Eastern Highlands Health District
Board of Directors Regular Meeting*
Agenda
Thursday December 11, 2025, 4:30 PM
1712 Main St, Coventry
Town Hall Annex

Call to Order

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

Approval of Minutes (October 16, 2025)

Public Comments

Old Business

1. Proposed 2026 Regular Meeting Schedule

New Business

2. Proposed Fiscal Year 2026/2027 Operating Budget, and CNR Budget - Set public hearing date

Subcommittee Reports

3. Personnel Committee
   a. Director of Health Classification Salary Range change
   b. Director of Health compensation market adjustment
   c. Review of 401(a) plan provisions

4. Finance Committee
   a. Financial report for the period ending 9/30/25
   b. Auditors Financial Statements Year Ending June 30, 2025 & Auditors Communications to the Board

Directors Report

5. Quarterly Activity Report period ending 9/30/25
6. Strategic Plan, Implementation Plan– Update

Medical Advisors Report

Communications/Other

7. EHHD Re: Annual Survey Submittal to DPH
8. Governor Lamont re: Environmental Health Professionals Day
9. Hartford Courant re: Bird Flu
10. CT DPH re: Initial Monitoring Period for EPA Agency Final PFAS Drinking Water Regs
11. Hartford Courant re: Rural CT Towns can see emergency response times lag far behind…
12. New York Academy of Medicine re: Response to Stripping “Professional Status” by Dept of Ed…
13. Governor Lamont re: Declaration Enabling State to Fill Funding Gaps Caused by Trump Administration

Town Reports

Adjournment

Next Board Meeting – January 15, 2026

*Virtual Meeting Option: In accordance with PA 22-3, this will be a hybrid meeting. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting. Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes DRAFT

Thursday, October 16, 2025

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield - Virtual), M. Capriola (Mansfield), J. Elsesser (Coventry), B. Foley (Tolland – Virtual), J. Rupert (Bolton), M. Walter (Columbia – Virtual)

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

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

Approval of Minutes

J. Rupert made a MOTION seconded by M. Walker to accept the minutes of the 8/21/2025 meeting as presented. MOTION passed with E. Anderson abstaining because he was in Iceland at the time of the 8/21 meeting.

Proposed 2026 Regular Meeting Schedule

The issue of the proposed 2026 meeting schedule was tabled, as the day and time of the meetings was questioned as being convenient for all. A doodle poll regarding the date and time of meetings will be sent to members of the board.

DPH FY26 Per Capita Grant Application - Ratification

E. Anderson made a MOTION, seconded by J. Rupert to ratify the submittal of the Eastern Highlands Health District's Fiscal Year 2025-2026 State of Connecticut Department of Public Health Per Capita Funding Application, as presented October 16, 2025. MOTION PASSED unanimously.

Personnel Committee Report

Executive Session

M. Capriola made a MOTION, seconded by E. Anderson to enter Executive Session at 4:42 PM to discuss personnel matters in accordance with GCS 1-200(6)(a), Director of Health Performance Review. MOTION PASSED unanimously.

Executive Session ended at 4:49 PM.

Regular meeting resumed at 4:49 PM.

J. Rupert made a MOTION, seconded by E. Anderson to accept the Personnel Committees recommendation to award R. Miller a 3% increase in annual salary retroactive to July 1, 2025, and a one-time bonus of $1000. MOTION passed unanimously.

J. Elsesser noted that it is time to conduct a salary survey for the position. M. Capriola will complete that task.

R. Aylesworth and B. Foley left the meeting at 4:51 pm.

Directors Report

Immunization Program Update

R. Miller noted that the department is in the midst of vaccine clinics. The office continues to add more clinics to the schedule. R. Miller informed the board of the partnership with Beacon Pharmacies which offers additional vaccines including high dose influenza, RSV, Pneumonia, and Covid-19 for all age groups. EHHD is only giving influenza immunizations at this time.

E. Anderson initiated discussion about the recommended dosages and timeline. Dr. Dardick discussed various options and ultimately suggested that one should check with their doctor.

R. Miller further noted that claims are being filed successfully and we are getting paid.

Opioid Initiative Update

R. Miller informed the board that a kick off meeting has been scheduled for October 28, 2025. E. Anderson questioned how funds were distributed. R. Miller noted that the new group would be able to assist with that information.

CGA Public Health Committee – P.A. 25-97 Sewage Disposal workgroup appointment

R. Miller has been appointed to the Public Health Committee's workgroup that will review the regulations regarding sewage disposal. R. Miller noted that the threshold for responsibility of local public health will increase to 10,000 gallon systems resulting in a material increase in local health workload.

Staffing Update

R. Miller reported that the Public Health Nurse position has been filled by Angelica Dupont.

Medical Advisors Report

Dr. Dardick report that there is relatively no influenza at this time. And the covid cases he is seeing are imported cases linked to travel.

He encourages people to get the updated vaccine.

Communication/Other

R. Miller called attention to the following communications:

Governor Lamont re: Executive Actions to Protect COVID-19 Vaccines

R. Miller noted that the actions align with science based findings.

EHHD re: Press Release EHHD Urges Residents to Get Seasonal Vaccinations, including COVID-19

Governor Lamont re: Northeast Public Health Collaborative

R. Miller reported that the Governors Public Health Alliance is nationwide. Dr. Dardick noted that the will provide support to the medical community.

NACCHO re: Shutdown & Agency Contingency Plans

R. Miller noted that this will not affect the local level at this time, but will continue to monitor the situation.

OHS re: CT's Application for Rural Health Transformation Program
Town Reports

R. Miller informed the board that this program is designed to keep rural hospitals open. Ct will receive $100 million over a 5 year period.

Columbia

M. Walter reported:

- Square Peg Pizza has not moved forward with project
- Still one empty restaurant in Columbia plaza
- New cannoli and coffee shop coming soon
- Health District was helpful in tracking drainage coming from properties down to the lake. There was no source of contamination
- No significant algae bloom

Bolton

J. Rupert reported:

- No significant algae bloom
- New Dunkin Donuts to be opening in Bolton

Andover

E. Anderson reported:

- Pho House is well received
- Other restaurants in Andover, Tom's Place and Andover Pizza continue to do well
- Senior Center is up and running. The food service is running well.
- E. Anderson informed the Board of his resignation as Andover Town Manager effective next month

Coventry

J. Elsesser reported:

- HVAC project at Coventry High School is near completion; There will be a grand opening later in the month
- R. Miller noted that the town has engaged a consultant to design a water thrusting system to deal with the high bacterial counts at Patriots Park bathing area

Mansfield

M. Capriola reported:

- Mansfield Middle School is undergoing a HVAC project on the 3rd floor

Adjournment

J. Rupert made a MOTION, seconded by E. Anderson to adjourn the regular meeting at 5:30 pm. MOTION PASSED unanimously.

Next Board Meeting – December 11, 2025, 4:30 PM

Respectfully submitted,

Robert Miller

Secretary

Eastern Highlands Health District

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

Memo

To: Board of Directors

From: Robert L Miller, Director of Health

Date: 11/25/2025

Re: Proposed 2026 Regular Meeting Schedule

In response a Board request, this office administered a survey to solicit interest in changing the time and day of the week for regular board meetings. The survey was sent to all Board members, and our Medical Advisor. We received 10 responses: 4 selected *moving the meeting to Wednesday afternoon*, and 6 selected *no change in the current day and time.*

Based on the survey results and feedback received from respondents, no change in the day and time is respectfully recommended. Therefore, submitted for your review and approval is the proposed regular meeting schedule for 2026 calendar year:

January 15 (Typically, Budget Public Hearing)

February 19

April 16

June 18

August 20

October 15

December 17

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

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

Eastern Highlands Health District

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

Memorandum

To: EHHD Board of Directors

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

CC: Amanda Backus, Chief Financial Officer

Date: 12/2/2025

Re: Proposed Operating Budget, and CNR Budget

Proposed Fiscal Year 2026/2027 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2026/2027. The proposal incorporates an expenditure increase of $39,830 or 3.7%. The total budget has increased from $1,071,890 to $1,111,720. The member town contribution rate increased by 1.95 % from $6.15 to $6.27 per capita (The average FY25/26 member town contribution rate for contiguous health districts in the state is $8.33).

This proposed budget incorporates an incremental increase in services to meet our obligations under new state mandates.

Primary Budget Drivers

The primary issues driving the fiscal year 2026/2027 budget are a proposed increase in the staff salaries, increases in benefit expenses, and increases in operational expenses. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 3.7%. The increase in the account appropriation accommodates merit increases, an increase to accommodate a possible promotion, and a market adjustment to the Directors position.

2. A **Benefits** expenditure increase of 1.8%. The allocation accommodates corresponding increases in basic benefits associated with salary increases. While there is an estimated 9.7% increase in the medical insurance premium rate, this increase was substantially offset by a change in the enrolled employee roster.

3. An increase of 4.1% in the appropriation from the adopted FY25/26 figure is incorporated in this proposal for the **state grant – in - aid.** This is primarily the result of in an increase in the total health district population. While the second year of the state biennium calls for a significant increase in the per capita rate, due to uncertainty in the state budget process, this proposal holds the rate flat from the FY24/25 per capita rate.

4. A total member **town contribution** increase of 6.1% is proposed. This incorporates the population increase, and a 1.95 % increase in the member town per capita rate.

5. A **Cost Recovery Fees** revenue increase of 2.2%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year and extrapolates them into FY26/27.

6. An **appropriation from fund balance** of $69,570 is proposed to balance the budget. This appropriation is a decrease of $4,970 as compared to the FY25/26 adopted budget.

7. This proposal incorporate an anticipated increase of 6.3% in **grant deductions** for regular staff salary and benefits.

8. An increase in **operational expenditures** of 5.7% is anticipated. This increase is driven by an anticipated increases in professional & technical services, auditing, and contracted services needed to meet state mandates.

9. An appropriation in **Transfers Out of CNR** of $4,000. 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 FY26/27				
	Adopted 25/26	Proposed 26/27		
Revenues			Change	Percent
State Grant in Aid	$ 205,520	$ 213,880	$ 8,360	4.1%
Town contributions	$ 486,130	$ 515,760	$ 29,630	6.1%
Fees for Service	$ 305,700	$ 312,510	$ 6,810	2.2%
Appropriation of Fund Balance	$ 74,540	$ 69,570	$ (4,970)	-6.7%
Total	$ 1,071,890	$ 1,111,720	$ 39,830	3.7%
Expenditures				
Grant Deductions	$ (71,369)	$ (75,850)	$ (4,481)	6.3%
Salaries	$ 709,096	$ 735,066	$ 25,970	3.7%
Benefits	$ 270,255	$ 275,234	$ 4,979	1.8%
Operations	$ 163,908	$ 173,270	$ 9,362	5.7%
Transfers Out to CNR		$ 4,000	$ 4,000	
Total	$ 1,071,890	$ 1,111,720	$ 39,830	3.7%

<u>Highlighted below is additional narrative for selected account proposals for FY26/27</u>

Revenues

- **State Grant – in – Aid.** There is an increase in this revenue category due to an increase in the Health District total population from 79,045 to 82,260, an increase of 3,215. This results in an appropriation of $213,875. Please recall that the first year of the biennium reduced the per capita grant by 10%, and the second year increases it by 25%. Given that adjustments to the second year of the biennium budget are not

uncommon, this budget proposes we anticipate a restoration of the 10% reduction, but not incorporate the full 25% increase currently detailed in the state biennium budget. This would hold the rate flat from the FY24/25 rate.

- **Town Contributions**. A total combined increase of $29,630 or 6.1% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 1.95 %, and the over all population increase detailed above. Proposed individual member town contribution changes can vary based on population changes for each town. Individual member town changes and contribution rate history can be found on pages 6, 7 & 13 of the budget presentation.

- **Cost Recovery Fees.** A combined total increase for all service fee categories is projected at $6,810 or 2.2%. This estimate is based on a number of factors. There are no changes proposed to the agency service fee rates. A number of significant rate increase were adopted this fiscal year. Although still early in the fiscal year, revenues generated in the first 4 months suggest relatively strong numbers in high volume categories. Given this, and a review of historic revenue lines suggest a modest projected increase in fee for service revenues is reasonable for this budget cycle. The revenue estimates for FY26/27 can be found on page 10. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

- **General Fund Appropriation.** An appropriation of $69,570 is proposed in this budget. This is a decrease of $4,970 from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2027 will be 33.45% of the FY26/27 operating expenditures. (See page 4 for the GF roll forward report for FY26/27.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during these periods, with the exception of authorized fund balance transfers.

Expenditures

- **51050 Grant Deductions.** While grant funding is difficult to project due to its volatility, this proposed budget anticipates a modest increase in grant deductions. This is based on the fact that we have secured grant awards in the areas Emergency Preparedness, Work Force Development, Hypertension Prevention, and Tobacco Best Practices. (See page 15 for details on total grant revenue anticipated for FY27.)

- **51601 Regular Salaries.** The total increase presented for salaries is $25,970, or 3.7%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund an average 3.0% merit increase for eligible regular staff. Actual individual increases are determined the availability of funds, and an annual performance evaluation. This increase also incorporates capacity for a possible staff promotion, and a market adjustment for the Director.

- **52105 Medical Insurance.** The total increase anticipated is $1,100 or 0.7%. An increase in the premium rate of 9.7% is anticipated by the Mansfield Finance Department. However, this increase is offset by a change in enrolled staff by one employee from person plus one to an individual plan.

- **53125 Professional & Technical Services.** A total increase of $5,490 is anticipated, or 14.4%. This appropriation includes a $5,300 increase in professional services is largely due to new mandated services addressing childhood lead poisoning. The full break down of service allocations for this account can be found on page 8 of the budget document.

- **53125 Audit Expense.** The total increase anticipated is 10%, or $1,270. This is due to a rate increase imposed by our auditor, CliftonLarsonAllen, LLP.

- **53960 Other Purchased Services.** A total anticipated increase of $1,270, or 5.4 % is proposed. This increase is obligated under the service contract we have with our software vendor for our online permit application and payment platform.

- **56302 Administrative Overhead.** A total increase $970 or 2.7% is proposed. This is a contractual payment increase linked to the CPI to the Town of Mansfield for accounting, financial reporting, HR, and IT services.

Proposed FY 26/27 Capital Nonrecurring Budget Narrative (See Page 14)

Revenues

- **Transfer In – General Fund.** This is a planned transfer of $4,000 from the general fund. This appropriation is consistent with our 5 year CNR roll forward plan.

- **Surplus Vehicle Proceeds.** This is a planned sale of a surplus fleet vehicle.

Expenditures

- **Automobile.** Planned purchase of a truck with a tow package to accommodate our emergency response trailer at an estimated $45,000. This is consistent with a fleet vehicle replacement plan.

- **Office reorganization/relocation.** An expenditure of $50,000 towards the phased in total cost of expanding the main office space.

Recommended Motion

The budget detailed herewith was reviewed by the Finance Committee at their November 24, 2025 special meeting. At that time they acted to forward the proposed budget as presented to the full board. Therefore, if the board is so inclined, then the following motion is in order: ***Move, to set public hearing date of Thursday, January 15, 2026 at 4:30 PM with such hearing located at Coventry Town Hall Annex, 1712 Main St, Coventry Connecticut to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2026/2027 Operating Budget, and Capital Non-recurring budget, as presented on December 11, 2025.***

Eastern Highlands Health District

Proposed Budget

Fiscal Year 2026 – 2027

December 11, 2025

Board of Directors Regular Meeting

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Eastern Highlands Health District
Budget Presentation
FY 26/27

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

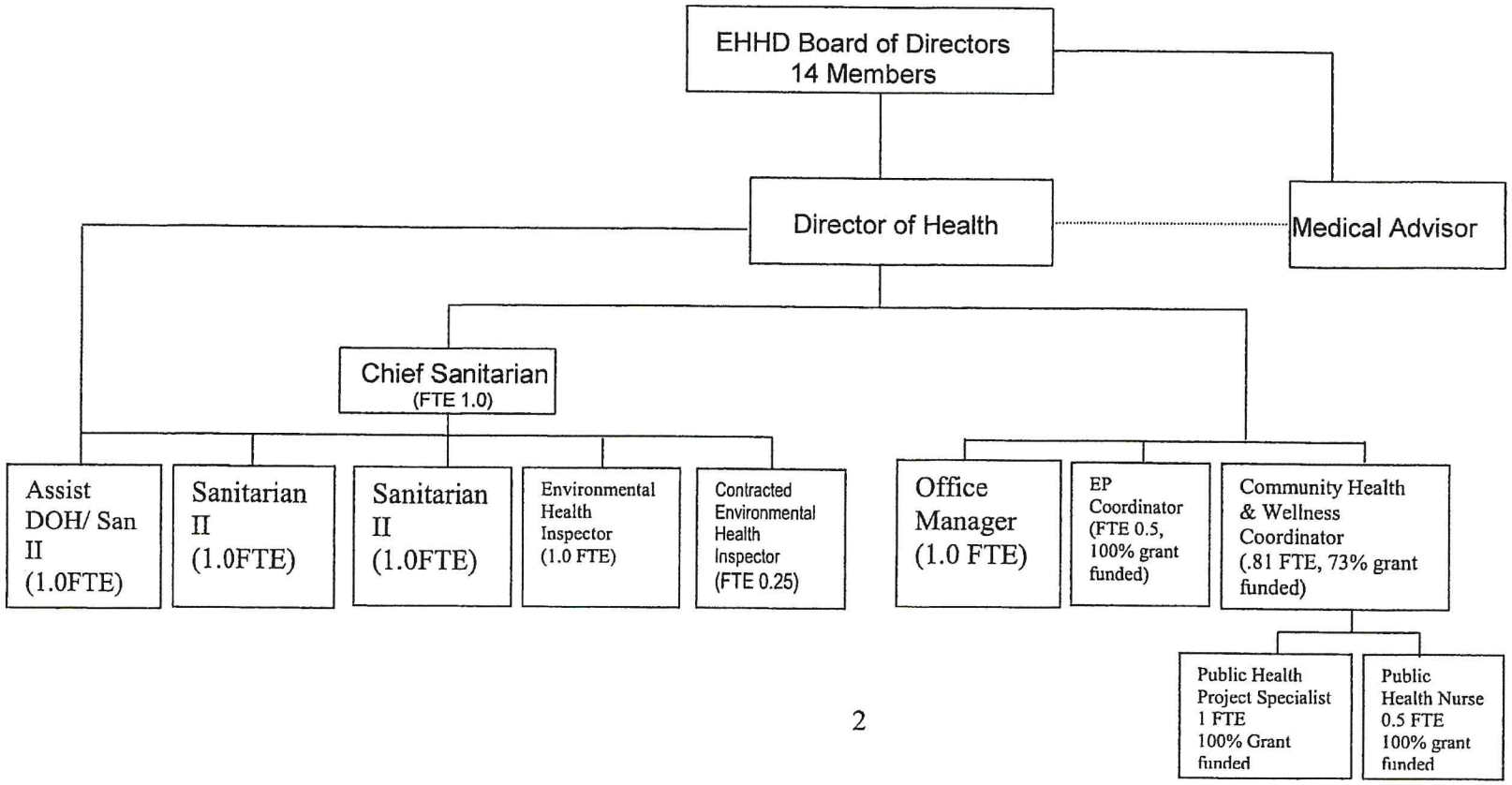
The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 82,260.

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

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

Proposed Fiscal Year 2026/2027
Eastern Highlands Health District Organizational Chart

Andover Board of Selectmen Appoints One Member to District Board of Directors	Ashford Board of Selectmen Appoints One Member to District Board of Directors	Bolton Board of Selectmen Appoints One Member to District Board of Directors	Chaplin Board of Selectmen Appoints One Member to District Board of Directors	Columbia Board of Selectmen Appoints One Member to District Board of Directors	Coventry Town Council Appoints Two Member to District Board of Directors	Mansfield Town Council Appoints Three Member to District Board of Directors	Scotland Board of Selectmen Appoints One Member to District Board of Directors	Tolland Town Council Appoints Two Member to District Board of Directors	Willington Board of Selectmen Appoints One Member to District Board of Directors



Fiscal Year 2026/2027 Budget Calendar

Finance Committee Budget Meeting	November 24, 2025
Finance Committee Budget Meeting	December 11, 2025 (If needed)
Budget Presentation to Board	December 11, 2025
Deadline for final budget estimates per By Laws	January 1, 2026
Fiscal Year 2026/2027 Budget Public Hearing	January 15, 2026 (Recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2026
Adoption of Budget	February 19, 2026 (If needed)

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

Roll Forward FY 2026/27

	Actual 22/23	Actual 23/24	Actual 24/25	Amended 25/26	Estimated 25/26	**Proposed 26/27**	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31	Projected 31/32
Revenues:											
Member Town Contributions	451,519	463,192	474,720	486,130	486,130	**515,760**	531,233	547,170	563,585	580,492	597,907
State Grant-in-Aid	206,500	207,210	207,210	205,520	184,965	**213,880**	213,880	213,880	213,880	213,880	213,880
Services Fees	268,298	264,772	273,419	305,700	305,700	**312,510**	323,448	334,769	346,485	358,612	371,164
Total Revenues	926,317	935,174	955,349	997,350	976,795	**1,042,150**	1,068,561	1,095,818	1,123,950	1,152,985	1,182,951
Expenditures:											
Salaries & Benefits	755,035	734,966	818,416	912,980	902,349	**939,450**	962,936	987,010	961,685	985,727	1,010,370
Insurance	14,001	15,390	15,542	15,240	14,532	**15,600**	15,678	15,756	15,835	15,914	15,994
Professional &Technical Services	27,673	30,522	33,414	53,290	54,477	**60,050**	60,350	60,652	60,955	61,260	61,566
Other Purchased Services & Supplies	72,061	72,207	86,105	85,480	85,480	**87,720**	92,106	96,711	101,547	106,624	111,955
Equipment	3,074	4,145	417	4,900	4,900	**4,900**	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	871,844	857,230	953,894	1,071,890	1,061,738	**1,107,720**	1,135,071	1,164,129	1,144,022	1,173,526	1,203,886
Operating Transfers Out	3,000	3,000	3,000	-	-	**4,000**	5,000	9,000	12,000	15,000	18,000
Total Expenditures and Operating Transfers Out	874,844	860,230	956,894	1,071,890	1,061,738	**1,111,720**	1,140,071	1,173,129	1,156,022	1,188,526	1,221,886
Excess/(Deficiency) of Revenues over Expenditures	51,473	74,944	(1,545)	(74,540)	(84,943)	**(69,570)**	(71,510)	(77,311)	(32,072)	(35,541)	(38,935)
Equity Fund Transfer to Capital Nonrecurring Fund	(125,000)	(125,000)									
Fund Balance, July 1	675,309	601,782	551,726	551,726	551,726	**466,783**	397,213	325,703	248,392	216,320	180,779
Fund Balance, June 30	601,782	551,726	550,181	477,186	466,783	**397,213**	$325,703	$248,392	$216,320	$180,779	$141,845
Expenditures per Above	871,844	860,230	956,894	1,071,890	1,061,738	**1,111,720**	1,140,071	1,173,129	1,156,022	1,188,526	1,221,886
Grant Deduction	108,356	96,722	89,720	71,369	82,000	**75,850**	75,850	75,850	75,850	75,850	75,850
Total Expenditures	980,200	956,952	1,046,614	1,143,259	1,143,738	**1,187,570**	1,215,921	1,248,979	1,231,872	1,264,376	1,297,736
FB as a % of Total Exp	61.39%	57.65%	52.57%	41.74%	40.81%	**33.45%**	26.79%	19.89%	17.56%	14.30%	10.93%

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

Eastern Highlands Health District
Summary of Revenues and Expenditures for FY26/27

Fund: 634 Eastern Highlands Health District
Activity: 41200

Object	Description	Actual 22/23	Actual 23/24	Actual 24/25	Amended 25/26	Estimated 25/26	Proposed Budget 26/27	% change	Dollar change
Revenues:									
40220	Septic Permits	55,770	51,377	47,475	51,610	51,610	55,000	6.6%	3,390
40221	Well Permits	14,250	12,675	12,375	15,300	15,300	16,200	5.9%	900
40491	State Grant-In-Aid	206,500	207,210	207,210	205,520	184,965	213,880	4.1%	8,360
40630	Health Inspec. Service Fees	3,992	2,638	1,841	4,500	4,500	3,500	-22.2%	(1,000)
40633	Health Services-Bolton	27,674	28,008	28,702	29,730	29,730	30,690	3.2%	960
40634	Health Services-Coventry	69,573	70,935	72,693	75,690	75,690	78,030	3.1%	2,340
40635	Health Services-Mansfield	147,145	153,187	156,982	156,220	156,220	175,530	12.4%	19,310
40636	Soil Testing Service	36,125	41,665	40,610	49,600	49,600	48,500	-2.2%	(1,100)
40637	Food Protection Service	80,811	83,974	91,516	90,080	90,080	91,500	1.6%	1,420
40638	B100a Review	29,460	24,760	26,130	35,200	35,200	35,300	0.3%	100
40639	Engineered Plan Rev	35,940	33,710	34,040	41,000	41,000	42,000	2.4%	1,000
40642	Health Services - Ashford	23,792	24,329	24,932	26,010	26,010	26,730	2.8%	720
40643	Health Services - Willington	31,654	32,129	32,925	34,140	34,140	35,170	3.0%	1,030
40646	GroupHome/Daycare Inspection	770	1,540	1,210	1,410	1,410	1,410	0.0%	-
40647	Subdivision Review	1,375	625	1,000	1,500	1,500	2,000	33.3%	500
40648	Food Plan Review	3,230	4,790	5,245	3,900	3,900	4,500	15.4%	600
40649	Health Services - Tolland	82,728	84,338	86,428	89,630	89,630	92,410	3.1%	2,780
40685	Health Services - Chaplin	12,172	12,455	12,764	13,270	13,270	13,660	2.9%	390
40686	Health Services - Andover	17,902	18,209	18,660	19,340	19,340	19,920	3.0%	580
40687	Health Services - Columbia	29,920	30,489	31,245	32,400	32,400	33,600	3.7%	1,200
40688	Health Services - Scotland	8,959	9,113	9,389	9,700	9,700	10,020	3.3%	320
	Cosmetology Inspections	6,575	6,675	6,475	6,600	6,600	6,600	0.0%	-
	Vaccine Administration		343	5,502	5,000	5,000	6,000	20.0%	1,000
40999	Appropriation of Fund Balance				74,540	74,540	69,570	-6.7%	(4,970)
	Total Revenues	926,317	935,174	955,349	1,071,890	1,051,335	1,111,720	3.7%	39,830
Expenditures:									
51050	Grant deductions	(86,757)	(96,722)	(89,720)	(71,369)	(82,000)	(75,850)	6.3%	(4,481)
51601	Regular Salaries - Non-Union	625,127	633,701	672,967	709,096	709,096	735,066	3.7%	25,970
52001	Social Security	48,472	45,973	48,666	44,300	44,300	45,910	3.6%	1,610
52002	Workers Compensation	9,306	9,305	9,305	9,400	9,400	9,400	0.0%	-
52007	Medicare	11,336	10,752	11,382	10,360	10,360	10,737	3.6%	377
52009	Salary Related Benefits	(21,599)	(19,470)	(11,111)			-	#DIV/0!	-
52010	MissionSquare (Retirement)	33,101	2,519	39,950	42,210	42,210	43,777	3.7%	1,567
52103	Life Insurance	2,334	2,124	2,318	3,100	3,100	3,220	3.9%	120
52105	Medical Insurance	122,275	135,460	124,725	152,000	152,000	153,100	0.7%	1,100
52117	RHS	2,486	2,570	2,646	2,700	2,700	2,860	5.9%	160
52112	LTD	698	736	744	783	783	830	6.0%	47
52203	Dues & Subscriptions	1,707	1,981	1,145	2,100	2,100	2,100	0.0%	-
52210	Training	1,150	315		2,500	2,500	2,500	0.0%	-
52212	Mileage Reimbursement	-	114		400	400	400	0.0%	-
52220	Vehicle Allowance	5,399	5,608	5,399	5,400	5,400	5,400	0.0%	-
53120	Professional & Tech	19,413	19,114	19,735	38,060	38,060	43,550	14.4%	5,490
53122	Legal	760	408	312	2,500	2,500	2,500	0.0%	-
53125	Audit Expense	7,500	11,000	13,367	12,730	13,917	14,000	10.0%	1,270
53303	Vehicle Repair & Maintenance	5,482	5,433	12,855	5,000	5,000	5,000	0.0%	-
53801	General Liability	14,001	15,390	15,542	15,240	14,532	15,600	2.4%	360
53924	Advertising	498	702	514	1,000	1,000	1,000	0.0%	-
53925	Printing & Binding	1,539	1,121	1,107	1,200	1,200	1,200	0.0%	-
53926	Postage	1,539	1,578	1,658	1,500	1,500	1,500	0.0%	-
53940	Copier maintenance	675		90	1,000	1,000	1,000	0.0%	-
53960	Other Purchased Services	21,066	21,343	22,385	23,510	23,510	24,780	5.4%	1,270
53964	Voice Communications	4,062	3,650	3,650	4,850	4,850	4,850	0.0%	-
54101	Instructional Supplies	300	170	21	800	800	800	0.0%	-
54214	Books & Periodicals			315	200	200	200	0.0%	-
54301	Office Supplies	1,735	1,365	951	2,000	2,000	2,000	0.0%	-
	Clinical Supplies		(222)	3,688	5,000	5,000	5,000	0.0%	-
54601	Gasoline	3,845	3,177	3,466	3,500	3,500	3,500	0.0%	-
54913	Other Supplies & Materials (+COVID-19)			330				#DIV/0!	-
55420	Office Equipment	2,205	1,597		4,000	4,000	4,000	0.0%	-
55430	Equipment - Other	869	2,548	417	900	900	900	0.0%	-
56302	Admin. Overhead	31,320	33,890	35,075	35,920	35,920	36,890	2.7%	970
58410	Capital Nonrecurring Fund	128,000	128,000	3,000			4,000	#DIV/0!	4,000
	Total Expenditures	999,844	985,230	956,894	1,071,890	1,061,738	1,111,720	3.7%	39,830

20552

DEPARTMENT: EHHD LOCATION: Main Office ACTIVITY: 41200

RATIONAL OF OBJECTS BUDGET FIGURES IN **BOLD**

REVENUES:

42220 Septic Permits
Proposed estimate: **$55,000**

42221 Well Permits
Proposed estimate: **$16,200**

43391 State Grant-in-aid

	Population 2023	Per Capita Value	Total
Andover	3,177	2.60	8,260
Ashford	4,263	2.60	11,084
Bolton	4,895	2.60	12,727
Chaplin	2,179	2.60	5,665
Columbia	5,359	2.60	13,933
Coventry	12,445	2.60	32,357
Scotland	1,598	2.60	4,155
Tolland	14,739	2.60	38,321
Mansfield	27,996	2.60	72,790
Willington	5,609	2.60	14,583
Total	82,260		**$213,875**

48961 Health Services - Bolton

Bolton Pop.	Proposed Per Capita Contribution	Total	Dollar Increase	% increase
4,895	$ 6.270	**$30,690**	**$960**	**3.23**

48962 Health Services - Coventry

Coventry Pop.	Proposed Per Capita Contribution	Total		
12,445	$ 6.270	**$78,030**	**$2,340**	**3.09**

48963 Health Services - Mansfield

Mansfield Pop.	Proposed Per Capita Contribution	Total		
27,996	$ 6.270	**$175,530**	**$19,310**	**12.36**

48964 Health Services - Ashford

Ashford Pop.	Proposed Per Capita Contribution	Total		
4,263	$ 6.270	**$26,730**	**$720**	**2.77**

48966 Health Services - Tolland

Tolland Pop.	Proposed Per Capita Contribution	Total		
14,739	$ 6.270	**$92,410**	**$2,780**	**3.10**

48965 Health Services - Willington

Willington Pop.	Proposed Per Capita Contribution	Total		
5,609	$ 6.270	**$35,170**	**$1,030**	**3.02**

48967 Health Services - Chaplin

Chaplin Pop.	Proposed Per Capita Contribution	Total		
2,179	$ 6.270	**$13,660**	**$390**	**2.94**

48968 Health Services - Andover

Andover Pop.	Proposed Per Capita Contribution	Total		
3,177	$ 6.270	**$19,920**	**$580**	**3.00**

DEPARTMENT: EHHD LOCATION: Main Office ACTIVITY: 41200

RATIONAL OF OBJECTS BUDGET FIGURES IN **BOLD**

REVENUES:

48969 Health Services - Columbia

Columbia Pop.	Proposed Per Capita Contribution	Total	Dollar increase	% increase
5,359	$ 6.270	**$33,600**	**$1,200**	**3.70**

48970 Health Services - Scotland

Scotland Pop.	Proposed Per Capita Contribution	Total		
1,598	$ 6.270	**$10,020**	**$320**	**3.30**

44030 Health Inspection Service Fees
Proposed estimate: **$3,500**

44036 Health Services - Soil Testing
Proposed estimate: **$48,500**

44037 Food Protection Service
Proposed estimate: **$91,500**

44038 B100a (Public Health Review)
Proposed estimate: **$35,300**

44039 Plan Review Engineered Design
Proposed estimate: **$42,000**

44045 Plan Review Non-engineered Design
Proposed estimate: **$0**

44046 Group Home / Daycare Inspections
Proposed estimate: **$1,410**

44047 Subdivision Review
Proposed estimate: **$2,000**

44048 Food Plan Review
Proposed estimate: **$4,500**

44725 Cosmetology Inspections **$6,600**

44035 Vaccine Adminstration **$6,000** Billing/reimbursement for flu shots

49999 Appropriation of Fund Balance $ **69,570**

DEPARTMENT: EHHD LOCATION: Main Office ACTIVITY: 41200

RATIONAL OF OBJECTS BUDGET FIGURE IN **BOLD ITALICS**

Expenditures:

51601 Regular Salaries - Non-Union

	FY 24/25 Proposed Appropr	FTE	FY 24/25 Grant deduct	FTE
	733,616	7.86	(68,706)	0.96
Longevity/bonus	**$1,450**			
Total Salaries	**$735,066**			

	Salary Deductions	(68,706)
	Benefit Deductions	(7,144)
51050 Grant Deductions	**Total Grant Deductions**	**$ (75,850)**

52001 Social Security

Total Regular Salaries	Social Security Percentage (6.2%)
735,066	**$43,555**

52002 Workers compensation

Estimated Premium **$9,400**

52007 Medicare

Total Regular Salaries	Medicare Percentage (1.45%)
$ 735,066	**$10,185**

52010 MissionSquare (Pension Plan)

Estimated Salaries of Full-time employees		729,616
Employer percent contribution		0.06
Total estimated employer contribution	**Total**	43,777

52103 Life Insurance

Proposed estimate: **$3,218**

52105 Medical Insurance

Proposed estimate: **$153,100** Place holder provided by Finance Dept

52117 RHS Contribution

Proposed estimate: **$2,860**

52112 LTD

Proposed estimate: **$830**

52203 Dues & Subscriptions

Proposed estimate: **$2,100**

52210 Training

Proposed estimate: **$2,500**

52212 Mileage Reimbursement

Proposed estimate: **$400**

52220 Vehicle Allowance **$5,400**

53120 Professional and Technical Services

Contract FSE Inspector	20000
Medical advisor stipend	6050
website license/hosting	1470
Survey monkey	375
Lead Contractor inspection	14300
Zoom	160
CLIA waiver annual fee	250
Transactrx	825
acrobat	120
Total	**$43,550**

53122 Legal Services

Proposed estimate: **$2,500**

53125 Audit Expense

Proposed estimate: **$14,000**

54903 Vehicle Maintenance and Repair

Proposed estimate: **$5,000**

DEPARTMENT: EHHD LOCATION: Main Office ACTIVITY: 41200

RATIONAL OF OBJECTS BUDGET FIGURE IN **BOLD ITALICS**

Expenditures:

55201 General Liability Insurance

Coverage by CIRMA:
General Liability, Auto liability, Professional and Public Official Liability, and Crime

Estimated premium: **$15,600**

55400 Advertising
Proposed estimate: **$1,000**

55500 Printing and Binding
Proposed estimate: **$1,200**

55301 Postage
Proposed estimate: **$1,500**

55940 Copier Maintenance
Proposed estimate: **$1,000**

55960 Other Purchased Services
Proposed estimate: **24,780** (OpenGov contract)

55964 Voice Communications
Proposed estimate: **$4,850** (cell/ipad data + Code red)

56110 Instructional Supplies
Proposed estimate: **$800**

56400 Books and Periodicals
Proposed estimate: **$200**

56001 Office supplies
Proposed estimate: **$2,000**

56260 Gasoline
Proposed estimate: **$3,500**

57392 Office equipment
Maintenance and replacement **$4,000** (3 PC replacements & 2 ipad replacements)

56919 Clinic Supplies
Vaccine & Ancillary Supplies **$5,000**

57390 Equipment - Other
Field Equipment: **$900**

58902 Administrative Overhead
Propose estimate: **$36,890** (CPI, 2.7%)
This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.

58912 Contigency **$0**

59730 Capital Nonrecurring Fund **$4,000**

Analysis of Service Fee Revenues

REVENUE PERFORMANCE	Actual 2016-2017	Actual 2017-18	Actual 2018-2019	Actual 2019/2020	Actual 2020/2021	Actual 2021/2022	Actual 2022/2023	Actual 2023/2024	Actual 24/25	Adopted 25/26	Received 10/1/2021	Received 11/10/2022	Received 10/31/2023	Received 10/31/2024	Received 10/31/2025		Estimated Actuals 2024-25	Proposed 2025-2026
42220 Septic Permits (New and repair permits)	34,400	43,880	51,145	49,133	61,170	60,822	55,770	51,377	47,210	51,610	15,060	23,940	19,685	14,535	20,630	40%	55,000	55,000
42221 Well permits	16,985	12,925	12,955	10,680	22,395	12,875	14,250	12,675	12,375	15,300	3,875	5,375	5,250	4,125	6,185	40%	16,200	16,200
44030 Health Inspection Services (Other inspections & services)	13,716	3,993	3,210	9,151	5,244	2,411	3,991	2,637	2,022	3,500	188	580	319	130	940	27%	3,500	3,500
44036 Health Services - Soil testing (Test Holes &Perc Tests)	33,585	41,775	40,960	49,490	46,388	51,980	36,125	41,665	40,610	49,600	13,950	14,350	16,030	14,010	13,590	27%	48,500	48,500
44037 Food Protection Service (License fees)	66,413	71,399	83,961	79,718	78,455	82,995	80,811	83,974	91,516	90,080	6,475	6,772	4,743	5,602	4,552	5%	91,500	91,500
44038 B100a Review (Public health review)	30,040	27,470	29,445	33,690	38,175	26,810	29,460	24,760	26,000	35,200	6,160	10,355	9,450	9,360	11,620	33%	35,300	35,300
44039 Engineered Plan Review	7,290	8,175	29,535	32,860	36,575	39,610	35,940	33,580	32,000	41,000	8,660	14,390	11,420	11,790	14,195	35%	42,000	42,000
44045 Nonengineered Plan Review	15,820	18,565	60			220											-	-
44046 Group Home / Daycare Insp.	1,230	1,470	1,210	1,430	880	1,650	770	1,540	1,210	1,410	330	330	440	220	440	31%	1,410	1,410
44047 Subdivision Review	2,360	2,070	1,170	1,375	2640	1,375	1,375	625	1,000	1,500	-	875	250		1,125	75%	2,000	2,000
44048 Food Plan Review	3,035	2,670	4,290	2,481	3,475	2,705	3,230	4,790	5,245	3,900	855	1,075	1,775	2,355	2,400	62%	4,500	4,500
44725 Cosmetology (other)			-				6,575	6,675	6,475	6,600		5,125	150	150	200	3%	6,600	6,600
44035 Vaccine Administration								342	5,502	6,000			500		1,847	31%	6,000	6,000
Total	224,874	234,392	257,941	270,008	295,397	283,453	268,297	264,640	271,165	305,700	55,553	83,167	70,012	62,277	77,724	25%	312,510	312,510

Eastern Highlands Health District

Cost Recovery Fee Schedule FY 25/26

Food Service Fees*	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY18/19	Adopted FY 19/20	Adopted Fy 20/21	Adopted FY25/26
Application Review**	$85	$90	$95	$95	$95	$95	$95
Class I & II Plan Review	$150	$155	$175	$175	$175	$175	$200
Class III & IV Plan Review	$235	$240	$245	$245	$245	$245	$275
Class I License	$120	$125	$125	$125	$125	$135	$155
Class II License	$160	$165	$165	$255	$255	$255	$260
Class III License	$240	$245	$255	$355	$355	$355	$375
Class IV License	$330	$340	$355	$380	$380	$380	$400
Grocery Store >10,000ft2 - Class II&III				$420	$420	$420	$420
Temporary Food Event Permit	$55	$55	$60	$65	$65	$65	$70
Temporary Permit - samples only		$30	$30	$30	$30	$30	$30
Expedited Temp food permit application review***				$20	$20	$20	$20
Late License renewal (plus app fee)/operating without License				$200	$200	$200	$200
CFM Process Fee (No CFM in place)				$50	$50	$50	$50
Re-Inspection fee	$65	$70	$85	$120	$120	$120	$120
2nd Re-inspection fee	$115	$120	$135	$135	$135	$135	$135
Subsurface Sewage Disposal							
Permit – New	$175	$185	$200	$205	$205	$220	$225
Permit – Major Repair	$170	$175	$185	$185	$185	$190	$195
Permit - Construction by owner occupant				$275	$275	$275	$275
Permit/inspection– Minor Repair	$90	$95	$95	$95	$95	$100	$100
Permit – Design Flow >2000 GPD	$330	$350	$350	$350	$350	$350	$350
Design Flow ≥ 7500 GPD/ DEP system Inspection	$440	$460	$460	$460	$460	$460	$600
Plan Review (per plan)	$120	$125	$125	$125	$125	$130	$150
Septic Tank/System Abandonment	$60	$60	$60	$60	$60	$60	$60
Review plans revised more than once	$35	$40	$40	$40	$40	$40	$40
Plan Review for Tank Replacement	$55	$60	$60	$60	$60	$60	$60
Soil Testing							
Percolation (perc) Test	$85	$85	$85	$90	$90	$90	$100
Deep Hole Test (fee includes 3 pits per site)	$100	$105	$105	$105	$105	$110	$120
Additional soil test site visit (fee includes 3 pits)							$100
Each additional pit	$30	$30	$30	$30	$30	$30	$30
Public Health & Subdivision Reviews							
Public Health Review (assessory structure/ lot line change)	$50	$50	$50	$50	$50	$50	$65
Public Health Review (building addition/ change of use)	$60	$65	$65	$70	$70	$70	$85
Subdivision Plan Review (per lot) (Fee includes review of one set of revisions)	$115	$120	$125	$125	$125	$125	$125
Subdivision Plan Revisions Reviewed (per lot) (Fee is for each added set of revisions)	$35	$40	$40	$40	$40	$40	$40
Miscellaneous							
Commercial Bank Mortgage Inspection/Report	$110	$115	$115	$115	$115	$115	$115
Family Campground Inspection	$110	$110	$110	$130	$130	$130	$140
Group Home/Daycare /Other Institution Inspection	$90	$95	$105	$110	$110	$110	$110
Misc. Inspection/consulation fee per Sanitarian****	$65/hr	$65/hr	$65/hr	$80/hr	$80/hr	$80/hr	80/hr
Mortgage Inspection/Report for FHA,VA	$60	$60	$60	$75	$75	$75	$75
Pool Inspection	$75	$80	$100	$105	$105	$105	$125
Private well Water Treatment Waste disposal plan review					$50	$50	$75
Cosmotology Permit/Inspection - Independent contractor						$25	$25
Cosmotology Permit/Inspection - One or two chairs					$80	$100	$100
Cosmotology Permit/Inspection - Three chairs or more					$150	$150	$150
Well Permit	$105	$110	$120	$120	$120	$125	$135
Farmers Market Food Vendor Seasonal License Categories							
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	$40	$40	$40
Farmer Food Vendor License - Low Risk Food	$30	$30	$30	$40	$60	$60	$70
Non-farmer Food Vendor License - Cold samples only							
One market location	$30	$35	$35	$40	$75	$75	$85
Multiple-market locations	$45	$50	$50	$60	$90	$90	$105
Non-farmer Food Vendor License - Low Risk Food							
One market location	$45	$50	$50	$75	$90	$90	$100
Multiple-market locations	$65	$70	$70	$85	$120	$120	$150
Farmer & Non-farmer Food Vendor License - High Risk Food	$210	$220	$220	$220	$220	$220	$250

* 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

FY26 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

	EHHD Adopted FY26	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	$ 155	$ 155	$ 163	$ 155	$ 162	$ 188	$ 188	$ 163	$ 171	$ 178	$ 186
Class II License	$ 260	$ 250	$ 275	$ 250	$ 262	$ 280	$ 305	$ 273	$ 286	$ 299	$ 312
Class III License	$ 375	$ 350	$ 396	$ 350	$ 365	$ 408	$ 418	$ 394	$ 413	$ 431	$ 450
Class IV License	$ 380	$ 400	$ 460	$ 400	$ 413	$ 438	$ 454	$ 399	$ 418	$ 437	$ 456
Temp event	$ 70	$ 150	$ 235	$ 150	$ 67	$ 75	$ 81	$ 74	$ 45	$ 81	$ 84
Re-inspection	$ 120	NA	NA	NA	NA	NA	NA	$ 126	$ 132	$ 138	$ 144
2nd re-inspection	$ 135	NA	NA	NA	NA	NA	NA	$ 142	$ 149	$ 155	$ 162
Plan review - Class I	$ 200	$ 200	$ 220	$ 200	$ 236	$ 200	$ 233	$ 210	$ 220	$ 230	$ 240
Plan review - Class II	$ 200	$ 200	$ 240	$ 200	$ 250	$ 275	$ 296	$ 210	$ 220	$ 230	$ 240
Plan review - Class III	$ 275	$ 275	$ 273	$ 275	$ 274	$ 325	$ 360	$ 289	$ 303	$ 316	$ 330
Plan review - Class IV	$ 275	$ 300	$ 298	$ 300	$ 291	$ 353	$ 291	$ 289	$ 303	$ 316	$ 330
Subsurface Sewage Disposal											
Permit - new	$ 225	$ 225	$ 238	$ 200	$ 224	$ 250	$ 253	$ 236	$ 248	$ 259	$ 270
Permit - Major repair	$ 195	$ 185	$ 212	$ 150	$ 187	$ 195	$ 223	$ 205	$ 215	$ 224	$ 234
Permit - Minor repair	$ 100	$ 100	$ 118	$ 100	$ 107	$ 150	$ 147	$ 105	$ 110	$ 115	$ 120
Permit - Design flow >2000GPD	$ 350	$ 350	NA	NA	NA	NA	NA	$ 368	$ 385	$ 403	$ 420
Percolation Test(4)											
Deep Hole Test	$ 220	$ 225	$ 194	$ 175	$ 185	$ 200	$ 209	$ 231	$ 242	$ 253	$ 264
each additional pit	$ 30	$ 100	$ 92	$ 100	$ 92	$ 88	$ 96	$ 32	$ 33	$ 35	$ 36
Subdivision Plan Review (per lot)	$ 125	$ 75	$ 154	$ 150	$ 149	$ 150	$ 153	$ 131	$ 138	$ 144	$ 150
Subdivision Plan Revisions Reviewed (per lo	$ 40	$ 150	NA	NA	NA	$ 50	$ 52	$ 42	$ 44	$ 46	$ 48
Plan review (per plan)	$ 150	$ 75	$ 165	$ 150	$ 161	$ 250	$ 233	$ 158	$ 165	$ 173	$ 180
Review plan revisions	$ 40	$ 150	NA	NA	NA	$ 50	$ 69	$ 42	$ 44	$ 46	$ 48
Plan review for minor repair	$ 60	NA	NA	NA	NA	NA	NA	$ 63	$ 66	$ 69	$ 72
B100a - assessory structure	$ 65	$ 75	$ 71	$ 75	$ 76	$ 75	$ 86	$ 68	$ 72	$ 75	$ 78
B100a - addition/use change	$ 85	$ 75	$ 82	$ 75	$ 84	$ 93	$ 106	$ 89	$ 94	$ 98	$ 102
Septic tank/system abandonment inspection	$ 60	NA	NA	NA	NA	NA	NA	$ 63	$ 66	$ 69	$ 72
Misc											
Well Permit	$ 135	$ 135	$ 147	$ 135	$ 137	$ 150	$ 150	$ 142	$ 149	$ 155	$ 162
Mortgage Inspection/letter for FHA, VA	$ 75	NA	NA	NA	NA	NA	NA	$ 79	$ 83	$ 86	$ 90
Commercial Bank Mortgage Inspection/letter	$ 115	NA	NA	NA	NA	NA	NA	$ 121	$ 127	$ 132	$ 138
Group Home inspection	$ 110	$ 110	$ 137	$ 110	$ 134	$ 110	$ 114	$ 116	$ 121	$ 127	$ 132
Daycare inspection	$ 110	$ 110	$ 138	$ 110	$ 134	$ 150	$ 151	$ 116	$ 121	$ 127	$ 132
Lead inspection per inspector per hour	$ 65	NA	NA	NA	NA	NA	NA	$ 68	$ 72	$ 75	$ 78
Family Camp ground Inspection	$ 140	$ 145	$ 154	$ 150	$ 153	$ 150	$ 128	$ 147	$ 154	$ 161	$ 168
Pool Registration/inspection	$ 125	$ 150	$ 143	$ 125	$ 131	$ 180	$ 191	$ 131	$ 138	$ 144	$ 150
cosmetology inspection - small	$ 80	NA	NA	NA	NA	NA	NA	$ 84	$ 88	$ 92	$ 96
cosmetology inspection - large	$ 150	NA	NA	NA	NA	NA	NA	$ 158	$ 165	$ 173	$ 180
Fee total for single lot development(5)	**$ 730**	**$ 710**	**$ 734**	**$ 660**	**$ 710**	**$ 860**	**$ 846**				
FY23 Health District Per Capita Rate	**$ 5.95**	**$ 7.47**	**$ 8.33**	**$ 7.59**	**$ 8.66**	**$ 8.35**	**$ 9.98**				

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

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

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

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

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

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

	Town Contribution Increases			Town Contribution	Adopted Expenditures	State grant allocation per capita ($)	
Fiscal Year	Proposed %	Adopted % (or amended)	CPI (1)	Per Capita ($)	Per Capita (4)	Pop. < 5000	Pop. > 5000
1999	NA	NA	2.2	3.51	6.86	1.78	1.52
2000	2.85	0	3.4	3.51	6.93	1.78	1.52
2001	3.1	1	2.8	3.54	7.31	2.09	1.79
2002	1	1	1.6	3.58	9.42	2.32	1.99
2003	0	0	2.3	3.58	8.67	2.32	1.99
2004	3	3	2.7	3.69	8.74	1.96	1.68
2005	3	0	3.4	3.69	8.55	1.95	1.66
2006	6.77	6.77	3.2	3.94	8.91	1.95	1.66
2007	6.6	2.9	2.9	4.06	8.73	1.95	1.66
2008	3.08	0.62	3.8	4.08	8.87	1.95	1.66
2009	5.15	5.15	-0.4	4.29	9.35	2.43	2.08
2010	5.1	5.1	1.6	4.51	9.85	2.43	2.08
2011	0	0	3.2	4.51	9.09	1.85	1.85
2012	0	0	2.1	4.51	8.99	1.85	1.85
2013	1.9	0	1.5	4.51	8.85	1.85	1.85
2014	2	2	1.6	4.6	8.67	1.85	1.85
2015	4.9	4.9	0.1	4.83	8.83	1.85	1.85
2016	3.8	3.8	1.3	5.01	9.46	1.85	1.85
2017	3.8	4	2.1	5.22	9.77	1.76	1.76
2018	1.5	1.5	2.4	5.3	10.2	1.64	1.64
2019	0.3	0.3	1.8	5.31	10.1	1.85	1.85
2020	2	2	1.2	5.42	10.1	1.65	1.65
2021	6	4.9	4.7	5.68	10.4	1.66	1.66
2022	3.6	0	8.0	5.68	11.8	2.6	2.6
2023	2.9	0	4.1	5.68	11.7	2.6	2.6
2024	3.25	2.23	2.9	5.81	12.3	2.6	2.6
2025			2.7	6.15	13.6	2.34	2.34
	Total % change (3)		**93**	**75**	**98**	**31**	**54**

(1) Each number represents the percentage change in calendar year for "All Urban Consumers" is based on figures provided by Federal Reserve bank of Minneapolis

(3) Total percentage increase from 1999 to 2025.
(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 2026/27

	Actual 22/23	Actual 23/24	Actual 24/25	Adopted 25/26	**Proposed 26/27**	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31	Projected 31/32
Revenues:										
Transfer In - General Fund	3,000	3,000	3,000		**4,000**	5,000	9,000	12,000	15,000	18,000
Equity Fund Transfer	125,000	125,000								
Surplus Vehicle proceeds	6,250	5,372	5,050		**5,000**		6,000			6,000
Total Revenues	134,250	133,372	8,050		**9,000**	5,000	15,000	12,000	15,000	24,000
Expenditures by Project:										
Automobiles	47,917	30,170	29,575		**45,000**		32,000			32,000
Strategic Planning & CHA/CHIP		8,000	4,700							
IT Infrastructure Upgrade (Food Inspection Tracking)						25,000				
Websites				**15,000**						
Office Reorganizing Project				**50,000**	**50,000**	50,000				
Legal Services (Code update/Personnel Rules)							8,000	8,000		
Total Expenditures	47,917	38,170	34,275	65,000	**95,000**	75,000	40,000	8,000		32,000
Excess/(Deficiency) of Revenues over Expenditures	86,333	95,202	(26,225)	(65,000)	**(86,000)**	(70,000)	(25,000)	4,000	15,000	(8,000)
Fund Balance, July 1	130,112	216,445	311,647	285,422	**235,422**	149,422	79,422	54,422	58,422	73,422
Fund Balance, June 30	$216,445	$311,647	$285,422	$220,422	**$149,422**	$79,422	$54,422	$58,422	$73,422	$65,422

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

Roll Forward FY 2026/27

	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Actual 23/24	Actual 24/25	Estimated 25/26	Projected 26/27
Revenues:									
State Support - Preventive Health Block	$21,680	$4,089	$7,754	$4,111		$3,730	$46,287	30,000	30,000
State Support - Bioterrorism Response-Base	56,011	54,478	54,478			52,250	52,250	52,250	52,250
State Support - Crisis COVID		17,291	12,303						
State Support - CRF Proceeds from Town of Mansfield			104,878						
State Support- Policy/Environ. Change for Chronic Disea		11,288	1,845	14,990	24,901	5,992			
State Support - ELC			101,316						
State Support - ELC 2					148,691	184,960	35,691	12,000	
State Support - ELC BP-2			18,881	183,562	80,728				
Local Support - Be Well Program Mansfield	40,946					3,368			
Local Support - Be Well Program Tolland	8,307	7,911	7,833	7,970	7,827	7,656	7,702	7,500	8,100
State Support -Lead Poisoning								-	
Cooperative Grant - ACHIEVE	1,709	441	5,000		3,782		779	3,000	3,000
MRC Region 4	2,344	1,470	6,844	4,525	399	128			
HHP/MRC		13,500	13,500						
Hospital Preparedness Program				12,003					
Public Health Emergency Response				51,711	52,250				
IOSPLL (Opioid Prevention/Wellness)								10,000	20,000
Workforce Development						2,769	33,098	70,000	65,000
Immunization Grant						48,682	136,940		
Tobacco BP								25,000	50,000
	130,997	110,467	334,632	278,872	318,578	309,535	312,747	209,750	228,350
Expenditures by Project:									
Salaries & Benefits	79,908	67,385	269,490	233,899	294,910	227,016	202,680	127,948	139,294
Professional &Technical Services	1,310	1,105	47,715	200	6,660	73,929	70,096	2,098	2,284
Other Purchased Services & Supplies	49,779	41,977	17,427	44,773	17,008	8,590	38,734	79,705	86,773
Equipment									
Total Expenditures	130,997	110,467	334,632	278,872	318,578	309,535	311,510	209,750	228,350

EASTERN HIGHLANDS HEALTH DISTRICT
FUND BALANCE ANALYSIS

FY 2022/23 - Projected FY 2031/32

	Actual 22/23	Actual 23/24	Actual 24/25	Amended 25/26	Estimated 25/26	Proposed 26/27	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31	Projected 31/32
General Fund											
Operating Expenditures	874,844	860,230	956,894	1,071,890	1,061,738	1,111,720	1,140,071	1,173,129	1,156,022	1,188,526	1,221,886
Grant Deduction	108,356	96,722	89,720	71,369	82,000	75,850	75,850	75,850	75,850	75,850	75,850
Total Expenditures	983,200	956,952	1,046,614	1,143,259	1,143,738	1,187,570	1,215,921	1,248,979	1,231,872	1,264,376	1,297,736
Fund Balance	601,782	551,726	550,181	477,186	466,783	397,213	325,703	248,392	216,320	180,779	141,845
FB as a % of Total Expenditures	61.21%	57.65%	52.57%	41.74%	40.81%	33.45%	26.79%	19.89%	17.56%	14.30%	10.93%
Capital Non-Recurring Fund											
Total Expenditures	47,917	38,170	34,275	65,000	65,000	95,000	75,000	40,000	8,000	-	32,000
Fund Balance	216,445	311,647	285,422	220,422	220,422	149,422	79,422	54,422	58,422	73,422	65,422
All Funds											
Total Expenditures	1,031,117	995,122	1,080,889	1,208,259	1,208,738	1,282,570	1,290,921	1,288,979	1,239,872	1,264,376	1,329,736
Fund Balance	818,227	863,373	835,603	697,608	687,205	546,635	405,125	302,814	274,742	254,201	207,267
FB as a % of Total Expenditures	79.35%	86.76%	77.31%	57.74%	56.85%	42.62%	31.38%	23.49%	22.16%	20.10%	15.59%
Service Fees & State Grant Revenue	474,798	471,982	480,629	511,220	490,665	526,390	537,328	548,649	560,365	572,492	585,044
Target Fund Balance - 50% of Service Fees & State Grant Revenue	237,399	235,991	240,315	255,610	245,333	263,195	268,664	274,324	280,183	286,246	292,522
General Fund - Fund Balance	601,782	551,726	550,181	477,186	466,783	397,213	325,703	248,392	216,320	180,779	141,845
Variance	364,383	315,735	309,867	221,576	221,451	134,018	57,039	(25,932)	(63,862)	(105,467)	(150,677)

Eastern Highlands Health District
Licenses and Permits
Cost Recovery
Revised 11/8/2025

Type	Actual Est Cost	Current Fee	Est. % of cost recovered
Food Establishments (For profit only)			
License			
Class IV	1161	400	34%
Class III	784	375	48%
Class II	348	260	75%
Class I	116	155	133%
Temp. Event	58	70	121%
Temp samples	35	30	86%
Reinspection	165	120	73%
2nd reinspection	122	135	111%
Farmers Market			
Farmers (not samples)	122	40	33%
Vendor - 1 site samples	105	85	81%
vendor multi site sampler	139	105	75%
Vendor - 1 site	157	100	64%
Vendor - multi site	232	150	65%
Vendor - high risk	226	250	110%
Plan Review			
Class III& IV	726	275	38%
Class I&II	523	200	38%
Lot Testing			
Perc only	232	100	43%
Pits only	232	120	52%
Septic System			
New	406	225	55%
Repair	406	195	48%
Plan review	203	150	74%
subdivison (per lot)	58	125	215%
B100			
assessory	87	65	75%
addition	116	85	56%
Well	145	135	93%
Public Pools			
Seasonal	215	125	58%
Full year	0	0	
Campground	360	140	39%
Daycare/group home	273	110	40%
Mortgage insp/report			
Commercial	116	115	99%
FHA/VA	116	75	52%
Cosmetology			
1 - 2 chairs	203	100	49%
>3 chairs	232	150	65%
contractor	52	25	48%

CADH Connecticut Association of Directors of Health

List of Unfunded and Underfunded Mandates for Local Health Agencies in Connecticut

The Connecticut Association of Directors of Health (CADH) has supported numerous public health policies that affect where people live, learn, work and play. From inspecting daycares to monitoring groundwater quality, local health agencies play a critical role in promoting the health and wellbeing of all. Each year, local health agencies must comply with an increasing number of new mandates that are either unfunded or underfunded. While these mandates are vital to protecting public health, there are barriers to implementation without adequate funding attached to hire staff and expand services. Local health agencies across the state have had to rely on limited resources to comply with mandates, often putting pressure on the local tax base. This underscores the critical need for adequate state funding to empower these all local health agencies to fully carry out their public health initiatives and address the diverse challenges faced by communities across Connecticut.

Below is a non-exhaustive list of unfunded and underfunded mandates local health agencies must comply with regarding food safety, public safety, environmental health, infectious and communicable diseases, and administrative changes.

Food Safety					
	Legislation	**Year Enacted**	**Purpose of Legislation**	**Impact on Local Health Agencies**	**Funding Status**
1	**Connecticut General Statutes (CGS) § 19a-36h** FDA Food Code Adoption	2018	This statute requires the Commissioner of the Connecticut Department of Public Health to adopt and administer by reference the United States Food and Drug Administration's Food Code.	Local health agencies are required to: • Provide significant field staff training hours to become FDA certified • Incorporate new codes and inspection criteria • Update materials or replacement of LHD software to track and maintain inspection records	No funding attached to mandate
2	**CGS § 19a-36j(a)** Food Inspectors - Certification and Inspections in Connecticut	2018	Individuals conducting food inspections in Connecticut require certification from the Commissioner of Public Health. The commissioner establishes a training and verification program for	Local health agencies are required to provide training and verification programs for local health department food inspector certification and Food Inspector Training Officer. While this is touted, in part, as an in-house program to support LHD, the net result is a	No funding attached to mandate

			certification, administered by local health agencies.	*material increase* in staff hours required to establish, administer, and *maintain* this in-house program.	
3	**CT Public Health Code (CT PHC), § 19-13-B40, 42, 48** Food Service Program *Note: CT PHC § 19-13-B40 is no longer in effect as the code was replaced with the Adoption of the FDA Food Code in 2017; the requirements of Local health agencies remain the same.*	1963	To promote food safety, all food and drink establishments in Connecticut, including restaurant, grocery stores, caterers, itinerant vendors and temporary food events are required to comply with the code.	Local health agencies are required to: • Plan review for new construction and renovations • Annual licensing • Routine inspections and follow-up • Foodborne outbreak investigations The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	Underfunded
4	**PA 23-115** Act Requiring Food Allergy Awareness in Restaurants	2023	Raises awareness about food allergies in restaurants and promotes safer dining experiences for individuals with allergies. Local health agencies are required to: • Enforce regulation that establishments shall post certain information • Train staff and assure awareness	An increase in staff hours is required to establish, administer, and maintain this in-house program.	No funding attached to mandate

Public Safety (Schools, Swimming Pools, Salons, Motels)					
	Legislation	**Year Enacted**	**Purpose of Legislation**	**Impact on Local Health Agencies**	**Funding Status**
5	**CT PHC § 19-13-B30** Public and Private School Program		Requires private and parochial school toilet accommodations, water supply, drinking cups, washing facilities, heating, lighting and ventilation shall be maintained in sanitary condition. *Note: Other regulations provide standards and authorities to enforce the broad categories listed in 19-13-B30. For example, when someone complains there is no heat in the school 19a-109 provides a specific enforceable standard for heat in a building, while 19-13-B30 does not.*	For all public and private school facilities, local health agencies are required to: • Conduct food service and pools inspections • Pool inspections • Facility, health and safety inspections by complaint • Provide consultation on indoor air quality . The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	Underfunded
6	**CT PHC § 19a-79** Daycare Program	1983	Establishes the regulations for daycare programs in Connecticut including licensing requirements, standards for health and safety, and staffing qualifications.	Local health agencies are required to: • Conduct routine inspections and follow-up (including food service inspections) • Coordinate facility inspections/licensing with state agencies	Underfunded

				• Check medical records and consult on health issues The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	
7	**CT PHC § 19-13-B33b** Public Swimming Pool Program	1984	Establishes regulations for the construction, operation, and maintenance of public swimming pools, public wading pools, public spas, public diving pools, and special purpose public pools	Local health agencies are required to: • Conduct routine inspections and follow-up (includes inspection prior to opening for the season) • Sample of water quality as needed • Provide education and advice for pool operators The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	Underfunded
8	**CT PHC § 19-13-B34 & 36**	1984	Establishes regulations for maintaining sanitary	Local health agencies are required to:	Underfunded

	Public Swimming/Bathing Area Program		conditions in natural bathing places like lakes, ponds, and rivers used for swimming, wading, or other recreational activities.	• Conduct routine inspections and follow-up (includes inspection prior to opening for the season) • Regular sampling of water quality • Provide education and advice for pool operators The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	
9	**CGS § 19a-231** Salon Inspection Program	1983	Requires the director of health for any town, city, borough, or district to conduct annual inspections of salons during regular business hours to ensure sanitary conditions. This includes establishments offering barbering, hairdressing, cosmetology, nail technician, esthetician, and eyelash technician services.	Local health agencies are required to: • Conduct routine inspections and follow-up • Review plans for new construction and renovations While local health directors are authorized to collect a reasonable fee from salon operators to cover inspection costs per a 2019 amendment, the fee does not offset costs associated with the program. The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a	Underfunded

				disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	
10	**CT PHC § 19-13-B29** Motels, Mobile home parks, Campgrounds	1972	Establishes minimum standards for sanitation, safety, and habitability in motels, overnight cabins designed for residential use, mobile home parks, and campgrounds.	Local health agencies are required to: • Conduct routine inspections and follow-up • Coordinate annual registration • Investigate complaints The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	Underfunded
11	**CT PHC § 19a-2a-29** Family Campgrounds Inspections	2005	Establishes minimum design and construction requirements to ensure public health and safety for occupants utilizing facilities offered by these campgrounds.	Local health agencies are required to: • Conduct routine inspections and follow-up • Review plans for new construction and renovations The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a	Underfunded

				disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	
12	**CT PHC § 19-13-B81-96** Regulation of mass gatherings	1964	Requires any entity planning a mass gathering to obtain a permit at least 60 days before the event.	Local health agencies are required to assure compliance with CT PHC. The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	Underfunded

Environmental Health (Drinking water safety, lead protection, mold, wastewater)					
	Legislation	**Year Enacted**	**Purpose of Legislation**	**Impact on Local Health Agencies**	**Funding Status**
13	**CGS § 19a-37** Confidentiality of Private Well data	2022	Allows authorized agencies, such as the Department of Public Health (DPH) and Local health agencies, to share the information to other agencies for public health purposes or investigations related to potential health risks from contaminated	Due to public record retention requirements, which includes well information, this necessitates the establishment, administration, and maintenance of a separate system to store confidential records indefinitely.	No funding attached to mandate

			water. However, it prohibits disclosure of individual identifying information unless necessary for investigation, enforcement, or to prevent harm to public health.	Furthermore, restricting access to data limits LHD's actions to protect public health.	
14	**CT PHC § 19-13-B102** Private Drinking Water Program	1982	To ensure safe and clean drinking water for all public water systems in Connecticut by establishing water quality parameters.	Local health agencies are required to: • Plan review and site approval for new and replacement wells • Interpretation and approval of water quality and quantity results • Investigation of sources of polluted groundwater The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	Underfunded
15	**PA 23-21, Section 19** Sodium Chloride Runoff Damage Reporting	2024	To collect data to address potential concerns caused by the use of sodium chloride (rock salt) for deicing purposes.	Local health agencies are required to: • Establish and maintain electronic reporting systems for well owners to report damage.	No funding attached to mandate

				• Compile, format, and report information to the Office of Policy and Management.	
16	**CGS § 19a-35a** Alternative on-site sewage treatment systems	Authorized in 2023 but not yet in effect	Establishes regulations for alternative on-site sewage treatment systems (AOSTS) to ensure these systems function effectively and protect public health and the environment from potential sewage contamination	Local health agencies are required to: • Issue permits/approvals • Provide technical assistance and oversight for field staff While LHDs can charge a fee, revenue generated will not be enough to hire additional staff, obligating existing staff to absorb workload increases.	No funding attached to mandate
17	**CT PHC § 19-13-B103** Water Treatment Wastewater Systems and Sewage Disposal	1982	Establishes minimum requirements for design, construction, maintenance, and operation of septic systems with capacities up to 5,000 gallons per day.	Local health agencies are required to: • Administer permits and approvals for new installations or significant modifications. • Review plans for the on site subsurface disposal of residential water treatment waste water disposal systems • Conduct soil testing (deep test pits, percolation tests, ground water stand pipes) • Conduct inspections The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a	Underfunded

				disproportionate burden on local businesses and local tax payers. While LHD can charge a fee, revenue generated will not be enough to hire additional staff, obligating existing staff to absorb workload increases.	
18	**CT PHC § 19-13-B104 and CGS § 22a-430** DEEP delegation of subsurface systems permits to DPH	2023	Per PA 23-207 subsurface systems with discharges between 5,000 to 10,000 GPD for passive on-site wastewater disposal are under DPH and local health jurisdiction (formerly DEEP jurisdiction). Local health agencies have the authority to issue permits for new septic systems or significant modifications.	While LHD can charge a fee, revenue generated will not be enough to hire additional staff, obligating existing staff to absorb workload increase. Requires material increase in field staff training to provide oversight for more complex/larger system.	Underfunded
19	**Public Act (PA) 23-42** Mold in Residential Housing	2024	To address concerns about mold growth in residential and commercial buildings, standards and guidelines were made clearer for identifying, assessing, remediating, and limiting exposure to mold.	DPH has not yet released standards; following publication, LHDs will train on, and apply new standards.	No funding attached to mandate
20	CT PHC § 19A-111-1 **and** CGS § Chapter 368a PA 22-49 **and** PA 23-31	2019 2023	Per the PHC and CGS, LHDs are responsible for: • Investigating potential lead hazards upon receiving complaints or during routine inspections	While limited funding has been provided, for many LHDs it is not enough to hire new staff, requiring existing staff to absorb workload. Funding is only available for epidemiological investigations; ARPA	Underfunded

	Childhood Lead Poisoning Prevention and Control Program		• Assessing the risk and enforcing lead abatement activities through inspections, sample collection and testing • Educating the public, including landlords and parents of children about lead poisoning risks, prevention strategies, and available resources • Epidemiological investigations of lead poisoned children • Case management for lead poisoned children age 15 and younger The statutes and regulations require: • Healthcare providers to report blood lead levels of children under three years of age to the Department of Public Health and the local health department. • Local health agencies to conduct an epidemiological investigation of the sources of lead and shall order action to prevent further exposure	federal funding expires at the end of 2026. (Note: Not all local health agencies were eligible to receive ARPA funds; considerable variation in the amount of APRA funds received by local health agencies.) 2023 legislation that lowered the blood lead threshold for action significantly increased Local Health Department work loads. Funding is not available for on-site inspections or case management. The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers.	

			• Local health agencies to conduct on-site Inspection to identify lead hazards • Local health agencies to provide case management		
21	CT PHC § 119-13-B1, 21, 23, 25 & 31 CGS § 19a-109, 206, 212 & 213 Complaints and Nuisance Investigations	1983 1957	To protect public health and safety by addressing nuisances and sanitation issues including: • Improperly kept animals • Insect/rodent infestations • Accumulations of trash and debris • Sewage overflows • Dilapidated buildings • Nuisances on vacant property • Stagnant water and mosquitoes • Inadequate heat/hot water • Investigation of complaints concerning above programs/services • Issuance of orders to correct violations	Local health agencies have the authority to investigate potential nuisances, issue orders for abatement, and take legal action if necessary including but not limited to unsanitary food establishments, improper disposal of sewage or waste, and stagnant water. The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	Underfunded
22	CT PHC §19-13-B1 and CGS § Chapter 833a Health and Safety in Rental Properties	1983	To protect public health and safety by addressing nuisances and sanitation issues in the context of rental dwellings	Local health agencies are required to: • Conduct complaint investigations (inadequate heat/hot water, insanitary conditions, infestations, structural, plumbing, electrical etc.)	Underfunded

				• Collaborate with building officials and fire marshals • Investigate indoor air quality (mold, carbon monoxide etc.) The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	

Communicable & Infectious Diseases					
	Legislation	**Year Enacted**	**Purpose of Legislation**	**Impact on Local Health Agencies**	**Funding Status**
23	**CT PHC § 19a-36-A1** Communicable Disease Program	1989	Establishes a foundation for effective disease control through specific protocol to identify and track diseases, control the spread, and protect public health through prevention and intervention measures.	Local health agencies are required to: • Conduct Investigations and follow-up of reportable diseases/conditions (food/water borne etc.) • Monitor and provide public education (i.e. HlNl, West Nile virus, etc.) • Investigate and coordinate care (close contact investigations, directly	Underfunded

				observed therapy) (i.e. tuberculosis) The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	
24	**CT PHC § 19a-36-A23** Control of psittacine birds	1989	Regulate the trade and ownership of psittacine birds (parrots, macaws, cockatoos, etc.) to help prevent the spread of diseases that can be transmitted between birds and humans.	Local health agencies are required to: • Conduct inspections of facilities involved in the trade or maintenance of psittacine birds • If a suspected case of psittacosis (parrot fever) arises, Local health agencies work with DPH to investigate the outbreak, tracing contacts with potentially infected birds and implementing prevention measures. The activities that support this mandate are funded through state per-capita funding, fees, or local tax dollars. Per-capita funding has not kept pace with inflation placing a	Underfunded

				disproportionate burden on local businesses and local tax payers. While impacts to LHD do vary, material staff hours can be necessary to administer, and maintain this program.	

Health Administration					
	Legislation	**Year Enacted**	**Purpose of Legislation**	**Impact on Local Health Agencies**	**Funding Status**
25	**CGS § 19a-207a** Basic health program	2022	Requires district and municipal health departments to ensure the provision of a basic health program for their communities. This program encompasses a wide range of activities aimed at protecting and promoting public health.	The activities local health agencies are required to do include: (1) Monitoring of health status to identify and solve community health problems; (2) investigating and diagnosing health problems and health hazards in the community; (3) informing, educating and empowering persons in the community concerning health issues; (4) mobilizing community partnerships and action to identify and solve health problems for persons in the community; (5) developing policies and plans that support individual and community health efforts; (6) enforcing laws and regulations that protect health and ensure safety; (7) connecting persons in the community to needed health care services when appropriate; (8) assuring a competent public health and personal care workforce; (9) evaluating effectiveness, accessibility	Underfunded

				and quality of personal and population-based health services; and (10) researching to find innovative solutions to health problems. Note: Significant resources are needed to ensure that all people in Connecticut, including migrants and refugees, receive the services outlined in the mandate. For example, from ensuring migrant and refugee community members are screened and treated for health conditions (1 and 2), to connecting them with relative social services and community based organizations for social needs such as housing, employment, and schooling (7), local health agencies need adequate funding to ensure staff support in order to provide services.	
26	**CGS § 19a-200 & CGS § 19a-245** Annual Report	Legacy Mandate	Requires local health agencies to submit an annual report to the Commissioner of DPH to evaluate the performance and ensuring local health department are adhering to their responsibilities, under CGS § 19a-207a.	CT DPH, administratively, has materially increased reporting requirements.	Underfunded
27	**CGS § 17b-59e** Health Information Exchange (Connie)	2021	Connie is a secure electronic platform that allows authorized healthcare providers and organizations to share patient clinical information to improve	All LHD licensed healthcare staff shall connect to, and participate in Connie.	No funding attached to mandate

			care coordination, reduce medical errors, and reduce medical costs.		
28	**PA 21-46, Section 1** Suicide Prevention Program	2022	Establishes a QPR (Question, Persuade, Refer,) Train the Trainer program for Local health agencies in Connecticut. QPR is a suicide prevention program that equips individuals with the skills to recognize and respond to signs of suicide in others.	Local health agencies are required to determine eligibility criteria for participation in training programs at local level.	No funding attached to mandate

MANSFIELD
CONNECTICUT

Town of Mansfield

Maria E. Capriola
Chief of Shared Services & Administration

MEMORANDUM

To: EHHD Board of Directors

cc: Rob Miller, EHHD Executive Director

From: Maria Capriola, Chief of Shared Services and Administration

Date: December 1, 2025

Re: EHHD Executive Director Salary Range & Compensation

Background
Currently, the EHHD Executive Director salary range is set at $98,050 - $132,368/yr. This is currently based on a 37 hour work week, and 261 days in the fiscal year.

Based on recently collected and analyzed salary data for Connecticut regional health director salaries, this salary range is no longer market competitive. Further, with the Director's current compensation, this range is no longer adequate.

The Personnel Rules state that the salary ranges for position classifications should have an approximately 35% spread.

Recommendation
Based on recently collected and analyzed market data (attached), I am recommending an adjustment to the Director's salary range as follows: $118,000 - $160,000/yr.

I am also recommending that we consider a one-time market adjustment in compensation for the Director. Based on the market data, and our Director's tenure, I believe a one-time market adjustment in salary is appropriate. I am recommending an adjustment to the Director's salary in an amount at least to $139,000/yr retroactive to July 1, 2025, which reflects the average salary on a 37 hr/wk basis from the attached analysis.

At their October 23, 2025 special meeting, the Personnel Committee took up these items and unanimously passed motions recommending that both items be approved by the full board.

If the Board supports one or both of these recommendations, then the following motions would be in order:

Sample Motions:
Move to approve setting the salary range for the Director of Health position to $118,000 - $160,000/yr retroactive to July 1, 2025.

Move to approve a one-time market adjustment in compensation for Director of Health Rob Miller, and to set his salary at $139,000/yr retroactive to July 1, 2025.

Financial Impact
The Director's current salary is $134,433/yr. If the Board supports a one-time market adjustment to increase his salary to $139,000/yr effective July 1, it would have a budgetary impact of $4,567, or $4,917 when payroll taxes are factored in.

Attachment
1) October 2025 Health Director Salary Data and Analysis

CT Health District DOH Salary Survey September 2025

District Name	Hourly Wage	Years PH Experience	DOH yrs Experience
Northeast	$ 56.25	20	1
Ledge Light HD	$ 56.89	20	2
Newtown HD	$ 65.64	29	24
Chatham	$ 65.76	19	6
CT River Area	$ 67.00	25	9
Uncas HD	$ 67.92	25	21
North Central	$ 69.26	40	18
Central CT HD	$ 69.32	23	11
Chesprocott HD	$ 69.45	20	1
Eastern Highlands	$ 69.60	39	29
Naugatuck HD	$ 70.88	14	7
Housatonic HD	$ 71.45	12	3
Torrington Area HD	$ 72.63	29	12
South Central HD	$ 73.57	14	4
West Hartford BHD	$ 76.74	21	19
Aspetuck	$ 82.42	25	6
QVHD	$ 82.42	15	3
Bristol-Burlington	$ 90.00	39	7
East Shore HD*	$ 92.07	32	
Farmington Valley HD	Position Vacant		
AVERAGE	$ 72.07	24	10
MEDIAN	$ 69.60	23	7

37 hours at AVG	$139,190	*$160,068.38*	*15% above*	*$118,311.41*	*15% below*
37 hours at MEDIAN	$134,425	*$154,589.26*	*15% above*	*$114,261.62*	*15% below*

MC Recommended Director Range	$118,000	$160,000

*PhD

MANSFIELD
CONNECTICUT

Town of Mansfield

Maria E. Capriola
Chief of Shared Services & Administration

MEMORANDUM

To: EHHD Personnel Committee

cc: Rob Miller, EHHD Executive Director

From: Maria Capriola, Chief of Shared Services and Administration

Date: October 20, 2025

Re: EHHD Proposed Amendment for the 401a Plan

Background
Currently the EHHD 401a defined contribution plan requires an employer contribution of 6% of salary for eligible employees. The employee contributes 2% of salary for 8% total. The plan does not allow for an employee to make voluntary contributions in addition to the 2% they are required to contribute.

Our current actuary has advised that employees save at least 16% of their salary into a 401a account in order to sufficiently save for retirement.

EHHD currently utilizes Mission Square (formerly ICMA-RC) to administer the 401a plan, along with staff from the Town of Mansfield (by contract).

Recommendation
I recommend implementing a 401a plan amendment that allows employees to voluntarily contribute up to an additional 8% of salary so they could be saving as much as 16% of salary between the employer and employee contributions.

If the Committee supports this recommendation I will do exploratory work with our vendor and the Town's pension counsel to ensure the plan amendment is feasible. I will report out to the Committee.

Sample Motion:
Move to research the feasibility of adding a voluntary employee 401a contribution of up to 8% of salary, for those employees eligible to participate in the plan.

If the Committee is ultimately supportive of moving forward with this change, the EHHD Personnel Rules would need to be updated by the Board of Directors. 14.1 of the Personnel Rules:

14.1 Retirement Plan.
Participation in the Health District retirement plan is mandatory for all regular employees not participating in the retirement plan of a member town government, and who work twenty-five (25) or more hours per week and meet the eligibility criteria stipulated by the plan. The retirement plan shall consist of a Section 401 (a) Money Purchase Plan, which shall be a qualified defined contribution pension plan established in conformance with Section 40l(a) of the Internal Revenue Code (IRC). Plan criteria shall include: a mandatory two-percent contribution of annual salary by the employee; a six-percent contribution of annual salary by the employer; and a graduated vesting schedule with an employee 100-percent vested after seven years of completed service. A regular employee working twenty-five (25) or more hours a week and who transfers to Health District employment from a member town shall have his/her years of service with the member town credited to the vesting schedule of the Health District's retirement plan.

Financial Impact
If the Town's pension counsel is utilized to review the proposed plan document amendments, the rate is $360 per hour.

Attachment
None

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

	Adopted Budget 2025/26	Amended Budget 2025/26	2026	Percent of Adopted Budget	2025
Revenues					
Member Town Contributions	$ 486,130	$ 486,130	$ 121,532	25.0%	$ 118,667
State Grants	205,520	205,520	-	0.0%	-
Septic Permits	51,610	51,610	15,025	29.1%	10,775
Well Permits	15,300	15,300	4,295	28.1%	3,375
Soil Testing Service	49,600	49,600	9,290	18.7%	11,260
Food Protection Service	93,980	93,980	5,613	6.0%	5,932
B100a Reviews	35,200	35,200	8,410	23.9%	6,740
Septic Plan Reviews	42,500	42,500	10,950	25.8%	8,870
Other Health Services	10,910	10,910	1,238	11.3%	221
Cosm Insp	6,600	6,600	200	3.0%	-
Appropriation of Fund Balance	74,540	74,540	-	0.0%	-
Total Revenues	1,071,890	1,071,890	176,552	16.5%	165,840
Expenditures					
Salaries & Wages	709,096	709,096	156,229	22.0%	151,981
Grant Deductions	(71,369)	(71,369)	(17,033)	23.9%	(28,373)
Benefits	262,153	262,153	68,992	26.3%	61,353
Miscellaneous Benefits	13,100	13,100	2,022	15.4%	1,956
Insurance	15,240	15,240	7,266	47.7%	7,926
Professional & Technical Services	53,290	53,290	12,504	23.5%	10,548
Vehicle Repairs & Maintenance	5,000	5,000	1,789	35.8%	2,020
Health Reg*Admin Overhead	35,920	35,920	8,980	25.0%	8,769
Other Purchased Services	33,060	33,060	1,697	5.1%	1,596
Other Supplies	11,500	11,500	1,086	9.4%	1,057
Equipment - Minor	4,900	4,900	129	2.6%	152
Total Expenditures	1,071,890	1,071,890	243,660	22.7%	218,985
Operating Transfers					
Transfer to CNR Fund	-	-	-	0.0%	3,580
Total Exp & Oper Trans	1,071,890	1,071,890	243,660	22.7%	222,565
Excess (Deficiency) of Revenues	-	-	(67,108)		(56,725)
Fund Balance, July 1	550,180	550,180	550,180		551,726
Fund Balance plus Cont. Capital, Sept.30	$ 550,180	$ 550,180	$ 483,072		$ 495,001

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

	2026	2025
Assets		
Cash and Cash Equivalents	$ 487,219	$ 491,204
Accounts Receivable	120	-
Total Assets	487,339	491,204
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	5,350	-
Total Liabilities	5,350	-
Fund Balance	481,989	491,204
Total Liabilities and Fund Balance	$ 487,339	$ 491,204

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

	2026	2025
Assets		
Cash and Cash Equivalents	$ 285,422	$ 311,647
Total Assets	285,422	311,647
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	-	-
Total Liabilities	-	-
Fund Balance	285,422	311,647
Total Liabilities and Fund Balance	$ 285,422	$ 311,647

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

	2026	2025
Revenues		
General Fund	$ -	$
Total Revenues	-	-
Operating Transfers		
General Fund	-	-
Total Operating Transfers	-	-
Total Rev & Oper Trans	-	-
Expenditures		
Professional & Technical Services	-	-
Vehicles	-	-
Office Equipment	-	-
Total Expenditures	-	-
Excess (Deficiency) of Revenues	-	-
Fund Balance, July 1	285,422	311,647
Fund Balance plus Cont. Capital, Sept.30	$ 285,422	$ 311,647

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

Board of Directors
Eastern Highlands Health District
Mansfield, Connecticut

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of Eastern Highlands Health District, as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements, and have issued our report thereon dated October 6, 2025.

Report on Internal Control Over Financial Reporting

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

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

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

Board of Directors
Eastern Highlands Health District

Report on Compliance and Other Matters

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

Purpose of This Report

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

West Hartford, Connecticut
October 6, 2025

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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, 2025, and have issued our report thereon dated October 6, 2025. We have previously communicated to you information about our responsibilities under auditing standards generally accepted in the United States of America, *Government Auditing Standards* as well as certain information related to the planned scope and timing of our audit in our Statement of Work dated May 21, 2025. Professional standards also require that we communicate to you the following information related to our audit.

Significant audit findings or issues

Qualitative aspects of accounting practices

Accounting policies

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

The district changed accounting policies related to Compensated Absences by adopting Statement of Governmental Accounting Standards Board (GASB Statement No. 101), *Compensated Absences* in 2025. The implementation of this standard resulted in no material impact to the district's 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. There were no accounting estimates affecting the financial statements which were particularly sensitive or required substantial judgments by management.

Financial statement disclosures

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

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

Significant unusual transactions

We identified no significant unusual transactions.

Difficulties encountered in performing the audit

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

Uncorrected misstatements

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

Corrected misstatements

None of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with management

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

Management representations

We have requested certain representations from management that are included in the management representation letter dated October 6, 2025.

Management consultations with other independent accountants

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

Significant issues discussed with management prior to engagement

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

Required supplementary information

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

* * *

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

West Hartford, Connecticut
October 6, 2025

EASTERN HIGHLANDS HEALTH DISTRICT

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEAR ENDED JUNE 30, 2025

CPAs | CONSULTANTS | WEALTH ADVISORS

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EASTERN HIGHLANDS HEALTH DISTRICT
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YEAR ENDED JUNE 30, 2025

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Eastern Highlands Health District
Mansfield, Connecticut

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the governmental activities and each major fund of Eastern Highlands Health District, as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise Eastern Highlands Health District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of Eastern Highlands Health District, as of June 30, 2025, the respective changes in financial position and the respective budgetary comparison for the general fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Required Supplementary Information

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated **October 7, 2025**October 6, 2025, on our consideration of Eastern Highlands Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Eastern Highlands Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Eastern Highlands Health District's internal control over financial reporting and compliance.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

West Hartford, Connecticut
October 6, 2025

Eastern Highlands Health District

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MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2025

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, 2025.

Financial Highlights

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by $882,392 (*net position*). Of this amount, $770,570 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position decreased by $54,163. The decrease in net position is primarily due to the District's governmental funds decrease of $30,720 and an increase in long-term liabilities of $46,475, offset by a net increase in capital assets of $19,034.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of $765,512, a decrease of $31,720 in comparison with the prior year. Of combined fund balances, $475,590 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 $545,681 or 53.2% 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).

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 $882,392 at the close of the most recent fiscal year.

Of the net position, $111,822 reflects the District's investment in capital assets (e.g., office equipment and vehicles). These assets are not available for future spending.

EASTERN HIGHLANDS HEALTH DISTRICT
NET POSITION
JUNE 30, 2025 AND 2024

	2025	2024
Current and other assets	$ 1,105,404	$ 1,150,056
Capital assets, net of accumulated depreciation and amortization	158,746	139,712
Total assets	1,264,150	1,289,768
Deferred outflows of resources	474	564
Long-term liabilities outstanding	110,277	63,802
Other liabilities	269,801	286,683
Total liabilities	380,078	350,485
Deferred inflows of resources	2,154	3,292
Net Position:		
Net Investment in Capital Assets	111,822	139,712
Unrestricted	770,570	796,843
Total Net Position	$ 882,392	$ 936,555

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 decreased by $54,163 during the current fiscal year. The District had a decrease in their governmental funds of $30,720 based on current year operations. In addition, long-term liabilities increased $46,475. These increases were offset by a net increase of capital assets of $19,034.

EASTERN HIGHLANDS HEALTH DISTRICT
CHANGE IN NET POSITION
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Revenues:		
Program revenues:		
Charges for services	$ 273,419	$ 303,334
Operating grants and contributions	519,958	513,377
General revenues:		
Assessment to member towns	474,720	463,193
Sale of assets	5,050	4,099
Total revenues	1,273,147	1,284,003
Expenses:		
Health services	1,327,310	1,241,359
Change in net position	(54,163)	42,644
Net position - July 1	936,555	893,911
Net Position - June 30	$ 882,392	$ 936,555

- Charges for services decreased from the prior year by $29,915 or 9.9%, primarily due to a decrease in retirement plan refunds ($35,194) offset by an increase in food protection services ($7,542) and an increase in vaccine administration ($5,159).
- Operating grants and contributions decreased by $6,581 or 1.2%.
- Assessment to member towns increased $11,527 or 2.5% based on the budget approved by member towns.
- Health services expenditures increased by $85,951, primarily due to the increased amount of grants received by the District.

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 $765,512, a decrease of $31,720 in comparison with the prior year. Of the ending fund balances, $475,590 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 $545,681.

The fund balance of the District's General Fund decreased by $1,545 during the current fiscal year. The key factors in this decrease were the results of the General Fund Budgetary results.

The Capital Projects Fund has a total fund balance of $285,422, all of which is restricted for capital projects. Capital outlay was $34,275 during the fiscal year due to the purchase of a new vehicle and strategic planning. This purchase was offset by a transfer in from the General Fund for future capital purposes.

General Fund Budgetary Highlights

During the year, expenditures were less than budgetary estimates by $52,479. The key factors are a reduction in salary and benefit costs of $54,574, primarily due to unfilled vacancies and grant funding. This was offset by an increase in professional services and audit fees.

Of the budgeted use of fund balance of $63,406, $2,067 was actually spent based on expenditure savings and an increase in expected revenue.

Capital Assets

Capital Assets - The District's investment in capital assets for its governmental activities as of June 30, 2025 amounts to $158,746 (net of accumulated depreciation/amortization). This investment in capital assets includes office equipment and vehicles and subscription based information technology. Depreciation and Amortization expense was $36,149 for the year. There were two asset acquisition: a vehicle and capital costs related to strategic planning.

EASTERN HIGHLANDS HEALTH DISTRICT CAPITAL ASSETS (NET OF DEPRECIATION/AMORTIZATION)

	2025	2024
Office Equipment	$ 11,098	$ 59,643
Vehicles	96,577	80,069
Subscription Based Information Technology	51,071	-
Total	$ 158,746	$ 139,712

Economic Factors and Next Year's Budgets and Rates

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

The budget for fiscal year 2026 was passed by its Board of Directors on January 16, 2025 for $1,071,890. Subsequent to the adoption of the budget, the State of Connecticut reduced the appropriation to health district's state grant-in-aid by 10%. This will be a reduction in expected revenue of approximately $20,000. Including this reduction, we anticipate being able to operate according to the Board's Adopted Budget for fiscal year 25/26 based on salary savings and additional grant revenue obtained for other programming.

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 Amanda L. Backhaus, Director of Finance, Town of Mansfield, 4 South Eagleville Road, Mansfield, CT 06268.

EXHIBIT I

EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF NET POSITION
JUNE 30, 2025

	Governmental Activities
ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	$ 1,009,214
Accounts Receivable	96,190
Total Current Assets	1,105,404
NONCURRENT ASSETS	
Capital Assets Being Depreciated (Net of Accumulated Depreciation and Amortization):	
Office Equipment	11,098
Vehicles	96,577
Subscription Based Information Technology Arrangements	51,071
Total Noncurrent Assets	158,746
Total Assets	1,264,150
DEFERRED OUTFLOWS OF RESOURCES	
Deferred Outflows of Resources Related to OPEB	474
Total Deferred Outflows of Resources and Assets	$ 1,264,624
LIABILITIES	
CURRENT LIABILITIES	
Accounts Payable	$ 22,247
Accrued Liabilities	41,730
Unearned Revenue	205,824
Subscriptions Payable, Due Within One Year	22,459
Compensated Absences, Due Within One Year	51,029
Total Current Liabilities	343,289
NONCURRENT LIABILITIES	
Subscriptions Payable, Due in More Than One Year	24,465
Total OPEB Liability	12,324
Total Noncurrent Liabilities	36,789
Total Liabilities	380,078
DEFERRED INFLOWS OF RESOURCES	
Deferred Inflows of Resources Related to OPEB	2,154
NET POSITION	
Net Investment in Capital Assets	111,822
Unrestricted	770,570
Total Net Position	882,392
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 1,264,624

See accompanying Notes to Financial Statements.

EXHIBIT II

EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2025

FUNCTIONS/PROGRAMS	Expenses	Program Revenues: Charges for Services	Program Revenues: Operating Grants and Contributions	Net Revenues (Expenses) and Changes in Net Position: Total Governmental Activities
Governmental Activities:				
Health Services	$ 1,327,310	$ 273,419	$ 519,958	$ (533,933)
Total Governmental Activities	$ 1,327,310	$ 273,419	$ 519,958	
GENERAL REVENUES				
Assessment to Member Towns				474,720
Sale of Assets				5,050
Total General Revenues				479,770
CHANGE IN NET POSITION				(54,163)
Net Position - Beginning				936,555
NET POSITION - END OF YEAR				$ 882,392

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET – GOVERNMENTAL FUNDS
JUNE 30, 2025

	Major Funds			
	General	Health Grants	Capital Projects	Total Governmental Funds
ASSETS				
Cash and Cash Equivalents	$ 607,909	$ 120,933	$ 280,372	$ 1,009,214
Accounts Receivable	2,475	88,665	5,050	96,190
Total Assets	$ 610,384	$ 209,598	$ 285,422	$ 1,105,404
LIABILITIES AND FUND BALANCES				
LIABILITIES				
Accounts and Other Payables	$ 16,047	$ 6,200	$ -	$ 22,247
Accrued Liabilities	41,730	-	-	41,730
Unearned Revenue	2,426	203,398	-	205,824
Total Liabilities	60,203	209,598	-	269,801
DEFERRED INFLOWS OF RESOURCES				
Unavailable Revenue - Grants	-	70,091	-	70,091
FUND BALANCES				
Committed	-	-	285,422	285,422
Assigned	4,500	-	-	4,500
Unassigned	545,681	(70,091)	-	475,590
Total Fund Balances	550,181	(70,091)	285,422	765,512
Total Liabilities, Deferred Inflows of Resources, and Fund Balances	$ 610,384	$ 209,598	$ 285,422	$ 1,105,404

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET – GOVERNMENTAL FUNDS (CONTINUED)
JUNE 30, 2025

Fund Balances - Total Governmental Funds		$ 765,512
Amounts reported for governmental activities in the statement of net position are different because:		
Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the funds:		
Governmental Capital Assets	$ 289,823	
Less: Accumulated Depreciation and Amortization	(131,077)	
Net Capital Assets		158,746
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		474
Grant Receivables Greater than 60 Days		70,091
Some liabilities are not due and payable in the current period and, therefore, are not reported in the funds:		
Compensated Absences		(51,029)
Deferred Inflows of Resources Related to OPEB		(2,154)
Subscriptions Payable		(46,924)
Total OPEB Liability		(12,324)
Net Position of Governmental Activities		$ 882,392

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES – GOVERNMENTAL FUNDS
YEAR ENDED JUNE 30, 2025

	Major Funds			
	General	Health Grants	Capital Projects	Total Governmental Funds
REVENUES				
Member Town Contributions	$ 474,720	$ 7,703	$ -	$ 482,423
Intergovernmental	207,210	301,095	-	508,305
Septic Permits	47,475	-	-	47,475
Well Permits	12,375	-	-	12,375
B100a Building Permit Review	26,130	-	-	26,130
Soil Testing Service	40,610	-	-	40,610
Engineered Plan Review	34,040	-	-	34,040
Food Protection Service	91,516	-	-	91,516
Other Health Services	1,841	-	-	1,841
Cosmetology Inspections	6,475	-	-	6,475
Group Home/Daycare Inspection	1,210	-	-	1,210
Subdivision Review	1,000	-	-	1,000
Food Plan Review	5,245	-	-	5,245
Vaccine Administration	5,502	-	-	5,502
Sales of Assets	-	-	5,050	5,050
Total Revenues	955,349	308,798	5,050	1,269,197
EXPENDITURES				
Current:				
Payroll and Benefits	818,416	202,682	-	1,021,098
Other Purchased Services	33,414	68,788	-	102,202
Liability Insurance	15,542	-	-	15,542
Supplies and Services	17,421	21,473	-	38,894
Repairs and Maintenance	12,855	-	-	12,855
Other	35,075	19,805	4,700	59,580
Debt Service	21,171	-	-	21,171
Capital Outlay	68,095	-	29,575	97,670
Total Expenditures	1,021,989	312,748	34,275	1,369,012
EXCESS OF REVENUES OVER EXPENDITURES	(66,640)	(3,950)	(29,225)	(99,815)
OTHER FINANCIAL SOURCES (USES)				
Subscription Based Information Technology Arrangement	68,095	-	-	68,095
Transfers In	-	-	3,000	3,000
Transfers Out	(3,000)	-	-	(3,000)
Total Other Financing Sources (Uses)	65,095	-	3,000	68,095
NET CHANGE IN FUND BALANCES	(1,545)	(3,950)	(26,225)	(31,720)
Fund Balance - Beginning of Year	551,726	(66,141)	311,647	797,232
FUND BALANCE - END OF YEAR	$ 550,181	$ (70,091)	$ 285,422	$ 765,512

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES – GOVERNMENTAL FUNDS (CONTINUED)
YEAR ENDED JUNE 30, 2025

Net Change in Fund Balances - Total Governmental Funds	$	(31,720)
Amounts reported for governmental activities in the statement of activities are different because:		
Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation/amortization expense.		
Capital Outlay		97,670
Depreciation and Amortization Expense		(36,149)
Loss on Disposal of Capital Assets		(42,487)
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		(90)
Grant Receivables Greater than 60 Days		3,950
The issuance of long-term debt (e.g., bonds, leases) provides current financial resources to governmental funds, while the repayment of the principal of long-term debt consumes the current financial resources of governmental funds. Neither transaction has any effect on net position. Also, governmental funds report the effect of premiums, discounts, and similar items when debt is first issued, whereas these amounts are amortized and deferred in the statement of activities. The details of these differences in the treatment of long-term debt and related items are as follows:		
Subscriptions		(68,095)
Subscription Based Information Technology Payments		21,171
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		422
Change in Deferred Inflows of Resources Related to OPEB		1,138
Change in Total OPEB Liability		27
Change in Net Position of Governmental Activities	$	(54,163)

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES – BUDGET AND ACTUAL – GENERAL FUND, BUDGETARY BASIS
YEAR ENDED JUNE 30, 2025

	Original Budget	Final Budget	Actual	Variance With Final Budget Positive (Negative)
REVENUES				
Member Town Contributions	$ 474,660	$ 474,660	$ 474,720	$ 60
Intergovernmental	207,210	207,210	207,210	-
Septic Permits	50,000	50,000	47,475	(2,525)
Well Permits	13,000	13,000	12,375	(625)
B100a Building Permit Review	26,000	26,000	26,130	130
Soil Testing Service	41,000	41,000	40,610	(390)
Engineered Plan Review	32,000	32,000	34,040	2,040
Food Protection Services	82,000	82,000	91,516	9,516
Group Home/Daycare Inspection	1,200	1,200	1,210	10
Subdivision Review	1,500	1,500	1,000	(500)
Food Plan Review	3,000	3,000	5,245	2,245
Other Health Services	3,500	3,500	2,022	(1,478)
Cosmetology Inspections	6,600	6,600	6,475	(125)
Vaccine Administration	5,000	5,000	5,502	502
Total Revenues	946,670	946,670	955,530	8,860
EXPENDITURES				
Current:				
Regular Salaries - Nonunion	631,101	631,101	583,247	47,854
Social Security	43,550	43,550	48,666	(5,116)
Workers' Compensation	9,400	9,400	9,305	95
Medicare	10,185	10,185	11,382	(1,197)
Salary Related Benefits	-	-	(11,111)	11,111
ICMA	40,130	40,130	39,950	180
Life Insurance	3,030	3,030	2,318	712
Medical Insurance	124,725	124,725	124,725	-
Long-Term Disability Insurance	760	760	744	16
RHS Contribution	2,610	2,610	2,646	(36)
Dues and Subscriptions	2,100	2,100	1,145	955
Training	3,500	3,500	-	3,500
Mileage Reimbursement	600	600	-	600
Vehicle Allowance	5,400	5,400	5,399	1
Professional and Technical	12,170	12,170	19,735	(7,565)
Legal	3,000	3,000	312	2,688
Audit Expense	11,550	11,550	13,367	(1,817)
Vehicle Repair and Maintenance	4,000	4,000	12,855	(8,855)
General Liability	15,050	15,050	15,542	(492)
Advertising	1,000	1,000	514	486
Printing and Binding	1,500	1,500	1,107	393

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES – BUDGET AND ACTUAL – GENERAL FUND, BUDGETARY BASIS (CONTINUED)
YEAR ENDED JUNE 30, 2025

	Original Budget	Final Budget	Actual	Variance With Final Budget Positive (Negative)
EXPENDITURES (CONTINUED)				
Postage	$ 1,500	$ 1,500	$ 1,658	$ (158)
Copier Maintenance Fees	1,000	1,000	90	910
Contracted Services	22,390	22,390	22,384	6
Voice Communications	4,850	4,850	3,650	1,200
Instructional Supplies	800	800	21	779
Books and Periodicals	200	200	315	(115)
Supplies	2,000	2,000	951	1,049
Clinical Supplies	5,000	5,000	4,390	610
Gasoline	4,000	4,000	3,466	534
Office Equipment	4,000	4,000	-	4,000
Equipment - Other	900	900	419	481
Other General Expense	-	-	330	(330)
Administrative Overhead	35,075	35,075	35,075	-
Total Expenditures	1,007,076	1,007,076	954,597	52,479
EXCESS OF REVENUES OVER (UNDER) EXPENDITURES	(60,406)	(60,406)	933	61,339
OTHER FINANCIAL SOURCES (USES)				
Appropriation of Fund Balance	63,406	63,406	-	(63,406)
Transfers Out	(3,000)	(3,000)	(3,000)	-
Total Other Financing Sources (Uses)	60,406	60,406	(3,000)	(63,406)
NET CHANGE IN FUND BALANCES	$ -	$ -	(2,067)	$ (2,067)
Fund Balances at Beginning of Year			547,748	
FUND BALANCE - END OF YEAR			$ 545,681	

See accompanying Notes to Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity

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

Accounting principles generally accepted in the United States of America require that the reporting entity include the primary government, organizations for which the primary government is financially accountable, and other organizations for which the nature and significance of their relationship with the primary government are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete. A government is financially accountable for a legally separate organization if it appoints a voting majority of the organization's governing body and there is a potential for the organization to provide specific financial benefits to, or impose specific financial burdens on, the government. These criteria have been considered and the District identified no organizations for inclusion as component units.

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.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Presentation (Continued)

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.

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.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Presentation (Continued)

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

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.

Cash Equivalents

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

Receivables

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

Capital Assets

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

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

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

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

Office Equipment	5 to 10 Years
Vehicles	6 to 10 Years

SBITA assets are initially measured as the sum of the present value of payments expected to be made during the subscription term, payments associated with the SBITA contract made to the SBITA vendor at the commencement of the subscription term, when applicable, and capitalizable implementation costs, less any SBITA vendor incentives received form the SBITA vendor at the commencement of the SBITA term. SBITA assets are amortized in a systematic and rational manner over the subscription term.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Compensated Absences

The liability for compensated absences reported in the government-wide statements consists of leave that has not been used that is attributable to services already rendered, accumulates, and is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. The liability also includes amounts for leave that has been used for time off but has not yet been paid in cash or settled through noncash means and certain other types of leave.

Long-Term Obligations

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

Total Other Postemployment Benefits Other than Pensions (OPEB) Liability

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

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.

Under the modified accrual basis of accounting, deferred inflows of resources also include revenues not collected within the availability period after the fiscal year-end. The District has reported deferred inflows of resources related to unavailable revenue for grants. These amounts are deferred and will be recognized as an inflow of resources in the period that amounts become available.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Interfund Transfers

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

Fund Equity and Net Position

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

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

Net Investment in Capital Assets – This amount consists of capital assets, net of accumulated depreciation/amortization and reduced by outstanding balances of bonds, notes and other debt that are attributable to the acquisition, construction, or improvement of those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the acquisition, construction, or improvement of those assets or related debt are included in this component of net position.

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.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Estimates

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

NOTE 2 STEWARDSHIP, COMPLIANCE, AND ACCOUNTABILITY

Budgets and Budgetary Accounting

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

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

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

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

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

NOTE 2 STEWARDSHIP, COMPLIANCE, AND ACCOUNTABILITY (CONTINUED)

Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which the purchase order, contract, or other commitment is issued, and, accordingly, encumbrances outstanding at year-end are reported in budgetary reports as expenditures in the current year. Generally, all unencumbered appropriations lapse after a year, except those of the Capital Projects Fund. Encumbered appropriations are carried forward to the ensuing fiscal year and, as of June 30, 2025, the District had one outstanding encumbrance for $4,500.

Budget to GAAP Reconciliation

A reconciliation of revenues and expenditures, between the accounting treatment required by GAAP (Exhibit IV) and budgetary requirements (Exhibit V), at June 30, 2025 is as follows:

	Revenues and other Financing Sources	Expenditures and Transfers	Fund Balance
Balance - Budgetary Basis, Exhibit V	$ 955,530	$ 957,597	$ 545,681
Current Year Encumbrances Issued	-	(4,500)	4,500
Prior Year Encumbrances Paid	-	3,797	-
The District Does not Budget for SBITA's	68,095	68,095	-
Encumbrances Cancelled in the CY	(181)	-	-
Balance - GAAP Basis, Exhibit IV	$ 1,023,444	$ 1,024,989	$ 550,181

NOTE 3 DETAILED NOTES ON ALL FUNDS

Deposits

At June 30, 2025, the carrying amount of the District's deposits was $1,009,214 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.

NOTE 3 DETAILED NOTES ON ALL FUNDS (CONTINUED)

Capital Assets

Capital asset activity for the year ended June 30, 2025 was as follows:

	Beginning Balance	Increases	Decreases	Ending Balance
Capital Assets Being Depreciated:				
Office Equipment	$ 155,709	$ -	$ 96,963	$ 58,746
Vehicles	157,674	29,575	24,267	162,982
Total Capital Assets Being Depreciated	313,383	29,575	121,230	221,728
Less: Accumulated Depreciation for:				
Office Equipment	96,066	8,485	56,903	47,648
Vehicles	77,605	10,640	21,840	66,405
Total Accumulated Depreciation	173,671	19,125	78,743	114,053
Total Capital Assets Being Depreciated, Net	139,712	10,450	42,487	107,675
Total Capital Assets Being Depreciated, Net	$ 139,712	$ 10,450	$ 42,487	$ 107,675
Subscription Based Information Technology Assets:				
Subscription Based Information Technology	$ -	$ 68,095	$ -	$ 68,095
Less: Accumulated Amortization				
Subscription Based Information Technology	-	17,024	-	17,024
Total Subscription Based Information Technology Arrangement Assets, Net	-	51,071	-	51,071
Governmental Activities Capital Assets, Net	$ 139,712	$ 61,521	$ 42,487	$ 158,746

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

Governmental Activities:	
Health Services	$ 36,149
Total Depreciation/Amortization - Governmental Activities	$ 36,149

Interfund Transfers

Transfers are used to move General Fund revenues to finance various capital projects in accordance with budgetary authorizations. During the year ended June 30, 2025, the District transferred $3,000 of General Fund resources to the Capital Projects fund to fund various capital projects.

NOTE 3 DETAILED NOTES ON ALL FUNDS (CONTINUED)

Long-Term Debt

Long-term liability activity for the year ended June 30, 2025 was as follows:

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Governmental Activities:					
Total OPEB Liability	$ 12,351	$ -	$ 27	$ 12,324	$ -
Subscription Liability	-	68,095	21,171	46,924	22,459
Compensated Absences*	51,451	- *	422	51,029	51,029
Total Governmental Activities:					
Long-Term Liabilities	$ 63,802	$ 68,095	$ 21,620	$ 110,277	$ 73,488

* The change in compensated absences liability is presented as a net change

NOTE 4 OTHER POST EMPLOYMENT BENEFITS PLAN

Plan Description

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

The District currently pays for post-employment health care benefits on a pay-as-you-go basis. As of June 30, 2025, 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, 2024:

Active Employees	9
Total	9

Total OPEB Liability

The District's total OPEB liability of $12,324 was measured as of June 30, 2025 and was determined by an actuarial valuation as of July 1, 2024.

NOTE 4 OTHER POST EMPLOYMENT BENEFIT PLAN (CONTINUED)

Actuarial Assumptions and Other Inputs

The total OPEB liability in the June 30, 2025 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement unless otherwise specified:

Inflation	2.4% (Prior: 2.60%)
Salary Increases	3.40% (including inflation)
Discount Rate	5.20% (Prior: 3.93%)
Health Care Cost Trend Rates	7.00% in 2024, reducing by 0.2% each year to a final rate of 4.40% per year rate for 2037 and later. (Prior: 6.50% in 2022, reducing by 0.2% each year to a final rate of 4.40% per year rate for 2034 and later).
Retirees' Share of Benefit-Related Costs	100% retiree-paid.

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

Actuarial Assumptions and Other Inputs (Continued)

Mortality rates were based on Pub-2010 Public Retirement Plans Amount-Weighted Mortality Tables for General Employees, projected to the valuation date with Scale MP-2021.

The actuarial assumptions used in the July 1, 2024 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, 2024	$ 12,351
Changes for the Year:	
Service Cost	877
Interest on Total OPEB Liability	519
Difference Between Expected and Actual Experience	(1,614)
Changes in Assumptions or Other Inputs	191
Net Changes	(27)
Balances as of June 30, 2025	$ 12,324

Changes of assumptions and other inputs reflect a change in the discount rate from 3.93% in 2024 to 5.20% in 2025.

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 (4.20%) or 1 percentage point higher (6.20%) than the current discount rate:

NOTE 4 OTHER POST EMPLOYMENT BENEFIT PLAN (CONTINUED)

	1% Decrease	Current Discount Rate	1% Increase
Total OPEB Liability	$ 12,574	$ 12,324	$ 12,071

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

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using health care cost trend rates that are 1 percentage point lower (6.00% decreasing to 3.40%) or 1 percentage point higher (8.00% decreasing to 5.40%) than the current health care cost trend rates:

	1% Decrease	Health Care Cost Trend Rates	1% Increase
Total OPEB Liability	$ 11,729	$ 12,324	$ 12,970

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

For the year ended June 30, 2025, the District recognized OPEB expense of ($1,075). At June 30, 2025, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences Between Expected and Actual Experience	$ 95	$ 2,082
Changes of Assumptions or Other Inputs	379	72
Total	$ 474	$ 2,154

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

Year Ending June 30,	Amount
2026	$ (550)
2027	(284)
2028	(334)
2029	(259)
2030	(234)
Therafter	(19)
Total	$ (1,680)

NOTE 5 OTHER INFORMATION

Risk Management

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

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

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

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, 2025:

Andover	$	18,660
Ashford		24,932
Bolton		28,702
Chaplin		12,764
Columbia		31,245
Coventry		72,693
Mansfield		156,982
Scotland		9,389
Tolland		86,428
Willington		32,925
Total	$	474,720

No amounts were due to or from the member towns as of June 30, 2025.

Contingent Liabilities

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

The District participates in various federal and state grant programs, which are subject to program compliance audits. Accordingly, the Distrct's compliance with applicable grant requirements will be established at a future date. The amount of expenditures which may be disallowed by the granting agencies cannot be determined at this time, although the District anticipates such amounts, if any, will be immaterial.

NOTE 6 DEFINED CONTRIBUTION PENSION PLAN

The District contributes to a defined contribution pension plan, for its all regular employees who work 25 or more hours per week and are not participating in a member town retirement plan.

Benefit terms, including contribution requirements, for the plan are established and may be amended by the District's board. For each employee in the pension plan, the District is required to contribute 6% of annual salary to an employee account. Employees are required to contribute 2% of annual salary. For the year ended June 30, 2025, employee contributions totaled $13,169, and the District made contributions totaling $39,505.

Employees are immediately vested in their own contributions and earnings on those contributions and become vested in District contributions and earnings on District contributions after completion of seven years of creditable service with the District. Nonvested District contributions are forfeited upon termination of employment.

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

	2025	2024	2023	2022	2021	2020	2019
Service Cost	$ 877	$ 870	$ 772	$ 845	$ 1,672	$ 1,392	$ 1,278
Interest	519	458	392	223	441	609	590
Differences Between Expected and Actual Experience	(1,614)	(574)	224	(172)	(11,527)	(386)	(90)
Changes of Assumptions and Other Inputs	191	(66)	(26)	(101)	632	705	204
Net Change in Total OPEB Liability	(27)	688	1,362	795	(8,782)	2,320	1,982
Total OPEB Liability - Beginning	12,351	11,663	10,301	9,506	18,288	15,968	13,986
Total OPEB Liability - Ending	$ 12,324	$ 12,351	$ 11,663	$ 10,301	$ 9,506	$ 18,288	$ 15,968
Covered Payroll	$ 727,938	$ 610,371	$ 590,301	$ 487,586	$ 471,554	$ 605,504	$ 585,429
Total OPEB Liability as a Percentage of Covered Payroll	1.69%	2.02%	1.98%	2.11%	2.02%	3.02%	2.73%

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

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, 2025 – September 30, 2025

Highlighted Accomplishments/Activities

- This agency provided material support to the Town of Coventry in their efforts to manage the Patriot's Park geese population, and improve the water quality in the park bathing area. This included but is not limited to expanded testing of bathing area water, executing proof of concept task for Dr. Kortmann's recommendation to improve circulation in the bathing area, and participating in meetings with Town staff.

- Completed the recruitment and hiring process for our part-time public health nurse position during this quarter.

- Appointed by CGA Public Health Committee Co-chairs to the PH Committee Workgroup on Septic Systems. Workgroup charge is to make recommendations on proposed regulations that balance public health protection and affordable housing. Weekly workgroup meeting began in September.

- This office continues to be an active member of the Governors Opioid Settlement Advisory Committee, which met twice over this period.

- Continued support of the Town of Mansfield with PFAS concerns in the Mansfield Hollow area. Participated with a meeting with Windham Water Works, regarding the matter in September.

- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to:

    1. Participated in bi-weekly status meetings on efforts to address Tolland NaCl challenges
    2. Providing additional technical and sampling support regarding a new investigation in the Lakeview Hts Neighborhood
    3. Conducted semi-annual sampling at selected sites

- Completed work project with summer student intern, conducting a study of the feasibility to apply near real-time precipitation data to inform bathing area closures.

- Completed summer bathing area monitoring program involving grabbing weekly routine samples form 27 sampling locations around the district.

- Attended two and participated as an active member of the UConn Institutional Bio-safety Committee, community member at-large.

- Advocacy activities during this quarter included a meeting with the Public Health Committee Co-Chairs and DPH, CT DEEP, CADH, and other interested state elected officials regarding the private well confidentiality laws.

- Attended and participated as an active member of the UConn Student and Health and Wellness Infection Prevention Committee.

- Working with the Personnel Committee the Board of Directors approved a pay range for the new Assistant DOH/Sanitarian II classification, and completed a statewide salary survey of Health District Directors.

- Per the Town of Columbia's request, we initiated and completed an investigation of bacterial laden storm culvert discharge to Columbia Lake. A final investigation report was provided and presented to the Towns Lake Advisory Committee.

- Participating and collaborating with the Hartford Healthcare Community Health Assessment/Community Health Improvement Plan. Participated in an all partners meeting in September. Final assessment and improvement plan completed and posted to HHC website in September.

- *Community Health and Wellness Programs:* Staff is currently managing 23 cases of Elevated Blood Lead Levels in children. Two (2) of these case involved in depth investigations on the causes of their environmental lead exposures, and enforcement proceedings. Five (5) infectious disease outbreak investigations were conducted during this period. The coordination and conducted four blood pressure screening clinics screening 46 persons. Conducted one BP screening event, 40 persons attended. Conducted two educational series with 7 attendees. Hosted 3 vaccination clinics administering 156 vaccines shots; (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)

- *Emergency Preparedness Program:* Participated in the Governors statewide EP Exercise; conducted quarterly call down communications drill; continue to update EP plans as needed. (See separate EHHD PHPP report attached.)

Plans for the Next Quarter

- Initiate Opioid Misuse Prevention and Wellness initiative with participating member towns.

- Working with Coventry to finalize water circulations plans to address chronically high bacteria levels at Patriots Park bathing area.

- Coordinate, schedule, and conduct seasonal vaccine clinics district wide.

- Ongoing working with CADH Advocacy Committee engage CGA members on policy affecting local public health during the upcoming legislative session.

- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.

- On-going work on the Preventive Health and Human Services Block Grant to prevent hypertension.

- Negotiate contract terms with CT DPH regarding the Tobacco Best Practices Grant.

- Solicit quotes and select a vendor for the agency website upgrade.

- Ongoing planning work for CT Mission of Mercy free Dental clinic.

- Track and monitoring on going progress on the agency strategic plan.

Statistical Report (Attached)

Eastern Highlands Health District
Community Health and Wellness Coordinator
1st Quarter Report July 1, 2025 –September 30, 2025

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 1,385 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	CHWC is working with staff on the Immunization grant and the Block Grant targeting hypertension	**1 bp screenings were done in this quarter 40 people were screened.** CHWC conducted two BP education classes this quarter. A second Immunization Promotion Campaign was launched and distributed at, in print, on buses and gas station pump videos.
1g (1) Explore and expand partnership opportunities	CHWC is part of the Immunization Coalition and attended 2 meetings **CHWC attended meetings of the Local Prevention Councils of:** **Coventry** **Bolton** **Tolland**	CHWC provided feedback to the meetings.
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC continues to produce quarterly newsletters. CHWC oversees the immunization clinical staff and volunteers for vaccination clinics.	Bulletin boards with health and safety messages were updated. Topics included: physical activity information, healthy snacks, respiratory illnesses and vaccination resources, and importance of being screened for breast cancer. Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.
3c (1) Engage in advocacy events and activities	CHWC is a source for the public on immunization information, including Covid-19 and influenza. CHWC tabled	

	at the UConn Student Health and Wellness Fair 09/18/2025.	CHWC will continue to explore ways to support community events
Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were **23 cases** followed in this reporting period. **0 events** were closed. 11 **phone calls** were made to families and providers. 10 **correspondences completed to families.** CHWC worked with the Chief Sanitarian on **2 investigations for elevated lead levels that included risk assessments or epidemiological investigations.**
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	please see chart below
CHWC Training and Continued Education	CHWC attended the Annual Flu conference 9/24/2025. CHWC attended the virtual meeting of the National MRC about legal issues in Emergency Preparedness	CHWC will continue to look for look for opportunities to participate in continuing education that support the CHWC role.
Vaccine Program	CHWC attended 2 monthly meetings of the Immunization Coalition and the Spring Immunization Coalition Workshop. EHHD also provided information about vaccines to the public. **CHWC worked with Beacon Pharmacy of New Britain to schedule Covid-19, RSV, high-dose flu, and pneumonia. This included having them do some homebound patient's vaccines.** **CHWC is conducting flu vaccine clinics this season**	CHWC using the information at the meetings with partners and provided by CDC, and CTDPH to improve and expand the immunization program.. **During this quarter there was one on 09/16/2025 (52 vaccines provided).** **During this quarter there were two 09/27/2025 (102 vaccines provided) and 09/30/25 (2 vaccines provided)**

Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CT Responds system. In total, in this reporting period there are **114 volunteers**. Activities this reporting period: **the MRC support a blood pressure screening at the Coventry Farmer's Market, on 09/17/2025 CHWC held a meeting of the MRC where updates were provided and a Stop the Bleed Training was conducted and on 09/27/2025 volunteers assisted with a flu vaccine clinic at Celebrate Mansfield.**
CHWC sends emails to MRC volunteers to staff the upcoming events and then assigns the volunteers to the events. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.
CHWC continues to attend PHEP/Region 4 MRC meetings and Statewide MRC meetings and to maintain the National MRC activity log.

Grants: Blood Pressure/ Immunizations

During this quarter there were **1 bp screening events and 40 people were screened. 2 Blood Pressure Educational Series were conducted during this quarter: Columbia (6) and Andover (1)**

Be Well employee Wellness Programs

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

Tolland

The Be Well Kick-off 07/11/2025.,11 people attended.
The CHWC conducted the 1st Quarterly Educational Event 09/18/25, for the Tolland Town employees: **Brain Health 10 people attended** in person and an online version was posted to the Be Well website for people unable to attend.

Community Outreach

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails. CHWC tabled at the UConn Student Wellness Fair

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Communicable disease*	July	August	September	Quarter
Number of reported cases	11	7	10	28
Interviews	6	4	1	11
Investigations	2	2	1	5

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

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

		0	

Eastern Highlands Health District
Public Health Preparedness Program
July – September 2025

Statewide Training & Exercise Workgroup (STEW)

- 8/13/25 – attended virtual meeting; minimal updates or info
- 9/10/25 – attended virtual meeting; discussion of IPPW on Oct 6th which will take the place of the October STEW meeting

Governor's Emergency Planning and Preparedness Initiative Exercise

- 9/9/25 – participated in-person with the Town of Mansfield; followed in WebEOC other towns' response (Bolton, Willington, Chaplin), and was a point of contact prior to exercise with the Chaplin EMD as they made plans for their exercise.

Region 4 PHEP Meetings & Activities:

- 7/7/2025 - BP1 Quarter 4 Progress Report was completed and submitted. This report gives an overview of all the planning, capabilities and exercises completed within the budget period.
- July PHEP meeting was cancelled
- 8/18/25 – attended virtual meeting; discussed initial plans for BP2 to address competencies selected for action: # 14 Responder Safety and Health and #15 Volunteer Management
- 9/8/25 – attended virtual meeting; discussed IAP, and that the region has remaining funds available from Ebola (about 6k) not earmarked yet. Contributed to IAP efforts by creating a survey for LHDs to use to assess needs relating to Responder Safety and Health. Tabletop planned for MRC.
- 9/19/25 - Code Red staff call down; analysis of responses provided opportunity to update contact information (accurate cell provider) to improve response rate of staff and volunteers.
- Promoted 'Preparedness Month' on social media throughout the month of September

Region 4 ESF-8 meetings:

- July ESF-8 meeting was cancelled
- 8/20/25 – attended virtual HCC meeting; discussed membership, budget approval and changes to by-laws and voting; funding at this time only through first two quarters.
- 8/28/25 – attended virtual ESF8 meeting; discussion of the upcoming EPPI exercise on Sept 9
- September ESF-8 meeting was cancelled.

Region 3 ESF-8 & PHEP meetings:

- July meetings cancelled
- 8/1/25 – PHEP meeting not attended (on vacation)
- 8/3/25 – ESF8 meeting not attended (on vacation
- 9/3/25 – ESF8 attended virtual meeting; reminder of EPPI exercise

Region 4 plans for BP2:

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

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

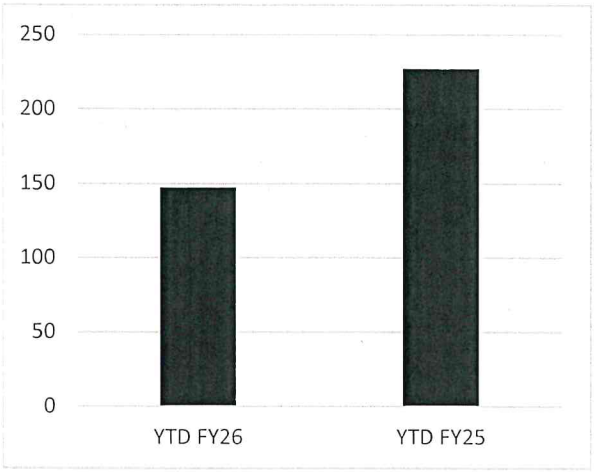
Capability 15: Volunteer Management: Region 4 will address the following Functions

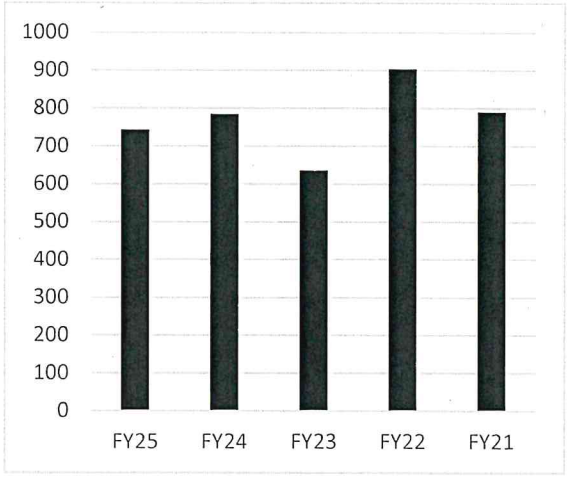
- Function 1: Recruit, coordinate, and train volunteers
- Function 2: Notify, organize, assemble, and deploy volunteers

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

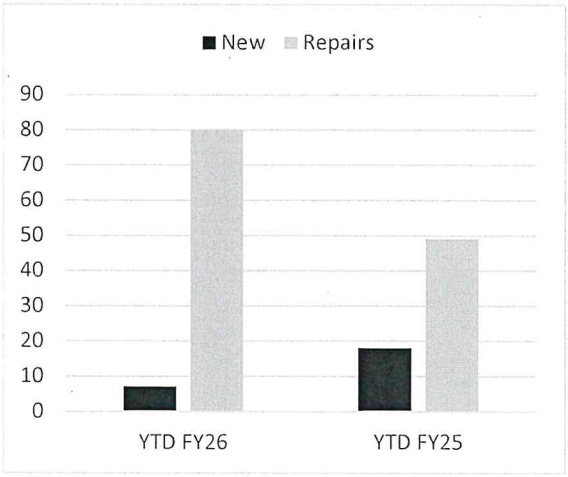
Quarterly Report July 1, 2025 - September 30, 2025
Year to Date Historgrams with 5 Year Trend Comparisons for Selected Activity Indicators

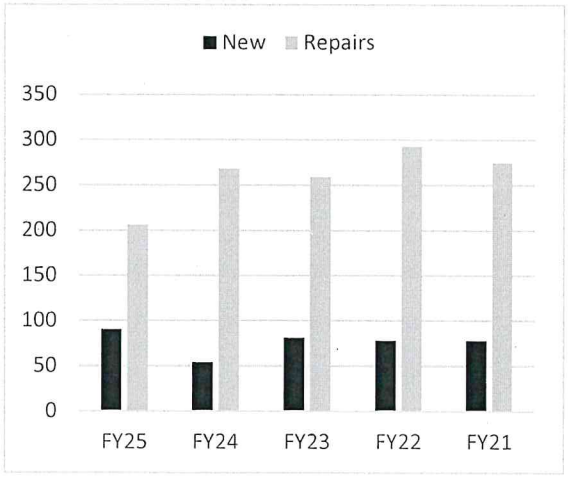
Deep Test Holes



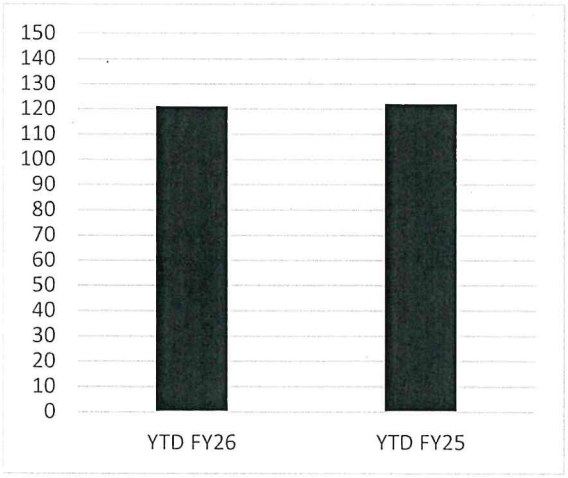


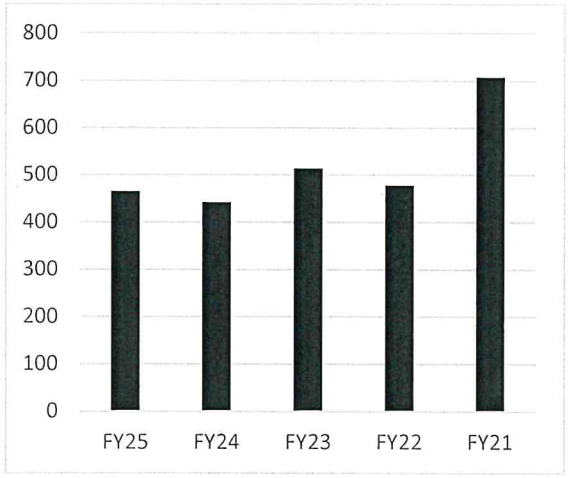
Septic Permits



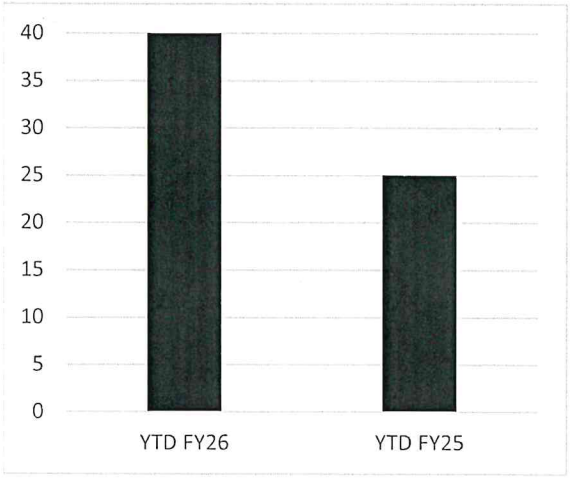


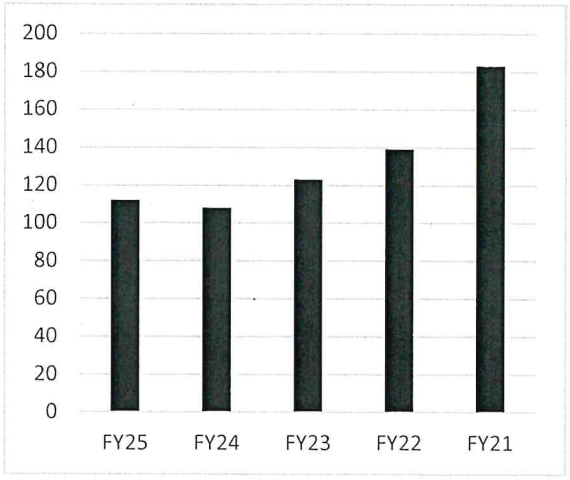
Public Health Reviews



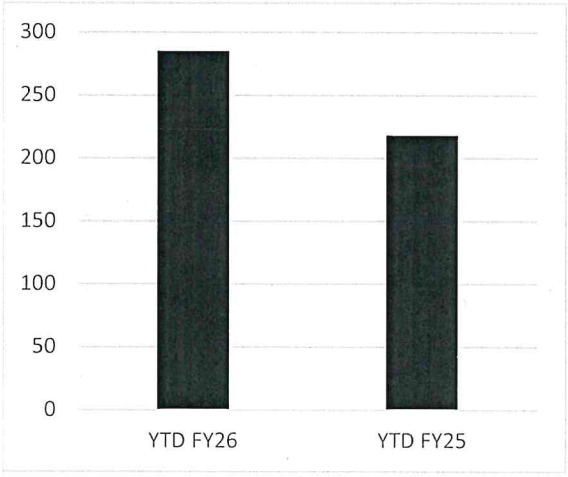


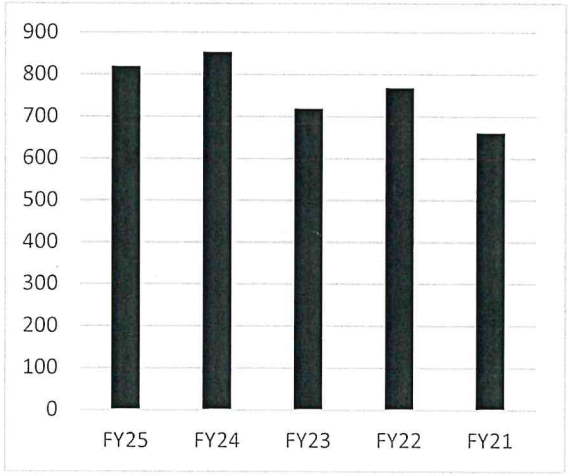
Complaints



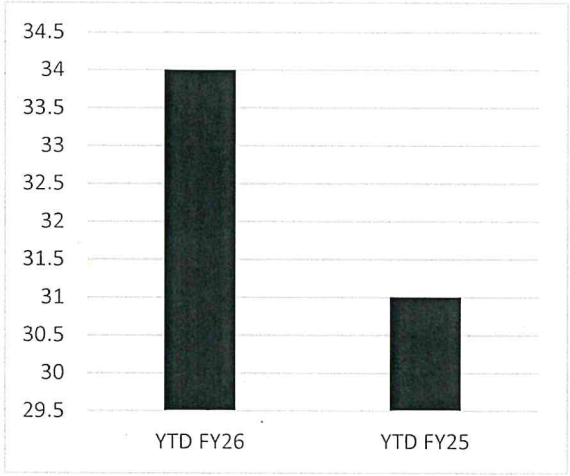


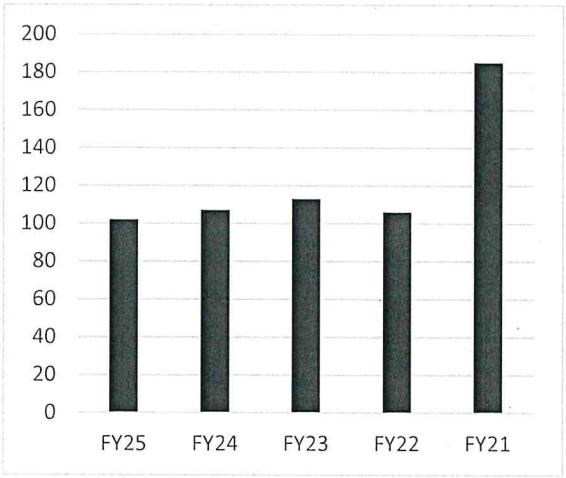
Food Service Inspections





Well Permits Issued





	A	B	C	D	E	F	G	H	I	J
1	EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2025-2026									
2	July 1, 2025 - September 30, 2025									
3	ACTIVITY INDICATORS				MONTHS				Current	Previous
4	COMMUNITY HEALTH ACTIVITIES				July	Aug	Sept	***Total***	***YTD FY26***	***YTD FY25***
5	ENVIRONMENTAL HEALTH ACTIVITIES									
6	*Complaints*									
7		Air Quality			4	0	0	4	4	2
8		Animals/Animal Waste			0	0	0	0	0	1
9		Activity Without Proper Permits			1	0	1	2	2	0
10		Food Protection			4	1	4	9	9	0
11		Housing Issues			2	3	4	9	9	4
12		Emergency Response			0	0	0	0	0	1
13		Refuse/Garbage			4	1	1	6	6	3
14		Rodents/Insects			1	1	1	3	3	3
15		Septic/Sewage			1	0	0	1	1	7
16		Other			1	1	2	4	4	2
17		Water Quality			1	0	1	2	2	2
19		Total			19	7	14	40	40	25
20	*Health Inspection*									
21		Group homes			0	0	0	0	0	0
22		Day Care			1	2	2	5	5	1
23		Camps			0	0	0	0	0	1
24		Public Pool			2	2	1	5	5	0
25		Other			5	1	2	8	8	10
26		Schools			0	1	0	1	1	1
27		Mortgage, FHA, VA			0	0	0	0	0	0
28		Bathing Areas			1	0	0	1	1	1
29		Cosmetology			0	0	1	1	1	0
30		Total			9	6	6	21	21	14
31	*On-site Sewage Disposal*									
32		Site inspection			84	81	76	241	241	254
33		Deep hole tests			40	49	58	147	147	227
34		Percolation tests			11	12	14	37	37	53
35		Permits issued, new			2	2	3	7	7	18
36		Permits issued, repair			24	15	41	80	80	49
37		Site Plans Reviewed			35	19	46	100	100	88
38		Public Health Reviews			38	37	46	121	121	122
39	*Wells*									
40		Well sites inspected			4	9	15	28	28	23
41		Well permits issued			6	12	16	34	34	31
42	*Laboratory Activities (samples taken)*									
43		Potable water			0	0	0	0	0	14
44		Surface water			108	110	0	218	218	218
45		Ground water			0	0	0	0	0	0
46		Rabies			1	2	0	3	3	2
47		Lead			69	0	0	69	69	71
48		Other			6	2	5	13	13	4
49	*Food Protection*									
50		Inspections			54	27	54	135	135	106
51		On Site inspection violation follow up			18	0	5	23	23	17
52		Documented inspection violation follow up			32	15	25	72	72	24
53		Temporary Permits			6	14	8	28	28	54
54		Temporary Inspections			16	21	7	44	44	58
55		Plan review			3	4	3	10	10	13
56		Pre-operational inspections			6	2	3	11	11	13
58	*Lead Activties*									
59		Housing inspection			5	0	0	5	5	2
60		Abate plan reviewed			0	0	0	0	0	1
61	MISCELLANOUS ACTIVITIES									
62		Planning and Zoning referrals			0	0	0	0	0	0
63		Subdivision reviewed (# of lots)			1	0	0	1	1	0

ANDOVER QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	9
	Emergency Response				0	0
	Refuse/Garbage				0	6
	Rodents/Insects				0	3
	Septic/Sewage				0	1
	Other				0	4
	Water Quality				0	2
	Total	0	0	0	0	40
Health Inspection						
	Group homes				0	0
	Day Care				0	5
	Camps				0	0
	Public Pool				0	5
	Other				0	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	0	0	0	0	21
On-site Sewage Disposal						
	Site inspection -- all site visits	1	6	3	10	241
	Deep hole tests -- number of holes	3	3		6	147
	Percolation tests -- number of holes	1	1		2	37
	Permits issued, new				0	7
	Permits issued, repair	2		2	4	80
	Site plans reviewed	2	1	3	6	100
	Public Health Reviews	4	3	2	9	121
Wells						
	Well sites inspected				0	28
	Well permits issued				0	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	5	4		9	218
	Ground water				0	0
	Rabies				0	3
	Lead				0	69
	Other				0	13
Food Protection						
	Inspections	2		2	4	135
	On Site inspection violation follow up	1			1	23
	Documented inspection violation follow up				0	72
	Temporary permits			1	1	28
	Temporary inspections	1		7	8	44
	Plan reviews				0	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

ASHFORD QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality	1			1	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits			1	1	2
	Food Protection				0	9
	Housing Isssues				0	9
	Emergency Response				0	0
	Refuse/Garbage				0	6
	Rodents/Insects				0	3
	Septic/Sewage				0	1
	Other	1			1	4
	Water Quality				0	2
	Total	2	0	1	3	40
Health Inspection						
	Group homes				0	0
	Day Care				0	5
	Camps				0	0
	Public Pool				0	5
	Other				0	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	0	0	0	0	21
	Site inspection -- all site visits	8	3	5	16	241
	Deep hole tests -- number of holes	7	6	14	27	147
	Percolation tests -- number of holes	2	2	3	7	37
	Permits issued, new		1		1	7
	Permits issued, repair	2	1	3	6	80
	Site plans reviewed	4		1	5	100
	Public Health Reviews	6	5		11	121
Wells						
	Well sites inspected	1	4	4	9	28
	Well permits issued		5	4	9	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	4	4		8	218
	Ground water				0	0
	Rabies				0	3
	Lead				0	69
	Other				0	13
Food Protection						
	Inspections	4	4	2	10	135
	On Site inspection violation follow up	1		2	3	23
	Documented inspection violation follow up	5	1	4	10	72
	Temporary permits		1		1	28
	Temporary inspections				0	44
	Plan reviews		1		1	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

BOLTON QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	9
	Emergency Response				0	0
	Refuse/Garbage				0	6
	Rodents/Insects				0	3
	Septic/Sewage				0	1
	Other				0	4
	Water Quality				0	2
	Total	0	0	0	0	40
Health Inspection						
	Group homes				0	0
	Day Care				0	5
	Camps				0	0
	Public Pool				0	5
	Other	2			2	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	2	0	0	2	21
On-site Sewage Disposal						
	Site inspection -- all site visits	7	6	1	14	241
	Deep hole tests -- number of holes				0	147
	Percolation tests -- number of holes				0	37
	Permits issued, new				0	7
	Permits issued, repair	5	1	2	8	80
	Site plans reviewed	2	2	3	7	100
	Public Health Reviews	2	4	3	9	121
Wells						
	Well sites inspected				0	28
	Well permits issued		1	1	2	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	8	8		16	218
	Ground water				0	0
	Rabies				0	3
	Lead				0	69
	Other				0	13
Food Protection						
	Inspections	3	2	1	6	135
	On Site inspection violation follow up	2			2	23
	Documented inspection violation follow up	1			1	72
	Temporary permits	1	3	1	5	28
	Temporary inspections				0	44
	Plan reviews			1	1	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

CHAPLIN QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	9
	Emergency Response				0	0
	Refuse/Garbage				0	6
	Rodents/Insects				0	3
	Septic/Sewage	1			1	1
	Other				0	4
	Water Quality				0	2
	Total	1	0	0	1	40
Health Inspection						
	Group homes				0	0
	Day Care				0	5
	Camps				0	0
	Public Pool				0	5
	Other				0	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	0	0	0	0	21
On-site Sewage Disposal						
	Site inspection -- all site visits	6	6	8	20	241
	Deep hole tests -- number of holes	3		10	13	147
	Percolation tests -- number of holes	1		3	4	37
	Permits issued, new	1	1	1	3	7
	Permits issued, repair			3	3	80
	Site plans reviewed	1		5	6	100
	Public Health Reviews	1	2	1	4	121
Wells						
	Well sites inspected	1			1	28
	Well permits issued	1			1	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	218
	Ground water				0	0
	Rabies				0	3
	Lead	69			69	69
	Other	1			1	13
Food Protection						
	Inspections	3		4	7	135
	On Site inspection violation follow up	3			3	23
	Documented inspection violation follow up	2		3	5	72
	Temporary permits				0	28
	Temporary inspections				0	44
	Plan reviews				0	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection	2			2	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

COLUMBIA QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection	1		1	2	9
	Housing Isssues				0	9
	Emergency Response				0	0
	Refuse/Garbage	1			1	6
	Rodents/Insects				0	3
	Septic/Sewage				0	1
	Other				0	4
	Water Quality				0	2
	Total	2	0	1	3	40
Health Inspection						
	Group homes				0	0
	Day Care		1	1	2	5
	Camps				0	0
	Public Pool				0	5
	Other				0	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	0	1	1	2	21
On-site Sewage Disposal						
	Site inspection -- all site visits	8	8	11	27	241
	Deep hole tests -- number of holes	9			9	147
	Percolation tests -- number of holes	3			3	37
	Permits issued, new				0	7
	Permits issued, repair	3	2	5	10	80
	Site plans reviewed	6	2	3	11	100
	Public Health Reviews		2	4	6	121
Wells						
	Well sites inspected	1		1	2	28
	Well permits issued		1	2	3	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	9	8		17	218
	Ground water				0	0
	Rabies				0	3
	Lead				0	69
	Other				0	13
Food Protection						
	Inspections	5	1	3	9	135
	On Site inspection violation follow up				0	23
	Documented inspection violation follow up	1	3		4	72
	Temporary permits				0	28
	Temporary inspections				0	44
	Plan reviews		1		1	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

COVENTRY QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection		1	2	3	9
	Housing Isssues				0	9
	Emergency Response				0	0
	Refuse/Garbage				0	6
	Rodents/Insects				0	3
	Septic/Sewage				0	1
	Other				0	4
	Water Quality				0	2
	Total	0	1	2	3	40
Health Inspection						
	Group homes				0	0
	Day Care				0	5
	Camps				0	0
	Public Pool				0	5
	Other				0	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas	1			1	1
	Cosmetology				0	1
	Total	1	0	0	1	21
On-site Sewage Disposal						
	Site inspection -- all site visits	16	17	16	49	241
	Deep hole tests -- number of holes	6	14	13	33	147
	Percolation tests -- number of holes	1	4	4	9	37
	Permits issued, new				0	7
	Permits issued, repair	3	1	5	9	80
	Site plans reviewed	2	4	7	13	100
	Public Health Reviews	7	6	11	24	121
	Well sites inspected	1		1	2	28
	Well permits issued	3		1	4	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	60	63		123	218
	Ground water				0	0
	Rabies				0	3
	Lead				0	69
	Other		1	3	4	13
Food Protection						
	Inspections	7	4	9	20	135
	On Site inspection violation follow up	1			1	23
	Documented inspection violation follow up	3	2	4	9	72
	Temporary permits	1	2	2	5	28
	Temporary inspections	15	18		33	44
	Plan reviews	1	1		2	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection	2			2	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)	1			1	1

MANSFIELD QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality	2			2	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection	2			2	9
	Housing Isssues	1	2	1	4	9
	Emergency Response				0	0
	Refuse/Garbage	2	1	1	4	6
	Rodents/Insects		1	1	2	3
	Septic/Sewage				0	1
	Other				0	4
	Water Quality				0	2
	Total	7	4	3	14	40
Health Inspection						
	Group homes				0	0
	Day Care	1			1	5
	Camps				0	0
	Public Pool	1	2	1	4	5
	Other	3	1		4	8
	Schools		1		1	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	5	4	1	10	21
On-site Sewage Disposal						
	Site inspection -- all site visits	11	9	15	35	241
	Deep hole tests -- number of holes	3	13	3	19	147
	Percolation tests -- number of holes	1	3	2	6	37
	Permits issued, new				0	7
	Permits issued, repair	4	4	9	17	80
	Site plans reviewed	4	4	10	18	100
	Public Health Reviews	5	4	7	16	121
Wells						
	Well sites inspected		1	1	2	28
	Well permits issued	1	2	1	4	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	5	4		9	218
	Ground water				0	0
	Rabies		1		1	3
	Lead				0	69
	Other	4	1	2	7	13
Food Protection						
	Inspections	22	6	19	47	135
	On Site inspection violation follow up	3		2	5	23
	Documented inspection violation follow up	17	3	10	30	72
	Temporary permits	2	2	2	6	28
	Temporary inspections				0	44
	Plan reviews		1		1	10
	Pre-operational inspections	2		2	4	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

SCOTLAND QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues				0	9
	Emergency Response				0	0
	Refuse/Garbage	1			1	6
	Rodents/Insects				0	3
	Septic/Sewage				0	1
	Other				0	4
	Water Quality				0	2
	Total	1	0	0	1	40
Health Inspection						
	Group homes				0	0
	Day Care				0	5
	Camps				0	0
	Public Pool				0	5
	Other				0	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	0	0	0	0	21
On-site Sewage Disposal						
	Site inspection -- all site visits	1	4		5	241
	Deep hole tests -- number of holes			2	2	147
	Percolation tests -- number of holes				0	37
	Permits issued, new			1	1	7
	Permits issued, repair		2	1	3	80
	Site plans reviewed	1	1	1	3	100
	Public Health Reviews	1	1	1	3	121
Wells						
	Well sites inspected				0	28
	Well permits issued		1		1	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water				0	218
	Ground water				0	0
	Rabies				0	3
	Lead				0	69
	Other				0	13
Food Protection						
	Inspections			1	1	135
	On Site inspection violation follow up				0	23
	Documented inspection violation follow up				0	72
	Temporary permits		2		2	28
	Temporary inspections		3		3	44
	Plan reviews				0	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

TOLLAND QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality	1			1	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits	1			1	2
	Food Protection	1		1	2	9
	Housing Isssues			1	1	9
	Emergency Response				0	0
	Refuse/Garbage				0	6
	Rodents/Insects	1			1	3
	Septic/Sewage				0	1
	Other		1		1	4
	Water Quality			1	1	2
	Total	4	1	3	8	40
Health Inspection						
	Group homes				0	0
	Day Care		1	1	2	5
	Camps				0	0
	Public Pool	1			1	5
	Other			2	2	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology			1	1	1
	Total	1	1	4	6	21
On-site Sewage Disposal						
	Site inspection -- all site visits	16	19	14	49	241
	Deep hole tests -- number of holes	3	7	7	17	147
	Percolation tests -- number of holes	1	2	1	4	37
	Permits issued, new	1		1	2	7
	Permits issued, repair	5	4	11	20	80
	Site plans reviewed	7	5	9	21	100
	Public Health Reviews	10	10	14	34	121
Wells						
	Well sites inspected		4	4	8	28
	Well permits issued	1	2	4	7	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	9	11		20	218
	Ground water				0	0
	Rabies	1	1		2	3
	Lead				0	69
	Other				0	13
Food Protection						
	Inspections	8	6	8	22	135
	On Site inspection violation follow up	7		1	8	23
	Documented inspection violation follow up	3	5	2	10	72
	Temporary permits	2	2	2	6	28
	Temporary inspections				0	44
	Plan reviews	2		2	4	10
	Pre-operational inspections	4	2	1	7	11
Lead Activties						
	Housing inspection	1			1	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

WILLINGTON QUARTERLY REPORT

July 1, 2025 - September 30, 2025

ACTIVITY INDICATORS

		July	August	September	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	4
	Animals/Animal Waste				0	0
	Activity Without Proper Permits				0	2
	Food Protection				0	9
	Housing Isssues	1	1	2	4	9
	Emergency Response				0	0
	Refuse/Garbage				0	6
	Rodents/Insects				0	3
	Septic/Sewage				0	1
	Other			2	2	4
	Water Quality	1			1	2
	Total	2	1	4	7	40
Health Inspection						
	Group homes				0	0
	Day Care				0	5
	Camps				0	0
	Public Pool				0	5
	Other				0	8
	Schools				0	1
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	1
	Cosmetology				0	1
	Total	0	0	0	0	21
On-site Sewage Disposal						
	Site inspection -- all site visits	10	3	3	16	241
	Deep hole tests -- number of holes	6	6	9	21	147
	Percolation tests -- number of holes	1		1	2	37
	Permits issued, new				0	7
	Permits issued, repair				0	80
	Site plans reviewed	6		4	10	100
	Public Health Reviews	2		3	5	121
	Well sites inspected			4	4	28
	Well permits issued			3	3	34
Laboratory Activities (samples taken)						
	Potable water				0	0
	Surface water	8	8		16	218
	Ground water				0	0
	Rabies				0	3
	Lead				0	69
	Other	1			1	13
Food Protection						
	Inspections		4	5	9	135
	On Site inspection violation follow up				0	23
	Documented inspection violation follow up		1	2	3	72
	Temporary permits		2		2	28
	Temporary inspections				0	44
	Plan reviews				0	10
	Pre-operational inspections				0	11
Lead Activties						
	Housing inspection				0	5
	Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	0
	Subdivision reviewed (per lot)				0	1

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

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
1.1 Upgrade technological	Update Agency's Website Platform	1	Fall 2025	Office Manager	CNR fund, staff time	New platform purchased, implemented, ADA compliance	B In progress	Budgeted; Scope of work Developed; Soliciting quotes now	9 quotes received from vendors are under review
1.1 Upgrade technological	Update field inspection and tracking software	2	Summer 2027	Director of Health (DOH)	CNR fund, budget initiative, grant	Tracking software obtained, implemented	B In progress	Partnered on a grant submission to develop updates	Partnered on a grant submission to develop updates
1.2 Expand office space	Engage in the Town of Mansfield's Facility planning process	1	Based on Mansfield timeline	DOH	Staff time	Attend planning meetings as appropriate	B In progress	Town hired architect firm to engage community	Participated in Department Head facility survey. Meet with Firm representatives and toured HD space.
1.2 Expand office space	Secure additional office space	1	Summer 2028	DOH	CNR Funds, staff time	New space option identified, secured, move completed	B In progress	50K in CNR funds appropriated FY26	50K in CNR funds appropriated FY26
1.3 Strengthen community partnerships	Explore new partnerships	3	Ongoing	DOH	Staff time, budget for expenses	# attempts to communicate, connections established	B In progress	New partner - UconnCommittee on Excellence in Healthcare	CT Mission of Mercy. Facilitating planning for free dential clinic. CT Harm Reduction Alliance to partner on opioid initiative
2.1 Strengthen governance	Update Board Training Plan	2	Winter 2026	DOH/office manager	Staff time	Orientation manual updated	B In progress	Waiting for completion of CT DPH training/orientation materials	Waiting for completion of CT DPH training/orientation materials

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
2.2 Monitor funding opportunities	Review grant opportunities and submit proposals	1	Ongoing	DOH	Staff time	# of grant opportunities reviewed, proposals submitted	B In progress	Submitted and awarded Tobacco best practices grant 166K;	No new opportunities considered during this period
2.2 Monitor funding opportunities	Consider other possible revenue sources	1	Ongoing	DOH	staff time	# of sources considered	B In progress	Board approved initiative to pursue member town opioid settlement funds	Host Kick off meeting with member towns. Meet with two interest towns.
3.2 Strengthen staffing model	Update performance management system to reflect goals/objectives	1	Spring 2026/annually	DOH/office manager/ supervisors	Staff time	Updates to program quarterly reports, updates to staff performance goals/objectives	B In progress	Staff goals updated annually during performance evaluation	Staff goals updated annually during performance evaluation
3.3 Support state level workforce development	Participate in internships programs, state sponsored programs	1	Ongoing	DOH	Staff time, dedicated work station	Internship prog participation, state program participation	B In progress	Currently participating in CT DPH summer intern fellowship program	Completed participation in DPH Summer internship program
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Maintain a public health emergency operations plan	1	ongoing	Public Health Emergnecy Preparedness Coordinator	Staff time, preparedness grants	Plans updated, addemdum updated, New addenda added	B In progress	PHEP updated in June; Addenda updates in progress	Addenda updates in progress
4.6 Explore opportunities to address behavioral health challenges	Indentify BH related initiatives/programs	2	Ongoing	DOH/CHWC	Staff time, funding	initiatives considered, initiatives implemented	B In progress	Board approved initiative to pursue member town opioid settlement funds	Host Kick off meeting with member towns. Meet with two interest towns.
4.6 Explore opportunities to address behavioral health challenges	Identify BH partners & collaboration opportunites	2	Ongoing	DOH/CHWC	Staff time, funding	#outreach to partners, #collaboration/support efforts for BH services/activities	B In progress	Will be soliciting partners for opioid initiative this fall	Established collaboration with CT Harm Reduction Alliance. Meeting with Hartford Healthcare on possible collaborations.

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
5.2 Enhance public trust	Vaccine hesitancy-reduction focused initiatives	2	Each Fall	CHWC/DOH	Staff time	# vaccine hesitancy reduction focused activities	B In progress	Just completed campaign promoting kids vaccinations	Currently engaged in campaign promoting vaccinations among the general population
3.2 Strengthen staffing model	Develop a succession plan for leadership positions	1	Spring 2025	DOH	Staff time, budget appropriation	Succession plan completed/implemented	B In progress	Assist DOH salary budgeted; Job class/payrange recommended by PC	Job class/payrange for Assist DOH classification approved by Board
4.4 Increase support for CHA & CHIP	Participate in focus groups and interviews	1	Summer 2026, Summer 2029	DOH/CHWC	Staff time	#focus groups, #interviews, partnership meetings	B In progress	In spring 2025 participated HHC workgroups/key informant interviews/all partners meeting scheduled for late summer	In fall 2025 participated HHC all partners meeting scheduled. CHNA/CHIP completed and posted to HHC website
5.2 Enhance public trust	Continue viral respiratory surveillance reports during peak season	2	Ongoing	CHWC	Staff time	# of weekly reports/year	B In progress		Reports pushed out every other week.
1.3 Strengthen community partnerships	Continue participation in existing partnerships	1	Ongoing	DOH	Staff time	# of partnership meetings/quarter, maintain electronic documents	C ongoing	All existing partnerships in place	All existing partnerships in place
2.1 Strengthen governance	Utilize standing committees and/or establish ad hoc committees	2	Ongoing	DOH, Chairperson	Staff time	# of standing/ad hoc committee meetings/year	C ongoing	Strategic Planning committee completed work.	Personnel Committee meet, working in DOH salary survey, and retirement plan adjustments
2.1 Strengthen governance	Orientation for new members	2	As needed	DOH/Chairperson	Staff time	# of orientations conducted	C ongoing	no recent members	no recent members

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
2.3 Sustain advocacy efforts	Engage in state and local public health policy discussions	1	Ongoing	DOH, CHWC	Staff time	Attendance in # statewide/local policy discussions/year	C Ongoing	Meeting w PH Committee co-chair, Nuccio, Gordon schedule for August regarding well water confidentiality	Meet w PH Committee co-chair, Nuccio, Gordon schedule for August regarding well water confidentiality
3.1 Promote Workforce Development	Hold regular staff meetings with program updates and share time-sensitive information	1	Ongoing	DOH	Staff time	Calendar documenting meetings, emailed updates, meeting notes	C ongoing	3 staff meeting held	3 staff meetings held
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Track existing & identify emerging threats	1	Ongoing	DOH/assistDOH/Chief Sanitarian	Staff time	types of threats tracking, types of threats identified	C ongoing	Currently tracking NaCl issues; and, PFAS issues	Currently tracking NaCl issues; and, PFAS issues
1.1 Upgrade technological	Continue OpenGov buildout	3	Ongoing	DOH, Office Manager	Staff time, identified software	Identify and implement enhancement opportunities	no update		
2.1 Strengthen governance	Encourage board participation	2	Ongoing	DOH, Chairperson	Staff time	# meetings with quorum/year, % members using virtual platform	no update		
2.1 Strengthen governance	Incorporate brief training sessions in board meetings	2	Ongoing	DOH/Medical advisor	Staff time	# of trainings conduted/topic	no update	no ed sessions scheduled	no ed sessions scheduled
2.2 Monitor funding opportunities	Expand the roster of private insurance payers	3	Fall 2028	DOH, CHWC	Staff time	2 additional payers	no update	deferred until Fall 2028	deferred until Fall 2028

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
2.3 Sustain advocacy efforts	Advocate for increased funding	1	Ongoing	DOH, Chairperson	Staff time	# of meeting w state advocacy partners	No update	State biennium adopted with 10% reduction	Working with PH Committee workgroup on Septic systems to recommend funding to LHD
3.1 Promote Workforce Development	Review and identify gaps in communication strategies	3	Spring 2028	Assistant DOH	Staff time	# of gaps identified	no update		
3.1 Promote Workforce Development	Establish internal department communication plan	3	Spring 2028	Assistant DOH	Staff time	Communication plan adopted	No update		
3.1 Promote Workforce Development	Establish relatted SOP's as needed	3	Spring 2029	Assistant DOH	Staff time	SOP's adopted	no update		
3.1 Promote Workforce Development	Update dept communcation s plan, and SOP's	3	Spring 2029	Assistant DOH	Staff time	Annual review of updated plan and SOP's as needed	no update		
3.2 Strengthen staffing model	Review and enhance the agency's compensation package	2	Fall 2025	DOH	Staff time, budget appropriation	Updated Compensation Package Plan	no update		
3.2 Strengthen staffing model	Improve the format and content of job postings	1	Summer 2025	DOH/Mansfield HR	Staff time	Modified Job Posting Format, Eastablish Process to review/assesss content	no update		

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
3.2 Strengthen staffing model	Update workforce development plan	3	Fall 2027	DOH/Assist DOH	Staff time	Updated workforce development plan	no update		
3.2 Strengthen staffing model	Establish Standard Operating Procedures for all positions	3	Fall 2027	DOH/Assist DOH/Program leads	Staff time	SOP's adopted	no update		
3.2 Strengthen staffing model	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/All staff	Staff time	# of opportunities identified/implemented	no update		
3.3 Support state level workforce development	Collaborate with Higher ED to recruit interns & staff	1	Ongoing	DOH	staff time	meetings, communications, new initiatives	no update		
4.1 Enhance communication	Identify key city departments/agencies	1	Ongoing	DOH/ HD staff	Staff time	Update list of departments/agencies, meetings attended with agencies	no update		
4.1 Enhance communication	Establish external department communication /Collaboration Plan	2	Spring 2028	DOH/ Asist DOH	Staff time	Collaboration/Communication Plan developed, Communication related SOP's developed	no update		
4.2 Enhance program evaluation	Develop evaluation methodology aligned with PHAB standards	3	Winter 2029	DOH/ Asist DOH	Staff time, template resources	Evaluation tools developed and implemented, Process developed, findings analyzed, QI conducted	no update		

Goal/objective	Activity	Prioity	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
4.3 Address public health mandates	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/ HD staff	Staff time	Opportunities identified and implemented	no update		
4.3 Address public health mandates	Plan to Transition CHWC/PHN programs off soft funding	1	Fall 2026	DOH	Staff time, budget initiative	CHWC/PHN programs incorporated into budget	no update		
4.4 Increase support for CHA & CHIP	Maintain updated CHA/CHIP information on website, share findings	2	Fall 2026, Fall 2029	DOH/Office Manager	Staff time	Information on website, #meeting/communications to share findings	no update		
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Establish & maintain SOP for investigation and mitigation fo hazards	2	Summer 2026	Assist DOH/Chief San	Staff time	SOP developed and adopted	no update		
4.7 Promote health equity in programming and service delivery	Indentify & implent tools to address health inquities	3	ongoing	DOH/CHWC	staff time	review resources available @DPH &National assoc, Share HE resources with staff as appropriate	no update		
4.7 Promote health equity in programming and service delivery	Align agency services with CLAS standards	2	Ongoing	CHWC	Staff time	CLAS standards review process for all SOP's	no update		
5.1 Develop implement marketing plan	Seek input from town officials, committees, and partners	2	Winter 2027	DOH	Staff time	Administer survey to stakeholders	no update		

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25
5.1 Develop implement marketing plan	Research & identify gaps in communication strategies	2	Spring 2028	DOH/Workgroup members	Staff time	establish internal agency workgroup, gaps identified, plan completed	no update		
5.1 Develop implement marketing plan	Implement customer surveys (to evaluate how the public learns about	2	Winter 2027	DOH/Office Manager	Staff time	Community survey administerd, analysis of survey data	no update		
5.1 Develop implement marketing plan	Increased social media	3	Ongoing	DOH/staff	staff time	# social media post/quarter	no update		
5.2 Enhance public trust	Explore feasibility of posting food service establishment & cosme	3	Spring 2029	Assistant DOH	Staff time, online platform	Review completed, results posted online (if able)	no update		

CONNECTICUT
Public Health

Connecticut Local Health Annual Survey

Fiscal Year 2025

Local Health Department or District Name *

Eastern Highlands Health District

Do you have a Board of Health (BoH) *

- (●) YES
- ( ) NO

Board of Health Information

Chairperson Name *

First Name	Last Name
John	Elsesser

Address *

4 S Eagleville Rd

Street Address

Street Address Line 2

STORRS MANSFIELD

City

Connecticut

State

06238

Zip Code

Email *

ehhd@ehhd.org

example@example.com

Phone

(860) 429-3325

Please enter a valid phone number.

What is the Board of Health's function? (Select one) *

- ○ Advisory
- ○ Policy making
- ◉ Both Advisory and Policy making

Number of Board Members *

14

Local Health Personnel - Director of Health

Director of Health Name *

ROBERT

First Name

MILLER

Last Name

Degree(s)

- [x] MPH
- [ ] MS
- [ ] MSN
- [ ] MD/DO
- [ ] PhD
- [ ] Other

Active CT License(s)

- [x] REHS/RS
- [ ] RN
- [ ] RD
- [ ] RDH
- [ ] MD/DO
- [ ] N/A
- [ ] Other

Average Number of Hours Worked Per Week

40

Provide your annual salary information in whole numbers. *

	Minimum	Maximum	Actual
Salary	118000	160000	134433

Does your department include non-public health programs? *

- ○ Yes
- ◉ No

Director of Health Written (Employment) Agreements

As per Connecticut General Statutes §19a-200(d) and §19a-244, a written agreement with a Director of Health is required by to be submitted to the Commissioner of Public Health by the appointing authority when a Director of Health is appointed or reappointed. The statutes outline language which should be included in the Director of Health's written agreement.

To verify that the DPH has your current (not expired) written agreement on file, please go to the LHD Folders in the DPH Local Directors of Health SharePoint and locate your department's folder.

Is your written agreement current and on file with DPH. *

- (●) YES
- ( ) NO

Accreditation

Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program? Select one. *

- ( ) My department has achieved accreditation or reaccreditation
- ( ) My department has submitted an application for reaccreditation
- ( ) My department has submitted an application for initial accreditation
- ( ) My department has registered in e-PHAB in order to pursue accreditation
- ( ) My department plans to apply for accreditation, but has not yet registered on e-PHAB
- (•) My department has not decided whether to apply for accreditation
- ( ) My department has decided NOT to apply for accreditation

Local Health Personnel - Staff

Instructions:

1) Report the number of staff in the following job categories that are currently employed full-time, part-time and contractually by your department. Include staff from all departments, such as Social Services or Human Services, that fall under the Director of Health.

2) **Count each staff person once and categorize the staff person by his/her primary job responsibilities.** If a staff person holds multiple job titles, for example, Health Educator and Emergency Response Coordinator, you may choose to count that person as part-time in each of the job categories.

3) Yearly salary figures are in **whole dollars**.

Administrative *

	Full Time	Part Time	Contracted	Minimum Annual Salary	Maximum Annual Salary
Administrative Support	0	0	0		
Assistant or Deputy Director of Health	0	0	0		
Environmental Health Supervisor	1	0	0	73084	98664
Finance/Business Manager	0	0	1		
Nursing Supervisor	0	0	0		
Office Manager	1	0	0	63429	85629

Medical *

	Full Time	Part Time	Contracted	Minimum Annual Salary	Maximum Annual Salary
Advanced Practice Nurse (ARPN) or Nurse Practioner (NP)	0	0	0		
Dental Professional	0	0	0		
Dietician/Nutritionist	0	0	0		
Lab Technician	0	0	0		
Medical Advisor/Director	0	0	1		
Nurse (RN) [Does not include School Nurse or APRN/NP]	1	1	0	70878	95686
Physician	0	0	0		
School Nurse	0	0	0		
Social Worker	0	0	0		

Public Health *

	Full Time	Part Time	Contracted	Minimum Annual Salary	Maximum Annual Salary
Community Health Worker (certified)	0	0	0		
Emergency Preparedness Coordinator	0	1	0	66787	66787
Environmental Health Specialist (e.g. food, lead, salons, housing, etc.)	1	0	1	46478	62745
Epidemiologist	0	0	0		
Health Education Specialist	0	0	0		
Outreach Specialist	0	1	0	66787	66787

Outreach Worker	0	0	0		
Other Paid Workers (describe below)	0	1	0	32833	32833

Use the space below to describe "other paid workers" or to provide additional information about staffing at your department.

Summer student intern.

How many of your staff have the following licenses and certifications? *

	Number of Staff
Community Health Worker (CHW)	0
Dental Hygienist (RHD)	0
Dentist (DMD/DDS)	0
Food Inspector	6
Food Inspection Training Officers (FITO)	1
Health Education Specialist (CHES)	0
Lead Assessor	5
Lead Inspector	5
Nurse (RN/ARPN)	2
Pharmacist (RPh/PharmD)	0
Phase I SSDS	6
Phase II SSDS	6

Physician (MD/DO)	1
Registered Dietitian (RD)	0
Environmental Health Specialist (RS/REHS)	5
Social Worker (BSW/MSW/LCSW)	0
Veterinarian (DVM/VMD)	0
Other License/Certification (describe below)	0

Use the space below to describe "other license/certification" or to provide additional information.

Provide the name, license number and expiration date of one of your department's Registered Sanitarians/Environmental Health Specialists. *

Lynette

First Name

Swanson

Last Name

License Number * 647

Expiration Date * 07-31-2026

Date

How many hours is a full-time work week for your department? (Select all that apply) *

- [ ] 35
- [ ] 37.5
- [ ] 40
- [x] Other

37 hours per week

Use the space below to explain if there are multiple full-time work weeks within your department. For example, medical staff work 35 hours per week, while public health staff work 40 hours per week.

NA

How many collective bargaining units are in your department? *

0

Operating Budget

Using percentages, provide a breakdown of your department's (health only) operating budget by types of funding. An estimate is acceptable. Numbers only please. No symbols. *

	Percentage %
Local Funds	38
Fees and Permits	22
State Funds (Any funds (state or federal) directly received from a CT state agency)	39
Grants (Any funds directly received from a private or public (NOT State of CT) agencies. If you have a multi-year grant, divide the total received by the number of years to get a yearly figure.)	0
Medical Billing or Fees	1
Other (please describe below)	0

Total: 100

Must equal 100%

Use the space below to provide additional information about your department's funding. For example, fees collected from licenses and permits go back to the general fund or grant funding is only for specific programs, etc.

Community Health Assessment (CHA)

Has your department participated in or conducted a local Community Health Assessment (CHA) within the last five years? *

- (●) YES
- ( ) NO

Please attach the CHA or provide the web link below.

Browse Files

Drag and drop files here

Web link to CHA: * https://windhamhospital.org/community-health-

Local Health Programs and Services

Communicable Disease Control

What programs and/or services does your department provide directly or through partnerships, and does your department conduct program evaluations? *

	Provides Directly (Y/N)	Provides Through Partnerships (Y/N)	Conduct Program Evaluation (Y/N)
HIV Testing	No	No	
Mosquito/Vector Prevention Programs	No	No	
Reportable Disease Follow-up	Yes	No	No
STI Clinics	No	No	
TB Case Management	Yes	No	No
Traveler Monitoring (e.g., Ebola, Marburg)	Yes	No	No
Vaccinations - Child	Yes	Yes	No
Vaccinations - Adult	Yes	Yes	No
Vaccinations -Travel	No	No	

Chronic Disease And Injury Prevention

What programs and/or services does your department provide directly or through partnerships, and does your department conduct program evaluations? *

	Provides Directly (Y/N)	Provides Through Partnerships (Y/N)	Conduct Program Evaluation (Y/N)
Bike Pathways	No	Yes	No
Blood Pressure Screenings	Yes	No	Yes
Blood Sugar Screenings	No	No	
Community Garden	No	No	
Farmers Markets	No	No	
Gun Violence Prevention Education	No	No	
Healthy Eating/Cooking	Yes	No	Yes
Matter of Balance/Older Adult Care Programs	No	No	
Opioid or Substance Misuse Programs/Trainings	No	No	
Putting on Airs or Other Asthma Programs	No	No	
QPR, Mental Health For First Aid Trainings or Other Mental Health Offerings	No	No	No
Suicide Prevention	No	No	
Tobacco Education/Cessation	No	No	
Walking Clubs/Exercise Programs	No	No	

Environmental Public Health

What programs and/or services does your department provide directly or through partnerships, and does your department conduct program evaluations? *

Provides Directly (Y/N)	Provides Through Partnerships (Y/N)	Conduct Program Evaluation (Y/N)

Food Safety	Yes	No	Yes
Lead Sampling	Yes	Yes	No
Lead Inspections	Yes	Yes	No
Public Health Preparedness	Yes	Yes	No
Radon Test Kits	Yes	No	Yes

Maternal, Child, and Family Health

What programs and/or services does your department provide directly or through partnerships, and does your department conduct program evaluations? *

	Provides Directly (Y/N)	Provides Through Partnerships (Y/N)	Conduct Program Evaluation (Y/N)
Lead EBLL Case Management	Yes	No	Yes
Lead Testing - Venous Draw or Finger Stick	No	No	
Parenting Education Programs	No	No	
WIC or Similar Program	No	No	

Access To and Linkage with Clinical Care

What programs and/or services does your department provide directly or through partnerships, and does your department conduct program evaluations? *

	Provides Directly (Y/N)	Provides Through Partnerships (Y/N)	Conduct Program Evaluation (Y/N)
Health Fairs/Community Events	Yes	Yes	No
Community Health Worker Program	No	No	
Refer or connect the public, when needed, with Community Health Centers, Visiting Nurses' Associations, Hospitals, Social Services, Mental/Behavioral Health Organizations, Community-Based Organizations, etc.	Yes	Yes	No

Use the space below to describe other programs and services or to provide additional information.

Does your department have the ability to bill insurance companies (private or public) for services. For example, vaccinations, Tuberculosis screenings or HIV/STI testing? *

- (●) YES
- ( ) NO

Does your department have an electronic health record system? *

- ( ) YES
- (●) NO

Universal Health and Well-being

How is your department increasing access to health services and improving health outcomes for the residents in your jurisdiction? Check all that apply. *

	Yes
Expanding Access to Healthcare: Improving access to healthcare services for all residents. This includes considerations for geographic accessibility, affordability and specific needs of the community.	☐
Enhancing Health Education: Providing comprehensive health education information that is accessible and understandable to all residents.	☑
Addressing Foundational Health Factors: Working to improve the underlying social and economic conditions that influence health outcomes, such as housing, access to healthy food, education, employment, and economic stability.	☐
Promoting Policies for Healthcare Access: Advocating for and implementing policies that increase access to health services and healthy outcomes for all residents.	☐
Fostering Community Engagement: Involving all communities in the decision-making process related to their health.	☑
Strengthening the Healthcare Workforce: Building a healthcare workforce that reflects the communities they serve.	☐
Collecting and Using Data: Collecting and analyzing health data and using it to inform policies and interventions.	☑
Supporting Mental Health: Enhancing access to mental health services and working to reduce barriers to care for all individuals	☐

Does your department have access to staff or contractors that provide interpretation, translation or specific communication services? *

◉ YES ○ NO

How does your department provide interpretation, translation or specific communication services? (Check all that apply) *

	Bi-lingual or multi-lingual staff	Language telephone services	Translation services/contractors	Language cards	Other (describe below)
Communication Services	☑	☑	☐	☑	

Community Health Improvement Plan (CHIP)

Does your department have a Community Health Improvement plan (CHIP) dated within the last five years. *

(●) YES ( ) NO

Please attach the CHIP or provide the weblink below.

Browse Files

Drag and drop files here

Weblink to CHIP: * https://hartfordhealthcare.org/file%20library/ch

Local Health Inspections, Permits and Licenses

How many inspections were conducted and permits/licenses issued by your department? *

	Number of Inspections	Number of Re-inspections	Number of Permits/Licenses
Body Piercing	0	0	0
Building Additions/B100a reviews			465
Campgrounds	6		0
Daycares	11		0
Food Service Establishments	460	72	242
Hair Salons/Barbershops	96		76
Hoarding			
Housing	23		
Lead	8	9	
Massage Parlors	0		0
Nail Salons			
Private Wells	98		102
Public Pools	9		0
Septic Systems	1029		296
Tattoo Studios	0		0
Temporary Events with Food Vendors	133		148

Other (describe below)			

Use the space below to describe "other" or to provide additional information.

The Hair Salons/Barbershops inspections include Nail Salon numbers. We do not track separately.

Septic System inspections also includes inspections associated with Building/B100a reviews. We do not track separately.

FSE reinspection number includes in-person site follow up only, not compliance followups faciliated by documents submitted by operator

Upload your department's most recent fee schedule here. *

Browse Files

Drag and drop files here

Fee_scheduleApprovedFY26.pdf 78.0KB

What types of ordinances or codes does your department have for conducting enforcement actions? *

	YES/NO
Animals (e.g., chickens)	No
Blight	No
Body Piercing	No
Campgrounds	No
Day Cares	No
Food Service Establishments	Yes
Hair Salons/Barbershops	Yes

Housing	No
Lead	No
Massage Parlors	No
Nail Salons	Yes
Outdoor furnaces/burning	No
Private wells	No
Public Pools	No
Septic systems	No
Tattoo Studios	No
Temporary Food Events	No
Other (describe below)	No

Use the space below to describe "other ordinances or codes" or to provide additional information.

What types of complaints did your department investigate? *

	YES/NO
Blight	Yes
Body Piercing Establishments	No
Chickens or other back yard animals	Yes
Food Service establishments	Yes
Grocery Stores	Yes
Hair Salons/Barbershops	Yes
Hoarding	Yes
Housing	Yes
Insects	Yes
Lead/EBLL	Yes
Massage Parlors	No
Medical offices	No
Mold	Yes
Nail Salons	Yes
Odor/Air Quality	Yes
Public Pool	Yes
Rodents	Yes
"Service animals" in food service establishments, grocery stores or retail stores	No
Sewage	Yes
Stagnant water	Yes
Tattoo parlors	Yes

Trash/Bulky Waste	Yes
Other (describe below)	

Use the space below to describe "other" types of complaints or to provide additional information.

Public Health Workforce

How has your department developed its local public health workforce? (Check all that apply) *

	Yes
Internships	☑
Job shadowing	☐
Leadership/management training programs	☐
Mentoring	☑
Pathways for obtaining certifications and/or licenses	☑
Providing training opportunities	☑
Tuition reimbursement/time off for classes	☑
Other (describe below)	☐

Use the space below to describe "other" initiatives.

Innovative Solutions to Health Problems

Describe one program or service that was successfully implemented in your jurisdiction. Was it adapted or adopted from another organization, such as another local health department, a state health department, the Centers for Disease Control and Prevention, or a community agency? How is it funded? *

We designed and implemented Hypertension Prevention program which includes, screening events, referrals, and educational session. It is funded by the Block Grant.

Certification

The Director of Health ensures that the provisions of a basic health program, as per CGS Section 19a-207a, are being provided to the community and that the information included in this report is accurate and true to the best of his/her knowledge. *

- (●) YES
- ( ) NO

State of Connecticut

QUI TRANSTULIT SUSTINET

By His Excellency Ned Lamont, Governor: an

Official Statement

WHEREAS, Connecticut's environmental health professionals play a core function in the improvement of public health through preventive measures and management of the environment; and

WHEREAS, environmental health professionals understand the connection between public health and the management of the environment; and

WHEREAS, the practice of environmental health is critical to the creation and maintenance of healthy communities throughout Connecticut, through services such as food safety, the protection of water quality, communicable disease control, vector management, emergency management and disaster preparedness; and

WHEREAS, environmental health professionals apply science and evidence-based expertise to mitigate known or potential problems, and this practiced application of knowledge gained through many years of diligent study often results in the avoidance of significant health hazards; and

WHEREAS, environmental health professionals respond to natural disasters and human-made emergencies and work with other professionals specializing in public health, emergency management, public safety and health care to assist Connecticut communities in crisis; and

WHEREAS, the absence of disease and injury, which is often taken for granted, indicates the success of Environmental Health Professionals; and

WHEREAS, the environmental health professionals in addition to their regular job duties worked tirelessly helping their communities through the vaccination stage and into recovery and community resilience to defeat the COVID-19 pandemic; and

WHEREAS, the environmental health workforce in Connecticut is recognized as vital to protecting the health and safety of the public; and

WHEREAS, in 2024 Connecticut Environmental Health Association was recognized for 70 years of Promoting Environmental Health in Connecticut; now

THEREFORE, I, Ned Lamont, Governor of the State of Connecticut, do hereby officially proclaim the day of Friday, November 7, 2025, to be

ENVIRONMENTAL HEALTH PROFESSIONALS DAY

in the State of Connecticut.

Ned Lamont

GOVERNOR

Officials urge poultry vigilance

As US still reels from bird flu outbreaks, owners advised to keep them indoors

By Stephen Underwood Hartford Courant

As the United States still reels from the devastating economic toll of bird flu on the nation's food supply in 2024, state officials are asking backyard and commercial poultry owners in Connecticut to "implement strong biosecurity practices" this fall to protect their flocks.
"Fall migration brings an increased risk of exposure to avian influenza, particularly from wild waterfowl that can carry the virus without showing symptoms," state veterinarian Dr. Thamus Morgan said in a release from the Connecticut Department of Agriculture.
"Whether you have a few hens in your backyard or manage a large commercial operation, biosecurity is your first line of defense."
Highly pathogenic avian influenza, or bird flu, "continues to pose a serious threat to domestic poultry" in Connecticut, according to officials. The virus is highly contagious and often fatal to birds. In recent years, bird flu outbreaks have caused significant economic losses across the country.
In Connecticut, the last confirmed cases were detected in backyard flocks in January. The virus was confirmed in two backyard flocks located in New London County and New Haven County both back in January, according to the Connecticut Department of Agriculture. The backyard flock in New London County consisted of chickens, ducks and peacocks that were family pets, not commercial poultry, and had close contact with wild birds in a nearby pond, officials said. The announcement on Jan. 17, was the state's first positive confirmation of the virus.
"Regardless if you have two birds or two thousand birds, we want you to remain vigilant," said Connecticut Department of Agriculture commissioner Bryan Hurlburt. "We have seen across the nation how impactful bird flu has been. So we want to make sure Connecticut residents and bird owners are doing everything they can to manage this."Signs of H5N1 infection in poultry include a sudden increases in bird deaths, sneezing, coughing, nasal discharge, watery or green diarrhea, lack of energy, poor appetite, drop in egg production, swelling around the eyes, neck and head, and purple discoloration of wattles, combs and legs.
But not all birds display symptoms despite carrying the virus, Hurlburt said.
"The current belief is that mallard ducks are the asymptomatic principle carriers. With that said, HPAI has been detected in many different species of birds that were not previously considered. Not all recipients of HPAI get sick and die. We strongly encourage that domestic birds are kept away from wild birds, in particular limiting their access to bodies of water where wild ducks might land," according to a DOA spokesperson.
No confirmed cases have been detected in people or livestock in Connecticut, Hurlbert said.
The Department of Energy and Environmental Protection's Wildlife Division in Connecticut and the U.S. Department of Agriculture's Animal and Plant Health Inspection Service have been conducting targeted surveillance for bird flu since 2006, according to DEEP. DEEP biologists test a sample of waterfowl each summer and winter during normal banding and research projects. They also do testing on certain bird mortality events if bird flu is suspected and for monitoring in raccoons, foxes, bobcats and other mammals

want to get out there and test those birds," Hurlburt said. "So please call or email to get in contact with the Department of Agriculture, so we can do the assessment and get those birds tested. This helps us know how prevalent this is in the state so we can increase our risk protocols or at least have better information to inform our decisions."

Bird owners and the public are reminded that sick or dead birds, both wild and domestic, should not be picked up, brought home or taken to a veterinarian or wildlife rehabilitator if they are displaying signs of H5N1 infection. Instead, backyard and commercial flock owners are encouraged to report anything unusual to the Connecticut Department of Agriculture at 860-713-2505 or ctstate.vet@ct.gov or the USDA at 866-536-7593.

Poultry owners are also encouraged to visit the U.S Department of Agriculture's Defend the Flock Resource Center, which offers free tools, checklists and videos to help implement effective biosecurity practices.

Some reminders for poultry owners this fall include:

Prevent contact with wild birds: Keep flocks indoors or under covered runs to avoid exposure to migratory birds.

Limit visitors: Restrict access to poultry areas and require clean clothing and footwear for anyone entering.

Clean and disinfect: Regularly sanitize coops, tools and equipment.

Monitor flock health: Report any signs of illness immediately.

Secure feed and water: Keep them covered and inaccessible to wild birds and rodents.

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

CONNECTICUT

Department of Public Health

EHDW Circular Letter #2025-13

TO: Community Public Water Systems
Non-Transient Non-Community Public Water Systems
Certified Operators

From: Patricia Bisacky, Public Health Services Manager PB
Toxicology and Emerging Contaminants Program

Date: October 22, 2025

Subject: Initial Monitoring Period for Environmental Protection Agency Final PFAS National Primary Drinking Water Regulation

In June 2024, the Environmental Protection Agency (EPA) promulgated the final Per- and Polyfluoroalkyl Substances (PFAS) National Primary Drinking Water Regulation (NPDWR) into the Code of Federal Regulations (CFR) 40 CFR Part 141 Subpart Z. While the EPA has indicated that rule may be revised in the future, the current rule remains in effect until such time that a new or amended rule is promulgated. EPA has also confirmed that the initial monitoring period will remain as established in the current rule.

Community and Non-Transient Non-Community Public Water Systems (PWS) must complete the EPA required initial monitoring by April 26, 2027. Compliance monitoring and public notification requirements will begin on April 26, 2027, and systems must comply with the newly established maximum contaminant levels (MCLs) by April 26, 2029.

The Connecticut Department of Public Health (CT DPH) recommends that PWS begin collecting initial monitoring samples as soon as possible to ensure timely completion of required monitoring. Some systems will need to begin collecting quarterly samples no later than the second quarter of 2026 which is less than six months away. Samples may be submitted by a certified laboratory or directly by the PWS through the Compliance Data Monitoring Portal.

Initial Monitoring Requirements:

Community and non-transient non-community PWSs must collect samples at every Point of Entry (POE) into the distribution system except for interconnections. A wholesale system is

required to conduct the testing and to notify any consecutive systems of any violations. Below shows the initial monitoring schedules established by the EPA:

Surface Water Systems
serving all population sizes

- Quarterly within 12-month period
- Samples collected 2 to 4 months apart.

Groundwater Systems
serving > 10,000 customers

- Quarterly within 12-month period
- Samples collected 2 to 4 months apart.

Groundwater Systems
serving ≤ 10,000 customers

- Twice within 12-month period
- Samples collected 5 to 7 months apart.

The EPA requires samples to be analyzed for the six PFAS shown in Table 1 using a state approved laboratory certified to conduct EPA method 533 or 537.1 revision 2. All numerical results, including those below the Practical Quantification Level (PQL), must be reported, and all samples reported to a concentration no greater than the MCLs. The EPA is not allowing monitoring waivers or composite samples.

Table 1 – Summary of PFAS NPDWR

Contaminant	PQL ng/l	MCL ng/l	Trigger Level ng/l
PFOA	4.0	4.0	2.0
PFOS	4.0	4.0	2.0
HFPO-DA (GenX)	5.0	10	5
PFHxS	3.0	10	5
PFNA	4.0	10	5
PFBS	3.0	N/A	N/A
Hazard Index	N/A	1 (unitless)	0.5 (unitless)

Initial monitoring results will be utilized to establish the compliance monitoring schedule for each point of entry. If a system demonstrates all regulated PFAS are below the trigger level, a PWS may apply for a reduced compliance monitoring schedule.

The EPA PFAS NPDWR allows for previously collected data (voluntarily or through a program such as the Fifth Unregulated Contaminant Monitoring Rule (UCMR 5)) to be used to meet the initial monitoring requirements provided that data meets criteria established in the rule. Please review the rule or reach out to the CT DPH Emerging Contaminants Unit (ECU) at DPH.EmergingContaminants@CT.gov if you have specific questions on utilizing previously collected data.

Links to relevant Federal Resources:

- PFAS Rule Summary and Supporting Materials:
  - https://www.epa.gov/sdwa/and-polyfluoroalkyl-substances-pfas#Summary
  - General Information
  - Communications Toolkit
  - Technical Information
  - Webinar recordings
- Code of Federal Regulations (40 CFR Part 141 Subpart Z):
  - https://www.ecfr.gov/current/title-40/part-141/subpart-Z
- UCMR 5 Data Finder:
  - https://www.epa.gov/dwucmr/fifth-unregulated-contaminant-monitoring-rule-data-finder
- Emerging Contaminants in Small or Disadvantaged Communities Grant:
  - https://www.epa.gov/dwcapacity/emerging-contaminants-ec-small-or-disadvantaged-communities-grant-sdc

C: Lisa Michelle Morrissey, MPH, Deputy Commissioner
Kerry A. Colson, Acting Branch Chief, Environmental Health and Drinking Water Branch
Jenna Nicol, Public Health Section Chief, Environmental Health Section
Christopher Roy, Public Health Section Chief, Drinking Water Section

NEWS > CONNECTICUT NEWS

Rural CT towns can see emergency response times lag far behind others. Here's what the numbers show.

Ambulances wait in the garage at Aetna Ambulance Services Inc. in Hartford on Wednesday, March 12, 2025. (Aaron Flaum/Hartford Courant)

By JUSTIN MUSZYNSKI | jmuszynski@courant.com | Hartford Courant
PUBLISHED: November 30, 2025 at 6:00 AM EST

Medics respond to emergencies on average about a minute faster in urban towns in Connecticut compared to the suburbs and nearly three minutes faster compared to the rural areas of the state, according to a report by the state Office of Emergency Medical Services.

The report is released each year using data from the state's 169 towns. The most recent report, released earlier this year, looked at data collected from 2024 during more than 730,000 emergencies reported in Connecticut.

Towns were categorized into urban, suburban and rural classes by population density.

According to the report, urban towns had the most emergency responses (504,724) and the shortest average response time of 7.02 minutes. Suburban towns had 104,457 calls with an average response time of 8.03 minutes.

Rural towns had the fewest calls (93,324) and the longest average response time of 9.74 minutes, the report said.

The calls were also broken down into those classified as "emergent responses," of which there were 560,712, and those considered "non-emergent." The former classification had a mean response time of 7.14 minutes, while the 146,664 non-emergent calls had a longer average response time of 9.01 minutes, the report said.

The slowest mean response times came in towns of Woodbury (17.17 minutes), Cornwall (16.77 minutes), Washington (16.54 minutes) and Killingworth (16.46 minutes), the report said. The fastest mean response times came in New London (5.02 minutes), Meriden (5.31 minutes) and Greenwich (5.49 minutes), according to the report.

The distance traveled for a call was attributed as the number one reason for a response delay, with 12,687 such instances, the report shows.

Traffic was blamed for 10,387 delays, while weather contributed to a delayed response 3,856 times.

In 2,596 calls, a delay was caused by the directions or crews being unable to find the location of the call, the report said.

There were 2,416 reported instances of a "staff delay" and 1,656 delays attributed to a high call volume. In 1,112 calls, crews were delayed after being diverted to another call, according to the report.

The overwhelming majority of calls were requested to a private residence, with 149,534 such instances, the report said.

There were 70,522 calls for service at a health care provider and 27,065 calls at a particular street or intersection, the numbers show. Commercial locations accounted for 17,868 calls for service.

There were 15,303 emergencies reported at a recreational facility and 13,090 calls at an institutional residence, the report said. Emergency crews responded to 2,703 calls at schools.

When breaking down the demographics, the data shows just under 48% of patients in emergency calls were male, while a little more than 50% of patients were female. The report also said 45% of patients were white; 14% were Black or African American; 10% were Hispanic; and 3% of patients were reported as "another race." The other 28% did not have a race reported.

According to the report, 98% of patients reported as having a single race, while 2% were reported as multiple races. Males and females between the ages of 50 and 90 represented the majority of emergency responses.

Complaints involving a sick party accounted for the most medical calls throughout the state with dispatchers fielding 135,809 such calls, the report states. This was followed by 92,423 calls for someone who had experienced a fall and 74,076 calls for a breathing problem, according to the report.

Traffic or transportation incidents accounted for 55,185 calls, while first responders fielded 50,417 calls for individuals experiencing psychiatric incidents or a suicide attempt, the report shows.

Overdoses or someone ingesting poison accounted for 14,761 calls for service, according to the report. Emergency crews received 10,028 reports of someone being assaulted.

There were 20,067 injuries reported during calls tied to motor vehicle accidents, the report shows. The majority of traffic related motor vehicle accidents involved individuals between 20 and 40 years old, with most accidents occurring on weekdays between 3 p.m. and 6 p.m., according to the report.

There were 7,210 injuries classified as intentional either by way of assault or self-harm, the report said. The majority of these injuries involved patients between 20 and 40 years old and were higher for male patients, according to the report.

Medics responded to 27,258 emergencies involving substance use disorders, the report said. Male patients, especially those between 30 and 60 years old, accounted for the most drug related calls. There were 6,278 suspected opioid overdose calls, including 185 that led to fatalities, according to the report. About 76% of patients who received Narcan did not receive it before medics arrived, the report said.

There were 42,709 emergency responses involving patients with cardiac emergencies, according to the report. Males between 50 and 80 years old represented the most of these calls.

Medics also responded to 29,046 emergency calls for neurological issues, including 6,319 categorized as a stroke or TIA and 11,044 categorized as a seizure, according to the report. Females between 80 and 90 years old had the highest frequency of strokes or TIAs compared to other age brackets, and males between 30 and 40 had the highest frequency of seizures compared to other age brackets.

The report notes there were 20,735 EMS personnel licensed in Connecticut in 2024, and that number represents a drop from the number of licensed EMS personnel in 2022. It also notes that Executive Order 70, which suspended license renewal requirements between March 27, 2020 and February 8, 2023 accounts or at least part to the drop in licensed EMS personnel.

Read the full report here.

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Response to Stripping "Professional Status" as Proposed by the Department of Education

November 24, 2025

By: NYAM

Healthcare Is a Shared Mission: Imperative to Support All Health Professionals

Healthcare is, by its very nature, collaborative. Health professionals – including nurses, physicians, public health professionals, and many others – stand together to support patients and populations. Achieving a vision where everyone has what they need for healthier, longer lives depends on a health workforce that is both diverse and fully integrated. Yet a proposed ruling from the U.S. Department of Education threatens this model by reclassifying essential health science degrees (including nursing, public health, physician assistant studies, audiology, social work, and physical therapy) and stripping them of their "professional" status.

A Crisis by the Numbers

This proposal fails to acknowledge the current deep vulnerabilities across the healthcare ecosystem, where workforce gaps that affect nursing, public health practitioners, and clinical specialists are widening. Imposing new barriers, such as those recommended by the Department of Education, risks destabilizing the already stressed health system.

Nearly half of the nation's public health workforce left their positions during the COVID-19 pandemic[i]. Experts warn that without significant investment in education, New York will face persistent shortages in public health professionals through the next decade[ii].

The nursing shortage remains especially acute: tens of thousands of positions nationwide remain vacant, and workforce projections indicate persistent shortages for years to come. Meanwhile, data from the American Association of Colleges of Nursing show that more than 80,000 qualified applicants were turned away from U.S. nursing schools in 2022 due to limited faculty and resources[iii], which indicates a pressing shortage of advanced practice nurses and nursing faculty (without whom workforce expansion is impossible).

Notably, in New York Academy of Medicine's 2025 Fellows cohort, 47% are nurses: an impressive figure that nonetheless belies a discrepancy with workforce need.

The Threat to Everyone's Health is Profound

The Department of Education's proposed reclassification arises from Public Law 119–21 (signed 7/4/2025), which seeks to redefine eligibility for federal financial aid by limiting what is considered a "professional" degree. Under this new definition, students in programs no longer deemed "professional" would be ineligible for the Graduate PLUS Loan program, a funding source essential for many seeking advanced degrees in health science professions.

Should this be enacted, countless students in nursing, public health and other critical health disciplines could lose access to crucial financial support. The scope of this proposed restriction is extensive, including nursing, public health, physician assistant studies, audiology, social work, and physical therapy.
Restricting financial aid in this manner is likely to:

1. Limit entry to these fields, particularly for students from economically disadvantaged backgrounds.

   If this happens, we will reverse progress toward a workforce that reflects the diversity of our communities and that serves health needs from prevention to primary to specialty care.

2. Undermine the recognition and support of critical health professions.

   Eroding the status of these degrees would diminish respect for professionals and weaken confidence in the broader health system, at a time when public trust and evidence-based leadership are especially vital.

As New York Academy of Medicine President Ann Kurth has emphasized: "When one part of the health team is undermined, care for all is compromised. Every role, from bedside nurses and public health workers to scientists and policy leaders, must be supported and empowered in order to build healthier communities."

Response from Other Leading Organizations

Leading organizations across the health sector share these concerns.

The American Nurses Association has cautioned that restricting federal aid will intensify shortages and undermine equity in nursing education.[iv]

The Association of Schools and Programs of Public Health has warned that excluding public health degrees from "professional" status is short-sighted and dangerous, undermining the nation's ability to prepare practitioners who protect population health.[v]

The Council on Social Work Education has warned that redefining professional degrees will limit access to social work education and weaken the pipeline of mental health providers.[vi]

Policymakers should engage these stakeholders to ensure that financing mechanisms match the rigor and value of these programs.

A Call to Action

This issue is a broad health emergency for all health professionals and all of us who rely on them, with implications for every facet of prevention and care delivery.

New York Academy of Medicine is committed to working in concert with our diverse community of Fellows, which includes nurses and other clinicians, researchers, educators, and public health leaders, to oppose this measure.

We call on the Department of Education to recognize that the nation's health depends on a fully supported, interdisciplinary workforce. The Department is expected to release a Notice of Proposed Rulemaking in the coming weeks, opening a public comment period in which New York Academy of Medicine will participate.
It is imperative for health professionals and consumers to unite in ensuring that all members of the health workforce are recognized as essential, rigorous, and invaluable.

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[i] Hare Bork R, Robins M, Schaffer K, Leider JP, Castrucci BC. Workplace *Perceptions and Experiences Related to COVID-19 Response Efforts Among Public Health Workers — Public Health Workforce Interests and Needs Survey, United States, September 2021–January 2022*. MMWR Morb Mortal Wkly Rep. 2022;71(29):920–924. doi:10.15585/mmwr.mm7129a3

[ii] Center for Health Workforce Studies. (2023). *The Health Care Workforce in New York State: Trends in the Supply of and Demand for Health Care Workers*. Rensselaer, NY: School of Public Health, University at Albany, State University of New York.

[iii] American Association of Colleges of Nursing. (2023). 2022-2023 *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: AACN.

iv American Nurses Association. *Statement on Federal Student Loan Policy and Nursing Education.*

[v] Association of Schools and Programs of Public Health. *Exclusion of Public Health Degrees from Professional Status.*

[vi] Council on Social Work Education. *Statement on DOE Definition Limiting Access to Social Work Education.*

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Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Wednesday, November 12, 2025 11:18 AM
To: Robert L. Miller
Subject: Governor Lamont Signs Declaration Enabling State To Fill Funding Gaps Caused by Trump Administration Cuts

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Web Version

STATE OF CONNECTICUT
GOVERNOR NED LAMONT

Governor Lamont Signs Declaration Enabling State To Fill Funding Gaps Caused by Trump Administration Cuts

Posted on November 12, 2025

(HARTFORD, CT) – Governor Ned Lamont today announced that he has signed a declaration enabling the Connecticut General Assembly to adopt legislation appropriating the funding necessary to create an emergency state response reserve that will facilitate the state response to millions of dollars in federal cuts toward health and human services that are being made by President Trump and Congressional Republicans.

This includes cuts made through the so-called One Big Beautiful Bill Act, the impact of the ongoing federal government shutdown and future shutdowns, and any potential future federal reductions.

"Programs that support some of the most basic needs of our state's residents – such as healthcare, childcare, home heating assistance, and food and nutrition assistance – are at risk because of volatility being caused by the Trump administration and Congressional Republicans," **Governor Lamont said**. "Many states are confronting this instability being caused by our federal government, and here in Connecticut we will stand with our most vulnerable residents to ensure they have the basic support and assistance they need."

Some examples of items that could be supported by the state through this fund include the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program

for Women, Infants, and Children (WIC), the Low-Income Home Energy Assistance Program (LIHEAP), healthcare, school meals, childcare, and housing assistance.

Governor Lamont noted that even though it appears that Congress may be at the cusp of ending the current federal shutdown over the next several days, that legislation only funds the federal government through the middle of January, at which point another shutdown could begin. A reserve such as this is necessary to position the state to immediately respond to another shutdown.

****Download*: Declaration of the Existence of Extraordinary Circumstances**

Read on CT.gov