

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Via Zoom*
Thursday December 9, 2021, 4:30 PM

Call to Order

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

Approval of Minutes (October 21, 2021)

Public Comments

Old Business - none

New Business

1. Proposed Fiscal Year 2022/2023 Operating Budget, and CNR Budget - Set public hearing date
2. Comprehensive Annual Financial Audit Report – June 30, 2021; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors
3. Epidemiology and Laboratory Capacity Supplement (ELC2), Funding Application Submittal - Ratification

Town Reports

Subcommittee Reports

4. Finance Committee – Financial report for the period ending 9/30/21

Directors Report

5. COVID-19 Response Activity Update
6. Quarter Activity Report period ending 9/30/21

Communications/Other

7. CDC re: New SARS-CoV-2 Variant of Concern Identified: Omicron (B.1.1.529)
8. ORS re: Marijuana with Fentanyl Awareness
9. DPH Commissioner Juthani re: CT Pediatricians and recommendation to vaccinate against COVID-19
10. UConn Dean of Students re: Welcome back (but not COVID)

Adjournment

Next Board Meeting – January 21, 2021

*In accordance with PA 21-2 §149 and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting will be held virtually. A video recording of the meeting will be available on www.ehhd.org within seven (7) days after the meeting. Public Comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received prior to the meeting (public comment received after the meeting will be shared at the next meeting). Please email mbrosseau@ehhd.org or call 860-429-3325 by 12:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live.

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes - Draft

Virtual meeting Via
Zoom*
Thursday October 21, 2021

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield), J. Elsesser, (Coventry), L. Hancock (Tolland), E. Paterson (Mansfield), S. Powers (Scotland), C. Silver-Smith (Ashford), D. Walsh (Coventry), M. Walter (4:50 pm Columbia) E. Wicenski (Willington)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical advisor K. Dardick (5:20pm) , Finance Director C. Bradshaw-Hill, Human Resources Director H. Schaeffer

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

J. Elsesser expressed gratitude and appreciation for E. Paterson's service to the Board as she finishes out her term with the EHHD Board of Directors.

E. Wicenski made a MOTION seconded by J. Elsesser to approve the minutes of the August 19, 2021 meeting as presented. MOTION PASSED unanimously.

Public Comments

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

New Business

Personnel Committee Report

Due to R. Aylesworth, Chair of the Personnel Committee, needing to leave the meeting early this item was moved up in the agenda by general consensus of the board.

R. Ayelsworth presented an overview of the personnel committee meeting held on October 14, 2021.

Director's performance evaluation was discussed and the instrument used for evaluation will be reviewed. In addition, the salary survey was reviewed and discussed. Personnel Committee recommended approval of the proposed salary changes by the full board pending review by H. Schaeffer, director of Human Resources.

R. Miller presented additional detail on the survey. He reviewed the steps on implementation which include a separate action by the board to authorize exceeding the one-time payment threshold for two staff persons in FY21/22.

H. Schaeffer informed the board that she reviewed the survey and felt that the recommendations are adequate.

D. Walsh made a MOTION seconded by C. Silver-Smith to approve the median proposed broadband pay ranges as presented on October 21, 2021, in the report titled, "FY2021/2022 Salary Survey and FY2022/2023 Proposed Broadband Pay Ranges", with an effective date of July 1, 2022. MOTION PASSED unanimously.

L. Hancock initiated discussion about adding a cost of living increase to the minimum and maximum of each range. R. Miller noted that the personnel rules stipulate the fixed 35% range and periodic salary surveys.

Proposed 2022 Regular Meeting Schedule

E. Wiczenski made a MOTION, seconded by D. Walsh to adopt the Eastern Highlands Health District Board of Directors 2022 regular meeting schedule as presented. MOTION PASSED unanimously.

Subcommittee Reports

Finance Committee

R. Miller noted that there was not a quorum at the finance committee meeting 10/21/21. Items were discussed, but not acted on. Therefore it would be appropriate for the board to act on these items.

Quarterly Financial Report – period ending 6/30/21

R. Miller presented an overview of the quarterly financial report for the period ending 6/30/2021.

E. Anderson made a MOTION seconded by M. Walter to accept the quarterly financial report for the period ending 6/30/2021. MOTION PASSED unanimously.

FY 2021/2022 Budget Changes

R. Miller presented an overview of the changes to the 2021/2022 budget. L. Hancock made a MOTION, seconded by J. Elsesser to approve the changes to the 2021/2022 operating budget as presented on October 21, 2021, with total authorized spending of \$939,534. MOTION PASSED unanimously.

Town Reports

Coventry J. Elsesser report that a grant has been submitted under ARP to extend sewers in Bolton. The Senior Housing task force has put together a report on senior housing needs in the town. The town will be holding Trunk or treat in the Village on Saturday.

J. Elsesser note that the Town Council refunded equivalent of 2 years of fees to Food Service Establishments. With ARP funding premium pay was given to first responder team & some money allocated to the Culture and Arts community.

J. Elsesser also noted that a no vaping/smoking on town property ordinance has been adopted. Additionally, Coventry has set a 9 month moratorium on cannabis sales.

Ashford C. Silver-Smith reported that there was an incident at the last BOE meeting, where a teacher was accosted. Future meetings will have police presence.

Additionally, C. Silver-Smith informed the board that all the lighting in Pompey Hollow Park has been replaced.

Tolland L. Hancock informed the board that there is a scarecrow exhibit on the town green. The town purchased a "grass mat" which has increased accessibility to the green. The mask mandate in town is still in place. L. Hancock inquired as to what other towns are doing.

Columbia and Coventry are keeping the policy for masks indoors; Willington has a policy for masks required in town buildings. Ashford has a policy for masks within all town buildings. Andover is keeping the mask mandate in place in the town hall and library.

Columbia M. Walter informed the board that there have been arrests made in the catalytic converter thefts.

The first allocation of American rescue funds passed through the Board of Selectmen. M. Walter asked for the premium pay for first responders plan done by Coventry. M. Walter informed the board that Columbia's social worker has put together a list of areas in town here ARF money could help residents. C. Silver-Smith expressed interest in seeing that list.

Andover E. Anderson informed the board that a flu vaccination clinic was held in Andover. An additional flu and Covid vaccination clinic will be held later in November. The town of Andover has hired an architectural firm and civil engineering firm for the design of the new Community/Senior Center. E. Anderson noted that there has been a lot of work done upgrading the Andover Veterans Monument. BOS supported the addition of a marijuana dispensary in the town and are actively recruiting. Proposal of banning smoking and vaping on town property was not supported.

D. Walsh requested that an updated roster be sent out to members. Additionally D. Walsh initiated discussion on the mask mandate and polling places.

Dr. Dardick commended Rob and staff for the numerous clinics they have stood up and the service provided. Advocating flu shots. Uncertain about how much flu will be seen this year.

Director's Report

COVID-19 Response Activities Update – October 18, 2021

R. Miller presented highlights from his report.

R. Miller reported that a part-time contact tracer has been hired.

R. Miller informed the board that a vaccination clinic plan for 5-11 year olds has been presented to the superintendents. R. Miller noted that there may be an increase amount of vaccine hesitancy among parents. R. Miller further noted that it may be difficult finding vaccinators due to the fact this is pediatric vaccines being administered.

R. Miller reported that the plan to provide boosters is still developing. Priority is to vaccinate 5-11 and those that are unvaccinated, due to limits in resources.

Town of Mansfield Facilities Study

R. Miller noted that Eastern Highlands Health District main office will be included in the comprehensive facilities plan being conducted by the Town of Mansfield. R. Miller further notified the board of the significant spatial constraints in the main office, which affect day to day to operations, service quality, and capacity to apply for grants.

R. Miller informed the board that a 5 year spending plan will be reviewed by the Finance Committee in the near future. R. Miller noted that it will include a proposed equity fund transfer with, among other items, monies earmarked for main office new space costs.

D. Walsh left the meeting at 5:52PM.

Staffing Update

R. Miller noted that a part-time contact tracer has been hired. Additionally, a full-time Environmental Health Inspector has been hired. There is still a Public Health nurse vacancy.

R. Miller informed the board that Governor Lamont congratulated and recognized state and local staff using the Contact CT platform. R. Miller recognized his staff that utilized the platform.

R. Miller presented a plaque to E. Paterson and thanked her for her years of service to the Eastern Highlands Health District. Gratitude and appreciation was expressed by all members of the board.

M. Walter made a MOTION, seconded by E. Wiczenski to adjourn at 5:58pm. MOTION PASSED unanimously.

Respectfully submitted,

Robert Miller
Secretary



Eastern Highlands Health District

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

Memo

To: Board of Directors
From: Robert L Miller, Director of Health
Date: 10/25/2021
Re: Approved 2022 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2022 calendar year:

January 20 (Typically, Budget Public Hearing)

February 17

April 21 (Last day of Passover is April 23)

June 16

August 18

October 20

December 8

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that alternatively these meetings may be held virtually until such time board leadership determines it is appropriate and safe to go back to in-person meetings. (With the exceptions of December 8, all dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2022 regular meeting schedule as presented.



Eastern Highlands Health District

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

Memorandum

To: Board of Directors
From: Robert L. Miller, MPH, RS, Director of Health
CC: Charmaine Bradshaw-Hill, Chief Financial Officer
Date: 12/2/2021
Re: Proposed Operating Budget and CNR Budget

Proposed Fiscal Year 2022/2023 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2022/2023. The proposal incorporates an expenditure increase of \$22,663 or 2.4%. The total budget has increased from \$939,534 to \$962,197. The member town contribution rate increased by 2.9% from \$5.685 to \$5.85 per capita (The average FY21/22 member town contribution rate for contiguous health districts is \$7.08).

Primary Budget Drivers

The primary issues driving the fiscal year 2022/2023 budget are a proposed increase in the staff salary account appropriation, and a corresponding increase in the benefits. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 1.3%. The increase accommodates merit and new pay range increases for eligible staff.
2. A **Benefits** expenditure increase of 3.1%. The increase accommodates corresponding increases in basic benefits, a 3.9% place holder increase in the medical insurance line item.
3. A decrease of 0.8% in the appropriation from the adopted amended FY21/22 figure is proposed for the **state grant – in - aid**. The state appropriated, and we have received, 100% of the FY21/22 adopted amended revenues for this line. At this time, we are anticipating level funding into FY22/23 for local health departments.
4. A total member **town contribution** increase of 2.1%. This includes a per capita rate increase of 2.9%, plus changes in the population estimates.
5. A **fee for service** revenue increase of 2.3%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY22/23.
6. An **appropriation from fund balance** of \$38,577 is proposed to balance the budget. This appropriation is an increase of \$8,919 as compared to the FY21/22 adopted amended budget.

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

7. An increase of 1.5% in **grant deductions** for regular staff salary and benefits is anticipated.
8. An increase in **operational expenditures** of 4.4%. This increase is due primarily to Other Purchased Services to address a fee increase associated with our online permit tracking/payment software,
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:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY22/23					
		Adopted Amended 21/22	Proposed 22/23	Change	Percent
Revenues					
	State Grant in Aid	\$ 208,106	\$ 206,500	\$ (1,606)	-0.8%
	Town contributions	\$ 455,040	\$ 464,620	\$ 9,580	2.1%
	Fees for Service	\$ 246,730	\$ 252,500	\$ 5,770	2.3%
	Appropriation of Fund Balance	\$ 29,658	\$ 38,577	\$ 8,919	30.1%
	Total	\$ 939,534	\$ 962,197	\$ 22,663	2.4%
Expenditures					
	Grant Deductions	\$ (62,586)	\$ (63,514)	\$ (928)	1.5%
	Salaries	\$ 640,670	\$ 648,735	\$ 8,065	1.3%
	Benefits	\$ 254,565	\$ 262,336	\$ 7,771	3.1%
	Operations	\$ 106,885	\$ 111,640	\$ 4,755	4.4%
	Transfers Out to CNR	\$ -	\$ 3,000	\$ 3,000	
	Total	\$ 939,534	\$ 962,197	\$ 22,663	2.4%

Highlighted below is additional narrative for selected account proposals for FY22/23

Revenues

- **State Grant – in – Aid.** This line item decreases 0.8% with a total proposed appropriation of \$206,500. This is based on flat funding into the new biennium. There is no information from DPH at this time regarding anticipated actual appropriations for FY22/23 at this time.
- **Town Contributions.** A total combined increase of \$9,580, or 2.1% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.9%, plus changes in the population estimates provided by DPH. Population estimates have declined by 618 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 \$5,770, or 2.3%. While still early in the year, FY21/22 year to date fee revenue aggregate is at approximately the same revenue level this time last fiscal year. This proposed revenue estimate is based on revenue projection for the current

fiscal year can be found on page 10. This estimate also include estimated revenue for the new cosmetology inspection program. No changes in the previously adopted fee schedule is proposed. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

- **General Fund Appropriation.** An appropriation of \$38,577 is proposed in this budget. This is an increase of 30.1% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2023 will be 53% of the FY22/23 operating expenditures. (See page 4 for the GF roll forward report for FY22/23.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period.

Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 1.5% in grant deductions. This includes grants awarded by the DPH to support the COVID-19 response. (See page 15 for details on total grant revenue anticipated for FY22.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$8,065, or 1.3%. 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. The appropriation will also accommodate newly approved pay ranges that will increase wage rates for five (5) regular staff, effective July 1st, and reflects a reduction in wages in one position as a result of staff turnover.
- **52105 Medical Insurance.** The total increase anticipated is \$5,840, or 3.9%. This is a place holder figure provided by the Mansfield Finance Department that reflects a conservative 17% increase in premiums, and changes in staff enrollment. The final figure is not yet available.
- **53960 Other Purchased Services.** A total increase of \$2,125, or 11.6% is proposed. This is a contractual payment increase to our vendor that provided the upgrade to our online permit application and payment software.
- **53964 Voice Communications.** A total increase of \$1,050 is due to a change in eligible grant expenditures. The annual cost of our staff/volunteer emergency notification system is no longer an eligible grant expense.
- **56302 Administrative Overhead.** A total increase \$1,230, or 4.1% is proposed. This is a contractual payment increase 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 22/23 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.** \$125,000 as recommended by the Finance Committee. This transfer is the first of two, which are earmarked to fund main office relocation and renovation project, digitizing records project, and support increase in funds for fleet vehicle replacement and CHA/CHIP initiative.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$3,000 from the surplus sale of one fleet vehicle.

Expenditures

- **Automobiles.** An expenditure of \$20,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.

Recommendation

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 29, 2021 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 20, 2022 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2022/2023 Operating Budget, Capital non-recurring budget, as presented on December 9, 2021.*

Eastern Highlands Health District

Proposed Budget

Fiscal Year 2022 – 2023

Board of Directors Meeting

December 9, 2021

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Eastern Highlands Health District Budget Presentation FY 22/23

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

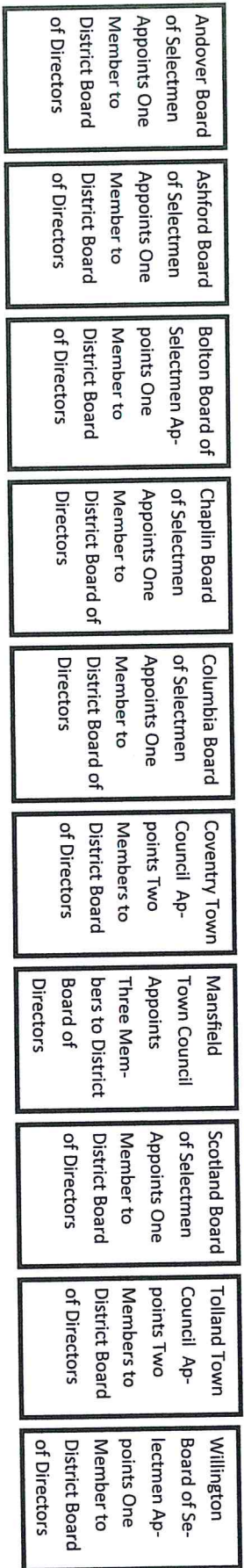
Mission Statement – Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment.

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 79,423.

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.

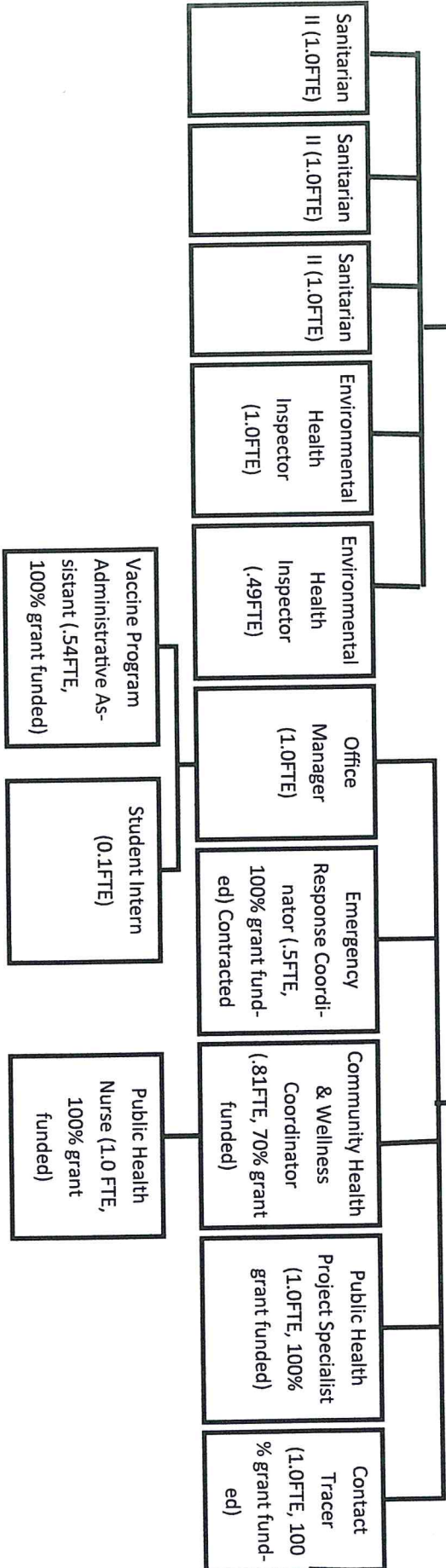


EHHD Board of Directors 14 Members

Director of Health

Medical Advisor

Chief Sanitarian (1.0FTE)



Fiscal Year 2022/2023 Budget Calendar

Finance Committee Budget Meeting	November 29, 2021
Finance Committee Budget Meeting	December 9, 2021 (If needed)
Budget Presentation to Board	December 9, 2021
Deadline for final budget estimates per By Laws	January 1, 2022
Fiscal Year 2022/2023 Budget Public Hearing	January 20, 2022 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2022
Adoption of Budget	February 17, 2022 (If needed)

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

Roll Forward FY 2022/23

	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Estimated 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
Revenues:														
Member Town Contributions	405,820	423,080	429,282	429,260	437,600	457,535	455,040	455,040	464,620	476,236	488,141	500,345	512,854	525,675
State Grant-in-Aid	142,234	133,164	149,985	133,327	134,429	136,253	208,106	208,106	206,500	206,500	206,500	206,500	206,500	206,500
Services Fees	212,942	224,874	234,393	227,937	270,007	295,397	246,730	246,730	252,500	260,075	267,877	273,914	284,191	292,717
Local Support		800												
Total Revenues	760,996	781,918	813,660	820,525	842,036	889,185	909,876	909,876	923,620	942,811	962,519	982,758	1,003,545	1,024,892

Expenditures:														
Salaries & Benefits	644,630	686,253	691,797	658,453	670,270	663,241	827,849	827,849	842,757	859,612	876,805	894,341	912,228	930,472
Insurance	15,607	15,599	15,599	14,351	13,870	14,603	14,800	14,800	14,800	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	13,162	47,455	46,954	45,014	64,822	47,766	49,985	49,985	51,565	51,823	52,082	52,342	52,604	52,867
Other Purchased Services & Supplies	46,162	11,713	15,879	24,092	26,087	42,987	43,300	43,300	46,475	46,707	46,941	47,176	47,411	47,649
Equipment	762	300		1,401	945	2,774	3,600	3,600	3,600	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	720,323	761,320	771,841	743,311	775,994	771,370	939,534	939,534	959,197	977,943	995,628	1,013,659	1,032,043	1,050,788

Operating Transfers Out				3,000	3,000	3,000			128,000	125,000	9,000	12,000	15,000	18,000
Total Expenditures and Operating Transfers Out	720,323	761,320	771,841	746,311	778,994	774,370	939,534	939,534	1,087,197	1,102,943	1,004,628	1,025,659	1,047,043	1,068,788

Excess/(Deficiency) of Revenues over Expenditures	40,673	20,598	41,819	74,214	63,042	114,815	(29,658)	(29,658)	(163,577)	(160,132)	(42,109)	(42,900)	(43,499)	(43,896)
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Fund Balance, July 1	254,991	295,664	316,262	358,082	432,296	495,338	610,153	610,153	580,495	416,918	256,785	214,677	171,776	128,278
Fund Balance, June 30	\$295,664	\$316,262	\$358,082	\$432,296	\$495,338	\$610,153	\$580,495	\$580,495	\$416,918	\$256,785	\$214,677	\$171,776	\$128,278	\$84,381

Assumptions:														
Member Town increase of 2.5% per year				746,311	778,994	774,370	939,534	939,534	1,087,197	1,102,943	1,004,628	1,025,659	1,047,043	1,068,788
State Grant-in-Aid: held flat each year after				80,234	156,240	156,240	62,386	62,386	63,514	63,514	63,514	63,514	63,514	63,514
Services Fee revenue increase of 3% annually				826,545	935,234	930,611	1,002,120	1,002,120	1,150,711	1,166,457	1,068,142	1,089,173	1,110,557	1,132,302
Salary & Benefit increases of 2% per year				52,309%	52,96%	63,56%	57,93%	57,93%	36,23%	22,01%	20,10%	13,77%	11,55%	7,45%
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 FY22/23

Fund: 634 Eastern Highlands Health District
Activity: 41200

Object	Description	Adopted		Proposed	%	Dollar
		Amended	Estimated	Budget		
		21/22	21/22	22/23	change	change
Revenues:						
40220	Septic Permits	48470	48470	48,950	1.0	480
40221	Well Permits	14400	14400	12,590	(12.6)	(1,810)
40491	State Grant-In-Aid	208106	208106	206,500	(0.8)	(1,606)
40630	Health Inspec. Service Fees	3500	3500	3,500	-	-
40633	Health Services-Bolton	27770	27770	28,480	2.6	710
40634	Health Services-Coventry	70530	70530	71,590	1.5	1,060
40635	Health Services-Mansfield	144890	144890	151,420	4.5	6,530
40636	Soil Testing Service	33740	33740	48,830	44.7	15,090
40637	Food Protection Service	80000	80000	80,000	-	-
40638	B100a Review	33540	33540	18,480	(44.9)	(15,060)
40639	Engineered Plan Rev	27880	27880	28,150	1.0	270
40642	Health Services - Ashford	24190	24190	24,480	1.2	290
40643	Health Services - Willington	33340	33340	32,570	(2.3)	(770)
40646	GroupHome/Daycare inspection	1200	1200	1,200	-	-
40647	Subdivision Review	1500	1500	1,500	-	-
40648	Food Plan Review	2500	2500	2,500	-	-
40649	Health Services - Tolland	83100	83100	85,130	2.4	2,030
40685	Health Services - Chaplin	12730	12730	12,520	(1.6)	(210)
40686	Health Services - Andover	18400	18400	18,420	0.1	20
40687	Health Services - Columbia	30580	30580	30,790	0.7	210
40688	Health Services - Scotland	9510	9510	9,220	(3.0)	(290)
	Cosmotology Inspections	0	0	6,800	-	6,800
40999	Appropriation of Fund Balance	29658	29658	38,577	30.1	8,919
Total Revenues		939,534	939,534	962,197	2.4	22,663
Expenditures:						
51050	Grant deductions	(62,586)	(62,586)	(63,514)	1.5	(928)
51601	Regular Salaries - Non-Union	640,670	640,670	648,735	1.3	8,065
52001	Social Security	40,055	40,055	40,560	1.3	505
52002	Workers Compensation	10,150	10,150	11,000	8.4	850
52007	Medicare	9,368	9,368	9,485	1.2	117
52010	ICMA (Pension)	33,440	33,440	33,354	(0.3)	(86)
52103	Life Insurance	2,390	2,390	2,830	18.4	440
52105	Medical Insurance	150,770	150,770	156,610	3.9	5,840
52117	RHS	2,320	2,320	2,400	3.4	80
52112	LTD	672	672	697	3.7	25
52203	Dues & Subscriptions	2,100	2,100	2,100	-	-
52220	Vehicle allowance	5,400	5,400	5,400	-	-
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,495	7,495	7,845	4.7	350
53122	Legal	3,000	3,000	3,000	-	-
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	2,500	2,500	2,500	-	-
53801	General Liability	14,800	14,800	14,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,150	1,150	1,150	-	-
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	18,350	18,350	20,475	11.6	2,125
53964	Voice Communications	3,800	3,800	4,850	27.6	1,050
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,500	2,500	2,500	-	-
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	30,090	30,090	31,320	4.1	1,230
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	-	-	3,000	na	3,000
Total Expenditures		939,534	939,534	962,197	2.4	22,663

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits
Proposed estimate: **\$48,950**

40221 Well Permits
Proposed estimate: **\$12,590**

40491 State Grant-in-aid

	<u>Population 2020</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,149	2.60	8,187
Ashford	4,185	2.60	10,881
Bolton	4,868	2.60	12,657
Chaplin	2,141	2.60	5,567
Columbia	5,263	2.60	13,684
Coventry	12,238	2.60	31,819
Scotland	1,576	2.60	4,098
Tolland	14,552	2.60	37,835
Mansfield	25,883	2.60	67,296
Willington	5,568	2.60	14,477
Total	79,423		\$206,501

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,868	\$ 5.850	\$28,480	\$710	2.56

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,238	\$ 5.850	\$71,590	\$1,060	1.50

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
25,883	\$ 5.850	\$151,420	\$6,530	4.51

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,185	\$ 5.850	\$24,480	\$290	1.20

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,552	\$ 5.850	\$85,130	\$2,030	2.44

40643 Health Services - Willington

<u>Willington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,568	\$ 5.850	\$32,570	(\$770)	-2.31

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,141	\$ 5.850	\$12,520	(\$210)	-1.65

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,149	\$ 5.850	\$18,420	\$20	0.11

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>
5,263	\$ 5.850	\$30,790	\$210	0.69

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,576	\$ 5.850	\$9,220	(\$290)	-3.05

40630 Health Inspection Service Fees
Proposed estimate: **\$3,500**

40636 Health Services - Soil Testing
Proposed estimate: **\$48,830**

40637 Food Protection Service
Proposed estimate: **\$80,000**

40638 B100a (Public Health Review)
Proposed estimate: **\$18,480**

40639 Plan Review Engineered Design
Proposed estimate: **\$28,150**

40645 Plan Review Non-engineered Design
Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections
Proposed estimate: **\$1,200**

40647 Subdivision Review
Proposed estimate: **\$1,500**

40648 Food Plan Review
Proposed estimate: **\$2,500**

40890 Cosmetology Inspections **\$6,800**

40999 Appropriation of Fund Balance **\$ 38,577**

RATIONAL OF OBJECTS

BUDGET FIGURE IN **BOLD ITALICS**

Expenditures:

51601 Regular Salaries - Non-Union

	FY 22/23		FY 22/23	
	Proposed Appr	FTE	Grant deduct	FTE
	646,585	8.35	54,629	0.84
Longevity/bonus	<u>\$2,150</u>			
Total Salaries	\$648,735			

	Salary Deductions	54,629
	Benefit Deductions	<u>8,885</u>
51050 Grant Deductions	Total Grant Deductions	\$ 63,514

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
648,735	\$40,556

52002 Workers compensation

Estimated Premium	\$11,000
(Estimated increase due to material increase in staffing from COVID response)	

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 648,735	\$9,485

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	613,585
Employer percent contribution	<u>0.06</u>
Total estimated employer contribution	Total 33,363

52103 Life Insurance

Proposed estimate:	\$2,834
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52105 Medical Insurance

Proposed estimate:	\$156,610
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52117 RHS Contribution

Proposed estimate:	\$2,400
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52112 LTD

Proposed estimate:	\$697
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52203 Dues & Subscriptions

Proposed estimate:	\$2,100
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52210 Training

Proposed estimate:	\$3,500
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52212 Mileage Reimbursement

Proposed estimate:	\$600
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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>500</u>
Total	\$7,845

53122 Legal Services

Proposed estimate:	\$3,000
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53125 Audit Expense

Proposed estimate:	\$6,900
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53303 Vehicle Maintenance and Repair

Proposed estimate:	\$2,500
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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

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

53924 Advertising

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

53925 Printing and Binding

Proposed estimate: **\$1,150**

53926 Postage

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

53940 Copier Maintenance

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

53960 Other Purchased Services

Proposed estimate: **20,475** (Viewpermit contract)

53964 Voice Communications

Proposed estimate: **\$4,850** (cell/ipad data + Code red)

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

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

54601 Gasoline

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

55420 Office equipment

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

55430 Equipment - Other

Field Equipment: **\$600**

56302 Administrative Overhead

Propose estimate: **\$31,320** (Sept 19 to Sept 20 -CPI, 4.1%)
This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.

56312 Contingency

\$0

58410 Capital Nonrecurring Fund

\$3,000

Analysis of Service Fee Revenues

	REVENUE PERFORMANCE																				Estimated		
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	2021-22
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012	2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019/2020	2020/2021	2021/2022	11/12/2020	10/1/2021		
40220 Septic Permits (New and repair permits)	40,750	56,765	43,885	31,410	28,160	31,000	26,100	29,295	28,455	31,845	31,655	31,285	34,400	43,680	51,145	49,133	61,170	48,470	16,890	15,060	31%	48,945	48,945
40221 Well permits	14,120	23,205	19,950	22,695	11,280	18,775	13,604	12,135	12,505	13,600	15,535	14,345	16,985	12,925	12,985	10,680	22,395	14,400	9,335	3,875	27%	12,594	12,594
40630 Health Inspection Services (Other inspections & services)	12,325	0	14,948	2,943	3,928	21,273	5,875	14,133	14,621	1,857	3,318	5,375	13,716	3,993	3,210	9,151	5,244	3,500	1,229	188	5%	3,500	3,500
40636 Health Services - Soil testing (Treat Holes & Perc Treats)	73,680	73,760	60,140	46,805	32,229	37,610	33,330	31,475	33,590	32,380	32,965	39,710	33,585	41,775	40,980	49,490	46,388	33,740	11,933	13,950	41%	48,825	48,825
40637 Food Protection Service (License fees)	24,573	25,735	29,700	37,973	41,307	37,630	41,583	48,930	55,080	57,798	60,068	61,743	66,413	71,399	83,981	78,718	78,455	80,000	3,827	6,475	8%	80,000	80,000
40638 B100a Review (Public health review)	19,595	25,870	22,235	23,420	21,605	22,350	21,880	20,770	24,790	26,005	24,610	29,225	30,040	27,470	29,445	33,690	38,175	33,540	10,320	6,160	18%	18,480	18,480
40639 Engineered Plan Review	14,360	25,005	21,455	11,985	10,000	17,130	13,500	13,220	9,585	10,360	8,685	8,905	7,290	8,175	29,535	32,860	36,575	27,880	9,290	8,660	31%	28,145	28,145
40645 Nonengineered Plan Review	4,605	3,235	6,615	7,635	5,720	6,285	5,905	8,550	10,575	13,500	12,670	14,205	15,820	18,565	80							-	-
40646 Group Home / Daycare Insp.	840	1,022	1,175	1,740	955	685	1,400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,430	880	1,200	110	330	28%	990	1,200
40647 Subdivision Review	24,530	64,55	7,985	9,765	4,225	23,40	38,10	2,595	6,050	2,200	3,690	3,105	2,380	2,070	1,170	1,375	2,640	1,500	875	-	0%	1,500	1,500
40648 Food Plan Review	1,380	2,050	2,040	2,485	2,747	5,500	5,027	2,851	4,641	3,075	3,220	3,790	3,035	2,670	4,290	2,481	3,475	2,500	1,285	855	34%	2,500	2,500
40690 Cosmetology (other)																						-	6,800
Total	230,758	243,722	229,848	198,836	189,156	200,588	172,014	#####	#####	193,818	197,796	212,943	224,874	234,392	257,941	270,008	295,397	246,730	65,044	55,553	19%	245,479	252,489



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

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

All food service fees apply to public school food operations.

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

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

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

TABLE A

FY22 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

Food Protection(3)	EHHD Current FY2022	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct Median	Eastern Ct Average	ALL CT Median	ALL CT Average	ALL CT HD	ALL CT HD	5% Increase	10% Increase	15% Increase	20% Increase
		Median	Average	Median	Average										
Class I License	\$ 135	\$ 150	\$ 145	\$ 150	\$ 240	\$ 143	\$ 241	\$ 152	\$ 162	\$ 142	\$ 149	\$ 155	\$ 162	\$ 162	\$ 162
Class II License	\$ 255	\$ 250	\$ 258	\$ 355	\$ 330	\$ 321	\$ 368	\$ 373	\$ 373	\$ 268	\$ 281	\$ 293	\$ 306	\$ 306	\$ 306
Class III License	\$ 355	\$ 350	\$ 355	\$ 389	\$ 350	\$ 348	\$ 403	\$ 400	\$ 399	\$ 373	\$ 391	\$ 408	\$ 426	\$ 426	\$ 426
Class IV License	\$ 380	\$ 350	\$ 389	\$ 215	\$ 150	\$ 58	\$ 60	\$ 66	\$ 68	\$ 399	\$ 418	\$ 437	\$ 456	\$ 456	\$ 456
Temp event	\$ 65	\$ 150	\$ 215	NA	NA	NA	NA	NA	NA	\$ 68	\$ 45	\$ 75	\$ 78	\$ 78	\$ 78
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144	\$ 144	\$ 144
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162	\$ 162	\$ 162
Plan review - Class I	\$ 175	\$ 185	\$ 202	\$ 212	\$ 200	\$ 223	\$ 180	\$ 204	\$ 184	\$ 184	\$ 193	\$ 201	\$ 210	\$ 210	\$ 210
Plan review - Class II	\$ 175	\$ 185	\$ 212	\$ 240	\$ 250	\$ 250	\$ 253	\$ 304	\$ 257	\$ 184	\$ 193	\$ 201	\$ 210	\$ 210	\$ 210
Plan review - Class III	\$ 245	\$ 245	\$ 240	\$ 244	\$ 250	\$ 253	\$ 263	\$ 253	\$ 257	\$ 257	\$ 270	\$ 282	\$ 294	\$ 294	\$ 294
Plan review - Class IV	\$ 245	\$ 245	\$ 244	\$ 244	\$ 250	\$ 253	\$ 263	\$ 253	\$ 257	\$ 257	\$ 270	\$ 282	\$ 294	\$ 294	\$ 294
Subsurface Sewage Disposal															
Permit - new	\$ 220	\$ 220	\$ 216	\$ 187	\$ 175	\$ 202	\$ 175	\$ 220	\$ 231	\$ 231	\$ 242	\$ 253	\$ 264	\$ 264	\$ 264
Permit - Major repair	\$ 190	\$ 165	\$ 185	\$ 105	\$ 150	\$ 161	\$ 150	\$ 169	\$ 200	\$ 200	\$ 209	\$ 219	\$ 228	\$ 228	\$ 228
Permit - Minor repair	\$ 100	\$ 100	\$ 105	NA	\$ 100	\$ 104	\$ 100	\$ 110	\$ 105	\$ 105	\$ 110	\$ 115	\$ 120	\$ 120	\$ 120
Permit - Design flow >2000GPD	\$ 350	\$ 350	NA	NA	NA	NA	NA	NA	\$ 388	\$ 388	\$ 385	\$ 403	\$ 420	\$ 420	\$ 420
Percolation Test(4)	\$ 200	\$ 220	\$ 187	\$ 165	\$ 172	\$ 158	\$ 169	\$ 210	\$ 210	\$ 210	\$ 220	\$ 230	\$ 240	\$ 240	\$ 240
Deep Hole Test															
each additional pit	\$ 30	\$ 55	\$ 63	\$ 75	\$ 65	\$ 75	\$ 67	\$ 32	\$ 32	\$ 32	\$ 33	\$ 35	\$ 36	\$ 36	\$ 36
Subdivision Plan Review (per lot)	\$ 125	\$ 55	\$ 125	\$ 125	\$ 125	\$ 125	\$ 132	\$ 131	\$ 131	\$ 131	\$ 138	\$ 144	\$ 150	\$ 150	\$ 150
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 125	\$ 140	\$ 130	\$ 138	\$ 183	\$ 194	\$ 42	\$ 42	\$ 42	\$ 44	\$ 46	\$ 48	\$ 48	\$ 48
Plan review (per plan)	\$ 130	\$ 55	\$ 140	\$ 130	\$ 138	\$ 183	\$ 194	\$ 137	\$ 137	\$ 137	\$ 143	\$ 150	\$ 156	\$ 156	\$ 156
Review plan revisions	\$ 40	\$ 130	\$ 140	\$ 130	\$ 138	\$ 183	\$ 194	\$ 42	\$ 42	\$ 42	\$ 44	\$ 46	\$ 48	\$ 48	\$ 48
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 63	\$ 63	\$ 66	\$ 69	\$ 72	\$ 72	\$ 72
B100a - accessory structure	\$ 50	\$ 50	\$ 53	\$ 50	\$ 56	\$ 50	\$ 68	\$ 53	\$ 53	\$ 53	\$ 55	\$ 58	\$ 60	\$ 60	\$ 60
B100a - addition/use change	\$ 70	\$ 65	\$ 60	\$ 65	\$ 61	\$ 68	\$ 84	\$ 74	\$ 74	\$ 74	\$ 77	\$ 81	\$ 84	\$ 84	\$ 84
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 63	\$ 63	\$ 66	\$ 69	\$ 72	\$ 72	\$ 72
Misc															
Well Permit	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 118	\$ 125	\$ 127	\$ 131	\$ 131	\$ 138	\$ 144	\$ 150	\$ 150	\$ 150
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	NA	\$ 79	\$ 79	\$ 83	\$ 86	\$ 90	\$ 90	\$ 90
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	NA	\$ 121	\$ 121	\$ 127	\$ 132	\$ 138	\$ 138	\$ 138
Group Home Inspection	\$ 110	\$ 105	\$ 113	\$ 100	\$ 108	\$ 100	\$ 95	\$ 116	\$ 116	\$ 116	\$ 121	\$ 127	\$ 132	\$ 132	\$ 132
Daycare inspection	\$ 110	\$ 105	\$ 109	\$ 105	\$ 109	\$ 109	\$ 120	\$ 122	\$ 116	\$ 116	\$ 121	\$ 127	\$ 132	\$ 132	\$ 132
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	NA	\$ 68	\$ 68	\$ 72	\$ 75	\$ 78	\$ 78	\$ 78
Family Camp ground Inspection	\$ 130	\$ 125	\$ 124	\$ 120	\$ 119	\$ 110	\$ 116	\$ 137	\$ 137	\$ 137	\$ 143	\$ 150	\$ 156	\$ 156	\$ 156
Pool Registration/inspection	\$ 105	\$ 105	\$ 119	\$ 100	\$ 100	\$ 110	\$ 135	\$ 156	\$ 110	\$ 110	\$ 116	\$ 121	\$ 126	\$ 126	\$ 126
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	NA	\$ 84	\$ 84	\$ 88	\$ 92	\$ 96	\$ 96	\$ 96
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	NA	\$ 158	\$ 158	\$ 165	\$ 173	\$ 180	\$ 180	\$ 180
Fee total for single lot development(5)	\$ 675	\$ 675	\$ 644	\$ 580	\$ 620	\$ 633	\$ 705	\$ 158	\$ 158	\$ 158	\$ 165	\$ 173	\$ 180	\$ 180	\$ 180
FY22 Health District Per Capita Rate	\$ 5.69	\$ 5.75	\$ 7.08	\$ 6.81	\$ 7.74	\$ 6.85	\$ 8.96								

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

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

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

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

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

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

Fiscal Year	Town Contribution Increases		CPI (1)	Town Contribution Per Capita (\$)	Adopted Expenditures Per Capita (4)	State Grant allocation per capita (\$)	
	Proposed %	Adopted %				Pop. < 5000	Pop. > 5000
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	4.055	8.73	1.95	1.66
2008	3.08	0.62	2.28	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	-1.16	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	1.1	0	1.45	4.51	8.85	1.85	1.85
2014	2.4	0	1.48	4.51	8.67	1.85	1.85
2015	3.1	2	1.89	4.6	8.83	1.85	1.85
2016	4.9	4.9	0.0	4.85	9.46	1.85	1.85
2017	5.18	3.8	1.0	5.01	9.77	1.76	1.76
2018	5.7	4.1	1.5	5.215	10.15	1.64	1.64
2019	1.5	1.5	2.5	5.295	10.06	1.85	1.85
2020	2.5	0.3	1.7	5.31	10.05	1.85	1.85
2021	2	2	.001	5.42	10.39	1.66	1.66
2022	3.6	0	5.4	5.68	11.75	2.6	2.6
	Total % change (3)		70	62	71	46	46

(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 1997 to September 2021.

(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 2022/23

	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Estimated 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
Revenues:													
Transfer In - General Fund			3,000	3,000	3,000			3,000	125,000	9,000	12,000	15,000	18,000
Equity Fund Transfer								125,000					
Dept of Transportation Grant													
Transfer In - Other Operating													
Surplus Vehicle proceeds			1,910			2,500		3,000	3,000	3,000		3,000	3,000
Total Revenues			4,910	3,000	3,000	2,500		131,000	128,000	12,000	12,000	18,000	21,000
Expenditures by Project:													
Automobiles		15,992				17,000	17,000	20,000	20,000	20,000		20,000	20,000
Computer/Office Equipment		725		11,800									
Strategic Planning Priorities:													
Strategic Plannin & CHA/CHIP													
IT Infrastructure Upgrade		17,979				6,000	6,000	100,000	10,000	50,000	10,000	10,000	
Office Reorganizing Project								10,000		10,000		5,000	
Digitizing records													
Total Expenditures		34,696		11,800		23,000	23,000	20,000	140,000	90,000	20,000	25,000	20,000
Excess/(Deficiency) of Revenues over Expenditures		(34,696)	4,910	(8,800)	3,000	(20,500)	(23,000)	111,000	(12,000)	(78,000)	(8,000)	(7,000)	1,000
Fund Balance, July 1	161,566	161,566	126,870	131,780	122,980	125,980	125,980	105,480	216,480	204,480	126,480	118,480	111,480
Fund Balance, June 30	\$161,566	\$126,870	\$131,780	\$122,980	\$125,980	\$105,480	\$102,980	\$216,480	\$204,480	\$126,480	\$118,480	\$111,480	\$112,480

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

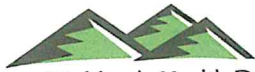
Roll Forward FY 2022/23

	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Estimated 21/22
Revenues:								
Local Support- ECHIP								
State Support - Preventive Health Block	\$15,784		\$15,248	\$5,254	\$21,680	\$4,089	\$7,754	\$23,444
State Support - Cardiovascular Disease Prevention								
State Support - Women's Healthy Heart								
State Support - Bioterrorism Response								
State Support - Bioterrorism Response-Base	54,887	58,908	58,569	55,456	56,011	54,478	54,478	54,478
State Support - H1N1 Planning/Preparedness						17,291	12,303	
State Support - Crisis COVID							104,878	
State Support - CRF Proceeds from Town of Mansfield								
State Support - Community Transformation Grant	11,593							
State Support - Comprehensive Cancer Control Grant								
State Support- Policy/Environ. Change for Chronic Disease		17,024	4,386	13,604		11,288	1,845	153,795
State Support - ELC							101,316	
State Support - ELC BP-2							18,881	
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	7,500
Cooperative Grant - CT Chapter of American Planning	25,031	72,969						
Cooperative Grant - Putting on "AIRS"								
Cooperative Grant - Lyme Disease Grant								
Cooperative Grant -Lead Poisoning	4,858	5,428	7,817			441	5,000	1,000
Cooperative Grant - ACHEVE	3,629	228	3,451	5,000	1,709			
Cooperative Grant - CRI Cities Readiness Initiatives		5,622	378					
MRC Capacity Building Award	3,056	2,479			2,344	1,470	6,844	4,400
MRC Region 4	129	8,598	58			13,500	13,500	13,500
HHP/MRC								
Citizen Corps Program	(31)							
Community Based Wellness Service	5,431							
	185,636	234,902	153,500	147,956	130,997	110,467	334,632	258,117
Expenditures by Project:								
Salaries & Benefits	148,572	170,608	132,149	114,068	79,908	67,385	269,480	157,451
Professional & Technical Services	7,063	28,538	8,981	6,540	1,310	1,105	47,715	2,581
Other Purchased Services & Supplies	30,000	35,756	12,070	27,348	49,779	41,977	17,427	98,084
Equipment			300					
Transfer Out								
Total Expenditures	185,636	234,902	153,500	147,956	130,997	110,467	334,632	258,117

EASTERN HIGHLANDS HEALTH DISTRICT
FUND BALANCE ANALYSIS

FY 2017/18 - Projected FY 2022/28

	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
General Fund											
Operating Expenditures	771,841	746,311	778,994	774,370	939,534	1,087,197	1,102,943	1,004,628	1,025,659	1,047,043	1,068,788
Grant Deduction	80,234	80,234	63,084	156,240	62,586	63,514	63,514	63,514	63,514	63,514	63,514
Total Expenditures	852,075	826,545	842,078	930,611	1,002,120	1,150,711	1,166,457	1,068,142	1,089,173	1,110,557	1,132,302
Fund Balance	358,082	432,296	495,338	610,153	580,495	416,918	256,785	214,677	171,776	128,278	84,381
FB as a % of Total Expenditures	42.02%	52.30%	58.82%	65.56%	57.93%	36.23%	22.01%	20.10%	15.77%	11.55%	7.45%
Capital Non-Recurring Fund											
Total Expenditures	34,696	-	11,800	-	23,000	20,000	140,000	90,000	20,000	25,000	20,000
Fund Balance	126,870	131,780	122,980	125,980	105,480	216,480	204,480	126,480	118,480	111,480	112,480
All Funds											
Total Expenditures	886,770	826,545	853,878	930,611	1,025,120	1,170,711	1,306,457	1,158,142	1,109,173	1,135,557	1,152,302
Fund Balance	484,952	564,076	618,318	736,133	685,975	633,398	461,266	341,157	290,256	239,758	196,861
FB as a % of Total Expenditures	54.69%	68.24%	72.41%	79.10%	66.92%	54.10%	35.31%	29.46%	26.17%	21.11%	17.08%
Service Fees & State Grant Revenue	384,378	391,265	404,436	431,651	454,836	459,000	466,575	474,377	482,414	490,691	499,217
Target Fund Balance - 50% of Service Fees & State Grant Revenue	192,189	195,632	202,218	215,825	227,418	229,500	233,288	237,189	241,207	245,345	249,608
General Fund - Fund Balance Variance	358,082	432,296	495,338	610,153	580,495	416,918	256,785	214,677	171,776	128,278	84,381
	165,893	236,663	293,120	394,328	353,077	187,418	23,498	(22,512)	(69,431)	(117,068)	(165,227)



Eastern Highlands Health District

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

Memorandum

To: Board of Directors

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

CC: Charmaine Bradshaw-Hill, Chief Financial Officer

Date: 12/6/2021

Re: Proposed Operating Budget and CNR Budget

Proposed Fiscal Year 2022/2023 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2022/2023. The proposal incorporates an expenditure increase of \$22,663 or 2.4%. The total budget has increased from \$939,534 to \$962,197. The member town contribution rate increased by 2.9% from \$5.685 to \$5.85 per capita (The average FY21/22 member town contribution rate for contiguous health districts is \$7.08).

Primary Budget Drivers

The primary issues driving the fiscal year 2022/2023 budget are a proposed increase in the staff salary account appropriation, and a corresponding increase in the benefits. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 1.3%. The increase accommodates merit and new pay range increases for eligible staff.
2. A **Benefits** expenditure increase of 3.1%. The increase accommodates corresponding increases in basic benefits, a 3.9% place holder increase in the medical insurance line item.
3. A decrease of 0.8% in the appropriation from the adopted amended FY21/22 figure is proposed for the **state grant – in - aid**. The state appropriated, and we have received, 100% of the FY21/22 adopted amended revenues for this line. At this time, we are anticipating level funding into FY22/23 for local health departments.
4. A total member **town contribution** increase of 2.1%. This includes a per capita rate increase of 2.9%, plus changes in the population estimates.
5. A **fee for service** revenue increase of 2.3%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY22/23.
6. An **appropriation from fund balance** of \$38,577 is proposed to balance the budget. This appropriation is an increase of \$8,919 as compared to the FY21/22 adopted amended budget.

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

7. An increase of 1.5% in **grant deductions** for regular staff salary and benefits is anticipated.
8. An increase in **operational expenditures** of 4.4%. This increase is due primarily to Other Purchased Services to address a fee increase associated with our online permit tracking/payment software,
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:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY22/23					
		Adopted Amended 21/22	Proposed 22/23	Change	Percent
Revenues					
	State Grant in Aid	\$ 208,106	\$ 206,500	\$ (1,606)	-0.8%
	Town contributions	\$ 455,040	\$ 464,620	\$ 9,580	2.1%
	Fees for Service	\$ 246,730	\$ 252,500	\$ 5,770	2.3%
	Appropriation of Fund Balance	\$ 29,658	\$ 38,577	\$ 8,919	30.1%
	Total	\$ 939,534	\$ 962,197	\$ 22,663	2.4%
Expenditures					
	Grant Deductions	\$ (62,586)	\$ (63,514)	\$ (928)	1.5%
	Salaries	\$ 640,670	\$ 648,735	\$ 8,065	1.3%
	Benefits	\$ 254,565	\$ 262,336	\$ 7,771	3.1%
	Operations	\$ 106,885	\$ 111,640	\$ 4,755	4.4%
	Transfers Out to CNR	\$ -	\$ 3,000	\$ 3,000	
	Total	\$ 939,534	\$ 962,197	\$ 22,663	2.4%

Highlighted below is additional narrative for selected account proposals for FY22/23

Revenues

- **State Grant – in – Aid.** This line item decreases 0.8% with a total proposed appropriation of \$206,500. This is based on flat funding into the new biennium. There is no information from DPH at this time regarding anticipated actual appropriations for FY22/23 at this time.
- **Town Contributions.** A total combined increase of \$9,580, or 2.1% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.9%, plus changes in the population estimates provided by DPH. Population estimates have declined by 618 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 \$5,770, or 2.3%. While still early in the year, FY21/22 year to date fee revenue aggregate is at approximately the same revenue level this time last fiscal year. This proposed revenue estimate is based on revenue projection for the current

fiscal year can be found on page 10. This estimate also include estimated revenue for the new cosmetology inspection program. No changes in the previously adopted fee schedule is proposed. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

- **General Fund Appropriation.** An appropriation of \$38,577 is proposed in this budget. This is an increase of 30.1% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2023 will be 53% of the FY22/23 operating expenditures. (See page 4 for the GF roll forward report for FY22/23.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period.

Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 1.5% in grant deductions. This includes grants awarded by the DPH to support the COVID-19 response. (See page 15 for details on total grant revenue anticipated for FY22.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$8,065, or 1.3%. 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. The appropriation will also accommodate newly approved pay ranges that will increase wage rates for five (5) regular staff, effective July 1st, and reflects a reduction in wages in one position as a result of staff turnover.
- **52105 Medical Insurance.** The total increase anticipated is \$5,840, or 3.9%. This is a place holder figure provided by the Mansfield Finance Department that reflects a conservative 17% increase in premiums, and changes in staff enrollment. The final figure is not yet available.
- **53960 Other Purchased Services.** A total increase of \$2,125, or 11.6% is proposed. This is a contractual payment increase to our vendor that provided the upgrade to our online permit application and payment software.
- **53964 Voice Communications.** A total increase of \$1,050 is due to a change in eligible grant expenditures. The annual cost of our staff/volunteer emergency notification system is no longer an eligible grant expense.
- **56302 Administrative Overhead.** A total increase \$1,230, or 4.1% is proposed. This is a contractual payment increase 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 22/23 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.** \$125,000 as recommended by the Finance Committee. This transfer is the first of two, which are earmarked to fund main office relocation and renovation project, digitizing records project, and support increase in funds for fleet vehicle replacement and CHA/CHIP initiative.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$3,000 from the surplus sale of one fleet vehicle.

Expenditures

- **Automobiles.** An expenditure of \$20,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.

Recommendation

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 29, 2021 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 20, 2022 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2022/2023 Operating Budget, Capital non-recurring budget, as presented on December 9, 2021.*

Eastern Highlands Health District

Proposed Budget

Fiscal Year 2022 – 2023

Board of Directors Meeting

December 9, 2021

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Eastern Highlands Health District Budget Presentation FY 22/23

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

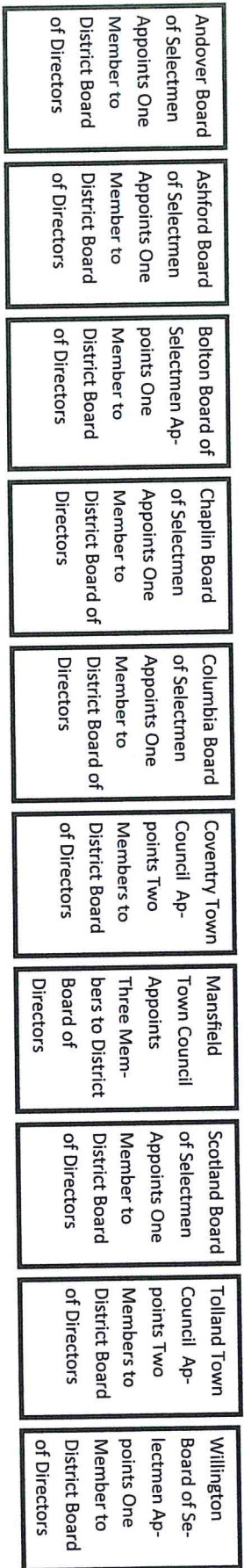
Mission Statement – Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment.

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 79,423.

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.

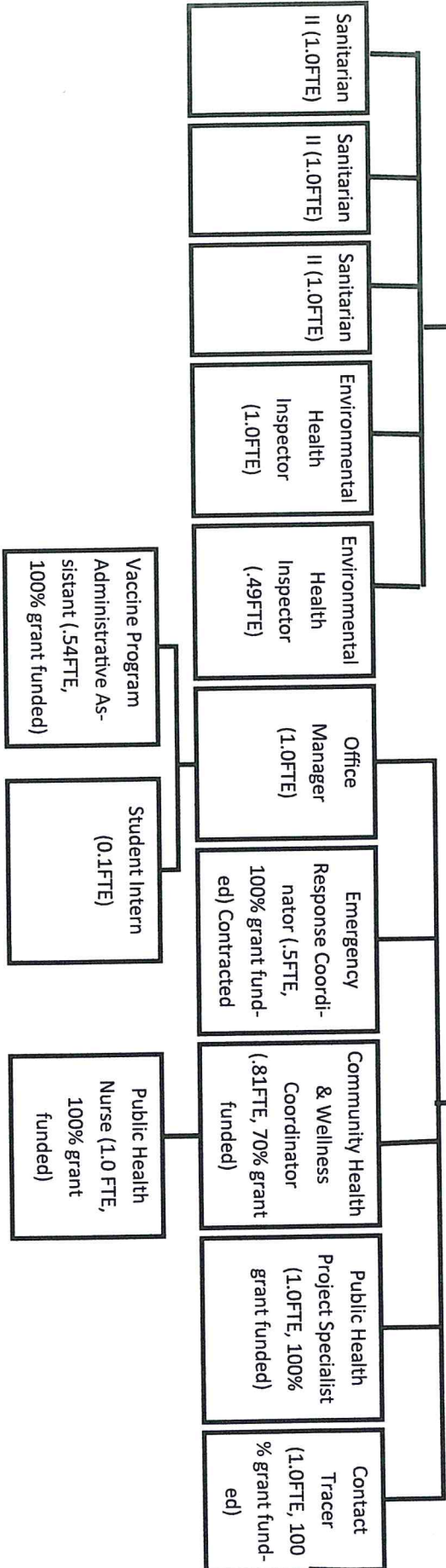


EHHD Board of Directors 14 Members

Director of Health

Medical Advisor

Chief Sanitarian (1.0FTE)



Fiscal Year 2022/2023 Budget Calendar

Finance Committee Budget Meeting	November 29, 2021
Finance Committee Budget Meeting	December 9, 2021 (If needed)
Budget Presentation to Board	December 9, 2021
Deadline for final budget estimates per By Laws	January 1, 2022
Fiscal Year 2022/2023 Budget Public Hearing	January 20, 2022 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2022
Adoption of Budget	February 17, 2022 (If needed)

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

Roll Forward FY 2022/23

	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Estimated 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
Revenues:														
Member Town Contributions	405,820	423,080	429,282	429,260	437,600	457,535	455,040	455,040	464,620	476,236	488,141	500,345	512,854	525,675
State Grant-in-Aid	142,234	133,164	149,985	133,327	134,429	136,253	208,106	208,106	206,500	206,500	206,500	206,500	206,500	206,500
Services Fees	212,942	224,874	234,393	227,937	270,007	295,397	246,730	246,730	252,500	260,075	267,877	273,914	284,191	292,717
Local Support		800	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenues	760,996	781,918	813,660	820,525	842,036	889,185	909,876	909,876	923,620	942,811	962,519	982,758	1,003,545	1,024,892

Expenditures:														
Salaries & Benefits	644,630	686,253	691,797	658,453	670,270	663,241	827,849	827,849	842,757	859,612	876,805	894,341	912,228	930,472
Insurance	15,607	15,599	15,599	14,351	13,870	14,603	14,800	14,800	14,800	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	13,162	47,455	46,954	45,014	64,822	47,766	49,985	49,985	51,565	51,823	52,082	52,342	52,604	52,867
Other Purchased Services & Supplies	46,162	11,713	15,879	24,092	26,087	42,987	43,300	43,300	46,475	46,707	46,941	47,176	47,411	47,649
Equipment	762	300	1,612	1,401	945	2,774	3,600	3,600	3,600	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	720,323	761,320	771,841	743,311	775,994	771,370	939,534	939,534	959,197	977,943	995,628	1,013,659	1,032,043	1,050,788
Operating Transfers Out	-	-	-	3,000	3,000	3,000	-	-	128,000	125,000	9,000	12,000	15,000	18,000
Total Expenditures and Operating Transfers Out	720,323	761,320	771,841	746,311	778,994	774,370	939,534	939,534	1,087,197	1,102,943	1,004,628	1,025,659	1,047,043	1,068,788

Excess/(Deficiency) of Revenues over Expenditures	40,673	20,598	41,819	74,214	63,042	114,815	(29,658)	(29,658)	(163,577)	(160,132)	(42,109)	(42,900)	(43,499)	(43,896)
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Fund Balance, July 1	254,991	295,664	316,262	358,082	432,296	495,338	610,153	610,153	580,495	416,918	256,785	214,677	171,776	128,278
Fund Balance, June 30	\$295,664	\$316,262	\$358,082	\$432,296	\$495,338	\$610,153	\$580,495	\$580,495	\$416,918	\$256,785	\$214,677	\$171,776	\$128,278	\$84,381

Assumptions:	Expenditures per Above	Grant Deduction	Total Expenditures	FB as a % of Total Exp
Member Town increase of 2.5% per year	746,311	80,234	826,545	52.30%
State Grant-in-Aid: held flat each year after	156,240	156,240	312,480	52.96%
Services Fee revenue increase of 3% annually	778,994	935,234	1,714,228	63.56%
Salary & Benefit increases of 2% per year	774,370	930,611	1,704,981	57.93%
Grant Deduction line for salaries held flat at \$58,000 per year starting FY22 (per Rob \$58,244 in FY2024)	939,534	1,002,120	1,941,654	57.93%
Professional & Technical increase of .5% per year	939,534	1,002,120	1,941,654	57.93%
Purchased Services increase of .5% per year	1,087,197	1,150,711	2,237,908	36.23%
	1,102,943	1,166,457	2,269,400	22.01%
	1,004,628	1,068,142	2,072,770	20.10%
	1,025,659	1,089,173	2,114,832	15.77%
	1,047,043	1,110,557	2,157,600	11.55%
	1,068,788	1,132,302	2,201,090	7.45%

**Eastern Highlands Health District
Summary of Revenues and Expenditures for FY22/23**

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

Object	Description	Adopted		Proposed	%	Dollar
		Amended	Estimated	Budget		
		21/22	21/22	22/23	change	change
Revenues:						
40220	Septic Permits	48470	48470	48,950	1.0	480
40221	Well Permits	14400	14400	12,590	(12.6)	(1,810)
40491	State Grant-In-Aid	208106	208106	206,500	(0.8)	(1,606)
40630	Health Inspec. Service Fees	3500	3500	3,500	-	-
40633	Health Services-Bolton	27770	27770	28,480	2.6	710
40634	Health Services-Coventry	70530	70530	71,590	1.5	1,060
40635	Health Services-Mansfield	144890	144890	151,420	4.5	6,530
40636	Soil Testing Service	33740	33740	48,830	44.7	15,090
40637	Food Protection Service	80000	80000	80,000	-	-
40638	B100a Review	33540	33540	18,480	(44.9)	(15,060)
40639	Engineered Plan Rev	27880	27880	28,150	1.0	270
40642	Health Services - Ashford	24190	24190	24,480	1.2	290
40643	Health Services - Willington	33340	33340	32,570	(2.3)	(770)
40646	GroupHome/Daycare inspection	1200	1200	1,200	-	-
40647	Subdivision Review	1500	1500	1,500	-	-
40648	Food Plan Review	2500	2500	2,500	-	-
40649	Health Services - Tolland	83100	83100	85,130	2.4	2,030
40685	Health Services - Chaplin	12730	12730	12,520	(1.6)	(210)
40686	Health Services - Andover	18400	18400	18,420	0.1	20
40687	Health Services - Columbia	30580	30580	30,790	0.7	210
40688	Health Services - Scotland	9510	9510	9,220	(3.0)	(290)
	Cosmotology Inspections	0	0	6,800	-	6,800
40999	Appropriation of Fund Balance	29658	29658	38,577	30.1	8,919
Total Revenues		939,534	939,534	962,197	2.4	22,663
Expenditures:						
51050	Grant deductions	(62,586)	(62,586)	(63,514)	1.5	(928)
51601	Regular Salaries - Non-Union	640,670	640,670	648,735	1.3	8,065
52001	Social Security	40,055	40,055	40,560	1.3	505
52002	Workers Compensation	10,150	10,150	11,000	8.4	850
52007	Medicare	9,368	9,368	9,485	1.2	117
52010	ICMA (Pension)	33,440	33,440	33,354	(0.3)	(86)
52103	Life Insurance	2,390	2,390	2,830	18.4	440
52105	Medical Insurance	150,770	150,770	156,610	3.9	5,840
52117	RHS	2,320	2,320	2,400	3.4	80
52112	LTD	672	672	697	3.7	25
52203	Dues & Subscriptions	2,100	2,100	2,100	-	-
52220	Vehicle allowance	5,400	5,400	5,400	-	-
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,495	7,495	7,845	4.7	350
53122	Legal	3,000	3,000	3,000	-	-
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	2,500	2,500	2,500	-	-
53801	General Liability	14,800	14,800	14,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,150	1,150	1,150	-	-
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	18,350	18,350	20,475	11.6	2,125
53964	Voice Communications	3,800	3,800	4,850	27.6	1,050
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,500	2,500	2,500	-	-
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	30,090	30,090	31,320	4.1	1,230
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	-	-	3,000	na	3,000
Total Expenditures		939,534	939,534	962,197	2.4	22,663

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits
 Proposed estimate: **\$48,950**

40221 Well Permits
 Proposed estimate: **\$12,590**

40491 State Grant-in-aid	<u>Population 2020</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,149	2.60	8,187
Ashford	4,185	2.60	10,881
Bolton	4,868	2.60	12,657
Chaplin	2,141	2.60	5,567
Columbia	5,263	2.60	13,684
Coventry	12,238	2.60	31,819
Scotland	1,576	2.60	4,098
Tolland	14,552	2.60	37,835
Mansfield	25,883	2.60	67,296
Wilmington	5,568	2.60	14,477
Total	79,423		\$206,501

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,868	\$ 5.850	\$28,480	\$710	2.56

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,238	\$ 5.850	\$71,590	\$1,060	1.50

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
25,883	\$ 5.850	\$151,420	\$6,530	4.51

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,185	\$ 5.850	\$24,480	\$290	1.20

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,552	\$ 5.850	\$85,130	\$2,030	2.44

40643 Health Services - Wilmington

<u>Wilmington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,568	\$ 5.850	\$32,570	(\$770)	-2.31

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,141	\$ 5.850	\$12,520	(\$210)	-1.65

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,149	\$ 5.850	\$18,420	\$20	0.11

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>
5,263	\$ 5.850	\$30,790	\$210	0.69

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,576	\$ 5.850	\$9,220	(\$290)	-3.05

40630 Health Inspection Service Fees
Proposed estimate: **\$3,500**

40636 Health Services - Soil Testing
Proposed estimate: **\$48,830**

40637 Food Protection Service
Proposed estimate: **\$80,000**

40638 B100a (Public Health Review)
Proposed estimate: **\$18,480**

40639 Plan Review Engineered Design
Proposed estimate: **\$28,150**

40645 Plan Review Non-engineered Design
Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections
Proposed estimate: **\$1,200**

40647 Subdivision Review
Proposed estimate: **\$1,500**

40648 Food Plan Review
Proposed estimate: **\$2,500**

40890 Cosmetology Inspections **\$6,800**

40999 Appropriation of Fund Balance **\$ 38,577**

RATIONAL OF OBJECTS

BUDGET FIGURE IN **BOLD ITALICS**

Expenditures:

51601 Regular Salaries - Non-Union

	FY 22/23		FY 22/23	
	Proposed Appr	FTE	Grant deduct	FTE
	646,585	8.35	54,629	0.84
Longevity/bonus	<u>\$2,150</u>			
Total Salaries	\$648,735			

	Salary Deductions	54,629
	Benefit Deductions	<u>8,885</u>
51050 Grant Deductions	Total Grant Deductions	\$ 63,514

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
648,735	\$40,556

52002 Workers compensation

Estimated Premium	\$11,000
(Estimated increase due to material increase in staffing from COVID response)	

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 648,735	\$9,485

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	613,585
Employer percent contribution	<u>0.06</u>
Total estimated employer contribution	Total 33,363

52103 Life Insurance

Proposed estimate:	\$2,834
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52105 Medical Insurance

Proposed estimate:	\$156,610
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52117 RHS Contribution

Proposed estimate:	\$2,400
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52112 LTD

Proposed estimate:	\$697
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52203 Dues & Subscriptions

Proposed estimate:	\$2,100
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52210 Training

Proposed estimate:	\$3,500
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52212 Mileage Reimbursement

Proposed estimate:	\$600
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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>500</u>
Total	\$7,845

53122 Legal Services

Proposed estimate:	\$3,000
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53125 Audit Expense

Proposed estimate:	\$6,900
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53303 Vehicle Maintenance and Repair

Proposed estimate:	\$2,500
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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

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

53924 Advertising

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

53925 Printing and Binding

Proposed estimate: **\$1,150**

53926 Postage

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

53940 Copier Maintenance

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

53960 Other Purchased Services

Proposed estimate: **20,475** (Viewpermit contract)

53964 Voice Communications

Proposed estimate: **\$4,850** (cell/ipad data + Code red)

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

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

54601 Gasoline

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

55420 Office equipment

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

55430 Equipment - Other

Field Equipment: **\$600**

56302 Administrative Overhead

Propose estimate: **\$31,320** (Sept 19 to Sept 20 -CPI, 4.1%)
This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.

56312 Contingency

\$0

58410 Capital Nonrecurring Fund

\$3,000



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

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

All food service fees apply to public school food operations.

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

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

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

TABLE A

FY22 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

	EHHD Current FY2022		Four Contiguous Districts Median		Four Contiguous Districts Average		Eastern Ct Median		Eastern Ct Average		ALL CT HD Median		ALL CT HD Average		5% Increase	10% Increase	15% Increase	20% Increase
Food Protection(3)																		
Class I License	\$ 135	\$ 150	\$ 250	\$ 258	\$ 240	\$ 241	\$ 150	\$ 243	\$ 265	\$ 270	\$ 268	\$ 281	\$ 293	\$ 306	\$ 142	\$ 149	\$ 155	\$ 162
Class II License	\$ 255	\$ 350	\$ 350	\$ 355	\$ 330	\$ 321	\$ 330	\$ 373	\$ 368	\$ 373	\$ 268	\$ 281	\$ 293	\$ 306	\$ 268	\$ 281	\$ 293	\$ 306
Class III License	\$ 380	\$ 350	\$ 350	\$ 389	\$ 350	\$ 348	\$ 350	\$ 403	\$ 403	\$ 400	\$ 373	\$ 391	\$ 408	\$ 426	\$ 373	\$ 418	\$ 437	\$ 456
Class IV License	\$ 65	\$ 150	\$ 215	\$ 215	\$ 150	\$ 58	\$ 60	\$ 60	\$ 66	\$ 66	\$ 68	\$ 45	\$ 75	\$ 78	\$ 68	\$ 45	\$ 75	\$ 78
Temp event	\$ 120	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144	\$ 126	\$ 132	\$ 138	\$ 144
Re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162	\$ 142	\$ 149	\$ 155	\$ 162
2nd re-inspection	\$ 175	NA	185	\$ 202	\$ 200	\$ 223	\$ 204	\$ 204	\$ 204	\$ 204	\$ 184	\$ 193	\$ 201	\$ 210	\$ 184	\$ 193	\$ 201	\$ 210
Plan review - Class I	\$ 175	\$ 185	\$ 212	\$ 212	\$ 200	\$ 230	\$ 244	\$ 244	\$ 244	\$ 244	\$ 184	\$ 193	\$ 201	\$ 210	\$ 184	\$ 193	\$ 201	\$ 210
Plan review - Class II	\$ 245	\$ 245	\$ 240	\$ 240	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 257	\$ 270	\$ 282	\$ 294	\$ 257	\$ 270	\$ 282	\$ 294
Plan review - Class III	\$ 245	\$ 245	\$ 244	\$ 244	\$ 250	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 257	\$ 270	\$ 282	\$ 294	\$ 257	\$ 270	\$ 282	\$ 294
Plan review - Class IV	\$ 245	\$ 245	\$ 244	\$ 244	\$ 250	\$ 253	\$ 253	\$ 253	\$ 253	\$ 253	\$ 257	\$ 270	\$ 282	\$ 294	\$ 257	\$ 270	\$ 282	\$ 294
Subsurface Sewage Disposal																		
Permit - new	\$ 220	\$ 220	\$ 216	\$ 216	\$ 175	\$ 202	\$ 175	\$ 202	\$ 175	\$ 220	\$ 231	\$ 242	\$ 253	\$ 264	\$ 231	\$ 242	\$ 253	\$ 264
Permit - Major repair	\$ 190	\$ 165	\$ 185	\$ 185	\$ 150	\$ 161	\$ 150	\$ 169	\$ 150	\$ 169	\$ 200	\$ 209	\$ 219	\$ 228	\$ 200	\$ 209	\$ 219	\$ 228
Permit - Minor repair	\$ 100	\$ 100	\$ 105	\$ 105	\$ 100	\$ 104	\$ 100	\$ 110	\$ 110	\$ 110	\$ 105	\$ 110	\$ 115	\$ 120	\$ 105	\$ 110	\$ 115	\$ 120
Permit - Design flow >2000GPD	\$ 350	\$ 350	\$ 350	\$ 350	NA	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420	\$ 368	\$ 385	\$ 403	\$ 420
Percolation Test(4)	\$ 200	\$ 220	\$ 187	\$ 187	\$ 165	\$ 172	\$ 165	\$ 172	\$ 169	\$ 169	\$ 210	\$ 220	\$ 230	\$ 240	\$ 210	\$ 220	\$ 230	\$ 240
Deep Hole Test																		
each additional pit	\$ 30	\$ 55	\$ 63	\$ 63	\$ 75	\$ 65	\$ 75	\$ 67	\$ 67	\$ 67	\$ 32	\$ 33	\$ 35	\$ 36	\$ 32	\$ 33	\$ 35	\$ 36
Subdivision Plan Review (per lot)	\$ 125	\$ 55	\$ 125	\$ 125	\$ 125	\$ 125	\$ 138	\$ 132	\$ 132	\$ 132	\$ 131	\$ 138	\$ 144	\$ 150	\$ 131	\$ 138	\$ 144	\$ 150
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 125	\$ NA	\$ NA	\$ NA	\$ NA	\$ 50	\$ 52	\$ 52	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48	\$ 42	\$ 44	\$ 46	\$ 48
Plan review (per plan)	\$ 130	\$ 55	\$ 140	\$ 140	\$ 130	\$ 138	\$ 183	\$ 194	\$ 194	\$ 194	\$ 137	\$ 143	\$ 150	\$ 156	\$ 137	\$ 143	\$ 150	\$ 156
Review plan revisions	\$ 40	\$ 130	\$ NA	\$ NA	\$ NA	\$ NA	\$ 50	\$ 69	\$ 69	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48	\$ 42	\$ 44	\$ 46	\$ 48
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	\$ 63	\$ 66	\$ 69	\$ 72
B100a - accessory structure	\$ 50	\$ 50	\$ 53	\$ 53	\$ 50	\$ 56	\$ 50	\$ 68	\$ 68	\$ 68	\$ 53	\$ 55	\$ 58	\$ 60	\$ 53	\$ 55	\$ 58	\$ 60
B100a - addition/use change	\$ 70	\$ 65	\$ 60	\$ 60	\$ 65	\$ 61	\$ 68	\$ 84	\$ 84	\$ 84	\$ 74	\$ 77	\$ 81	\$ 84	\$ 74	\$ 77	\$ 81	\$ 84
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	\$ 63	\$ 66	\$ 69	\$ 72
Misc																		
Well Permit	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 118	\$ 125	\$ 127	\$ 127	\$ 127	\$ 131	\$ 138	\$ 144	\$ 150	\$ 131	\$ 138	\$ 144	\$ 150
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90	\$ 79	\$ 83	\$ 86	\$ 90
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138	\$ 121	\$ 127	\$ 132	\$ 138
Group Home Inspection	\$ 110	\$ 105	\$ 113	\$ 113	\$ 100	\$ 108	\$ 100	\$ 95	\$ 95	\$ 95	\$ 116	\$ 121	\$ 127	\$ 132	\$ 116	\$ 121	\$ 127	\$ 132
Daycare inspection	\$ 110	\$ 105	\$ 109	\$ 109	\$ 105	\$ 109	\$ 120	\$ 122	\$ 122	\$ 122	\$ 116	\$ 121	\$ 127	\$ 132	\$ 116	\$ 121	\$ 127	\$ 132
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78	\$ 68	\$ 72	\$ 75	\$ 78
Family Camp ground Inspection	\$ 130	\$ 125	\$ 124	\$ 124	\$ 120	\$ 119	\$ 110	\$ 116	\$ 116	\$ 116	\$ 137	\$ 143	\$ 150	\$ 156	\$ 137	\$ 143	\$ 150	\$ 156
Pool Registration/inspection	\$ 105	\$ 105	\$ 119	\$ 119	\$ 100	\$ 110	\$ 135	\$ 156	\$ 156	\$ 156	\$ 110	\$ 116	\$ 121	\$ 126	\$ 110	\$ 116	\$ 121	\$ 126
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96	\$ 84	\$ 88	\$ 92	\$ 96
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180	\$ 158	\$ 165	\$ 173	\$ 180
Fee total for single lot development(5)	\$ 675	\$ 675	\$ 644	\$ 644	\$ 580	\$ 620	\$ 633	\$ 705	\$ 705	\$ 705	\$ 675	\$ 705	\$ 735	\$ 765	\$ 675	\$ 705	\$ 735	\$ 765
FY22 Health District Per Capita Rate	\$ 5.69	\$ 5.75	\$ 7.08	\$ 7.08	\$ 6.81	\$ 7.74	\$ 6.85	\$ 8.96	\$ 8.96	\$ 8.96	\$ 5.69	\$ 6.81	\$ 7.74	\$ 8.96	\$ 5.69	\$ 6.81	\$ 7.74	\$ 8.96

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

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

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

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

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

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

Fiscal Year	Town Contribution Increases		CPI (1)	Town Contribution Per Capita (\$)	Adopted Expenditures Per Capita (4)	State Grant allocation per capita (\$)	
	Proposed %	Adopted %				Pop. < 5000	Pop. > 5000
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	4.055	8.73	1.95	1.66
2008	3.08	0.62	2.28	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	-1.16	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	1.1	0	1.45	4.51	8.85	1.85	1.85
2014	2.4	0	1.48	4.51	8.67	1.85	1.85
2015	3.1	2	1.89	4.6	8.83	1.85	1.85
2016	4.9	4.9	0.0	4.85	9.46	1.85	1.85
2017	5.18	3.8	1.0	5.01	9.77	1.76	1.76
2018	5.7	4.1	1.5	5.215	10.15	1.64	1.64
2019	1.5	1.5	2.5	5.295	10.06	1.85	1.85
2020	2.5	0.3	1.7	5.31	10.05	1.85	1.85
2021	2	2	.001	5.42	10.39	1.66	1.66
2022	3.6	0	5.4	5.68	11.75	2.6	2.6
	Total % change (3)		70	62	71	46	46

(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 1997 to September 2021.

(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 2022/23

	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Estimated 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
Revenues:													
Transfer In - General Fund			3,000	3,000	3,000			3,000	125,000	9,000	12,000	15,000	18,000
Equity Fund Transfer								125,000					
Dept of Transportation Grant													
Transfer In - Other Operating													
Surplus Vehicle proceeds			1,910			2,500		3,000	3,000	3,000		3,000	3,000
Total Revenues			4,910	3,000	3,000	2,500		131,000	128,000	12,000	12,000	18,000	21,000
Expenditures by Project:													
Automobiles		15,992				17,000	17,000	20,000	20,000	20,000		20,000	20,000
Computer/Office Equipment		725		11,800									
Strategic Planning Priorities:													
Strategic Plannin & CHA/CHIP													
IT Infrastructure Upgrade		17,979				6,000	6,000	100,000	10,000	50,000	10,000	10,000	5,000
Office Reorganizing Project								10,000		10,000			
Digitizing records													
Total Expenditures		34,696		11,800		23,000	23,000	20,000	140,000	90,000	20,000	25,000	20,000
Excess/(Deficiency) of Revenues over Expenditures		(34,696)	4,910	(8,800)	3,000	(20,500)	(23,000)	111,000	(12,000)	(78,000)	(8,000)	(7,000)	1,000
Fund Balance, July 1	161,566	161,566	126,870	131,780	122,980	125,980	125,980	105,480	216,480	204,480	126,480	118,480	111,480
Fund Balance, June 30	\$161,566	\$126,870	\$131,780	\$122,980	\$125,980	\$105,480	\$102,980	\$216,480	\$204,480	\$126,480	\$118,480	\$111,480	\$112,480

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	Estimated 21/22
Revenues:								
Local Support- ECHIP								
State Support - Preventive Health Block	\$15,784		\$15,248	\$5,254	\$21,680	\$4,089	\$7,754	\$23,444
State Support - Cardiovascular Disease Prevention								
State Support - Women's Healthy Heart								
State Support - Bioterrorism Response								
State Support - Bioterrorism Response-Base	54,887	58,908	58,569	55,456	56,011	54,478	54,478	54,478
State Support - H1N1 Planning/Preparedness						17,291	12,303	
State Support - Crisis COVID							104,878	
State Support - CRF Proceeds from Town of Mansfield								
State Support - Community Transformation Grant	11,593							
State Support - Comprehensive Cancer Control Grant								
State Support- Policy/Environ. Change for Chronic Disease		17,024	4,386	13,604		11,288	1,845	153,795
State Support - ELC							101,316	
State Support - ELC BP-2							18,881	
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	7,500
Cooperative Grant - CT Chapter of American Planning	25,031	72,969						
Cooperative Grant - Putting on "AIRS"								
Cooperative Grant - Lyme Disease Grant								
Cooperative Grant -Lead Poisoning	4,858	5,428	7,817			441	5,000	1,000
Cooperative Grant - ACHEVE	3,629	228	3,451	5,000	1,709			
Cooperative Grant - CRI Cities Readiness Initiatives		5,622	378					
MRC Capacity Building Award	3,056	2,479			2,344	1,470	6,844	4,400
MRC Region 4	129	8,598	58			13,500	13,500	13,500
HHP/MRC								
Citizen Corps Program	(31)							
Community Based Wellness Service	5,431							
	185,636	234,902	153,500	147,956	130,997	110,467	334,632	258,117
Expenditures by Project:								
Salaries & Benefits	148,572	170,608	132,149	114,068	79,908	67,385	269,480	157,451
Professional & Technical Services	7,063	28,538	8,981	6,540	1,310	1,105	47,715	2,581
Other Purchased Services & Supplies	30,000	35,756	12,070	27,348	49,779	41,977	17,427	98,084
Equipment			300					
Transfer Out								
Total Expenditures	185,636	234,902	153,500	147,956	130,997	110,467	334,632	258,117

EASTERN HIGHLANDS HEALTH DISTRICT
FUND BALANCE ANALYSIS

FY 2017/18 - Projected FY 2027/28

	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Amended 21/22	Proposed 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27	Projected 27/28
General Fund											
Operating Expenditures	771,841	746,311	778,994	774,370	939,534	1,087,197	1,102,943	1,004,628	1,025,659	1,047,043	1,068,788
Grant Deduction	80,234	80,234	63,084	156,240	62,586	63,514	63,514	63,514	63,514	63,514	63,514
Total Expenditures	852,075	826,545	842,078	930,611	1,002,120	1,150,711	1,166,457	1,068,142	1,089,173	1,110,557	1,132,302
Fund Balance	358,082	432,296	495,338	610,153	580,495	416,918	256,785	214,677	171,776	128,278	84,381
FB as a % of Total Expenditures	42.02%	52.30%	58.82%	65.56%	57.93%	36.23%	22.01%	20.10%	15.77%	11.55%	7.45%
Capital Non-Recurring Fund											
Total Expenditures	34,696	-	11,800	-	23,000	20,000	140,000	90,000	20,000	25,000	20,000
Fund Balance	126,870	131,780	122,980	125,980	105,480	216,480	204,480	126,480	118,480	111,480	112,480
All Funds											
Total Expenditures	886,770	826,545	853,878	930,611	1,025,120	1,170,711	1,306,457	1,158,142	1,109,173	1,135,557	1,152,302
Fund Balance	484,952	564,076	618,318	736,133	685,975	633,398	461,266	341,157	290,256	239,758	196,861
FB as a % of Total Expenditures	54.69%	68.24%	72.41%	79.10%	66.92%	54.10%	35.31%	29.46%	26.17%	21.11%	17.08%
Service Fees & State Grant Revenue	384,378	391,265	404,436	431,651	454,836	459,000	466,575	474,377	482,414	490,691	499,217
Target Fund Balance - 50% of Service Fees & State Grant Revenue	192,189	195,632	202,218	215,825	227,418	229,500	233,288	237,189	241,207	245,345	249,608
General Fund - Fund Balance Variance	358,082	432,296	495,338	610,153	580,495	416,918	256,785	214,677	171,776	128,278	84,381
	165,893	236,663	293,120	394,328	353,077	187,418	23,498	(22,512)	(69,431)	(117,068)	(165,227)



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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, 2021, and have issued our report thereon dated November 8, 2021. 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. Professional standards also require that we communicate to you the following information related to our audit.

Significant audit findings

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.

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 estimate(s) 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 sensitive disclosures.



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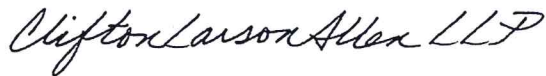
Members of the Board of Directors
Eastern Highlands Health District

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the 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 District'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 District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

West Hartford, Connecticut
November 8, 2021



**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***

Members of the 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 the Eastern Highlands Health District (the District) as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated November 8, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the 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 the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the 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.

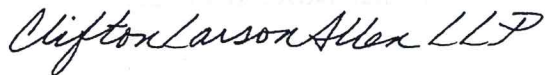
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the 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 District'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 District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

West Hartford, Connecticut
November 8, 2021

EASTERN HIGHLANDS HEALTH DISTRICT

FINANCIAL STATEMENTS

JUNE 30, 2021



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**EASTERN HIGHLANDS HEALTH DISTRICT
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JUNE 30, 2021**

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Independent Auditors' Report

To the Board of Directors
Eastern Highlands Health District
Mansfield, Connecticut

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and each major fund of the Eastern Highlands Health District as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

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 the Eastern Highlands Health District as of June 30, 2021 and 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.

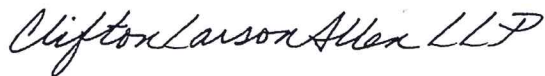
Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and OPEB schedule, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, 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 auditing standards generally accepted in the United States of America, 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.

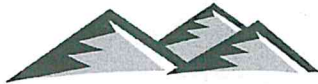
Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 8, 2021 on our consideration of the 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 the 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 the Eastern Highlands Health District's internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

West Hartford, Connecticut
November 8, 2021



Eastern Highlands Health District

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2021

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, 2021.

Financial Highlights

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by \$787,980 (*net position*). Of this amount, \$670,665 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position increased by \$96,933. The District had an operational surplus of \$117,814 coming from revenues in excess of budget (\$56,566), less budgeted use of fund balance (\$50,920) which was unnecessary, and expenditures less than budget (\$109,168) in the General Fund, plus an increase of \$3,000 in Capital Projects funding left unexpended at yearend. The operational surplus was offset by depreciation in excess of capital outlay (\$10,039), and an increase in the compensated absence liability (\$10,739) and a decrease in the Other Post Employment Benefit (OPEB) liability \$8,782.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$736,132, an increase of \$117,814 in comparison with the prior year. Of combined fund balances, \$610,152 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 \$610,152 or 79% 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).

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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 \$787,980 at the close of the most recent fiscal year.

Of the net position, \$117,315 reflects the District's investment in capital assets (e.g., office equipment and vehicles). These assets are not available for future spending.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT
NET POSITION
JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Current and other assets	\$ 836,241	\$ 699,971
Capital assets, net of accumulated depreciation	<u>117,315</u>	<u>127,354</u>
Total assets	<u>953,556</u>	<u>827,325</u>
Deferred outflows of resources	<u>1,047</u>	<u>778</u>
Long-term liabilities outstanding	56,951	54,994
Other liabilities	<u>100,109</u>	<u>81,653</u>
Total liabilities	<u>157,060</u>	<u>136,647</u>
Deferred inflows of resources	<u>9,563</u>	<u>409</u>
Net Position:		
Investment in capital assets	117,315	127,354
Unrestricted	<u>670,665</u>	<u>563,693</u>
Total Net Position	<u>\$ 787,980</u>	<u>\$ 691,047</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 \$96,933 during the current fiscal year. The District had an operational surplus of \$117,814 coming from revenues in excess of budget (\$56,566), less budgeted use of fund balance (\$50,920) which did not occur, and expenditures less than budget (\$109,168) in the General Fund, plus an increase of \$3,000 in Capital Projects funding left unexpended at yearend. The operational surplus was offset by depreciation in excess of capital outlay (\$10,039), and an increase in the compensated absence liability (\$10,739) and an increase in Other Post Employment Benefit (OPEB) liability \$8,782.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT
CHANGE IN NET POSITION
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Revenues:		
Program revenues:		
Charges for services	\$ 295,397	\$ 270,758
Operating grants and contributions	470,885	244,897
General revenues:		
Assessment to member towns	<u>457,536</u>	<u>437,599</u>
Total revenues	1,223,818	953,254
Expenses:		
Health services	<u>1,126,885</u>	<u>915,993</u>
Change in net position	96,933	37,261
Net position - July 1	<u>691,047</u>	<u>653,786</u>
Net Position - June 30	<u>\$ 787,980</u>	<u>\$ 691,047</u>

- Charges for services increased from the prior year by \$24,639, primarily due to an increase in demand for septic permits (\$12,037) and well permits (\$11,715).
- Operating grants and contributions increased by a net of \$225,988, primarily due to the receipt of following grants:
 - ELC Enhancing Detection Grant for \$101,316
 - Coronavirus Relief Funding for \$104,878
 - ELC-BP2 Enhancing Detection Grant for \$18,881
- Assessment to member towns showed an increase of \$19,937.
- Health services expenditures increased by \$210,892, primarily due to an increase in program staffing for COVID-19 activities.

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 \$736,132, an increase of \$117,814 in comparison with the prior year. Of the ending fund balances, \$610,152 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 \$610,152.

The fund balance of the District's General Fund increased by \$114,814 during the current fiscal year. The key factors in this increase are revenues in excess of budget by \$56,566, primarily in charge for services and expenditures less than budget by \$109,168 primarily for salaries and benefits. The District had a part-time environmental health inspector vacancy for the entire year, as well as a full-time position vacant for three months. In addition, the District secured grant funding to support pandemic efforts. Lastly, the budgeted use of fund balance of \$50,920 was not necessary.

The Capital Projects Fund has a total fund balance of \$125,980, all of which is restricted for capital projects. There was no capital outlay during the fiscal year, however the General Fund provided \$3,000 in funding for the year. There were no disposals for the year.

General Fund Budgetary Highlights

During the year, expenditures were less than budgetary estimates by \$109,168. The key factors are a reduction in salary and benefit costs of \$112,158 primarily due to unfilled vacancies and pandemic grant funding. This was offset by unbudgeted COVID-19 related expenses of \$16,653. In addition, there were savings in multiple service and supply accounts, including: training expenses (\$3,500), voice communications (\$2,084) vehicle repairs and maintenance (\$1,678), gasoline (\$1,433), and liability insurance (\$1,197).

Capital Assets

Capital Assets - The District's investment in capital assets for its governmental activities as of June 30, 2021 amounts to \$117,315 (net of accumulated depreciation). This investment in capital assets includes office equipment and vehicles. Depreciation expense was \$17,036 for the year. There were no asset disposals this year. Technology additions for the year were \$6,997.

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

	<u>2021</u>	<u>2020</u>
Office equipment	\$ 87,705	\$ 90,421
Vehicles	<u>29,610</u>	<u>36,933</u>
Total	<u>\$ 117,315</u>	<u>\$ 127,354</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 80,041. The main District office is located in the town of Mansfield.

The budget for fiscal year 2022 was passed by its Board of Directors on January 21, 2021 for \$910,057. We anticipate being able to operate according to the Board's Adopted Budget for fiscal year 21/22 despite the continued impact of COVID-19.

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 Charmaine Bradshaw-Hill, Director of Finance, Town of Mansfield, 4 South Eagleville Road, Mansfield, CT 06268.

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF NET POSITION
JUNE 30, 2021**

	<u>Governmental Activities</u>
Assets:	
Cash and cash equivalents	\$ 818,860
Accounts receivable	17,381
Capital assets being depreciated (net of accumulated depreciation):	
Office equipment	87,705
Vehicles	<u>29,610</u>
Total assets	<u>953,556</u>
Deferred Inflows of Resources:	
Deferred inflows of resources related to OPEB	<u>1,047</u>
Liabilities:	
Accrued liabilities	39,527
Unearned revenue	60,582
Noncurrent liabilities:	
Compensated absences, due within one year	9,489
Compensated absences, due in more than one year	37,956
Total OPEB liability	<u>9,506</u>
Total liabilities	<u>157,060</u>
Deferred Outflows of Resources:	
Deferred outflows of resources related to OPEB	<u>9,563</u>
Net Position:	
Investment in capital assets	117,315
Unrestricted	<u>670,665</u>
Total Net Position	<u>\$ 787,980</u>

The accompanying notes are an integral part of the financial statements

EASTERN HIGHLANDS HEALTH DISTRICT
 STATEMENT OF ACTIVITIES
 FOR THE YEAR ENDED JUNE 30, 2021

Functions/Programs	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	\$ <u>1,126,885</u>	\$ <u>295,397</u>	\$ <u>470,885</u>	\$ (360,603)
General revenues:				
Assessment to member towns				<u>457,536</u>
Change in Net Position				96,933
Net Position at Beginning of Year				<u>691,047</u>
Net Position at End of Year				\$ <u><u>787,980</u></u>

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET - GOVERNMENTAL FUNDS
JUNE 30, 2021**

	<u>Major Funds</u>			<u>Total Governmental Funds</u>
	<u>General</u>	<u>Health Grants</u>	<u>Capital Projects</u>	
ASSETS				
Cash and cash equivalents	\$ 647,466	\$ 45,414	\$ 125,980	\$ 818,860
Receivables:				
Accounts	<u>1,442</u>	<u>15,939</u>		<u>17,381</u>
Total Assets	<u>\$ 648,908</u>	<u>\$ 61,353</u>	<u>\$ 125,980</u>	<u>\$ 836,241</u>
LIABILITIES AND FUND BALANCES				
Liabilities:				
Accrued liabilities	\$ 38,756	\$ 771	\$	\$ 39,527
Unearned revenue		<u>60,582</u>		<u>60,582</u>
Total liabilities	<u>38,756</u>	<u>61,353</u>	<u>-</u>	<u>100,109</u>
Fund Balances:				
Committed			125,980	125,980
Unassigned	<u>610,152</u>			<u>610,152</u>
Total fund balances	<u>610,152</u>	<u>-</u>	<u>125,980</u>	<u>736,132</u>
Total Liabilities and Fund Balances	<u>\$ 648,908</u>	<u>\$ 61,353</u>	<u>\$ 125,980</u>	<u>\$ 836,241</u>

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**EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET - GOVERNMENTAL FUNDS (CONTINUED)
JUNE 30, 2021**

Reconciliation of the Balance Sheet - Governmental Funds to the Statement of Net Position:

Amounts reported for governmental activities in the statement of net position
(Exhibit I) are different because of the following:

Total Fund Balances (Exhibit III, Page 1)	\$ 736,132
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Capital assets used in governmental activities are not financial
resources and, therefore, are not reported in the funds:

Governmental capital assets	\$ 292,111	
Less accumulated depreciation	<u>(174,796)</u>	
Net capital assets		117,315

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	1,047
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Some liabilities are not due and payable in the current period and, therefore,
are not reported in the funds:

Compensated absences	(47,445)
Deferred inflows of resources related to OPEB	(9,563)
Total OPEB liability	<u>(9,506)</u>

Net Position of Governmental Activities (Exhibit I)	<u>\$ 787,980</u>
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The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
GOVERNMENTAL FUNDS
FOR THE YEAR ENDED JUNE 30, 2021**

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
Revenues:				
Member town contributions	\$ 457,536	\$ 14,677	\$	\$ 472,213
Intergovernmental	141,497	319,955		461,452
Septic permits	61,170			61,170
Well permits	22,395			22,395
B100a building permit review	38,175			38,175
Soil testing service	46,388			46,388
Engineered plan review	36,575			36,575
Food protection service	78,455			78,455
Group home/daycare inspection	880			880
Subdivision review	2,640			2,640
Food plan review	3,475			3,475
Total revenues	<u>889,186</u>	<u>334,632</u>	<u>-</u>	<u>1,223,818</u>
Expenditures:				
Current:				
Payroll and benefits	655,562	268,688		924,250
Other purchased services	64,151	46,397		110,548
Liability insurance	14,603			14,603
Supplies and services	25,817	16,557		42,374
Repairs and maintenance	1,602			1,602
Other	9,637	2,990		12,627
Total expenditures	<u>771,372</u>	<u>334,632</u>	<u>-</u>	<u>1,106,004</u>
Excess of Revenues over Expenditures	<u>117,814</u>	<u>-</u>	<u>-</u>	<u>117,814</u>
Other Financing Sources (Uses):				
Transfers in			3,000	3,000
Transfers out	<u>(3,000)</u>			<u>(3,000)</u>
Total other financing sources (uses)	<u>(3,000)</u>	<u>-</u>	<u>3,000</u>	<u>-</u>
Net Change in Fund Balances	114,814	-	3,000	117,814
Fund Balances at Beginning of Year	<u>495,338</u>	<u>-</u>	<u>122,980</u>	<u>618,318</u>
Fund Balances at End of Year	<u>\$ 610,152</u>	<u>\$ -</u>	<u>\$ 125,980</u>	<u>\$ 736,132</u>

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**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
GOVERNMENTAL FUNDS (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2021**

Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances of Governmental Funds to the Statement of Activities:

Amounts reported for governmental activities in the statement of activities (Exhibit II) are different because:

Net change in fund balances - total governmental funds (Exhibit IV)	\$ 117,814
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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:

Capital outlay	6,997
Depreciation expense	(17,036)

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	269
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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	(10,739)
Change in deferred inflows of resources related to OPEB	(9,154)
Change in total OPEB liability	<u>8,782</u>

Change in Net Position of Governmental Activities (Exhibit II)	<u>\$ 96,933</u>
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The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
BUDGET AND ACTUAL - GENERAL FUND
FOR THE YEAR ENDED JUNE 30, 2021**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Revenues:				
Member town contributions	\$ 457,530	\$ 457,530	\$ 457,536	\$ 6
Intergovernmental	133,600	133,600	136,253	2,653
Septic permits	43,930	43,930	61,170	17,240
Well permits	9,970	9,970	22,395	12,425
B100a building permit review	24,410	24,410	38,175	13,765
Soil testing service	36,760	36,760	46,388	9,628
Engineered plan review	27,240	27,240	36,575	9,335
Food protection service	84,170	84,170	78,455	(5,715)
Group home/daycare inspection	1,210	1,210	880	(330)
Subdivision review	1,000	1,000	2,640	1,640
Food plan review	2,500	2,500	3,475	975
Other health services	3,500	3,500	5,244	1,744
Other miscellaneous	6,800	6,800		(6,800)
Total revenues	<u>832,620</u>	<u>832,620</u>	<u>889,186</u>	<u>56,566</u>
Expenditures:				
Current:				
Regular salaries - nonunion	547,680	547,680	435,325	(112,355)
Social Security	37,040	37,040	39,845	2,805
Workers' compensation	10,150	10,150	10,875	725
Unemployment compensation	-	-	2,168	2,168
Medicare	8,620	8,620	9,236	616
Salary related benefits	-	-	(10,297)	(10,297)
ICMA	31,200	31,200	30,616	(584)
Life insurance	2,270	2,270	1,610	(660)
Medical insurance	135,540	135,540	135,540	-
Long-term disability Insurance	650	650	644	(6)
RHS contribution	2,250	2,250	2,280	30
Dues and subscriptions	2,100	2,100	2,139	39
Training	3,500	3,500	-	(3,500)
Mileage reimbursement	600	600	(181)	(781)
Vehicle allowance	-	-	5,400	5,400
Professional and technical	7,120	7,120	8,008	888
Legal	2,000	2,000	1,666	(334)
Audit expense	6,900	6,900	6,900	-
Vehicle repair and maintenance	3,200	3,200	1,522	(1,678)
General liability	15,800	15,800	14,603	(1,197)
Advertising	1,000	1,000	249	(751)
Printing and binding	1,150	1,150	1,209	59

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**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
BUDGET AND ACTUAL - GENERAL FUND (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2021**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Postage	\$ 1,500	\$ 1,500	\$ 1,500	\$ -
Copier maintenance fees	1,000	1,000	80	(920)
Other purchased services	16,200	16,200	16,191	(9)
Voice communications	3,800	3,800	1,716	(2,084)
Instructional supplies	800	800		(800)
Books and periodicals	200	200	-	(200)
Supplies	2,000	2,000	1,863	(137)
Gasoline	3,000	3,000	1,568	(1,432)
COVID-19 expenses			16,653	16,653
Office equipment	3,000	3,000	2,385	(615)
Equipment - other	600	600	389	(211)
Administrative overhead	29,670	29,670	29,670	-
Total expenditures	<u>880,540</u>	<u>880,540</u>	<u>771,372</u>	<u>(109,168)</u>
Excess of Revenues over (under) Expenditures	<u>(47,920)</u>	<u>(47,920)</u>	<u>117,814</u>	<u>165,734</u>
Other Financing Sources (Uses):				
Appropriation of fund balance	50,920	50,920		(50,920)
Transfers out	<u>(3,000)</u>	<u>(3,000)</u>	<u>(3,000)</u>	<u>-</u>
Total other financing sources (uses)	<u>47,920</u>	<u>47,920</u>	<u>(3,000)</u>	<u>(50,920)</u>
Net Change in Fund Balances	<u>\$ -</u>	<u>\$ -</u>	<u>114,814</u>	<u>\$ 114,814</u>
Fund Balances at Beginning of Year			<u>495,338</u>	
Fund Balances at End of Year			<u>\$ 610,152</u>	

The accompanying notes are an integral part of the financial statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. 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.

B. 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.

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.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

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.

C. 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.

D. Receivables

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

E. 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 two years. 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.

**EASTERN HIGHLANDS HEALTH DISTRICT
 NOTES TO THE FINANCIAL STATEMENTS
 JUNE 30, 2021**

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

<u>Assets</u>	<u>Years</u>
Office equipment	5-10
Vehicles	6-10

F. 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.

G. Long-Term Obligations

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

H. 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.

I. 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.

J. Interfund Transfers

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

K. 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:

Net 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.

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.

L. 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.

M. Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through November 8, 2021, the date that the financial statements were available to be issued.

2. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY

A. 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 (Exhibit V) 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, 2021, the District did not have outstanding encumbrances.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

3. DETAILED NOTES ON ALL FUNDS

A. Deposits

At June 30, 2021, the carrying amount of the District's deposits was \$818,860 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.

B. Capital Assets

Capital asset activity for the year ended June 30, 2021 was as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>
Governmental activities:				
Capital assets being depreciated:				
Office equipment	\$ 150,591	\$ 6,997	\$	\$ 157,588
Vehicles	<u>134,523</u>			<u>134,523</u>
Total capital assets being depreciated	<u>285,114</u>	<u>6,997</u>	<u>-</u>	<u>292,111</u>
Less accumulated depreciation for:				
Office equipment	60,170	9,713		69,883
Vehicles	<u>97,590</u>	<u>7,323</u>		<u>104,913</u>
Total accumulated depreciation	<u>157,760</u>	<u>17,036</u>	<u>-</u>	<u>174,796</u>
Total capital assets being depreciated, net	<u>127,354</u>	<u>(10,039)</u>	<u>-</u>	<u>117,315</u>
Governmental Activities Capital Assets, Net	<u>\$ 127,354</u>	<u>\$ (10,039)</u>	<u>\$ -</u>	<u>\$ 117,315</u>

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

Governmental activities:	
Health Services	\$ <u>17,036</u>

C. Interfund Transfers

Transfers are used to transfer budgeted resources to other funds to finance various projects. For the year ended June 30, 2021, the District transferred \$3,000 from the General Fund to the Capital Projects Fund.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

D. Long-Term Debt

Long-term liability activity for the year ended June 30, 2021 was as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>Ending Balance</u>	<u>Due Within One Year</u>
Governmental Activities:					
Total OPEB Liability	\$ 18,288	\$	\$ 8,782	\$ 9,506	\$
Compensated Absences	<u>36,706</u>	<u>43,900</u>	<u>33,161</u>	<u>47,445</u>	<u>9,489</u>
Total governmental activities:					
Long-Term Liabilities	<u>\$ 54,994</u>	<u>\$ 43,900</u>	<u>\$ 41,943</u>	<u>\$ 56,951</u>	<u>\$ 9,489</u>

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, 2021, 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, 2020:

Active Employees	<u><u>6</u></u>
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Total OPEB Liability

The District's total OPEB liability of \$9,506 was measured as of June 30, 2021 and was determined by an actuarial valuation as of July 1, 2020.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

Actuarial Assumptions and Other Inputs

The total OPEB liability in the June 30, 2021 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	2.16%
Healthcare cost trend rates	6.50% in 2020, 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.

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, 2020	\$ <u>18,288</u>
Changes for the year:	
Service cost	1,672
Interest on total OPEB liability	441
Difference between expected and actual experience	(11,527)
Changes in assumptions or other inputs	<u>632</u>
Net changes	<u>(8,782)</u>
Balances as of June 30, 2021	\$ <u><u>9,506</u></u>

Changes of assumptions and other inputs reflect a change in the discount rate from 2.21% in 2020 to 2.16% in 2021.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

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 (1.16%) or 1 percentage point higher (3.16%) than the current discount rate:

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 9,538	\$ 9,506	\$ 9,423

Sensitivity of the Total OPEB Liability to Changes in the Healthcare 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 healthcare 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 healthcare cost trend rates:

	<u>1% Decrease</u>	<u>Healthcare Cost Trend Rates</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 8,897	\$ 9,506	\$ 10,150

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

For the year ended June 30, 2021, the District recognized OPEB expense of \$15. At June 30, 2021, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$ 1,047	\$ 9,563
Changes of assumptions or other inputs	<u>1,047</u>	<u>9,563</u>
Total	<u>\$ 1,047</u>	<u>\$ 9,563</u>

**EASTERN HIGHLANDS HEALTH DISTRICT
 NOTES TO THE FINANCIAL STATEMENTS
 JUNE 30, 2021**

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

2022	\$	(2,098)
2023		(2,098)
2024		(2,098)
2025		(2,098)
2026		(177)
Thereafter		53

5. OTHER INFORMATION

A. 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 THE FINANCIAL STATEMENTS
JUNE 30, 2021**

B. 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, 2021:

Andover	\$	18,368
Ashford		24,224
Bolton		27,800
Chaplin		12,825
Columbia		30,614
Coventry		70,574
Mansfield		146,770
Scotland		9,579
Tolland		83,314
Willington		<u>33,468</u>
	\$	<u>457,536</u>

No amounts were due to or from the member towns as of June 30, 2021.

C. 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 THREE FISCAL YEARS***

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Total OPEB liability:			
Service cost	\$ 1,672	\$ 1,392	\$ 1,278
Interest	441	609	590
Differences between expected and actual experience	(11,527)	(386)	(90)
Changes of assumptions and other inputs	632	705	204
Net change in total OPEB liability	(8,782)	2,320	1,982
Total OPEB liability - beginning	18,288	15,968	13,986
Total OPEB Liability - Ending	<u>\$ 9,506</u>	<u>\$ 18,288</u>	<u>\$ 15,968</u>
Covered payroll	\$ 471,554	\$ 606,504	\$ 585,429
Total OPEB liability as a percentage of covered payroll	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 2.21% in 2020 to 2.16% in 2021.
The mortality rate was changed from RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2017, to Pub-2010 Public Retirement Plans Amount-Weighted Mortality Tables for General Employees, projected to the valuation date with Scale MP-2020.

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor. CLA is an independent member of Nexia International, a leading, global network of independent accounting and consulting firms. See nexia.com/member-firm-disclaimer for details. CliftonLarsonAllen LLP





Eastern Highlands Health District

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

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 12/3/2021

Re: Epidemiology and Laboratory Capacity Supplemental (ELC2) Enhancing Detection Cooperative Agreement Funding Application for the Enhanced Detection, Response, Surveillance and Preventions of COVID-19

Attached for your review is a copy of the above referenced grant application. As you may recall from previous board meetings that this supplemental grant represents a primary funding mechanism for supporting the enhancement of the local health department response to the COVID-19 pandemic. The total award for the period starting March 1, 2022 through May 31, 2023 is \$378,850.

This grant will extend funding for our existing COVID-19 response staff hired under ELC1, and add new part-time nursing staff, and a full-time contact tracer. (The submitted budget can be found on pages 5 of the attached application.)

The work plan submitted includes, but is not limited to the following salient activities:

- Expansion of our contract tracing capacity
- Formal establishment of our homebound vaccination services under this funding
- Increase COVID-19 testing capacity and improved access to testing
- Extension of funding for existing pandemic response staff

(The entire work plan details can be found on Schedule E of the attached application.)

I respectfully recommend the Board ratify the submittal of the grant application as presented.

Recommended motion: Move, to ratify the submittal of the Eastern Highlands Health District's Epidemiology and Laboratory Capacity Supplemental (ELC2) Enhancing Detection Cooperative Agreement Funding Application for the Enhanced Detection, Response, Surveillance and Preventions of COVID-19 to the State of Connecticut Department of Public Health, as presented on December 9, 2021.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

November 12, 2021

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

Re: Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Supplement (ELC2) Enhancing Detection Cooperative Agreement: Funding Application for the Enhanced Detection, Response, Surveillance and Prevention of COVID-19

Dear Mr. Miller:

The State of Connecticut, Department of Public Health (DPH) is pleased to inform you of additional federal funding that has been set aside to support local public health efforts.

This funding comes from the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Supplement (ELC2) Enhancing Detection Cooperative Agreement, which provides an additional \$20 million to support local public health efforts to enhance detection, response, surveillance, and prevention of COVID-19 in Connecticut. Funding for local public health will be allocated to all 64 local health departments/districts. The allocation of funds is based on population estimates (2020) and poverty (2019) levels for each jurisdiction. This funding will need to be expended and closed out by July 15, 2023.

Please note that this funding will be allocated subject to contract. All Local Health departments/districts will need to identify an individual who will be responsible for entering information into CoreCT. Training sessions on the CoreCT system will be offered to anyone who needs it.

This funding is intended to enhance local efforts supporting COVID-19 testing activities, surveillance, and prevention of further COVID-19 transmission and preparedness plans for other infectious diseases. Local public health is an essential partner in the State of Connecticut's response to COVID-19 and this funding strengthens statewide capacity to continue responding to the pandemic.

Attached please find the ELC Enhancing Detection Cooperative Agreement Funding Application for the 15-month project period March 1, 2022, through May 31, 2023, and the Department's Allocation Plan.

Your ELC Enhancing Detection Cooperative Agreement LHD Total Allocation (15 months): \$378,850.65



Phone: (860) 509-7101 • Fax: (860) 509-7111
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



FUNDING APPLICATION SUBMISSION

Please make sure the following items are typed, signed, and submitted with your ELC2 Enhancing Detection Funding Application:

Signed and completed Funding Application

Excel File containing:

- Budget Proposal
- Salary/Fringe Position Schedule (if applicable)
- Subcontractor Detail Form (if applicable)
- Work Plan Activity Form

RETURN YOUR COMPLETED APPLICATION by 11/23/2021 TO: LHCOVIDFundingbox@ct.gov

In the subject line please include the following: Name of Local Health Department/District – **ELC2 Enhancing Detection**

EPIDEMIOLOGY AND LABORATORY CAPACITY SUPPLEMENT (ELC2) ENHANCING DETECTION COOPERATIVE AGREEMENT FUNDING APPLICATION FOR THE ENHANCED DETECTION, RESPONSE, SURVEILLANCE AND PREVENTION OF COVID-19

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

ELC2 Enhancing Detection Cooperative Agreement Project Period: March 1, 2022 – July 15, 2023
ELC2 Enhancing Detection Cooperative Agreement LHD Total Allocation (15 months): **\$378,850.65**
Allocation to be paid quarterly subject to contract starting March 1, 2022

This application certifies that the Eastern Highlands Health District is in compliance with the following conditions of receipt of ELC Enhancing Detection funding.

SECTION A – SUPPORTED EXPENSES

Contact Tracing is a required activity for ELC2 funding. (See Section 3 for Contact Tracing requirements.)

Resources provided via this mechanism should support necessary expenses to:

1. Enhance Laboratory Detection, Surveillance (contact tracing), Responses, Informatics and Other Workforce Capacity.
2. Strengthen Laboratory Testing Volume and Capacity.
3. Coordinate and Engage with Partners as needed to respond to and prevent COVID-19.
4. Prevent and Minimize Transmission of COVID-19.
5. Conduct Health Promotion Activities associate with each category (1-4) as detailed below.

1. Enhance Laboratory, Surveillance (contact tracing), Response, Informatics and Other Workforce Capacity. Such activities include but are not limited to:

- a. Build expertise for healthcare and community outbreak response within the local health department/health district (LHDs);
- b. Build infection prevention and control and healthcare outbreak response expertise in LHDs;
- c. Train and hire staff to improve the capacities of the epidemiology and informatics workforce;
- d. Conduct surveillance and response of COVID-19 and other conditions of public health significance. Utilize the DPH ContaCT system; engage with community resources coordinators to support self-quarantine of impacted residents
 - i. Hire and train contact tracing staff;
 - ii. Hire local epidemiologist;
 - iii. Hire public health nurse; and
 - iv. Hire infection prevention staff.
- e. Build expertise to support management of the COVID-19 related activities within the jurisdiction and integrate into the broader portfolio of activities (e.g., COVID program and project manager, budget staff). Such activities include but are not limited to:
 - i. Utilize existing PHEP-funded staff (public health preparedness coordinator) to support management of the COVID-19 related activities within the jurisdiction; and
 - ii. Hire temporary accounting/fiscal staff to manage funding sources and maintain fiscal and programmatic tracking records for reporting to DPH, including crisis response and FEMA reimbursements.
- f. Build expertise and support vaccination campaigns. Such activities include but are not limited to:

- i. Utilize epidemiologist or public health nurse hired under funding to plan for critical workforce and mass vaccination campaigns for influenza and COVID-19; and
 - ii. Update or refine infectious disease plans.
- g. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance. Such activities include but are not limited to:
 - i. Ensure epidemiologist, contact tracers, and staff utilize ContaCT system for contact tracing activities; and
 - ii. Train staff on CTEDSS, ContaCT and other new technology modules and data elements due to COVID-19.

2. Strengthen Laboratory Testing Volume and Capacity. Such activities include but are not limited to:

- a. Support testing partners with local coordination for testing of COVID-19/SARS-CoV-2 including contacts of COVID-19 positive cases, within high-risk settings or in vulnerable populations that reside in their communities.
 - i. Work with community-based groups to coordinate and promote testing at non-traditional sites (e.g., retail sites, community centers, faith-based organizations)
 - ii. Support testing partners with information and coordination in the community to identify and test at-risk populations including contacts of COVID-19 positive cases, elderly, disabled, racial and ethnic minorities, and other groups at risk due to high frequency of occupational or non-occupational contacts
 - iii. Purchase supplies or engage in vendor contracts to enable testing of populations where needed

3. Coordinate and Engage with Partners as needed to respond to and prevent COVID-19. The Grantee shall undertake Contact Tracing. Such activities include but are not limited to:

- a. Build essential partnerships with federally qualified health centers, faith-based organizations, community-based partners, universities, and other congregate healthcare settings within the jurisdiction to ensure testing of community members and encourage vaccination to minimize the spread of COVID-19;
- b. In collaboration with state partners, coordinate and engage in agreements with academic, hospital, and private/commercial laboratories to successfully meet testing demands and vaccination efforts to minimize the spread of COVID-19;
- c. Participate in ESF8 regional meetings and share resources as needed within the region and statewide to support COVID-19 response efforts throughout Connecticut;
- d. Coordinate support to individuals with self-quarantine needs and to encourage and support vaccination of vulnerable populations.

4. Prevent and Minimize Transmission of COVID-19. Such activities include but are not limited to:

- a. Provide guidance and training to industry;
- b. Provide input and guidance to schools and camps;
- c. Consult with businesses, schools, and congregate housing on response to any increase in cases and efforts to mitigate transmission;
- d. Ensure adequate staffing and expertise to promote and enforce Connecticut Governor Orders, DPH Commissioner Orders, and other COVID-19 control and prevention measures as needed under local authority.

5. Conduct Health Promotion Activities associated with each category (1-5) as detailed above. Such activities include but are not limited to:

- a. Develop and implement a health promotion program to Enhance Laboratory Detection, Surveillance (contact tracing), Response, Informatics, and other Workforce Capacity; Strengthen Laboratory Testing

Volume and Capacity; Coordinate and Engage with Partners; and Prevent Disease Transmission through educating and enforcing Connecticut Public Health Efforts.

SECTION B: ALLOWABLE EXPENSES

Expend grant funds for allowable purposes only. Such allowable expenses include but are not limited to:

1. Hire local epidemiologist;
2. Hire temporary contact tracing staff;
3. Hire public health nurse;
4. Hire infection prevention staff;
5. Hire community health workers;
6. Hire temporary accounting/fiscal staff;
7. Personal Protective Equipment (PPE) for workers collecting samples (stockpiling not allowable);
8. Testing campaign supplies;
9. Health promotion and Connecticut Public Health education;
10. Costs associated with the vaccination of homebound individuals (e.g., contractual, personnel, mileage); and
11. Costs associated with testing and monitoring isolated individuals to prevent spread of infection, including homeless, shelter operations, and essential municipal staff.

SECTION C – REQUIREMENTS AS CONDITION OF FUNDING

1. Utilize funding to support COVID-19 response efforts and ELC enhancing detection activities outlined in Section A.1-5 above and any additional guidance provided by CDC.
2. Undertake Contact Tracing. Utilize the DPH ContaCT system identify and isolate new cases of COVID-19 among symptomatic and asymptomatic individuals and to fully document all required information in ContaCT as the statewide system of record for contact tracing data
3. Conduct follow-up on cases and contacts reported to ContaCT within 24 hours of record creation in accordance with documented business processes
4. Coordinate contact tracing in K-12 schools, higher education, and outbreak settings; in K-12, higher education, and other congregate settings contact tracing should be completed in partnership with staff from these institutions
5. Identify and notify DPH of the point of contact at the LHD for contact tracing.
6. Ensure identified contact tracing staff have been trained in accordance with the training requirements set by DPH
7. Arrange for and promote COVID-19 testing in non-traditional sites for individuals, including vulnerable populations, in accordance with CDC and DPH testing guidelines.
8. Provide COVID-19 mitigation guidance and training to industry according to Connecticut sector guidelines, including but not limited to:
 - a. Restaurants/food service establishments;
 - b. Personal service establishments (nail salons, tattoo parlors);
 - c. Hair salons and barbershops;
 - d. Sports and fitness facilities;
 - e. Outdoor recreational activities and outdoor event venues;
 - f. Pools;
 - g. Hotels and lodging; and
 - h. Private clubs.
9. Provide input and guidance to schools and youth camps. Support schools, camps, childcare, assisted living centers, and colleges to respond to resurgence of cases/outbreaks.

10. Completion of a budget, budget justification, and work plan proposal utilizing the forms contained herein. Once approved submit documents in CORE.
11. Using CORE, submit financial, programmatic, and metric reports as determined by the DPH that correspond with activities outlined in the DPH-approved work plan and budget.
12. Payments will be made on a quarterly basis (every three months). Reporting is required every two months. Once paperwork is received, reviewed, and approved the payment will follow shortly thereafter.
13. Funds will need to be expended during the quarter of issue. Subsequent quarterly unexpended funds will need to be expended prior to additional quarterly payments being administered. Any funds remaining unspent by July 15, 2023, shall be returned to DPH by August 15, 2023.

If this application is approved, monies granted will not be used to substitute for funds budgeted for the Local Health Department/District under the normal budgetary process.

The information provided on behalf of the Local Health Department/District in this application and attachment is true and correct.

Name of Individual Submitting Application:

Robert Miller, Director of Health

Please print or type name and title



Signature

12/1/2021

Date

Director of Health:

Robert Miller, Director of Health

Please print or type name and title



Signature

12/1/2021

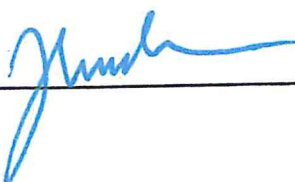
Date

Board Chair or Elected Official:

John Elbesser, Town Manager / County

Please print or type name and title

Acting Chairman (Vice Chairman)



Signature

12/3/21

Date

BUDGET PROPOSAL
ELC2 ENHANCING DETECTION COOPERATIVE AGREEMENT

Project Period: March 1, 2022 - May 31, 2023

Health Department / District: Eastern Highlands Health District

BUDGET LINE ITEMS	PROPOSAL
Schedule A - Salaries and Wages	\$182,629.00
Schedule A - Fringe Benefits* %	\$44,198.37
Schedule B - Contractual (Subcontractor)**	\$150,000.00
Schedule C - Office Supplies	\$3,220.00
Schedule C - Equipment	\$2,200.00
Schedule D - Other	\$0.00
TOTALS	\$382,247.37

**SALARY AND WAGES POSITION SCHEDULE
ELC2 ENHANCING DETECTION COOPERATIVE AGREEMENT**

Schedule A

Project Period: March 1, 2022 - May 31, 2023

Health Department / District: Eastern Highlands Health District

Position # 1

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Public Health Nurse - Clinical Team Lead	Currently vacant	Storrs	37	28	\$40.00	\$41,440.00	30%	\$12,432.00
<i>Justification:</i> This position will expand expertise to support COVID vaccination program by taking clinical lead, coordinating role for the program. This position will also support contact tracing efforts as needed. This position was vacanted by David Ollerich who is transitioning to a new part-time position. This full-time position is currently funded by the ELC1 BP2 award till 11/17 at which point ELC2 funding will take over and be debited.								

Position # 2

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Contact Tracing Team Lead/Publ	Ande Bloom	Storrs	27	28	\$31.00	\$23,436.00	15%	\$3,515.40
<i>Justification:</i> Establishment of Team lead position to provide supervision and coordinate team to assure follow up of cases and contacts reported to ContaCT within 24 hours; coordinate and engage with partners in contact tracing efforts with schools, colleges, employers, and other community partners; and, provide guidance to schools, recreation, programs, athletic program organizers, and others on response efforts. This position is currently funded by the ELC1 BP2 award till 11/17 at which point ELC2 funding will take over and be debited.								

Position # 3

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Contact Tracer	Ciara Hamlin	Storrs	37	65	\$20.75	\$49,903.75	40%	\$19,961.50
<i>Justification:</i> Conduct follow-up on cases and contacts reported to ContaCT system within 24hours.								

Position # 4

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Public Health Nurse	Chris Grulke	Storrs	6	65	\$32.50	\$12,675.00	8%	\$1,014.00
<i>Justification:</i> COVID-19 Vaccination clinical team member. Contact tracing team member as needed. Clinical lead for homebound vaccination program.								

Position # 5

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Public Health Nurse	David Ollerich	Storrs	10	65	\$41.40	\$26,910.00	8%	\$2,152.80
<i>Justification:</i> COVID-19 Vaccination clinical team member to prevent and minimize transmission of COVID-19. Clinical support for homebound program. (new position)								

Position # 6

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Vaccination Program Assistant	Mia Matoma	Storrs	24	28	\$21.75	\$14,616.00	8%	\$1,169.28

Justification:
Staff support for clinic coordination, vaccine and testing promotion, access and public education, vaccination administration data management & reporting, and clinic staff support. This position is currently funded by the ELC1 BP2 award till 11/17/22 at which point ELC2 funding will take over and be debited.

Position # 7

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Accountant	Bin Tang	Storrs	1	65	\$41.00	\$2,665.00	24%	\$639.60

Justification:
Accountanting and fiscal staff to manage funding and maintain fiscal reporting to DPH.

Position # 8

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
Community Health & Wellness Coordinator	Cecile Serazo	Storrs	10	28	\$35.75	\$10,010.00	8%	\$800.80

Justification:
Existing part-time agency manager with hours expanded to provide oversight and supervision of vaccination and contact tracing programs. Tasks include infection control prevention program & vaccination program planning, and implementation. This position is currently funded by ELC BP2 till 11/17/22, at which point ELC2 funding will take over and be debited.

Position # 9

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
						\$0.00		\$0.00

Justification:

Position # 10

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
						\$0.00		\$0.00

Justification:

Position # 11

Position Title	Name	Site / Location	Hours Per Week	# of Weeks	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefit
						\$0.00		\$0.00

Justification:

OFFICE SUPPLIES / EQUIPMENT
ELC2 ENHANCING DETECTION COOPERATIVE AGREEMENT

Schedule C

Project Period: March 1, 2022 - May 31, 2023

Health Department / District: Eastern Highlands Health District

Office Supplies

JUSTIFICATION / DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
Ink & paper for vaccine and health education/information copy materials	7000		\$0.03	\$210.00
Epi pens - pediatric (COVID-19 vaccine clinic supplies)	2		\$900.00	\$1,800.00
COVID vaccine clinic supply kit: (Needles, 20boxesX \$27=\$540)(Syringes, 10boxesx\$8=\$80)(10 sharpes containersx\$50=\$500)(Band aids, 10boxesx\$7=\$70)(hand sanitizer, 20 bottlesx\$2=\$40)(Disinfecting wipes 20cartonsx\$9=\$180)	1		\$1,299.52	\$1,299.52
				\$0.00
TOTAL OFFICE SUPPLIES				\$3,309.52

Equipment

JUSTIFICATION / DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
One Laptop PC for new contact tracing position to access and utilized Contact platform.	1		\$2,200.00	\$2,200.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
TOTAL EQUIPMENT				\$2,200.00

SUBCONTRACTOR DETAIL FORM
ELC2 ENHANCING DETECTION COOPERATIVE AGREEMENT

Schedule B

Project Period: March 1, 2022 - May 31, 2023

Health Department / District:

Subcontractor Name:
 Address: City State Zip
 Telephone:

Select One: Budget Basis Fee for Service Hourly Rate

Indicate One: Minority Business Enterprise Women Business Enterprise Neither

Line Item	Amount
Point of Care COVID-19 Testing Services	\$150,000.00
TOTAL FOR SUBCONTRACTOR	\$150,000.00

Justification:

Strengthen and expand laboratory testing volumn within the heath district by engaging a qualified, licensed vendor to enhance access to COVID testing resources for indentified populations in need.

Subcontractor Name:
 Address: City State Zip
 Telephone:

Select One: Budget Basis Fee for Service Hourly Rate

Indicate One: Minority Business Enterprise Women Business Enterprise Neither

Line Item	Amount
TOTAL FOR SUBCONTRACTOR	\$0.00

Justification:

Work Plan Activity Form
ELC2 ENHANCING DETECTION COOPERATIVE AGREEMENT

Schedule E

Project Period: March 1, 2022 - May 31, 2023

LH Point of Contact (POC) Name:	Robert Miller	
POC Email Address:	millerrl@ehhd.org	
POC Telephone Number:	860-429-3325	

	Activity Number	List of Work Plan Activities	List of Proposed Outputs / Outcomes
Enhanced Laboratory Detection, Surveillance (contact tracing), Response, Informatics and Other Workforce Capacity	1	Contact Tracer Team Leader meeting with contact tracing team to assure standardize approach, update scripts, review Contact sprints, etc.	Number of Team Coordinating Meetings & number of attendees
	2	Host COVID-19 Vaccination Clinics after 11/17/22.	Number of Clinics hosted
	3	Vaccinate persons against COVID-19 after 11/17/22.	Number of vaccinations administered
	4	Refer individuals and families (cases and contacts) to community resource services after 11/17/22.	Number of referrals made
	5	Providing surveillance information, and reports to community partners and the general public after 11/17/22.	Number of reports distributed & the # of people who receive regular reports
	6	New Full-Time Contact Tracing Position engages in contact tracing activities.	Metric associated with this activity captured in Contact for this position.
	7	Provide Homebound COVID-19 vaccination services to health district population.	Number of vaccinations administered to homebound persons, number of persons fully vaccinated, & number of boosters administered.
	8		
	9		
	10		

	Activity Number	List of Work Plan Activities	List of Proposed Outputs / Outcomes
Strengthen Laboratory Testing Volume and Capacity	1	Engage Community Partners/organizations to identify populations in need for testing, and identify, coordinate testing sites.	List of community partners engaged and number and list of test sites identified.
	2	Solicit, select, and engage qualified, licensed contractor to host COVID-19 testing clinics within the health district.	Contract executed between EHHD and selected contractor.
	3	COVID-19 testing clinics hosted by EHHD contractor in identified populations of need.	Number of clinics hosted.
	4	Point of Care COVID-19 specimens collected and analyzed by EHHD contractor.	Number of community members tested for COVID-19 at vendor hosted clinics.
	5		
	6		
	7		
	8		
	9		
	10		

	Activity Number	List of Work Plan Activities	List of Proposed Outputs / Outcomes
Coordinate and Engage with Partners	1	Coordinate and engage with community partners regarding the agency's COVID response activities after 11/17/22.	Number of meeting held with partners, list of participating partner organizations, and description of work product from meetings.
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

	Activity Number	List of Work Plan Activities	List of Proposed Outputs / Outcomes
Prevent and Minimize Disease Transmission of COVID-19	1	Respond to and investigate COVID-19 related complaints after 11/17/22.	Number of complaints investigated.
	2	Consultation, technical advise, or advisory meetings on infection control held with school officials after 11/17/22.	Number of consultations or meetings held.
	3	Partner and support school nurses and medical advisors on school related COVID-19 cases after 11/17/22.	Numer of school related cases.
	4	Review updates to school system contact tracing and exposure plans after 11/17/22.	Number of reviews conducted.
	5		
	6		
	7		
	8		
	9		
	10		

	Activity Number	List of Work Plan Activities	List of Proposed Outputs / Outcomes
	1	Update agency website with current COVID related information after 11/17/22.	Number of updates made.
	2	Flyers or print materials distributed related to COVID-19 information after 11/17/22.	Number of materials distributed.
	3	Utilize social media to keep community partners and general public informed on COVID related issues after 11/17/22.	Number of posts & number of likes/hits.

**Conduct Health Promotion
Activities associated with #1-
above.**

4

5

6

7

8

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Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30, 2021
(with comparative totals for September 30, 2020)

	Adopted Budget 2021/22	Amended Budget 2021/22	Percent of Adopted Budget		
			2022	2021	
Revenues					
Member Town Contributions	\$ 471,450	\$ 471,450	\$ 117,860	25.0%	\$ 114,384
State Grants	135,270	135,270	-	0.0%	136,253
Septic Permits	48,470	48,470	15,060	31.1%	15,935
Well Permits	14,400	14,400	3,875	26.9%	5,710
Soil Testing Service	33,740	33,740	13,950	41.3%	10,723
Food Protection Service	82,500	82,500	7,330	8.9%	4,440
B100a Reviews	33,540	33,540	6,160	18.4%	9,730
Septic Plan Reviews	29,380	29,380	8,880	30.2%	8,980
Other Health Services	4,700	4,700	519	11.0%	1,335
Miscellaneous	6,800	6,800	-	0.0%	-
Appropriation of Fund Balance	49,808	49,808	-	0.0%	-
Total Revenues	910,058	910,058	173,634	19.1%	307,490
Expenditures					
Salaries & Wages	625,750	625,750	135,498	21.7%	141,099
Grant Deductions	(62,586)	(62,586)	(20,876)	33.4%	(23,297)
Benefits	232,289	232,289	61,399	26.4%	63,278
Miscellaneous Benefits	13,920	13,920	2,923	21.0%	2,898
Insurance	14,800	14,800	6,543	44.2%	3,512
Professional & Technical Services	17,395	17,395	3,602	20.7%	-
Vehicle Repairs & Maintenance	2,500	2,500	258	10.3%	20
Health Reg*Admin Overhead	30,090	30,090	7,523	25.0%	7,418
Other Purchased Services	26,800	26,800	1,624	6.1%	1,395
Other Supplies	5,500	5,500	(5,643)	-102.6%	383
Equipment - Minor	3,600	3,600	3,169	88.0%	150
Total Expenditures	910,058	910,058	196,020	21.5%	196,855
Operating Transfers					
Transfer to CNR Fund	-	-	-	0.0%	-
Total Exp & Oper Trans	910,058	910,058	196,020	21.5%	196,855
Excess (Deficiency) of Revenues	-	-	(22,386)		110,635
Fund Balance, July 1	610,152	610,152	610,152		495,337
Fund Balance plus Cont. Capital, Sept.30	\$ 610,152	\$ 610,152	\$ 587,766		\$ 605,973

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
September 30, 2021
(with comparative totals for September 30, 2020)

	<u>2022</u>	<u>2021</u>
Assets		
Cash and Cash Equivalents	\$ <u>125,980</u>	\$ <u>122,980</u>
Total Assets	<u>125,980</u>	<u>122,980</u>
 Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>125,980</u>	<u>122,980</u>
Total Liabilities and Fund Balance	<u>\$ 125,980</u>	<u>\$ 122,980</u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30, 2021
(with comparative totals for September 30, 2020)

	<u>2022</u>	<u>2021</u>
Revenues		
General Fund	\$ <u> -</u>	\$ <u> -</u>
Total Revenues	<u> -</u>	<u> -</u>
Operating Transfers		
General Fund	<u> -</u>	<u> -</u>
Total Operating Transfers	<u> -</u>	<u> -</u>
Total Rev & Oper Trans	<u> -</u>	<u> -</u>
Expenditures		
Professional & Technical Services	<u> -</u>	<u> -</u>
Office Equipment	<u> -</u>	<u> -</u>
Total Expenditures	<u> -</u>	<u> -</u>
Excess (Deficiency) of Revenues	<u> -</u>	<u> -</u>
Fund Balance, July 1	<u> 125,980</u>	<u> 122,980</u>
Fund Balance plus Cont. Capital, Sept.30	<u> 125,980</u>	<u> 122,980</u>

Eastern Highlands Health District
General Fund
Balance Sheet
September 30, 2021
(with comparative totals for September 30, 2020)

	<u>2022</u>	<u>2021</u>
Assets		
Cash and Cash Equivalents	\$ 605,268	\$ 620,423
Accounts Receivable	<u>377</u>	<u>1,082</u>
Total Assets	<u><u>605,645</u></u>	<u><u>621,505</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>17,879</u>	<u>15,532</u>
Total Liabilities	<u>17,879</u>	<u>15,532</u>
Fund Balance	<u>587,766</u>	<u>605,973</u>
Total Liabilities and Fund Balance	<u><u>\$ 605,645</u></u>	<u><u>\$ 621,505</u></u>

**Eastern Highlands Health District
COVID-19
Response Activity Update
December 3, 2021
(Updates are in red)**

Activation of Public Health Emergency Response Plan

The internal staff meeting frequency continues to be every two weeks. Local health directors in the state continue to meet weekly with DPH officials. This office also participates with weekly meetings with State Department of Education, and DPH officials.

Public Health Surveillance

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

Our latest weekly report dated December 3, 2021 is attached to this report.

COVID Testing

Testing resources in the area continue to be somewhat limited. To address this the health district continues to provide detailed listing of regional testing sites on agency website, which are updated weekly. This office in partnership with the Northeast District Health Department, and other community partners have submitted additional formal request for additional testing resources in eastern Connecticut. So far, the state DPH has not yet approved this request.

Contact Tracing

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

- During the months of **October and November** an average of **54 community cases per week were investigated.**
- Since the beginning of the school year we investigated or supported the investigation of approximately **133 public school affiliated cases.**
- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- During **October and November** we investigate approximately **6 town governmental affiliated cases.**
- In response to the delta variant increase in cases and with an upward prevalence in cases late fall, the health district recently converted our part-time contact tracer to full-time status.

University of Connecticut Storrs

The University is mandating vaccination for all students attending in-person classes.

The EHHD supported Student Health and Wellness efforts to assure all students are vaccinated. Specifically, EHHD staff and volunteers staffed mass vaccination on campus student clinics scheduled for August 27th & August 28th.

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 contact tracing, student and staff exclusion guidance, travel advisory guidance, symptom screening criteria, case communications and notifications, confidentiality, interpretation and implementation of SDE mitigation guidance, vaccination eligibility, vaccination clinic coordination, and many other COVID related matters. We provide thoughtful, researched responses daily.

PPE Distribution

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site. However still have a moderate inventory left. To date, we have distributed approximately **130,000 items to 46 area healthcare**, and personal care providers in our jurisdiction. We continue to provide PPE regularly to area providers upon request.

As of the date of this report, PPE distribution to area providers continues in an effort to exhaust available inventory.

Reopen CT Sector Rules

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support to area businesses. Since March of 2020 we have responded to **155 complaints** regarding violations of the sector rules, the Governors executive orders, or other COVID related issues.

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

Governors Executive Orders and other state guidance - Application and Interpretation

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

Executive Order 13A provides gives individual towns the authority to mandate masks. A copy of the EO is Item #13 in the agenda packet.

This office issued a statement supporting the use of masks in all indoor public settings, regardless of vaccination status.

Public Health Education, Communications, Messaging

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

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

Agency updates routinely provided to community partners.

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

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

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.

We deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students at the beginning of the fall semester. Three volunteers are currently trained in contact tracing.

A combined total of 22 MRC volunteers supported our five seasonal flu clinics that occurred in October and November of this year.

COVID-19 Crisis Response Funding for State and Local Health Departments

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. This grant is fully expended.

Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant

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

We have been informed that we will be receiving additional non-competitive, no application ELC funding that will be similar to the first year of funding under the current ELC grant.

Epidemiology and Laboratory Capacity #2 (ELC2) Enhancing Detection grant

The EHHD has been awarded \$378,850 for funding through May 31, 2023 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. This application and proposed budget was recently submitted. As of the date of this report DPH approval is pending.

Coronavirus Relief Fund

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

American Rescue Plan Act

The Health District has requested a total of \$20,405 from member towns ARPA allocations to offset vaccine clinic expenses.

COVID-19 Vaccination Campaign Planning and Activities

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

- *As of the writing of this report, the EHHD has administered over 11,200 doses (of which approximately 6000 are 2nd mRNA doses, or one dose J&J) in 165 clinics throughout the Eastern Highlands Health District. Twenty (21) clinics have been hosted during the months of August, September.*
- *We expanded our COVID-19 vaccine inventory to include Pfizer so that we can target school aged children.*
- *We hosted 3 large school located clinics in November in which we administered 675 Pfizer doses to kids' age 5 to 11.*
- *Of the above number, 1400 are teachers and educators vaccinated at 9 different school located clinics.*
- *This office arranged to have UConn Health hold vaccination clinics for those 12 and older at school located clinics. Six different school located clinics have been conducted to date, with 410 vaccines administered. Second dose clinics are scheduled for June 15th at THS, and June 22nd at CHS.*
- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district. That number is estimated at 600.*
- *The health district has initiated a program to vaccinate the homebound. We have vaccinated twelve 56 homebound individuals as of 11/30/21.*
- *As of April 1st, the Governor's opened vaccine eligibility to anyone 16 or older. The EHHD is vaccinating those 18 or older.*
- *This office is an active member of the UConn Health, UConn Storrs workgroup charged with coordinating a public mass vax site at the Storrs UConn campus. The site opened on March 29, four days per week, with maximum through put of 1600 to 2000 doses per week. The vax site on the Storrs Campus ceased operations July 1st.*
- *The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual. The EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals.*
- *This office will continues to work with member towns and local social services officials to facilitate vaccine access.*
- *We are participating as an active partner with the North Central District Health Department in the Vulnerable Equity Partnership Funding initiative targeting groups and individuals effected by challenges to access, and/or vaccine hesitancy.*
- *We have moved to weekly walk-in clinic from the Mansfield Community Center to the Mansfield Town Hall, effective June 21st. Clinic hours are weekly on Monday morning, and Thursday evening.*
- *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 since to do so. We have coordinated or*

supported approximately 24 pop up clinics using the DPH Griffin Health mobile vaccination units to date.

Plans for the Future

- Optimize our clinic schedule to accommodate accessibility to booster shots for our patients, and identify and promote other booster clinic in the region.
- Coordinate with school districts to host 2nd dose school located mass vaccination events for children ages 5 to 11.
- Ongoing Health Education Program targeting vaccine hesitancy, access, and infection control.
- Apply lessons learned, and update all emergency response plans.
- Continue case contact investigation program.
- Implement improvements on surveillance and disease reporting.



Eastern Highlands Health District

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

Activity Report July 1, 2021 – September 30, 2021

Highlighted Accomplishments/Activities

- Many of the EHHD special projects and initiatives remain suspended while the pandemic response continues to command most of the agency resources. See separate report on COVID-19 response activities during this period.
- The health district wrapped up the bathing water quality testing program for all public bathing areas at lakes or ponds in August. Sampling was conducted weekly at 27 sampling locations.
- Initiate plan to transition the renewal of 240 food establishment licenses annually from the old Filemaker platform to the new Viewpoint online platform. Once completed all annual renewals can be completed online.
- Staff continues working with Town of Mansfield staff to support the new elementary school project.
- In support of Bolton staff responded and investigated two separate reports of Blue/Green algae in Lower Bolton Lake during this period. A health advisory was issued as a result of one of these events.
- Completed the recruiting and hiring process for full-time Environmental Health Inspector to fill an existing vacancy in a regular field position.
- Expedited and completed the recruiting and hiring process for a full-time contact tracing to meet the workload demand created by an increase in the prevalence of COVID-19 cases near the end of the quarter.
- Working with the Personnel Committee upon completion of a comprehensive local public health department salary survey the Board of Directors approved and updated the salary pay ranges for all regular health district positions.
- Working with Executive Committee executed plan which was successful in retaining the Chief Sanitarian.
- *Community Health and Wellness Programs:* Progress on the block grant initiatives was realized. Social media activity has increased in support of pandemic response. See separate CHWC quarterly report attached for more details.
- *Emergency Preparedness Program:* The Public Health Emergency Response Coordinator is fully engaged in the pandemic response. Program activities during this quarter are reflected in the separate report on COVID-19 response activities.



Eastern Highlands Health District

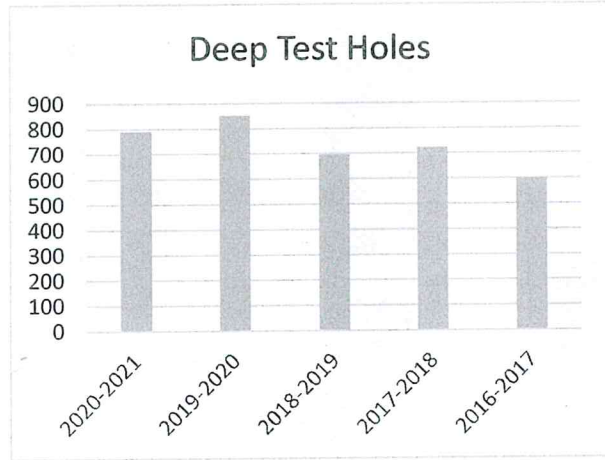
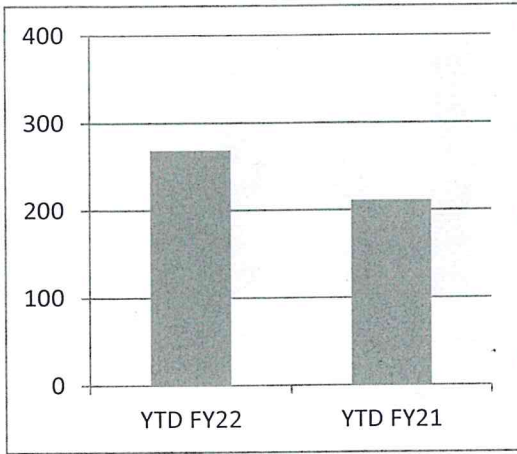
4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

Plans for the Next Quarter

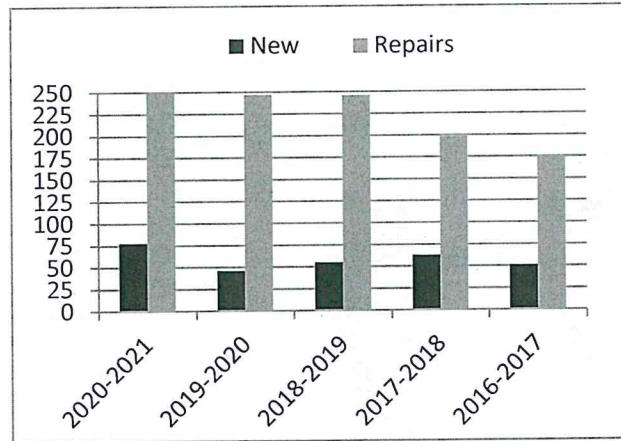
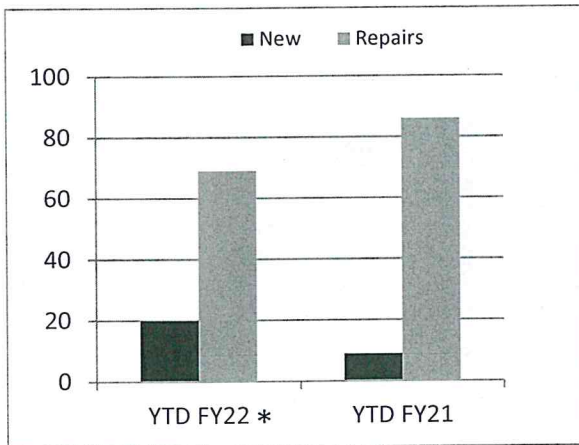
- See separate report on COVID-19 response activities.
- Progress on expanding the functionality of the ViewPoint Cloud software to include food establishment license renewal.
- Recruit and hire full-time public health nurse.
- Coordinate and manage schedule of community influenza clinics.
- Continue to provide our core scope of public health services during this declared public health emergency.
- Working with Finance Committee develop and present Proposed FY2022/2023 Operating budget.

Statistical Report (Attached)

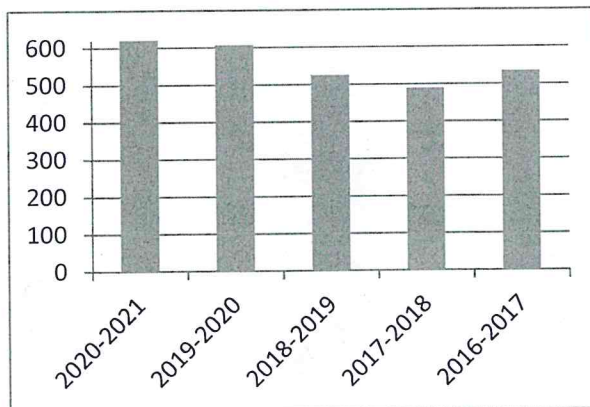
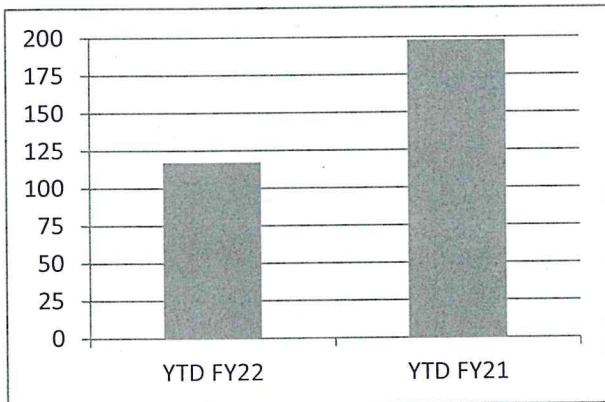
Deep Test Holes



Septic Permits



Public Health Reviews



	A	B	C	D	E	F	G	H	I	J
1	EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2021-2022									
2	July 1, 2021 - September 30, 2021									
3	ACTIVITY INDICATORS			MONTHS				Current	Previous	
4	COMMUNITY HEALTH ACTIVITIES			July	Aug	Sept	Total	YTD FY22	YTD FY21	
5	<i>Communicable Disease Control</i>									
6		Case reports reviewed		22	48	30	100	100	102	
7		Preliminary follow ups					0	0	0	
8		Investigations					0	0	0	
9	<i>Public Health Education</i>									
10		Programs		<i>See narrative for program descriptions</i>						
11										
12	ENVIRONMENTAL HEALTH ACTIVITIES									
13	<i>Complaints</i>									
14		Air Quality		1	0	0	1	1	0	
15		Animals/Animal Waste		0	1	0	1	1	0	
16		Activity Without Proper Permits		0	0	0	0	0	4	
17		Food Protection		0	0	7	7	7	3	
18		Housing Issues		4	4	5	13	13	9	
19		Emergency Response		0	0	0	0	0	0	
20		Refuse/Garbage		0	0	0	0	0	3	
21		Rodents/Insects		0	0	0	0	0	0	
22		Septic/Sewage		1	2	2	5	5	6	
23		Other		0	3	1	4	4	4	
24		Water Quality		0	1	1	2	2	6	
25		COVID-19		0	1	2	3	3	49	
26		Total		6	12	18	36	36	84	
27	<i>Health Inspection</i>									
28		Group homes		0	0	0	0	0	0	
29		Day Care		2	1	2	5	5	0	
30		Camps		2	2	0	4	4	1	
31		Public Pool		4	3	1	8	8	5	
32		Other		0	0	1	1	1	9	
33		Schools		0	0	0	0	0	0	
34		Mortgage, FHA, VA		0	0	0	0	0	0	
35		Bathing Areas		0	0	0	0	0	0	
36		Total		8	6	4	18	18	15	
37	<i>On-site Sewage Disposal</i>									
38		Site inspection		92	87	94	273	273	242	
39		Deep hole tests		97	54	118	269	269	211	
40		Percolation tests		22	15	28	65	65	56	
41		Permits issued, new		8	7	5	20	20	9	
42		Permits issued, repair		19	27	23	69	69	86	
43		Site Plans Reviewed		30	32	33	95	95	85	
44		Public Health Reviews		40	48	29	117	117	198	
45	<i>Wells</i>									
46		Well sites inspected		10	13	9	32	32	29	
47		Well permits issued		7	13	15	35	35	54	
48	<i>Laboratory Activities (samples taken)</i>									
49		Potable water		0	0	0	0	0	0	
50		Surface water		103	99	1	203	203	171	
51		Ground water		0	0	0	0	0	0	
52		Rabies		0	0	0	0	0	2	
53		Lead		0	0	0	0	0	0	
54		Other		0	0	0	0	0	5	
55	<i>Food Protection</i>									
56		Inspections		55	51	49	155	155	105	
57		Reinspections		6	4	3	13	13	20	
58		Temporary Permits		6	11	14	31	31	5	
59		Temporary Inspections		9	7	8	24	24	0	
60		Plan review		4	1	1	6	6	0	
61		Pre-operational inspections		4	4	2	10	10	16	
63	<i>Lead Activities</i>									
64		Housing inspection		0	0	0	0	0	0	
65		Abate plan reviewed		0	0	0	0	0	0	
66	MISCELLANEOUS ACTIVITIES									
67		Planning and Zoning referrals		0	0	0	0	0	1	
68		Subdivision reviewed (# of lots)		0	0	0	0	0	4	
69	*These numbers underrepresented due to a glitch in the new permitting software that has since been corrected.									

ANDOVER QUARTERLY REPORT

July 1, 2021 - September 30, 2021

ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<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	0
Food Protection				0	7
Housing Issues				0	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	4
Water Quality				0	2
COVID-19				0	3
Total	0	0	0	0	36

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	4
Public Pool				0	8
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	18

On-site Sewage Disposal

Site inspection -- all site visits	10	3	7	20	273
Deep hole tests -- number of holes	9		3	12	269
Percolation tests -- number of holes	3		1	4	65
Permits issued, new		1		1	20
Permits issued, repair	1	2		3	69
Site plans reviewed	1			1	95
Public Health Reviews*	2	3	1	6	117

Wells

Well sites inspected			1	1	32
Well permits issued				0	35

Laboratory Activities (samples taken)

Potable water				0	0
Surface water	5	7		12	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections	3		1	4	155
Reinspections	1			1	13
Temporary permits	1	1	2	4	31
Temporary inspections	1			1	24
Plan reviews				0	6
Pre-operational inspections				0	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

	A	B	C	D	E	F	G	H	I	J
1	ASHFORD QUARTERLY REPORT									
2	July 1, 2021 - September 30, 2021									
3										
4	ACTIVITY INDICATORS									
5										
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>	
7	ENVIRONMENTAL HEALTH ACTIVITIES									
8	<i>Complaints</i>									
9		Air Quality						0	1	
10		Animals/Animal Waste			1			1	1	
11		Activity Without Proper Permits						0	0	
12		Food Protection					1	1	7	
13		Housing Issues			1	1	1	3	13	
14		Emergency Response						0	0	
15		Refuse/Garbage						0	0	
16		Rodents/Insects						0	0	
17		Septic/Sewage					1	1	5	
18		Other						0	4	
19		Water Quality						0	2	
20		COVID-19						0	3	
21		Total			1	2	3	6	36	
22	<i>Health Inspection</i>									
23		Group homes						0	0	
24		Day Care						0	5	
25		Camps						0	4	
26		Public Pool						0	8	
27		Other						0	1	
28		Schools						0	0	
29		Mortgage, FHA, VA						0	0	
30		Bathing Areas						0	0	
31		Total			0	0	0	0	18	
32	<i>2</i>									
33		Site inspection -- all site visits			2	6	4	12	273	
34		Deep hole tests -- number of holes			4	6	20	30	269	
35		Percolation tests -- number of holes			2	3	4	9	65	
36		Permits issued, new				1		1	20	
37		Permits issued, repair			1	1	1	3	69	
38		Site plans reviewed			1	3	2	6	95	
39		Public Health Reviews*			2	6	1	9	117	
40	<i>Wells</i>									
41		Well sites inspected			2	1	1	4	32	
42		Well permits issued			1	1	2	4	35	
43	<i>Laboratory Activities (samples taken)</i>									
44		Potable water						0	0	
45		Surface water			6	6		12	203	
46		Ground water						0	0	
47		Rabies						0	0	
48		Lead						0	0	
49		Other						0	0	
50	<i>Food Protection</i>									
51		Inspections			4		8	12	155	
52		Reinspections			1			1	13	
53		Temporary permits			1			1	31	
54		Temporary inspections						0	24	
55		Plan reviews						0	6	
56		Pre-operational inspections						0	10	
57	<i>Lead Activities</i>									
58		Housing inspection						0	0	
59		Abate plan reviewed						0	0	
60	MISCELLANEOUS ACTIVITIES									
61		Planning and Zoning referrals						0	0	
62		Subdivision reviewed (per lot)						0	0	
63										
64										
65										

BOLTON QUARTERLY REPORT

July 1, 2021 - September 30, 2021

ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<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	0
Food Protection				0	7
Housing Issues				0	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	4
Water Quality				0	2
COVID-19				0	3
Total	0	0	0	0	36

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	4
Public Pool				0	8
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	18

On-site Sewage Disposal

Site inspection -- all site visits	7	5	4	16	273
Deep hole tests -- number of holes	12	3		15	269
Percolation tests -- number of holes	0	0		0	65
Permits issued, new		1		1	20
Permits issued, repair	1	2		3	69
Site plans reviewed	2	3		5	95
Public Health Reviews*	2	5	3	10	117

Wells

Well sites inspected	1	1		2	32
Well permits issued	1	3		4	35

Laboratory Activities (samples taken)

Potable water				0	0
Surface water	8	15		23	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections	7		6	13	155
Reinspections		1		1	13
Temporary permits	1	1	1	3	31
Temporary inspections				0	24
Plan reviews				0	6
Pre-operational inspections				0	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

CHAPLIN QUARTERLY REPORT

July 1, 2021 - September 30, 2021

ACTIVITY INDICATORS

	July	August	September	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality	1			1	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	7
Housing Issues		1		1	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	0
Septic/Sewage		1		1	5
Other				0	4
Water Quality				0	2
COVID-19				0	3
Total	1	2	0	3	36

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	4
Public Pool				0	8
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	18

On-site Sewage Disposal

Site inspection -- all site visits	2	6	5	13	273
Deep hole tests -- number of holes	1			1	269
Percolation tests -- number of holes	1			1	65
Permits issued, new				0	20
Permits issued, repair	1			1	69
Site plans reviewed	2			2	95
Public Health Reviews*	2	1	1	4	117

Wells

Well sites inspected	2	0	0	2	32
Well permits issued				0	35

Laboratory Activities (samples taken)

Potable water				0	0
Surface water				0	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections		1	7	8	155
Reinspections				0	13
Temporary permits				0	31
Temporary inspections				0	24
Plan reviews				0	6
Pre-operational inspections				0	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

COLUMBIA QUARTERLY REPORT

July 1, 2021 - September 30, 2021

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	0
Food Protection				0	7
Housing Issues				0	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	4
Water Quality				0	2
COVID-19				0	3
Total	0	0	0	0	36

Health Inspection

Group homes				0	0
Day Care			2	2	5
Camps	1			1	4
Public Pool				0	8
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	1	0	2	3	18

On-site Sewage Disposal

Site inspection -- all site visits	7	15	19	41	273
Deep hole tests -- number of holes	9	9	12	30	269
Percolation tests -- number of holes	3	3	3	9	65
Permits issued, new	1	1	1	3	20
Permits issued, repair	1	2	3	6	69
Site plans reviewed	5	4	2	11	95
Public Health Reviews*	3	5	2	10	117

Wells

Well sites inspected	2	3	2	7	32
Well permits issued	1	1	2	4	35
Potable water				0	0
Surface water	10	11		21	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections	2	3	5	10	155
Reinspections				0	13
Temporary permits				0	31
Temporary inspections				0	24
Plan reviews				0	6
Pre-operational inspections				0	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

COVENTRY QUARTERLY REPORT

July 1, 2021 - September 30, 2021

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	0
Food Protection				0	7
Housing Issues				0	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	4
Water Quality		1		1	2
COVID-19		1		1	3
Total	0	2	0	2	36

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	4
Public Pool				0	8
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	18

On-site Sewage Disposal

Site inspection -- all site visits	20	23	25	68	273
Deep hole tests -- number of holes	32	9	33	74	269
Percolation tests -- number of holes	4	1	6	11	65
Permits issued, new	2	2		4	20
Permits issued, repair	3	10	2	15	69
Site plans reviewed	4	8	9	21	95
Public Health Reviews*	12	16	10	38	117
Well sites inspected	2	4	2	8	32
Well permits issued		3	2	5	35

Laboratory Activities (samples taken)

Potable water				0	0
Surface water	46	39	1	86	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections	10	7	6	23	155
Reinspections	2	1		3	13
Temporary permits		5	1	6	31
Temporary inspections	8		8	16	24
Plan reviews	2			2	6
Pre-operational inspections	1			1	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

MANSFIELD QUARTERLY REPORT

July 1, 2021 - September 30, 2021

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	0
Food Protection				0	7
Housing Issues	2	2	1	5	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	0
Septic/Sewage				0	5
Other		1		1	4
Water Quality				0	2
COVID-19			2	2	3
Total	2	3	3	8	36

Health Inspection

Group homes				0	0
Day Care	1	1		2	5
Camps				0	4
Public Pool	2	1		3	8
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	3	2	0	5	18

On-site Sewage Disposal

Site inspection -- all site visits	20	9	18	47	273
Deep hole tests -- number of holes	9	3	21	33	269
Percolation tests -- number of holes	3	2	6	11	65
Permits issued, new	1		2	3	20
Permits issued, repair	3	1	7	11	69
Site plans reviewed	4	2	9	15	95
Public Health Reviews*	8	1	3	12	117

Wells

Well sites inspected	1	1	2	4	32
Well permits issued	2	2	8	12	35

Laboratory Activities (samples taken)

Potable water				0	0
Surface water	8	4		12	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections	24	20	8	52	155
Reinspections	2	1	2	5	13
Temporary permits	1	1	3	5	31
Temporary inspections				0	24
Plan reviews	1	1		2	6
Pre-operational inspections	2	4	2	8	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

SCOTLAND QUARTERLY REPORT

July 1, 2021 - September 30, 2021

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	0
Food Protection				0	7
Housing Issues				0	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	5
Septic/Sewage				0	4
Other				0	2
Water Quality				0	3
COVID-19				0	36
Total	0	0	0	0	36

Health Inspection

Group homes				0	0
Day Care				0	5
Camps	1			1	4
Public Pool	1			1	8
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	2	0	0	2	18

On-site Sewage Disposal

Site inspection -- all site visits	2			2	273
Deep hole tests -- number of holes			8	8	269
Percolation tests -- number of holes			2	2	65
Permits issued, new				0	20
Permits issued, repair	1			1	69
Site plans reviewed				0	95
Public Health Reviews*		1		1	117

Wells

Well sites inspected		2		2	32
Well permits issued			1	1	35

Laboratory Activities (samples taken)

Potable water				0	0
Surface water				0	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections		1	2	3	155
Reinspections				0	13
Temporary permits		1	4	5	31
Temporary inspections				0	24
Plan reviews				0	6
Pre-operational inspections				0	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

TOLLAND QUARTERLY REPORT

July 1, 2021 - September 30, 2021

ACTIVITY INDICATORS

	July	August	September	Total	District Total
--	------	--------	-----------	-------	----------------

ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection			5	5	7
Housing Issues				0	13
Emergency Response				0	0
Refuse/Garbage				0	0
Rodents/Insects				0	0
Septic/Sewage	1		1	2	5
Other		2	1	3	4
Water Quality				0	2
COVID-19				0	3
Total	1	2	7	10	36

Health Inspection

Group homes				0	0
Day Care	1			1	0
Camps				0	5
Public Pool	1		1	2	4
Other			1	1	8
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	2	0	2	4	18

On-site Sewage Disposal

Site inspection -- all site visits	17	17	9	43	273
Deep hole tests -- number of holes	15	12	12	39	269
Percolation tests -- number of holes	4	3	4	11	65
Permits issued, new	2		2	4	20
Permits issued, repair	5	9	7	21	69
Site plans reviewed	8	11	8	27	95
Public Health Reviews*	6	6	8	20	117

Wells

Well sites inspected			1	1	32
Well permits issued	2	2		4	35

Laboratory Activities (samples taken)

Potable water				0	0
Surface water	5	7		12	203
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	0

Food Protection

Inspections	2	14	4	20	155
Reinspections			1	1	13
Temporary permits	1		2	3	31
Temporary inspections		1		1	24
Plan reviews	1		1	2	6
Pre-operational inspections				0	10

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

	A	B	C	D	E	F	G	H	I	J
1	<u>WILLINGTON QUARTERLY REPORT</u>									
2	July 1, 2021 - September 30, 2021									
3										
4	ACTIVITY INDICATORS									
5										
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>	
7	ENVIRONMENTAL HEALTH ACTIVITIES									
8	<i>Complaints</i>									
9		Air Quality						0	1	
10		Animals/Animal Waste						0	1	
11		Activity Without Proper Permits						0	0	
12		Food Protection					1	1	7	
13		Housing Issues	1			3		4	13	
14		Emergency Response						0	0	
15		Refuse/Garbage						0	0	
16		Rodents/Insects						0	0	
17		Septic/Sewage				1		1	5	
18		Other						0	4	
19		Water Quality					1	1	2	
20		COVID-19						0	3	
21		Total	1		1	5		7	36	
22	<i>Health Inspection</i>									
23		Group homes						0	0	
24		Day Care						0	5	
25		Camps				2		2	4	
26		Public Pool				2		2	8	
27		Other						0	1	
28		Schools						0	0	
29		Mortgage, FHA, VA						0	0	
30		Bathing Areas						0	0	
31		Total			0	4	0	4	18	
32	<i>On-site Sewage Disposal</i>									
33		Site inspection -- all site visits			5	3	3	11	273	
34		Deep hole tests -- number of holes			6	12	9	27	269	
35		Percolation tests -- number of holes			2	3	2	7	65	
36		Permits issued, new			2	1		3	20	
37		Permits issued, repair			2		3	5	69	
38		Site plans reviewed			3	1	3	7	95	
39		Public Health Reviews			3	4		7	117	
40										
41		Well sites inspected				1		1	32	
42		Well permits issued				1		1	35	
43	<i>Laboratory Activities (samples taken)</i>									
44		Potable water						0	0	
45		Surface water			15	10		25	203	
46		Ground water						0	0	
47		Rabies						0	0	
48		Lead						0	0	
49		Other						0	0	
50	<i>Food Protection</i>									
51		Inspections			3	5	2	10	155	
52		Reinspections				1		1	13	
53		Temporary permits			1	2	1	4	31	
54		Temporary inspections				6		6	24	
55		Plan reviews						0	6	
56		Pre-operational inspections			1			1	6	
57	<i>Lead Activities</i>									
58		Housing inspection						0	0	
59		Abate plan reviewed						0	0	
60	MISCELLANEOUS ACTIVITIES									
61		Planning and Zoning referrals						0	0	
62		Subdivision reviewed (per lot)						0	0	
63										
64										

**Eastern Highlands Health District
Community Health and Wellness Coordinator
1st Quarter Report July 1 – September 30, 2021**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 852 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

EHHD Strategic Plan Progress

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	Did not find any grants during this period.	The CHWC will look for opportunities for grants for EHHD and will work with CHART to explore opportunities.
1g (1) Explore and expand partnership opportunities	The CHWC attended 1 meetings of the UCONN Bike Friendly Campus group. CHWC is part of the Immunization Coalition. The CHWC attended 1 monthly meetings of the Chaplin Early Education readiness program (meetings paused during summer)	CHWC provided feedback to the meetings.
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC continues to produce quarterly newsletters.	Bulletin boards with health and safety messages. Topics included: Physical activity information, Healthy Communities information, tobacco cessation, and COVID-19 safety. Newsletters are distributed to member town officials, Be Well Tolland members and residents.
3c (1)	CHWC was the point person for COVID-19 information.	

Engage in advocacy events and activities		CHWC will continue to explore ways to support community events
Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children. CHWC participated in DPH's Virtual Childhood Lead Program Annual Site Visit 08/05/2021	There were 12 cases being followed in this quarter. 4 events were closed. 6 phone calls were made to families and providers. 6 correspondences completed to families.
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases. Documenting and faxing information to DPH as necessary.	CHWC conducted contact tracing on Covid-19 cases/contacts.
CHWC Training and Continued Education	CHWC received completed trainings for COVID-19 Pfizer, and Coadministration of Flu/Covid-19 for a total of 1.0 contact hours. CHWC participated in the DPH Annual TB Outreach training on 09/09/2021 and DPH's Virtual Childhood Lead Program Annual Site Visit 08/05/2021	CHWC will continue to explore opportunities to participate in continuing education when appropriate
Vaccine Program	CHWC attended 3 monthly meetings of the Immunization Coalition and the American Lung Association's Annual Flu Conference 09/2021. CHWC conducted This vaccination campaign is on-going. CHWC oversees the clinical portion of these vaccines and the volunteers working at the clinics. During this reporting period, 6764 vaccines were administered.	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 new CTResponds system. In total, there are 192 volunteers at the end of this reporting period. CHWC provided telephone support to residents and stakeholders about COVID-19, including schools. CHWC continues to support contact tracing for COVID-19 cases. CHWC continues to work with the EHHD vaccination team to organize COVID-19 mass vaccination clinics: during this period we organized two large Vaccination days for returning UConn students, 7 Pop-up clinics, and twice weekly in-office clinics. CHWC trains clinic staff and supervises clinical operations, including updating standing orders, and vaccination paperwork. CHWC sends recruitment emails to MRC volunteers to staff the following week's 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 continues to attend Region 4 MRC mass vaccination and MRC planning meetings units and to maintain the National MRC activity log.

Regional Asthma Coalition

No news

Employee Wellness Programs

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

Tolland

On July 15th the CHWC held a kick-off event 12 people signed up for the program. The 1st Quarter Educational Program was Gentle Yoga by a local yoga instructor on September 16th. Social distancing and mask wearing was maintained because of the on-going pandemic. A PowerPoint was created for by the CHWC and was up-loaded to the Be Well site, with links for supplemental information.

Preventive Health Block Grant

CHWC attended 1 UCONN Bike Friendly campus meetings and provided support and feedback towards the goal of making campus and the surrounding area more bike friendly. The Fall Quarterly Buzz was sent out Sept 1st. The toolkits continue to be updated.

Community Outreach

CHWC continued CHWC provided information to individuals and stakeholders regarding COVID-19 in phone calls and emails.

Date	Description	# served	Community
Fall 2021	Employee Wellness Newsletter (UConn) 182/monthly	185	UConn
Fall 2021	Employee Wellness Newsletter 60/	60	Andover
Fall 2021	Employee Wellness Newsletter 60	60	Ashford
Fall 2021	Employee Wellness Newsletter 200	200	Bolton
Fall 2021	Employee Wellness Newsletter 30	30	Chaplin
Fall 2021	Employee Wellness Newsletter 60	60	Columbia
Fall 2021	Employee Wellness Newsletter 60	60	Coventry
Fall 2021	Employee Wellness Newsletter 60	60	Scotland
Fall 2021	Employee Wellness Newsletter 430	430	Tolland
Fall 2021	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
DPH/LHD-COVID-19 meeting	DPH weekly meeting with LHD regarding updates about COVID-19 and new programs and regulation related to COVID-19	weekly	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	3	
Region 4 MRC	Quarterly 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.	1	
R-4 ESF 8 meeting	Region 4 emergency response meeting	1	

Eastern Highlands Health District
Public Health Preparedness Program
July 1, 2021 – September 30, 2021

- **PHEP Activities:**

- Public Health Emergency Preparedness Coordinator (PHEPC) worked with EHHD team to plan and conduct COVID vaccination clinics in the community.
- Submitted progress report for PHEP and MRC grants.
- Supported EHHD interviews for Public Health Nurse position.
- Supported continuing community COVID vaccination efforts including partnership with UConn.
- Worked with EHHD staff to prepare for seasonal flu vaccination campaign.

- **Regional Planning Activities:**

- Participated in regular R4 & R3 ESF8, PHEP, MRC, and CRI meetings.
- Collaborated with CRI Region 4 partners to improve regional Mass Countermeasures Plans and fulfill regional deliverables. Work included creation of a local health department survey and engagement of Access and Functional Needs (AFN) groups for their input into a regional COVID After Action Report (AAR).

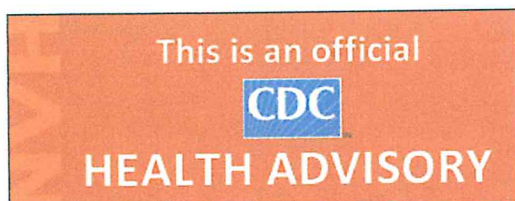
- **Medical Reserve Corps (MRC):**

- Supported administration & coordination of EHHD MRC unit.
- Supported Region 4 Medical Aid Station Team (MAST) activation for RiMaConn relay race, and training of a regional POD strike team.
- Supported delivery of EHHD MRC appreciation picnic in Coventry.

- **Plans for Next Quarter:**

- Conduct COVID vaccination clinics in the community including pediatric and booster shots.
- Conduct seasonal flu vaccination campaign.
- Proceed with BP3 PHEP and CRI deliverables completion and reporting.
- Engage AFN groups in regional ESF8 conversation.
- Update CodeRed lists.
- Compile information for regional COVID AAR.

New SARS-CoV-2 Variant of Concern Identified: Omicron (B.1.1.529) Variant



Distributed via the CDC Health Alert Network

December 1, 2021, 11:00 PM ET

CDCHAN-00459

Summary

Omicron, a new SARS-CoV-2 variant, has been identified in many countries and categorized as a [Variant of Concern](#) by the U.S. government and the World Health Organization (WHO). Because little is known about Omicron currently, it is important for the public health and medical communities as well as the general public to remain vigilant to reduce potential exposure. This Health Alert Network (HAN) Health Advisory summarizes current knowledge about Omicron and provides recommendations on how to detect the Omicron variant within the United States as soon as possible to mitigate its spread.

Background

A new SARS-CoV-2 variant, lineage B.1.1.529, was first detected in Botswana on November 11, 2021, and South Africa on November 14, 2021. This new variant has a large number of mutations in portions of the genome that can potentially increase infectivity and transmissibility, confer resistance to certain therapeutics, and reduce neutralization by convalescent and vaccinee sera¹. For these reasons, on November 26, 2021, WHO classified B.1.1.529 as a variant of concern and named it Omicron². By December 1, the Omicron variant had been detected in at least 20 countries in addition to those in Southern Africa, including the United States, Israel, Hong Kong, Nigeria, Saudi Arabia, South Korea, Australia, Canada, the United Kingdom, and several European countries. In some countries, such as Germany and Portugal, there is evidence of community transmission of Omicron. On November 30, 2021, the U.S. SARS-CoV-2 Interagency Group (SIG), which includes the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, the Food and Drug Administration, the Biomedical Advanced Research and Development Authority, and the Departments of Defense, Agriculture, and Health and Human Services, classified the Omicron variant as a Variant of Concern.

Currently, it is unknown how efficiently the Omicron variant can spread from person to person. It is unknown whether Omicron is more transmissible than other variants, but preliminary data from South Africa suggest that the mutations to the receptor binding protein of the variant virus will confer increased infectivity. Currently, there is limited information about the clinical manifestations of infection due to the Omicron variant and given the small number of identified cases

attributed to the Omicron variant to date, current assessment of disease severity and response to vaccines and therapeutics is difficult. Preliminary information from South Africa indicates that there are no unusual symptoms associated with Omicron variant infection, and as with other variants, some patients are asymptomatic³. Symptoms may be milder in persons who have been vaccinated or previously infected with SARS CoV-2.

Some SARS-CoV-2 variants, including the Omicron variant, have $\Delta 69-70$ deletion in the spike (S) gene. This particular mutation leads to failure of one of the polymerase chain reaction (PCR) targets (sometimes called S-gene target failure (SGTF)) when the virus is tested with assays that include an S gene target, including the Thermo Fisher Scientific TaqPath™ COVID-19 Combo Kit diagnostic assay⁴. This particular assay tests for three different SARS-CoV-2 genes so will still detect the virus but will fail to detect the S gene target specifically. Such assays can be used as a screen to presumptively identify SARS-CoV-2 variants that have the $\Delta 69-70$ deletion, including the Omicron variant. Delta, currently the predominant variant in the United States, does not have this $\Delta 69-70$ deletion; therefore, infections due to Delta variant would not produce a SGTF profile.

Recommendations for Public Health Departments and Public Health Jurisdictions

Case identification and reporting

Public health departments should follow existing state guidelines for case investigations. Case investigation and contact tracing can help ensure compliance with mitigation measures, such as [isolation](#) for people who test positive, and identify [close contacts](#) for public health follow-up including [testing](#), masking, and [quarantine](#) based on vaccination status and history of prior infection. Jurisdictions that are interested in partnering with CDC to conduct enhanced case investigation to identify and characterize initial Omicron cases in the United States should contact their CDC health department liaison officer (HD LNOs). Case investigation will enable better understanding of the characteristics of the initial cases identified in the United States and will provide data on early symptoms, vaccination status, and travel history of these infected persons. In the initial weeks, collecting data on travel history, including any international locations where the infected person was present during the 14 days before illness onset (or date of positive test if asymptomatic), will help monitor importation versus domestic community transmission. All cases should be reported to CDC through existing systems, such as Epi-Info surveys and case surveillance, and using established communication channels, such as HD LNOs.

CDC is collaborating with Xprescheck and Gingko Bioworks on a SARS-CoV-2 surveillance program that involves voluntary testing of arriving international travelers at select U.S. airports. Arriving air travelers are offered both pooled sample collection in the airport and take-home kits for saliva sampling done 3-5 days after arrival; all samples are returned to the laboratory for PCR testing. All positive samples are sequenced, enabling detection of novel COVID-19 variant strains among travelers entering the United States. On November 28, 2021, the program began expanding to test air travelers entering the United States from Southern Africa, including passengers making connections through Europe.

Recommendations for Laboratories

Surveillance

Laboratory testing is a critical component of public health response to and surveillance of emerging variants, including the Omicron variant. The presence of the SGTF profile can signal the need for sequencing to characterize the variant in that specimen. Consideration of epidemiological factors, including recent travel history, for patients who test positive for SARS-CoV-2 can also indicate that a specimen should be prioritized and sent to CDC for sequencing.

In partnership with U.S. public health laboratories and the Association of Public Health Laboratories, CDC has implemented enhanced surveillance for specimens with SGTFs and specimens with sequencing data available that indicate a mutation profile resembling Omicron. CDC requests that public health laboratories send SGTF specimens or specimens that are possible Omicron variant by sequencing to CDC through [National SARS-CoV-2 Strain Surveillance \(NS3\)](#) [ES21-01](#) (SGTF) and [ES21-03](#) (specimens with sequence data available) as quickly as possible for rapid confirmation of presumptive Omicron cases and subsequent virological characterization.

Delta variant specimens do not yield an SGTF result using the TaqPath COVID-19 Combo Kit. Given that nearly 100% of viruses circulating in the United States are the Delta variant, specimens with an SGTF using this diagnostic test may be presumptive Omicron variants and should be prioritized for sequencing confirmation. There are other lineages that may contain the $\Delta 69-70$ deletion and give the SGTF profile, such as the Alpha variant which is uncommon currently but was predominant in the United States earlier this year.

Recommendations for Healthcare Providers

Clinical diagnosis and treatment

Early reports are that the clinical signs and symptoms of COVID-19 from infection with the Omicron variant are similar to those of other variants and may also be absent (asymptomatic). As CDC and public health officials work to identify cases of COVID-19 with the Omicron variant, it is important to take a travel history for all suspected or confirmed COVID-19 cases. If the case is confirmed and there is a history of international travel within 14 days before symptom onset or positive test (if asymptomatic), the local health department should be notified about the travel history. Health departments should also be notified about household contacts or close contacts of individuals who are confirmed to have the Omicron variant.

The utility of travel history to identify Omicron cases will likely decline as domestic community transmission becomes more prevalent. With low levels of domestic community transmission, travel history may be a good screening tool to identify cases of possible Omicron.

There are no data yet available about the effectiveness of monoclonal antibodies and antiviral therapies (e.g., molnupiravir) against the Omicron variant. Whether severity of disease due to Omicron will differ from that of disease caused by other variants is currently unknown. At this time, CDC recommends providers continue to closely follow [NIH treatment guidelines](#) for COVID-19.

Recommendations for the Public

Mitigation

Layered prevention strategies should be used to reduce the transmission of SARS-CoV-2, including variants such as Delta and Omicron. These strategies include vaccination, masking, improving ventilation, distancing, handwashing, and testing to slow SARS-CoV-2 transmission. CDC recommends that **everyone** ages 2 years or older wear masks in public indoor places in areas of [substantial or high transmission](#). Unvaccinated people should wear masks regardless of community transmission level. [Masks are required](#) in indoor areas of public transportation conveyances and U.S. transportation hubs independent of vaccination status. Persons who have a [close contact](#) with someone who has COVID-19, you should get tested 5-7 days after exposure (even if they are asymptomatic) and wear a mask indoors in public for 14 days following exposure or until their test result is negative. Persons who develop symptoms of COVID-19 should get [tested](#) and [stay home](#) until their test result is negative; persons who have a positive test result should isolate at home for 10 days.

Vaccination




Vaccination remains vital to COVID-19 pandemic control. The COVID-19 vaccines approved or authorized in the United States are highly effective at preventing severe disease and death from the Delta variant, which is currently the dominant variant circulating in the U.S. CDC recommends that everyone ages 5 and older should be fully vaccinated against COVID-19 as soon as possible. In addition, CDC recommends all persons age 18 years and older receive a booster dose [at the recommended interval](#). CDC will provide updates as soon as more information is available about vaccine effectiveness against the Omicron variant.

For More Information

- [National SARS-CoV-2 Strain Surveillance](#)

- For questions or concerns about specimen shipment or sequencing, please email: eocevent506@cdc.gov.
- For more information about SARS-CoV-2 surveillance program at select airports, please email: eocevent221@cdc.gov

References

1. SARS-CoV-2 Interagency Group, Situation Report for B.1.1.529 – November 28, 2021.
2. [https://www.who.int/news/item/26-11-2021-classification-of-omicron-\(b.1.1.529\)-sars-cov-2-variant-of-concern](https://www.who.int/news/item/26-11-2021-classification-of-omicron-(b.1.1.529)-sars-cov-2-variant-of-concern) 
3. Frequently asked questions for the B.1.1.529 mutated SARS-CoV-2 lineage in South Africa – NICD 
4. <https://www.thermofisher.com/us/en/home/clinical/clinical-genomics/pathogen-detection-solutions/covid-19-sars-cov-2/multiplex.html> 

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.
- **Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.
- **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.
- **Info Service:** Provides general information that is not necessarily considered to be of an emergent nature.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

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Additional Resources

- [HAN Archive By Year](#)
- [HAN Types](#)
- [Sign Up for HAN Email Updates](#)
- [HAN Jurisdictions](#)



November 15, 2021

Marijuana with Fentanyl Awareness

Connecticut Overdose Response Strategy (CT-ORS)

The CT ORS and the Connecticut Department of Public Health, Office of Emergency Medical Services received reports of overdose patients who exhibited opioid overdose symptoms and required naloxone for revival. These patients denied any opioid use and claimed to have only smoked marijuana.

Recent incidents where only marijuana use was reported but naloxone was required:

- July 2021 – 11 cases
- August 2021 – 9 cases
- September 2021 – 9 cases
- October 1 - 26, 2021 – 10 cases

The reported incidents were dispersed across Connecticut. Several jurisdictions had multiple overdoses with opioid symptoms attributed to marijuana, however no pattern was detected. In early October 2021, Plymouth, Connecticut had several overdose incidents where naloxone was required for revival and patients claimed to have only smoked marijuana. At one of these overdose scenes, Plymouth Police Department was able to secure a sample of the marijuana for testing at the state laboratory.

The Connecticut Department of Emergency Services and Public Protection, Division of Scientific Services Forensic Lab confirmed that the sample of marijuana obtained by Plymouth Police Department tested positive for the following:

- Delta-9-Tetrahydrocannabinol
- Marijuana
- Fentanyl

This is the first lab confirmed case of marijuana with fentanyl in Connecticut and possibly the first confirmed case in the United States.

The CT ORS Team strongly advises all public health, harm reduction and others working with clients who use marijuana to educate them about the possible dangers of marijuana with fentanyl. In addition, they should assist their clients with obtaining the proper precautions if they will be using marijuana. We strongly advise anyone that is using substances obtained illicitly that they know the signs of an opioid overdose, do not use alone, and have naloxone on hand. If you or someone you are with is experiencing an overdose, call 911 immediately. Please refer to the following link for the CT Good Samaritan Law: <https://www.drugfreect.org/resources/ct-good-samaritan-law/>

The CT ORS Team suspects that the continued volatility of the illicit drug market will lead to continued increases of both fatal and non-fatal overdoses.

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Resources

For safe handling information, please refer to [ONDCP Fentanyl Safety Recommendations for First Responders](#)

Harm Reduction services are community-based programs that traditionally support persons using substances and are available to assist first responders after an overdose occurs. They can provide and link individuals who experienced an overdose to other important services, programs and outreach. Please refer to the following link for harm reduction services available in your area: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/SyringeServicesProgram.pdf>

CT ORS Team

Robert Lawlor, Drug Intelligence Officer
Phone: 203-379-6517
Email: rlawlor@nehidta.org

Anna Gasinski, Public Health Analyst
Phone: 203-623-4716
Email: agasinski@nehidta.org

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Dear Connecticut Pediatricians,

I am writing to you at an exciting and important moment. This week, we expect to receive Centers for Disease Control and Prevention (CDC) authorization and recommendation for the Pfizer COVID-19 vaccine for children ages 5 through 11. Given your commitment to providing quality care to children and families and considering all that you have weathered throughout the pandemic, I know that this is a significant moment for you.

We want to ask for your help and support in enabling your patients to access the pediatric COVID-19 vaccine. Specifically, we are asking you to recommend this vaccine to your patients and families as recommended by the CDC, to offer the vaccine in your offices, and to help guide patients to other vaccine administration locations if you are not offering the vaccine in your office.

Your recommendation to vaccinate against COVID-19

Research consistently shows that a provider's recommendation to vaccinate is the single most influential factor in parents' decisions to vaccinate their children. You are a trusted source of information, advice, and reassurance.

I ask that you use all the tools at your disposal to help families and individuals make an informed choice about receiving a COVID-19 vaccine. Outreach strategies include sending emails, placing outbound phone calls, and making sure that you counsel every patient and family you see during office visits or telehealth calls about the importance of getting vaccinated.

The CDC has published information for pediatricians, and we expect these resources to be updated during the next week after the final recommendations for children 5-11 are released:

- [How to talk to parents about COVID-19 vaccination](#)
- [COVID-19 Vaccines for Children and Teens](#)

Your COVID-19 vaccine delivery

Hundreds of pediatricians and practices across the State are stepping up to offer COVID-19 vaccines for children. For those of you who have not yet completed enrollment as COVID-19 vaccine providers, I want to encourage you to do so. As a reminder, the Pfizer COVID-19 vaccine for children ages 5 through 11 can be stored in the refrigerator for up to 10 weeks, so the storage and handling burden associated with the initial adult Pfizer vaccine roll-out should be significantly alleviated.



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Manisha Juthani, MD
Commissioner

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Governor
Susan Bysiewicz
Lt. Governor

Although it may take work to onboard your electronic health record systems (EHRs), report all vaccine doses administered, and train your staff, we believe this effort is vitally important to ensuring the health and well-being of the children and families in our state. If you are not yet enrolled as a COVID-19 vaccine provider and need any help or support, you can [register your interest here](#). If you are having problems with your enrollment, send an email to dph.immunizations@ct.gov.

Your guidance about COVID-19 vaccination

We want to make sure that all practices are ready to provide guidance and support for patients and families who are looking for COVID-19 vaccines. If you cannot provide the vaccine in your office, please make sure that the individuals answering calls to your practice are equipped with accurate information about how to direct your patients.

There will be hundreds of locations across the State of Connecticut where an individual can receive a COVID-19 vaccine. These will include pediatric offices, pharmacies, school-based clinics (including those run by school-based health centers, as well as mobile clinics conducted at schools), local health departments, hospitals, and health systems. Families can visit ct.gov/covidvaccine, type in their zip code, and see what providers locally are offering COVID-19 vaccines for children 5-11.

The network of providers offering this vaccine will continue to expand over the next several weeks, so please continue to check our website for new locations. In addition, I encourage you to take special note of what clinics, including pharmacies, in the immediate area of your practice are offering the pediatric vaccine so that you can offer specific, convenient locations for your patients if you are not providing the vaccine yourself.

Thank you for everything that you do daily to keep our children and families safe. I know that there are many competing demands on your time. Your work has made Connecticut a national leader in routine pediatric immunizations, and we appreciate everything you are doing to help ensure we vaccinate as many children as possible against COVID-19.

Respectfully,

A handwritten signature in black ink that reads "Manisha Juthani".

Dr. Manisha Juthani
Commissioner, Department of Public Health



Phone: (860) 509-7929 • Fax: (860) 706-5429
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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Robert L. Miller

From: Armstrong, John <j.armstrong@uconn.edu>
Sent: Wednesday, December 1, 2021 3:56 PM
Subject: Welcoming YOU back (but not COVID-19..)

Sent to all Students, Wednesday, December 1, 2021

Hi Huskies,

Let me first warmly say: welcome back!!!

Whether turkey is your thing or not, I truly hope you had some time to relax, sleep in, feast in the company of loved ones, and celebrate all of your hard work this semester.

Now, about that other thing: a new variant. Omicron. Thank you, Covid.

It's not in the US just yet but we know how this goes and we know what to do: masking, testing when we are sick, and, of course, vaccinations and boosters.

So, let's talk through that a bit and how I imagine the rest of the semester will pan out:

First, the [testing results](#) over the course of the last two weeks are a bit concerning. As you will note on the dashboard, we are reporting more than 20 Storrs students who tested positive from November 18 to December 1. In addition to those results, 10 additional students reported positive test results while away from campus for the Thanksgiving holiday.

That is a notable increase in comparison to our past positivity over the course of the semester. Most of those students told us of their positive test results before they returned to campus and they are isolating at home. We wish them a speedy recovery.

In the meantime, we know what to do:

Monitoring:

- The SHaW medical team and I will be closely watching test results as well as what we learn through contact tracing and wastewater sampling to determine if we are experiencing an outbreak and if we need to contain spread. Yes, this could mean residential quarantines and increased testing in areas where we see a high presence of COVID. Additional testing and possibly residential quarantine could occur even if you are vaccinated.
- It is too soon to say if that is necessary at this time. But it's possible and I don't want you to be surprised. I will update you as soon as I know more.

Prevention:

- Not getting COVID-19 is important. We want, as always, to protect ourselves and others. We do that best when we are vaccinated (thank you, Huskies) and, as you become eligible, getting boosters. Check out the SHaW website to determine [when you are eligible for a booster or third dose](#).
 - [Booster clinics for Storrs students](#) are occurring every Tuesday on the Storrs campus through the end of the semester and will resume in the Spring term. Appointments for boosters may be scheduled through the [SHaW Patient Portal](#).
 - [Regional students](#) are also eligible for boosters and may schedule through the [Connecticut Vaccine Portal](#).
- **Wear a mask indoors** (please, thank you)
- Take care of yourself: If you are feeling sick, please contact the SHaW advice nurse at 860-486-4700 or your health provider to discuss testing for COVID-19.
- Eat healthy food and get plenty of rest. If you are facing food insecurity, we have staff here to help. Storrs students should reach out to the Dean of Students Office to learn about how to access campus and local resources. Regional Campus students should contact the Student Services staff at their home campus to learn about food assistance options in the local communities.

This is not new to us. We do what we do: care for one another. Winter and the increased time we all spend indoors makes it all the more important that we follow those preventative measures and take good care of ourselves and others.

Be well, Huskies. I'll be in touch.

All my best,

Eleanor JB Daugherty, EdD

she/her/hers

Associate Vice President and Dean of Students



John Armstrong
Director, Off Campus and Commuter
Student Services
Liaison, UConn Faith
Instructor, First Year Experience

Phone: 860-486-8006
Email: j.armstrong@uconn.edu
Student Union, Suite 315

www.offcampus.uconn.edu
www.faith.studentaffairs.uconn.edu