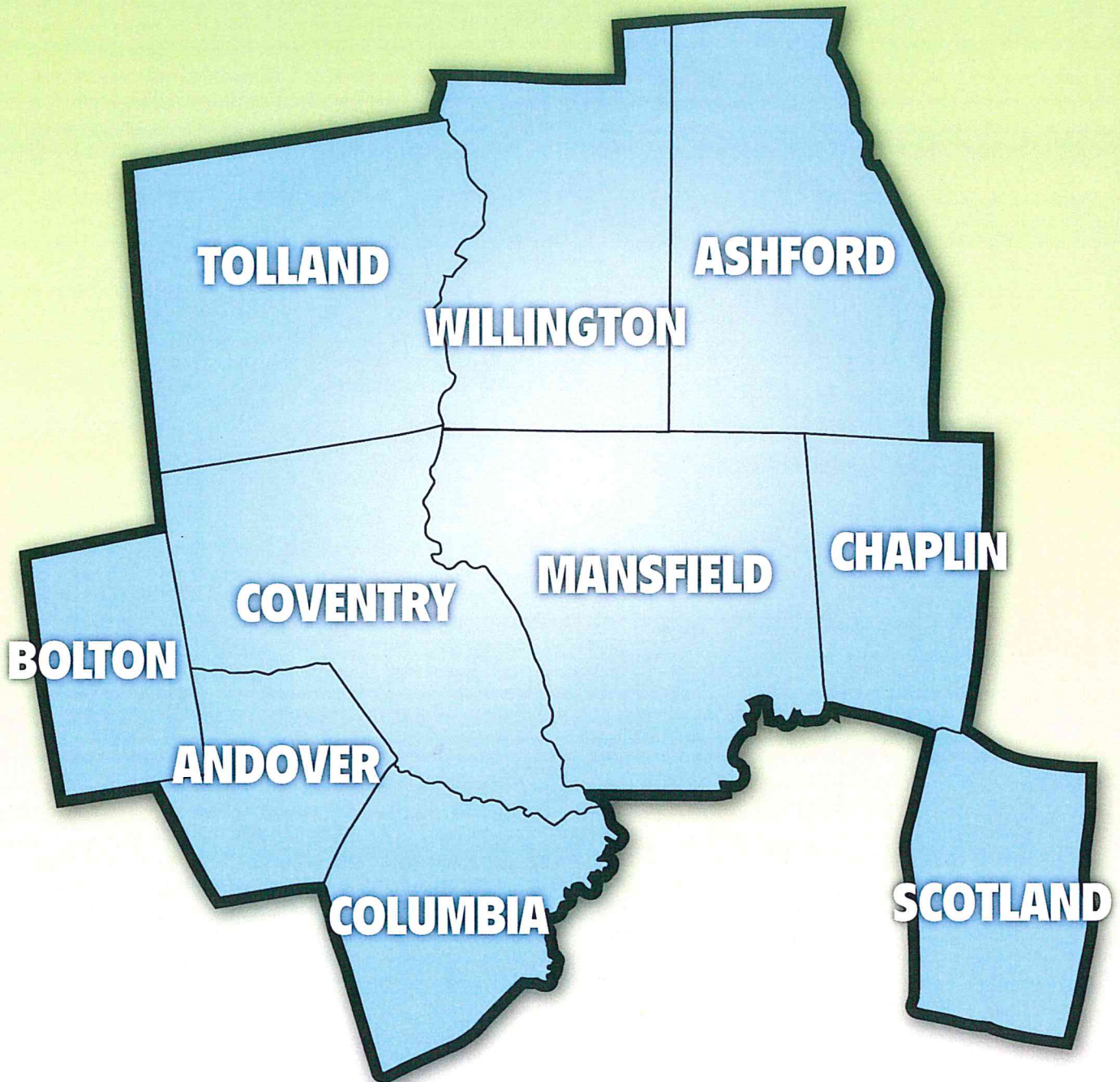
**EHHD Confirmed Weekly Case Totals March 26, 2022- November 26, 2022**



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



# 2021-2022 ANNUAL REPORT



Serving the towns of:  
Andover, Ashford, Bolton, Chaplin, Columbia, Coventry,  
Mansfield, Scotland, Tolland and Willington

Population: 79,423    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 ..... Public Health Project Specialist  
 Millie Brosseau ..... Office Manager  
 Christine Grulke BSN, MSEd, RN..... Public Health Nurse  
 Holly Hood, MPH, RS ..... Sanitarian II  
 Thad King, MPH, REHS, RS ..... Sanitarian II  
 Courtney LeBlanc, BSN, RN..... Public Health Nurse  
 Mia Mitoma ..... Vaccine Program Administrative Assistant  
 David Oellerich, APRN..... Public Health Nurse  
 Lynette Swanson ..... Chief Sanitarian  
 Cecile Serazo, BSN, RN..... Community Health and  
 Wellness Coordinator  
 Nishel Thompson, MS ..... Public Health Emergency  
 Preparedness Coordinator



Back Row left to right:  
 Rob Miller, Nishel Thompson, Glenn Bagdoian, Thad King,  
 Cecile Serazo, Courtney LeBlanc, Lynette Swanson  
 Front Row left to right:  
 Millie Brosseau, Mia Mitoma, Ande Bloom, Christine Grulke

## EHHD Board of Directors

John Elsesser (Chair) ..... Town of Coventry  
 Mark Walter (Vice Chair) ..... Town of Columbia  
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 Jim Rupert ..... Town of Bolton  
 Robert Morra (Alternate)..... Town of Bolton  
 Vacant ..... Town of Chaplin  
 M. Deborah Walsh..... Town of Coventry  
 Ryan Aylesworth ..... Town of Mansfield  
 Heather Evans ..... Town of Mansfield  
 William Kaufold ..... Town of Mansfield  
 Susan Powers ..... Town of Scotland  
 Brian Foley ..... Town of Tolland  
 Tammy Nuccio ..... Town of Tolland  
 Erica Wiczenski ..... Town of Willington

## Mission Statement -

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

*Vision - Healthy people, healthy communities ... healthier future.*



### Message from the Director

#### A Period of Transition

The COVID-19 virus was not done with us in Fiscal Year 2021/2022. The end of December through the beginning of February saw the highest prevalence of cases since the pandemic first started in March 2020. Needless to say, our health district worked tirelessly during this period to support our schools, our towns, and mitigate transmission risk in the community. Despite this demand on our staff, and after two years of battling COVID-19, in February we began the process of transitioning away from some of the higher demand pandemic response tasks, and into more normalcy at the Health District. This included restarting a number of special projects and initiatives that were paused during the pandemic. Below is a rundown of some of those items and other highlighted activities for Fiscal Year 2021/2022.

**Environmental Health** – We engaged our business community and Board of Directors to develop and adopt new provisions in our Sanitary Code that establishes a permitting and inspection program for Barbers, Hair salons, and other cosmetology businesses. We leveraged technology by launching a new online license renewal program for all food service establishments. Finally, after environmental staff noted changes in observed water quality data the agency issued its first report on a multi-year survey of sodium chloride contamination in private wells within the Health District jurisdiction.

**Community Health** – The health district continued to expand its scope of clinical services during fiscal year 2021/2022. In addition to adult flu vaccinations this was the first year our agency offered seasonal flu shots to children. We hosted five flu clinics, with four targeting our first responder community and their families.

**Public Health Emergency Preparedness and Response** – The EHHD administered over 2400 COVID-19 vaccinations during more than 130 clinics district-wide. We provided contact tracing or support for over 7000 cases of COVID-19. This includes over 1450 school-associated cases. The EHHD issued weekly surveillance reports to community partners and the general public providing local COVID-19 surveillance data and news. We partnered with UConn Storrs on a number of pandemic response infection control activities including testing, and messaging. We supported and partnered with 12 school districts to establish and implement risk mitigation measures. We supported local businesses and town governments with safe workplace guidance for essential workers and town recreation department support for youth sports programs and summer camps. We recruited and/or retained over 200 Medical Reserve Corps volunteers who supported contact tracing, and our mass vaccination campaign. In addition, we provided pandemic-related education and information to the general public on multiple informational platforms.

Finally, as an important reminder, the above highlighted activities and initiatives is a demonstration of our agency's ongoing, and deep commitment to enhancing the quality of life in our communities through the prevention of illness and promotion of wellness. This is our mission and the foundation of all that we do.

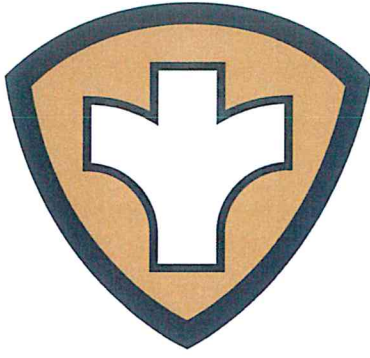
My door is always open.

Yours in Health,

Robert L. Miller, MPH, R.S.  
 Director of Health







# 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 otherwise have a full-time health department without district membership. Joining a health district is an attractive option for towns because they are provided access to full-time public health services at minimal cost. District membership increases the ability of a town to benefit from grant-funded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

## 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

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

## Emergency Preparedness

This year Eastern Highland Health District's Emergency Preparedness program continued its Emergency Response to address the ongoing COVID-19 pandemic. EHHD worked alongside its partners and constituents by keeping them informed in the face of rapidly changing COVID-19 information, providing mass vaccinations and local testing sites. EHHD conducted COVID-19 vaccination clinics town buildings, farmers markets, libraries and supported regional vaccination exercises. 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 COVID-19 vaccinations including its booster shots.



With the success of the previous COVID-19 mass vaccinations, EHHD excelled in hosting smaller scaled pop-up clinics in efforts to capture more of their local population as well as introducing homebound vaccinations per request. EHHD delivered more than 2400 vaccinations against COVID-19 through the end of June 2022.

As the pandemic began to slow down and state restrictions lifted, EHHD closely monitored positive cases in efforts to support and guide local schools or businesses with any concerns they may have. With the support of CTDPH, EHHD provided PPE, (pulse oximeters and thermometers), to health care providers. Public Health will continue to be flexible and adaptable and the EHHD will continue to be part of whole-community disaster planning and response. On May 19, 2022, EHHD attended a regional Anthrax training exercise in efforts to stay informed and equipped for a potential bioterrorism crisis.

EHHD offers its very heartfelt thanks to all of their community partners who have made the COVID-19 response possible. It would not have been successful without the EHHD MRC volunteers, CTDPH, local fire/police/emergency management, UCONN, local schools and town leadership, senior centers and many more. For continued information and announcements in regards to our effort to combat COVID-19 please visit our social media pages or website [www.ehhd.org](http://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.



**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.

**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.

**Complaint Investigation/Code Enforcement** – EHHD staff investigate all complaints received by the department, ranging from food protection and water quality concerns to housing, sewage, vermin problems, and COVID-19. 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 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 Surveillance & Control

**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. EHHD continued to provide information on the prevention of acquiring Lyme disease, and other tick-borne illness as the use of outdoor spaces increased. EHHD continued to promote the importance of keeping up-to-date on immunizations and provided Covid-19 vaccines to the community. 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.

**Tobacco Free Living** – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found on the EHHD website. EHHD continues to assist the Town of Mansfield with implementation of its smoke free workplaces policy. A toolkit was developed to assist other organizations/communities to implement similar policies. In addition, EHHD continues to update a summary of smoking cessation resources. The resources include web phone, text, and nicotine replacement therapy cessation methods.



**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 is provided as a fully contracted service to the Town of Tolland. Basic Be Well initiatives are also provided to member towns, school employees and private sector businesses through the State of Connecticut Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). 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 aren't 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](http://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](mailto: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 participated in several educational workshops and health fairs throughout the year focusing on topics such as hurricane/emergency preparedness, childhood vaccines healthy snacks for kids, planning for care as you age, and flu prevention and treatment.



**Plan4Health Initiative:** Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response



Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning and zoning boards and commissions of small and rural towns in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced last year to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit and survey is available online at [www.healthyeasternct.com](http://www.healthyeasternct.com)







## Selected Reportable Diseases by Town\*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	0	2	0	1	0	1	3	0	2	1	10
Campylobacter	0	0	2	0	0	3	0	0	0	0	5
COVID-19	138	192	180	116	226	506	587	41	546	219	2751
Cryptosporidium	0	0	0	0	0	0	0	0	0	0	0
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli O157/STEC	0	0	0	0	0	0	0	0	1	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	0	0	0	1	0	0	0	2	3
Group A Streptococcus	0	0	0	0	0	0	0	0	1	0	1
Group B Streptococcus	0	1	0	0	1	0	1	0	2	0	5
Haemophilus Influenzae	0	0	0	0	0	1	0	0	0	0	1
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	0	1	1	2	1	0	0	1	6
Influenza	6	1	6	0	4	17	303	1	15	14	367
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	0	0	0	0	0	3	1	0	0	1	5
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	0	0	0	0	0	0	0	0
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	0	0	0	1	3	4	11	1	0	0	20
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	2	0	1	2	1	5	2	0	10	0	23
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	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	1	0	0	0	5	0	0	2	2	10
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	0	0	0	1	1	0	0	0	2
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	1	0	0	0	0	0	0	0	1
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
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

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

10

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

Public Health Preparedness and Local Health Section

October 21, 2022

Robert L. Miller, MPH, RS  
Eastern Highlands Health District  
4 South Eagleville Road  
Mansfield, CT 6268

Re: SFY 2021 Local Health Annual Report Feedback

Dear Mr. Miller,

The DPH Office of Local Health Administration staff reviewed the documentation that was submitted for the SFY2021 Local Health Annual Report and developed feedback forms for each local health department and district to assist with developing and strengthening responses for the SFY2022 annual report. Your feedback form (attached) indicates whether the submitted documentation for thirteen measures met the requirement (Yes), did not meet the requirement (No), or partially met the requirement (Partial).

The feedback form response of "No" or "Partial" includes associated comments regarding the identified deficiencies and/or a referral to the SFY 2021 Local Health Annual Report 10 Essential Services Section Instructions and Guidance document and the Public Health Accreditation Board standardized measure for additional information. Documents that have an asterisk "\*" or multiple asterisks next to the file name are considered best practice examples. These best practice example documents will be shared with your colleagues upon request.

If you have any questions, please contact me at [OLHA.DPH@ct.gov](mailto:OLHA.DPH@ct.gov) or (860) 509-7660.

Sincerely,

A handwritten signature in black ink that reads "Krista M. Veneziano".

Krista M. Veneziano, Epidemiologist 4  
Office of Local Health Administration

cc: Francesca Provenzano, Section Chief  
John A. Elsesser, Board of Health Chairman, Eastern Highlands Health District



Phone: (860) 509-8282 • Fax: (860) 509-7160  
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Eastern Highlands Health District  
 SFY 2021 Local Health Annual report  
 Feedback on Required Documentation

<b>ESSENTIAL SERVICE</b>	<b>DOCUMENTATION MEETS REQUIREMENT Yes/No/Partial Feedback and Name of File and/or URL</b>
Essential Service 1.1.2. Community Health Assessment (CHA)	
Requirement 1: My department has participated in or conducted a local community health assessment (CHA) within the last five years.	Yes Participated in hospital 2021 CHNA; little demographic data for 5 of 10 towns in district and no town specific health data chna-wcmh-2021.pdf
1.2.1. 24/7 Surveillance Systems	
Requirement 2: My department has written processes and/or protocols that (1) specify which surveillance data are confidential and (2) assure the confidential data are maintained and handled in a secure confidential manner.	No No documentation submitted
2.2.2. Implementation of the All Hazards Emergency Operations Plan (EOP)	
Requirement 1: My department has infectious disease outbreak protocols that describe the process for determining when the EOP will be implemented.	No No documentation submitted
Requirement 2: My department has protocols that specifically address environmental public health hazards and that describe the process of determining when the EOP will be implemented.	No Indicated yes on report; no documentation provided
Requirement 3: My department has cluster evaluation protocols describing the process for determining when the EOP will be implemented.	No No documentation submitted
2.3.1 & 2.3.2. 24/7 Access to Public Health Resources	

Requirement 3: My department has a written policy or procedure to assure 24/7 access to laboratory services.	No No documentation submitted
Requirement 4: My department has protocols for handling and submitting specimens.	Partial Protocol is to call the state lab when LHD needs to collect/submit specimen. Needs more substance. Include links to the DPH web pages that contain specimen collection info and/or copy the guidance relevant to LHD such as rabies. EHHD Protocol for handling and submitting of specimens.pdf
2.4.1 Communications	
Requirement 1: My department has a communication protocol to contact staff, health care providers, response partners, the media and others, 24/7.	No Document is not an urgent 24/7 communication protocol; how does the LHD contact health care providers, response partners, staff, and the media 24/7? communications to stakeholders.pdf
3.2.3. External Communications Procedures	
Requirement 1: My department has external communication procedures or protocols.	Yes External communications.pdf
3.2.4. Risk Communication Plan	
Requirement 1: My department has a risk communication plan, protocol or procedure.	Partial Add back-up communication methods if power/cell service out. EHHD Crisis Emergency Communication Plan 2014.pdf
5.2.2. Community Health Improvement Plan	
Requirement 1: My department has a community health improvement plan (CHIP) dated within the last five years.	No No documentation submitted
6.3.1. Written Procedures for Conducting Enforcement Actions	
Requirement 2: My department has a written procedure or protocol (e.g. decision tree) for enforcement program areas.	No Documentation is not a protocol; it is instructions on how to generate a violation letter in Filemaker Pro for a FSE and temp food vendor. FOOD SERVICE enforcement steps.docx.pdf
10.1.1. Use of Evidence-based or Promising Practices	
Requirement 1: My department has incorporated an evidence based or promising practice in a process, program or intervention.	Yes Final EHHD Plan4Health - Final Reporting Form (2).docx We have many more evidence based policy, systems, and environmental changes that have been implemented in the past.



**Robert L. Miller**

**From:** Cecile C. Serazo  
**Sent:** Wednesday, November 16, 2022 1:35 PM  
**To:** Robert L. Miller  
**Subject:** FW: Ledge Light HD MRC

FYI

Cecile Serazo BSN, RN  
 Community Health and Wellness Coordinator  
 Medical Reserve Corps Unit Coordinator  
 Eastern Highlands Health District  
 4 South Eagleville Road  
 Mansfield, CT 06268  
 SerazoCC@EHHD.org

Tel: 860-429-3325  
 Cellphone: 860-208-9943



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**From:** Frenette, Jennifer (OS/ASPR/EMMO) <Jennifer.Frenette@HHS.GOV>  
**Sent:** Wednesday, November 16, 2022 11:06 AM  
**To:** Kris Magnussen <kmagnussen@llhd.org>  
**Cc:** Mary Day <mday@llhd.org>; Melissa Edmonson <medmonson@llhd.org>; Sara Darlagiannis <skruczek@zoho.com>; caroline.carini (ct.gov) <caroline.carini@ct.gov>; Cecile C. Serazo <SerazoCC@ehhd.org>  
**Subject:** RE: Ledge Light HD MRC

**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.

Wow! Thank you all for the tremendous effort in support of this endeavor!

I will share up the line 🙏

Jennifer

**From:** Kris Magnussen <kmagnussen@llhd.org>  
**Sent:** Wednesday, November 16, 2022 11:02 AM  
**To:** Frenette, Jennifer (OS/ASPR/EMMO) <Jennifer.Frenette@HHS.GOV>  
**Cc:** Mary Day <mday@llhd.org>; Melissa Edmonson <medmonson@llhd.org>; Sara Darlagiannis <skruczek@zoho.com>;

caroline.carini ([ct.gov](mailto:caroline.carini@ct.gov)) <[caroline.carini@ct.gov](mailto:caroline.carini@ct.gov)>; Cecile C. Serazo <[serazocc@ehhd.org](mailto:serazocc@ehhd.org)>

**Subject:** Ledge Light HD MRC

Hi Jennifer,

I wanted to share with you that our unit was approached by the US Naval Subbase in Groton to vaccinate their 4000+ personnel with flu and COVID. They were mandated to get it done but didn't have the staff. The clinic EMD remembered hearing me talk about our MRC volunteers and asked for our help. We are vaccinating over 4 days at the base starting at 6am-11am. Everyone has been on the base by 5:30am to start Just-in-Time-Training. Talk about dedication! Most of the volunteers are from our unit but we also have help from two other units in our region, Uncas Health District and Eastern Highland Health District. As I have COVID, I haven't participated but I have heard that the volunteers love the experience. The last clinic is tomorrow.

Regards,  
Kris

Kristin Magnussen MSN, RN

Emergency Preparedness & MRC Coordinator

Ledge Light Health District

216 Broad Street

New London, CT. 06320

(860) 448-4882

(860) 448-4885 fax

[www.llhd.org](http://www.llhd.org)

---

**From:** Kris Magnussen <[kmagnussen@llhd.org](mailto:kmagnussen@llhd.org)>

**Sent:** Wednesday, November 16, 2022 10:37 AM

**To:** Kris Magnussen <[kmagnussen@llhd.org](mailto:kmagnussen@llhd.org)>

**Subject:** Pix

Get [Outlook for iOS](#)



Robert L. Miller

**From:** Stratton, Alison <Alison.Stratton@ct.gov>  
**Sent:** Friday, November 4, 2022 3:40 PM  
**Cc:** Desimone, Dillon; Orcutt, Danielle; Sosa, Lynn; Veneziano, Krista; Estrada, Juanita; Thornton, Rachel; Greenlee, Delores  
**Subject:** NEW WEB RESOURCES: Tuberculosis Information for Local Health Departments [not-secure]  
**Importance:** High

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

Dear Colleagues,

The Tuberculosis (TB) Control Program is excited to announce the launch of new web pages that focus on, and link to, TB resources for Local Health Departments and Districts (LHDs).

The new landing page for this information is entitled “Tuberculosis Information for Local Health Departments” ([Tuberculosis Information for Local Health Departments \(ct.gov\)](https://www.ct.gov/ctph/tb)). For your convenience, I have excerpted and pasted below the text and links from this landing page.

Below is a screenshot that shows the way to this main LHD-TB page. From the TB Control Program Home Page:

[CT.gov Home](#) / [Department of Public Health](#) / [Tuberculosis Control Program](#)

**Tuberculosis Control Program**

**Mission**  
 The mission of the Connecticut Tuberculosis (TB) Control Program (TB Control Program) is to prevent and control the spread of TB, and prevent transmission of TB, prevent emergence of drug-resistant TB, and reduce death, disability, illness, emotional trauma, family disruption, and social stigma caused by TB.

- Information for Local Health Departments**  
 Tools and procedures for local health departments who manage clients with active TB or latent TB infection (LTBI)
- Reporting Active TB, Latent TB Infection, or TB/HIV Co-infection**  
 Forms and instructions for reporting Active TB, LTBI or TB/HIV co-infection.
- Discharge Planning for TB Patients**  
 Information for Hospitals and Local Health Departments about discharge planning for patients with active TB disease.
- CT TB Risk Assessment Tool with User Guide**  
 Information about the Connecticut TB Risk Assessment Tool, with attached User Guide.

Search Department of Public Health

Here is the text of what is contained on the “Tuberculosis Information for Local Health Departments” landing page.

### **Tuberculosis Information for Local Health Departments**

State of Connecticut Public Health Law (C.G.S. 19a) and [state Standards of Care](#) provide the framework for Tuberculosis (TB) disease and latent TB infection (LTBI) patient care and control in Connecticut.

The management and care of TB and LTBI patients affects each Local Health Department or District (LHD) differently. While some LHDs may manage multiple active TB disease cases each year, many Connecticut LHDs will go for years without an active TB case in their jurisdictions.

However, many core responsibilities for TB control and care (i.e., Case Management) rest solely with LHDs. The information and resources below are intended to help LHDs undertake TB Case Management when they receive a report of active TB in their jurisdiction.

These resources below include relevant state laws, standards of care, planning for patient interviews, hospital/facility discharge, case management, and contact investigation. All of these activities fall under LHD responsibility.

Directors of Health should review the guidance below to assist in planning their response for when a TB or LTBI patient resides in, or is discharged to, their communities. Actively planning for TB prevention, control, and patient care is key to managing and protecting the health of Connecticut communities.

Featured links

- [TB Management and Control Laws](#)
- [TB and LTBI Planning and Preparation for Local Health Departments](#)
- [TB Disease Reporting for Local Health Departments](#)
- [Tuberculosis Discharge Planning](#)
- [TB Case Management - Guide and Checklist with Instructions](#)
- [TB Patient Interview](#)
- [TB Contact Investigation](#)
- [Class B TB Notifications](#)
- [TB and Latent TB Infection Basics](#)

I am grateful for the TB Program staff review of content and our web consultant, Dillon Desimone, for bringing this large project to you all. I hope this is helpful information, and I welcome additional feedback or resources that you would like to see placed on these pages.

Best,  
Alison Stratton

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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

#### EHS Circular Letter 2022-75

**To:** Local Directors of Health, Certified Food Inspectors, & Interested Parties

**From:** Lori J. Mathieu, Chief, Environmental Health & Drinking Water Branch *Lori J. Mathieu '22*

**Date:** November 18, 2022

**Subject:** Update on Itinerant Food Vendor Reciprocal Licensing MOU

This circular letter is to update Local Health and other interested parties on progress made in implementing reciprocal licensing for itinerant food vendors. The DPH Commissioner has formally approved the Reciprocal Licensing Process and the MOU is now active. The activation of the database, CTEDSS, user logins has started. As of the date of this letter, 15 local health departments have signed onto the initial roll out of the IFV MOU. They are:

Brookfield Health Department, Chatham Health District, Chesprocott Health District, Connecticut River Area Health District, Darien Health Department, East Hartford Health Department, East Shore District Health Department, Fairfield Health Department, Guilford Health Department, Housatonic Health District, Ledge Light Health District, Madison Health Department, Middletown Health Department, Northeast District Department of Health, and Uncas Health District.

Enrollment into the MOU remains open and any remaining health department or district may join by submitting the signed MOU and a list of all Itinerant Food Vendors that are based within their jurisdiction to Jim Vannoy ([Jim.Vannoy@ct.gov](mailto:Jim.Vannoy@ct.gov)) or Food Protection ([DPH.FoodProtProg@ct.gov](mailto:DPH.FoodProtProg@ct.gov)). A page has been added to the FPP page, <https://portal.ct.gov/DPH/Food-Protection-Program/Itinerant-Food-Vendors>, that has Frequently Asked Questions for both the vendors and local health department staff.

The Department of Public Health's Food Protection Program has held several online trainings for the electronic case management system, located on CTEDSS. Additional trainings will be scheduled as needed in collaboration with DPH's Informatics Program.

Itinerant Food Vendors are still required to meet the requirements of other municipal agencies/departments (Police, Fire, Zoning, Building, etc.). These vendors are told to contact in advance the local health department where they are planning to visit. Local health departments should consult the map on FPP's Itinerant Food Vendor page (to determine that they are permitted by a participating health department) and check CTEDSS to see details to determine if staff are needed to conduct an inspection.

Directors of health and their staff do maintain their authority to ensure that proper food safety practices are being carried out. No matter if they are the permitting health department or the operating health department, they may conduct inspections, issue orders to hold or destroy food or to cease operations if the vendor is creating a nuisance that is injurious to the public health.

#### Summary

The Itinerant Food Vending Reciprocal Licensing Process has now started. It is important that local health departments add inspections and other key information into the CTEDSS system in a timely frequency. If you have questions regarding the CTEDSS system, please contact Matthew Payne at [Matthew.Payne@ct.gov](mailto:Matthew.Payne@ct.gov).

c: Heather Aaron, MPH, LNHA Deputy Commissioner  
Jim Vannoy, MPH, Section Chief, Environmental Health Section  
Matthew Payne, MPH, Epidemiologist, Food Protection Program





# News Release

**FOR IMMEDIATE RELEASE:** Nov. 22, 2022

**CONTACT:** Chris Boyle, Director of Communications  
(860) 706-9654 – [christopher.boyle@ct.gov](mailto:christopher.boyle@ct.gov)

## **Connecticut Department of Public Health announces new streamlined permit/licensing process for food vendors**

HARTFORD, Conn— The Connecticut Department of Public Health is pleased to announce a cooperative, “first-in-Connecticut” policy of reciprocal permits and licenses for itinerant food vendors (food trucks). Permit reciprocity is intended to streamline a permit/licensing process that can be onerous to merchants and regulators alike: one where food trucks need to apply for and obtain licenses or permits from each local health agency in which they plan to prepare, offer, and/or serve food, even if only for a few hours or a day.

“This reciprocal agreement will allow food trucks licensed by one of the participating local health agencies to forgo the license/permit fee in other participating jurisdictions for their routine itinerant food vending,” said DPH Commissioner Manisha Juthani, MD. “DPH has partnered with local health directors and industry representatives to develop this streamlined process.”

Commissioner Juthani added that a statewide database has been developed and allows local health officials to access permit information and inspection records of itinerant food vendors from other participating local health agencies. DPH has set up a [webpage](#) for itinerant food vendors that includes information on the participating local health agencies and what food truck operators need to do prior to selling food in a town outside of the jurisdiction of the health department that originally permitted and inspected the truck’s food service operation.

“Local health agencies who choose to participate in the reciprocal licensing agreement will work with their boards or chief elected officials to sign onto a Memorandum of Understanding that defines their roles and responsibilities,” Commissioner Juthani said.

Currently, 14 local health jurisdictions in Connecticut have signed the MOU. Central to the agreement is the stipulation that reciprocal licensing allowing food trucks to prepare, offer or serve food in any of the participating jurisdictions applies to Health permits and licenses only, and the itinerant food vendor still needs all other local permits required by the town, such as parking, fire, and zoning. Local health agencies will retain the right to conduct inspections at their discretion.

Additionally, this agreement does not change any permitting or other approval requirements for temporary food service establishments, such as when a food truck is operating at a fixed location at an event such as a carnival, circus, public exhibition, festival, celebration, or similar transitory gathering.

“There is a [FAQ page](#) for merchants and local health officials to assist in applying this new process. We expect this project will grow and that more local health departments and districts will participate in the near future,” Commissioner Juthani said.