

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Coventry Town Hall Annex
Thursday December 12, 2019, 4:30 PM

Call to Order

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

Approval of Minutes (October 17, 2019)

Public Comments

Old Business - none

New Business

1. Proposed Fiscal Year 2020/2021 Operating Budget, CNR Budget, and fee schedule – Set public hearing date
2. Policy/Environmental Change for Chronic Disease Prevention grant contract – Ratify
3. Comprehensive Annual Financial Audit Report – June 30, 2019; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors

Town Reports

Subcommittee Reports

4. Finance Committee – Financial report for the period ending 9/30/19

Directors Report

5. Strategic Plan updates
 - a. Viewpoint Cloud Upgrade
 - b. Cosmetology Permitting and Inspection program
 - c. FDA food code (no attachment)
6. FY 18/19 Annual Reports (DPH & EHHD)
7. Quarter Activity Report period ending 9/30/19

Communications/Other

8. DPH re: Weekly Flu report
9. Chronicle Editorial re: More info needed after rabies scare
10. Dr. Dardick letter to the editor re: Rabies editorial
11. Sustainable CT re: Certified Communities Announced
12. The Daily Campus re: Mansfield Restaurant Inspections
13. R Miller re: Eastern Equine Encephalitis - update
14. DPH re: Number of Vaping-Related Lung Injury Cases in CT
15. DPH re: Release of 2018-2019 CT School-Based Immunization data
16. R Miller on behalf of E Paterson re: J Kelly appointment to Finance Committee
17. R Miller on behalf of E Paterson re: M Rosen appointment to Personnel Committee
18. P Shapiro re: Resignation form EHHD Board of Directors

Adjournment

Next Board Meeting – January 16, 2020, at Coventry Town Hall Annex

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - Draft
Mansfield Community Center, Community Room
Thursday, October 17, 2019

Members present: J. Carrington (Mansfield), J. Elsesser (Coventry), J. Kelly (Bolton), T. Nuccio (4:43pm Tolland), E. Paterson (Mansfield), M. Rosen (Tolland) D. Walsh (Coventry) M. Walter (Columbia)

Staff present: R. Miller, K. Dardick, L. Phaneuf

Call to order: E. Paterson called the meeting to order at 4:32 pm, and requested everyone introduce themselves to new members of the board.

Approval of minutes of August 15, 2019 M. Walter made a MOTION, seconded by J. Kelly to approve the minutes of the August 15, 2019 meeting as presented. MOTION PASSED unanimously with M. Rosen abstaining.

E. Paterson requested to move the Executive Session to item 3a on the agenda. It was agreed by consensus to move the executive session to item 3a.

New Business

Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2019-2020

R. Miller presented an overview of the memorandum.

D. Walsh made a MOTION, seconded by J. Kelly to ratify the "Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2019-2020", as presented on October 17, 2019. MOTION PASSED unanimously.

Proposed 2020 Regular Meeting schedule D. Walsh made a MOTION, seconded by M. Rosen to adopt the Eastern Highlands Health District Board of Directors 2020 Regular meeting schedule as presented. MOTION PASSED unanimously.

Personnel Committee

D. Walsh made a MOTION to reclassify the incumbent in the Administrative Assistant position to Office Manager; set the position pay range at \$50,890/yr to \$68,830/yr; accept the revised job description as presented; approve the job title of Office Manager for the reclassified position; and, increase the incumbents annual salary to \$50,890, effective January 1, 2020. MOTION PASSED unanimously.

Executive Session

J. Elsesser made a motion seconded by T. Nuccio to enter executive session at 4:45pm to discuss personnel matters in accordance with accordance with CGS 1-200(6)(a), Director of Health Performance Review. Executive Session ended at 5:00pm.

Regular meeting resumed at 5:00pm.

D. Walsh made a MOTION, seconded by M. Walter to accept the Director's performance review as presented on October 17, 2019. D. Walsh will meet with R. Miller to review the results of the survey. MOTION PASSED unanimously.

D. Walsh made a MOTION, seconded by J. Kelly to approve the Director of Health's personal vehicle stipend, payable in bi-weekly installments, and not to exceed \$5,400 annually, effective July 1, 2019. These payments do not constitute an increase in the Director's base salary; and, is conditional upon the execution of a liability waiver with the Director, subject to review by the Health District Insurance carrier. MOTION PASSED unanimously.

Town Reports

Coventry J. Elsesser reported that Wicked Slice Pizza is open. There was discussion about a breakfast place opening. J. Elsesser also reported that they continue to work on the project to extend sewers into the Bolton system.

Bolton J. Kelly reported that due to the threat of EEE, there has been a ban on all after school activities held after 6:00pm. This will be reevaluated. D. Walsh inquired about the status of the threat. R. Miller elaborated on the many factors contributing to the situation.

Tolland M. Rosen expressed interest in joining the personnel committee.

M. Rosen informed the board that a potential brewery is coming to Tolland. He further noted that Dari Farms will be closing. As a result, 91 people will be losing their jobs.

M. Rosen inquired about the status of public information regarding the sodium chloride in well waters.

R. Miller related what the Health District is doing in response to the NaCl issue. R. Miller informed the board that the health district reviews the reports that are received following the installation of a new well, or for testing done during a sale or within 6 months of a sale. Residents are notified of any exceedances. R. Miller noted that the health district has a protocol in place for any concerns about Sodium Chloride expressed by private residents. Anything related to a private water supply is public information. E. Paterson requested that any written materials the Health District has be forwarded to M. Rosen.

J. Elsesser noted that towns are being held liable. T. Nuccio noted that owners may be self-contaminating with water softeners. She further expressed the need to support and advocate for the private property owners.

Mansfield J. Carrington reported that the sewer project is ahead of schedule.

Columbia M. Walter reported that a follow-up treatment for invasive species on Columbia Lake has been done. And, the small algae bloom is solved. M. Walter noted that the Main Moose is booming and planning to expand. They are adding more parking and considering a liquor license.

5:27 pm E. Paterson left the meeting. J. Elsesser took over running the meeting.

Medical Advisor Report Dr. Dardick reported that there has been no flu activity yet. He also noted that some pharmacies are running out of the high dose vaccine for seniors.

Tolland T. Nuccio noted that The Spot held a grand opening. Demolition has begun at Birch Grove Elementary. T. Nuccio reiterated desire to advocate for community members regarding the sodium chloride issue.

Director's Report

EHHD Scope of Services R. Miller presented The 10 Essential Public Health Services.

Substance abuse in our communities workgroup- update

R. Miller reported that the committee worked with the Coventry police department on a drug take back campaign.

J. Elsesser inquired if anything was being done regarding vaping. R. Miller noted that the committee members have has attended some of the workshops, and meetings with Board of Educations. J. Elsesser noted that middle schoolers are vaping THC in the bathrooms.

Radon Testing Initiative

R. Miller reported that the health district will be partnering with DPH for distributing Radon Testing kits. These kits will be available soon.

Communications

R. Miller called attention to item 10

CADH re: FDA Food code implementation and workforce development issues.

R. Miller noted that Local health departments have concerns regarding the quality assurance component as this initiative triples the workload burden on local health departments as it pertains to training for staff.

D. Walsh made a MOTION, seconded by T. Nuccio to adjourn the meeting at 6:05 pm. MOTION PASSED unanimously.

Respectfully submitted,

Robert Miller
Secretary



Eastern Highlands Health District

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

Memo

To: Board of Directors
From: Robert L Miller, Director of Health
Date: 10/18/2019
Re: **Approved** 2020 Regular Meeting Schedule EHHD Board of Directors

Below is the approved regular meeting schedule for 2020 calendar year:

January 16 (Typically, Budget Public Hearing)

February 20

April 23

June 18

August 20

October 15

December 10

Location and time of each meeting will be the Coventry Town Hall, Annex at 4:30 pm, unless otherwise indicated. (With the exceptions of April 23 & December 10, all dates fall on the third Thursday of the Month.)



Eastern Highlands Health District

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

Memorandum

To: Board of Directors

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

CC: Finance Committee
Cherie Trahan, Chief Financial Officer

Date: 12/4/2019

Re: Proposed Operating Budget, CNR Budget, and Fee Schedule for Fiscal Year 2020/2021

Proposed Fiscal Year 2020/2021 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2020/2021. The proposal incorporates an expenditure increase of \$53,968, or 6.5%. The total budget has increased from \$836,382 to \$890,350. The member town contribution rate increased by 6.0% from \$5.42 to \$5.745 per capita (The average FY19/20 contribution rate for contiguous health districts is \$6.76).

Primary Budget Drivers

The primary issues driving the fiscal year 2020/2021 budget are a proposed increase in the staff salary account appropriation, an increase in the medial insurance appropriation, and an increase in Other Purchased Services line. The following salient factors are incorporated into this budget proposal.

1. A **benefit** expenditure increase of 23.7%. The increase is due to an increase in health insurance enrollment of eligible staff. *This figure anticipates holding annual premium rates flat* (The flat rate is a conservative placeholder figure provided by the Mansfield Finance Department. Final rates may be lower, and were not available at the time of this memo.)
2. An increase in the appropriation from the adopted FY19/20 figure is proposed for the **state grant – in - aid**. The state appropriated; and, we have received 112% of the FY19/20 budgeted revenues for this line. At this time, the state biennial budget appropriates level funding into FY20/21 for local health departments.
3. A total member **town contribution** increase of 5.7%. This includes a per capita rate increase of 6%, plus changes in the population estimates.

4. A **fee for service** revenue decrease of 4.4%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY20/21, then adds proposed rate increases for selected service fee categories.
5. An **appropriation from fund balance** of \$52,900 is proposed to balance the budget. This appropriation is an increase of \$26,689 as compared to the FY19/20 adopted budget.
6. An increase of 21.4% in **grant deductions** for regular staff salary and benefits is anticipated.
7. A **salary** line item increase of 2.0%. This increase accommodates proposed merit wage increases pursuant to our personnel policies.
8. An increase in **operational expenditures** of 6.1%. This increase is due primarily to Other Purchased Services to address an increase associated with our online permit tracking/payment software.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY20/21					
		Adopted- Amended 19/20	Proposed 20/21	Change	Percent
Revenues					
	State Grant in Aid	\$ 119,990	\$ 133,600	\$ 13,610	11.3%
	Town contributions	\$ 437,590	\$ 462,360	\$ 24,770	5.7%
	Fees for Service	\$ 252,591	\$ 241,490	\$ (11,101)	-4.4%
	Appropriation of Fund Balance	\$ 26,211	\$ 52,900	\$ 26,689	101.8%
	Total	\$ 836,382	\$ 890,350	\$ 53,968	6.5%
Expenditures					
	Grant Deductions	\$ (40,938)	\$ (49,681)	\$ (8,743)	21.4%
	Salaries	\$ 585,660	\$ 597,361	\$ 11,701	2.0%
	Benefits	\$ 189,530	\$ 234,530	\$ 45,000	23.7%
	Operations	\$ 99,130	\$ 105,140	\$ 6,010	6.1%
	Transfers Out to CNR	\$ 3,000	\$ 3,000	\$ -	0.0%
	Total	\$ 836,382	\$ 890,350	\$ 53,968	6.5%

Highlighted below is additional narrative for selected account proposals for FY20/21

Revenues

- **State Grant – in – Aid.** This line item increases 11.3% with a total proposed appropriation of \$133,600. This is based on flat funding for the second year of the adopted state biennial budget. There is no information from DPH at this time regarding anticipated actual appropriations for FY20/21 at this time.

- **Town Contributions.** A total combined increase of \$24,770, or 5.7% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 6.0%, plus changes in the population estimates provided by DPH. Overall population estimates have slightly declined. Individual town increases can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.
- **Fees for Service.** A combined total decrease for all service fee categories is estimated at \$11,101, or 4.4%. While still early in the year, FY19/20 fee revenue is 12% *below* revenue levels this time last fiscal year. This proposed revenue estimate is based on lower than budgeted revenue projection for the current fiscal year, and increases in selected service fee rates. Fee schedule history, and the FY20/21 proposed fee schedule changes can be found on page 11. Comparison rates for other area health districts can be found on page 12 of the budget presentation.
- **General Fund Appropriation.** An appropriation of \$52,900 is proposed in this budget. This is an increase of 101.8% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2021 will be 40% of the FY19/20 operating expenditures. (See page 4 for the GF roll forward report for FY19/20.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period. At this time based on current budget factors, we are estimating a drawdown of approximately \$2,300, for FY19/20.

Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 21.4% in grant deductions. This is based on an anticipated material increase in the Medical Reserve Corp, and Public Health Preparedness Grants. (See page 15 for details on total grant revenue anticipated.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$11,701, or 2.0%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund on average 2.3% merit increases for regular staff. The 2.3% rate increase is consistent with current state labor data.
- **52105 Medical Insurance.** The total increase anticipated is \$44,220, or 45%. This figure assumes holding the annual premium rates flat. The primary driver for the increase is a material change in eligible employee enrollment. Specifically, two positions changed from payment in lieu, to family coverage. A third position changed from single to couples coverage. With the above stated, the Mansfield Finance Department stated that final insurance rates for FY20/21 may decrease. However, this line item appropriation does assume an increase in the employee cost share of 1.5% from 17% to 18.5% for the PPO option. No change in the cost share is assumed for the HDHP/HSA.
- **53960 Other Purchased Services.** A total increase of \$4,860 is proposed. This is due to the upgrade in our online permit application and payment software authorized by the board earlier this year.

Proposed FY 20/21 Capital Nonrecurring Budget Narrative (See Page 14)

Revenues

- **Transfer In – General Fund.** This is a planned transfer of \$3,000 from the general fund.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$2,500 from the surplus sale of one fleet vehicle.

Expenditures

- **Automobiles.** An expenditure of \$17,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **Strategic Planning update/CHA/CHIP.** An appropriation of \$10,000 is proposed to provide funding for a consultant to support the update of our agency strategic plan, community health assessment, and community health improvement plan.
- **IT Infrastructure Upgrade.** An expenditure of \$4,000 is proposed to provide funding for internet kiosks at 7 agency satellite offices to accommodate online permitting and payments.

Recommendation

The budget detailed here within incorporates direction provided by the Finance Committee at their November 25, 2019 special meeting. Based on a consensus action by the Finance Committee, the following motion is recommended: *Move, to set public hearing date of Thursday, January 16, 2020 at 4:30 PM, Coventry Town Hall Annex, 1712 Main Street, Coventry Connecticut to hear the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2020/2021 Operating Budget, Capital non-recurring budget, and fee schedule as presented on December 12, 2019.*

Eastern Highlands Health District

Proposed Budget

Fiscal Year 2020 – 2021

December 12, 2019

Board of Directors Meeting

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Eastern Highlands Health District Budget Presentation FY 20/21

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

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

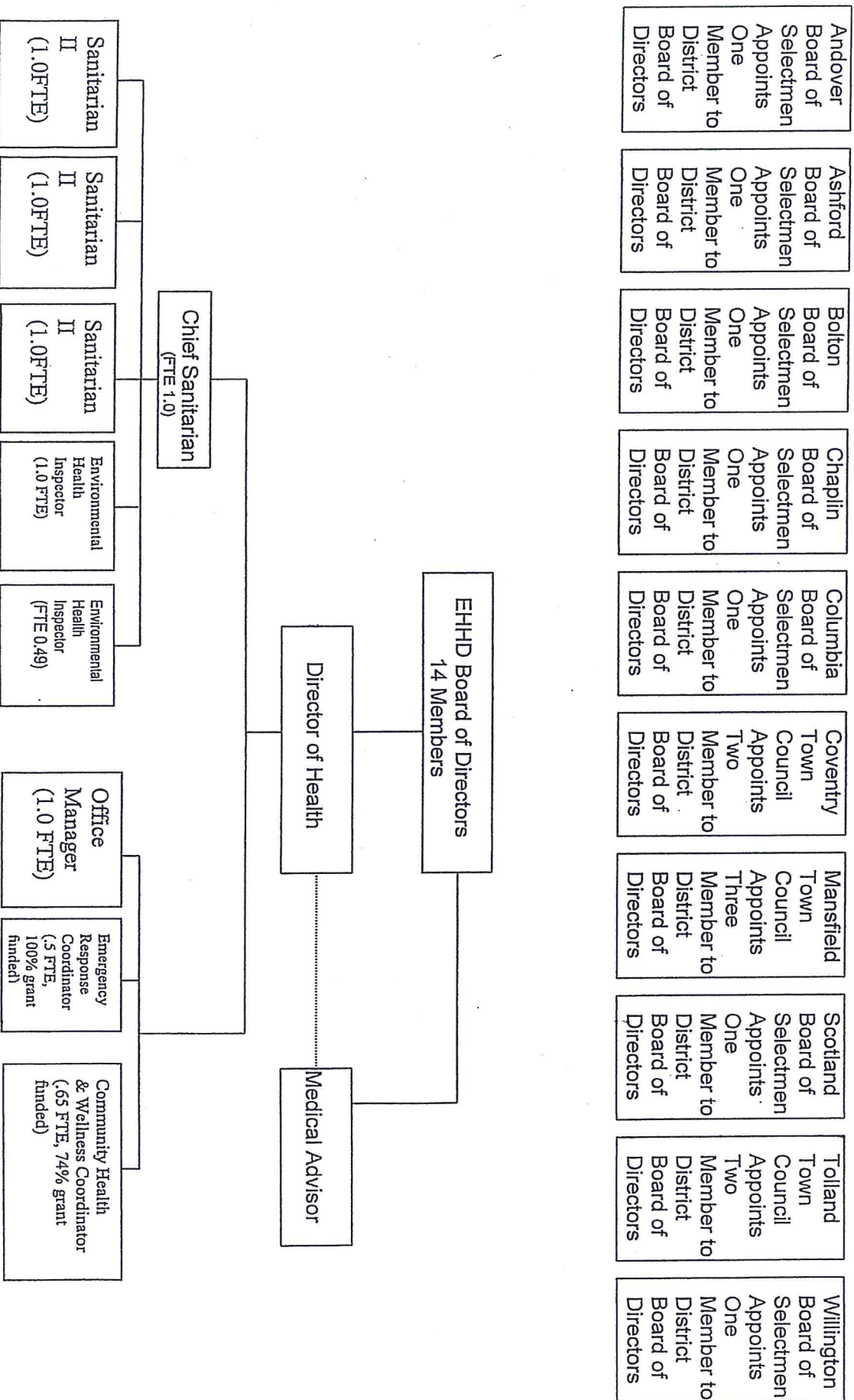
AGENCY SUMMARY AND AUTHORITY

The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 80,481.

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 2020/2021 Eastern Highlands Health District Organizational Chart



Fiscal Year 2020/2021 Budget Calendar

Finance Committee Budget Meeting	November 25, 2019
Finance Committee Budget Meeting	December 12, 2019
Budget Presentation to Board	December 12, 2019
Deadline for final budget estimates per By Laws	January 1, 2020
Fiscal Year 2020/2021 Budget Public Hearing	January 16, 2020 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2020
Adoption of Budget	February 20, 2020 (If needed)

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

Roll Forward FY 2020/21

	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Adopted & Amended		Proposed 20/21	Projected 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26
							19/20	19/20						
Revenues:														
Member Town Contributions	377,577	390,841	405,820	423,080	429,282	429,260	437,590	437,590	462,360	473,919	485,767	497,911	510,359	523,118
State Grant-In-Aid	151,852	149,857	142,234	133,164	149,985	133,327	119,990	134,430	133,600	133,600	133,600	133,600	133,600	133,600
Services Fees	188,798	197,796	212,942	224,874	234,393	237,937	252,591	245,791	241,490	248,735	256,197	263,883	271,799	279,953
Local Support				800										
Total Revenues	718,227	738,495	760,996	781,918	813,660	820,525	810,171	817,811	837,450	856,254	875,564	895,394	915,758	936,671

Expenditures:														
Salaries & Benefits	613,970	656,060	644,630	686,253	691,797	658,453	734,252	697,550	782,210	797,854	813,811	830,088	846,689	863,623
Insurance	13,826	15,607	15,607	15,599	15,599	14,351	15,800	15,800	15,800	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	12,242	14,961	13,162	47,455	46,954	45,014	48,390	66,140	48,890	49,134	49,380	49,627	49,875	50,125
Other Purchased Services & Supplies	43,157	43,382	46,162	11,713	15,879	24,092	31,340	34,050	36,850	39,176	41,514	41,722	41,930	42,140
Equipment	1,132	645	762	300	1,612	1,401	3,600	3,600	3,600	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	684,327	730,655	720,323	761,320	771,841	743,311	833,382	817,140	887,350	905,965	924,506	941,236	958,295	975,688
Operating Transfers Out	142,000					3,000	3,000	3,000	3,000	6,000	9,000	12,000	15,000	18,000
Total Expenditures and Operating Transfers Out	826,327	730,655	720,323	761,320	771,841	746,311	836,382	820,140	890,350	911,965	933,506	953,236	973,295	993,688
Excess/(Deficiency) of Revenues over Expenditures	(108,100)	7,840	40,673	20,598	41,819	74,214	(26,211)	(2,329)	(52,900)	(55,711)	(57,942)	(57,842)	(57,537)	(57,017)
Fund Balance, July 1	355,251	247,151	254,991	295,664	316,262	358,082	432,296	432,296	429,967	377,067	321,356	263,414	205,572	148,035
Fund Balance, June 30	\$247,151	\$254,991	\$295,664	\$316,262	\$358,082	\$432,296	\$406,085	\$429,967	\$377,067	\$321,356	\$263,414	\$205,572	\$148,035	\$91,019

Assumptions:
 Member Town: Increase of 2.5% per year
 State Grant-In-Aid: FY19 8% below CGA budget, held flat each year & Total Expenditures
 Service Fee revenue increase of 3% annually
 Salary & Benefit: Increases of 2% per year
 Grant Deduction line for salaries held flat at \$90,000 per year starting FY21 (per Rob \$49,681 in FY2021)
 Professional & Technical: Increase of .5% per year
 Purchased Services: Increase of .5% per year

Expenditures per Above	
Grant Deduction	746,311
FB as a % of Total Exp	80,234
FB as a % of Total Exp	826,545
FB as a % of Total Exp	52,309%
FB as a % of Total Exp	836,382
FB as a % of Total Exp	40,938
FB as a % of Total Exp	877,320
FB as a % of Total Exp	46,289%
FB as a % of Total Exp	820,140
FB as a % of Total Exp	49,681
FB as a % of Total Exp	890,350
FB as a % of Total Exp	49,681
FB as a % of Total Exp	911,965
FB as a % of Total Exp	49,681
FB as a % of Total Exp	933,506
FB as a % of Total Exp	49,681
FB as a % of Total Exp	953,236
FB as a % of Total Exp	49,681
FB as a % of Total Exp	973,295
FB as a % of Total Exp	49,681
FB as a % of Total Exp	993,688

Eastern Highlands Health District
Summary of Revenues and Expenditures for FY20/21

Fund: 634 Eastern Highlands Health District
Activity: 41200

Object	Description	Adopted/amend	Estimated	Proposed	%	Dollar
		19/20	19/20	Budget 20/21	change	change
Revenues:						
40220	Septic Permits	52,840	52,840	43,930	(16.9)	(8,910)
40221	Well Permits	13,890	13,890	9,970	(28.2)	(3,920)
40491	State Grant-In-Aid	119,990	134,430	133,600	11.3	13,610
40630	Health Inspec. Service Fees	3,301	3,301	3,500	6.0	199
40633	Health Services-Bolton	26,640	26,640	28,090	5.4	1,450
40634	Health Services-Coventry	67,420	67,420	71,320	5.8	3,900
40635	Health Services-Mansfield	140,440	140,440	148,320	5.6	7,880
40636	Soil Testing Service	35,610	35,610	36,760	3.2	1,150
40637	Food Protection Service	74,900	74,900	84,170	12.4	9,270
40638	B100a Review	29,680	29,680	24,410	(17.8)	(5,270)
40639	Engineered Plan Rev	30,700	30,700	27,240	(11.3)	(3,460)
40642	Health Services - Ashford	23,000	23,000	24,480	6.4	1,480
40643	Health Services - Willington	32,090	32,090	33,820	5.4	1,730
40645	Nonengineered Rev	-	-	-	-	-
40646	GroupHome/Daycare inspection	1,380	1,380	1,210	(12.3)	(170)
40647	Subdivision Review	1,050	1,050	1,000	(4.8)	(50)
40648	Food Plan Review	2,440	2,440	2,500	2.5	60
40649	Health Services - Tolland	79,790	79,790	84,190	5.5	4,400
40685	Health Services - Chaplin	12,150	12,150	12,960	6.7	810
40686	Health Services - Andover	17,600	17,600	18,560	5.5	960
40687	Health Services - Columbia	29,370	29,370	30,940	5.3	1,570
40688	Health Services - Scotland	9,090	9,090	9,680	6.5	590
	Cosmotology Inspections	6,800	-	6,800	-	-
40999	Appropriation of Fund Balance	26,211	2,329	52,900	101.8	26,689.0
	Total Revenues	836,382	820,140	890,350	6.5	53,968
Expenditures:						
51050	Grant deductions	(40,938)	(49,000)	(49,681)	21.4	(8,743)
51601	Regular Salaries - Non-Union	585,660	560,000	597,361	2.0	11,701
52001	Social Security	36,320	35,000	37,040	2.0	720
52002	Workers Compensation	10,160	10,160	10,150	(0.1)	(10)
52007	Medicare	8,500	8,100	8,620	1.4	120
52010	ICMA (Pension)	31,260	30,000	31,200	(0.2)	(60)
52103	Life Insurance	2,250	2,250	2,270	0.9	20
52105	Medical Insurance	98,130	98,130	142,350	45.1	44,220
52117	RHS	2,260	2,260	2,250	(0.4)	(10)
52112	LTD	650	650	650	-	-
52203	Dues & Subscriptions	2,000	2,000	2,100	5.0	100
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,120	18,870	7,120	-	-
53122	Legal	2,000	8,000	2,000	-	-
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	3,200	3,200	3,200	-	-
53801	General Liability	15,800	15,800	15,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,000	1,000	1,150	15.0	150
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	11,340	14,050	16,200	42.9	4,860
53964	Voice Communications	3,800	3,800	3,800	-	-
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,600	2,600	3,000	15.4	400
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	29,170	29,170	29,670	1.7	500
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	3,000	3,000	3,000	na	-
	Total Expenditures	836,382	820,140	890,350	6.5	53,968

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits
Proposed estimate: **\$43,930**

40221 Well Permits
Proposed estimate: **\$9,970**

	<u>Population 2018</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,231	1.66	5,363
Ashford	4,261	1.66	7,073
Bolton	4,890	1.66	8,117
Chaplin	2,256	1.66	3,745
Columbia	5,385	1.66	8,939
Coventry	12,414	1.66	20,607
Scotland	1,685	1.66	2,797
Tolland	14,655	1.66	24,327
Mansfield	25,817	1.66	42,856
Willington	5,887	1.66	9,772
Total	80,481		\$133,596

	<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
	4,890	\$ 5.745	\$28,090	\$1,450	5.44

	<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	12,414	\$ 5.745	\$71,320	\$3,900	5.78

	<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	25,817	\$ 5.745	\$148,320	\$7,880	5.61

	<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	4,261	\$ 5.745	\$24,480	\$1,480	6.43

	<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	14,655	\$ 5.745	\$84,190	\$4,400	5.51

	<u>Willington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	5,887	\$ 5.745	\$33,820	\$1,730	5.39

	<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	2,256	\$ 5.745	\$12,960	\$810	6.67

	<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	3,231	\$ 5.745	\$18,560	\$960	5.45

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,385	\$ 5.745	\$30,940	\$1,570	5.35

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,685	\$ 5.745	\$9,680	\$590	6.49

40630 Health Inspection Service Fees

Proposed estimate: \$3,500

40636 Health Services - Soil Testing

Proposed estimate: \$36,760

40637 Food Protection Service

Proposed estimate: \$84,170

40638 B100a (Public Health Review)

Proposed estimate: \$24,410

40639 Plan Review Engineered Design

Proposed estimate: \$27,240

40645 Plan Review Non-engineered Design

Proposed estimate: \$0

40646 Group Home / Daycare Inspections

Proposed estimate: \$1,210

40647 Subdivision Review

Proposed estimate: \$1,000

40648 Food Plan Review

Proposed estimate: \$2,500

40890 Cosmotology Inspections

\$6,800

40999 Appropriation of Fund Balance

\$ 52,900

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 20/21	FY 20/21	FTE
	Proposed	Grant	deduc
	Appropriation	Total	Total
	585,823	42,085	0.88
Longevity/bor	<u>\$11,538</u>		
Total Salaries	\$597,361		

	Salary Deductions	42,085
	Benefit Deductions	<u>7,596</u>
51050 Grant Deductions	Total Grant Deductions	\$ 49,681

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
597,361	\$37,036

52002 Workers compensation

Estimated Premium \$10,150

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 597,361	\$8,618

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	555,822
Employer percent contribution	<u>0.06</u>
Total estimated employer contribution	Total 31,196

52103 Life Insurance

Proposed estimate: \$2,275

52105 Medical Insurance

Proposed estimate: \$142,350

52117 RHS Contribution

Proposed estimate: \$2,250

52112 LTD

Proposed estimate: \$650

52203 Dues & Subscriptions

Proposed estimate: \$2,100

52210 Training

Proposed estimate: \$3,500

52212 Mileage Reimbursement

Proposed estimate: \$600

53120 Professional and Technical Services

Medical advisor stipend	5500
website license/hosting	1120
Lead XRF inspection	<u>500</u>
Total	\$7,120

53122 Legal Services

Proposed estimate: \$2,000

53125 Audit Expense

Proposed estimate: \$6,900

53303 Vehicle Maintenance and Repair

Proposed estimate: \$3,200

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance

Coverage by CIRMA:

General Liability, Auto liability, Professional and Public Official Liability

Estimated premium: **\$15,800**

53924 Advertising

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

53925 Printing and Binding

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

53926 Postage

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

53940 Copier Maintenance

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

53960 Other Purchased Services

Proposed estimate: **16,200** (Viewpermit contract)

53964 Voice Communications

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

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

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

54601 Gasoline

Proposed estimate: **\$3,000** (Based on FY19 actual)

55420 Office equipment

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

55430 Equipment - Other

Field Equipment: **\$600**

56302 Administrative Overhead

Propose estimate: **\$29,670** (Sept 18 to Sept 19 - 1.7%)

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

56312 Contingency

\$0

58410 Capital Nonrecurring Fund

\$3,000

Analysis of Service Fee Revenues

REVENUE PERFORMANCE	Actual																				Estimated	
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-2010	2010-11	2011-12	2012-13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019-20	11/9/2018	2019-20	2020-21			
40220 Septic Permits (New and repair permits)	40,750	56,765	43,885	31,410	26,160	31,000	26,100	29,295	28,455	31,845	31,555	31,255	34,400	43,880	51,145	52,950	15,230	41,863	43,933			
40221 Well Permits	14,120	23,205	19,690	22,695	11,280	18,775	13,604	12,135	12,505	13,600	15,535	14,345	16,985	12,925	12,955	13,890	3,480	9,570	9,970			
40630 Health Inspection Services (Other inspections & services)	12,325	0	14,948	29,43	32,928	21,273	5,875	14,133	14,621	1,857	3,318	5,375	13,716	3,993	3,210	3,301	8,108	9,000	3,500			
40636 Health Services - Soil testing (Test Homes & Porc Toes)	73,680	73,780	60,140	46,805	32,229	37,610	33,330	31,475	33,590	32,380	32,965	38,710	33,585	41,775	40,960	35,610	13,030	35,833	36,758			
40637 Food Protection Services (License fees)	24,573	25,735	29,700	37,973	41,307	37,630	41,593	48,930	55,060	57,795	60,068	61,743	66,413	71,399	83,951	74,500	4,650	84,000	84,170			
40638 B100a Review (Public health review)	19,595	25,870	22,235	23,420	21,605	22,350	21,880	20,770	24,790	26,005	24,610	28,225	30,040	27,470	29,445	29,680	8,975	24,406	24,406			
40639 Engineered Plan Review	14,360	25,605	21,455	11,965	10,000	17,130	13,500	13,220	9,595	10,360	8,665	8,905	7,290	8,175	29,535	30,700	9,525	26,194	27,244			
40645 Nonengineered Plan Review	4,605	3,235	6,615	7,635	5,720	6,285	5,905	8,550	10,575	13,500	12,870	14,205	15,820	18,565	60	-	175	-	-			
40646 Group Home / Daycare Insp.	840	1,022	1,175	1,740	955	695	1,400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,380	440	1,210	1,210			
40647 Subdivision Review	24,530	64,55	79,65	97,65	42,25	23,40	38,10	2,595	6,050	2,200	3,660	3,105	2,360	2,070	1,170	1,050	125	1,000	1,000			
40648 Food Plan Review	1,380	2,050	2,040	2,465	2,747	5,500	5,027	2,851	4,641	3,075	3,220	3,790	3,035	2,670	4,290	2,440	360	2,500	2,500			
40890 Cosmology (other)																6,800			6,800			
Total	230,758	243,722	229,848	198,838	189,156	200,588	172,014	#####	#####	193,818	197,796	212,943	224,874	234,392	257,941	#####	64,008	235,595	241,490			



Proposed Fee Schedule
FY 20/21 (Bold denotes change)

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY 18/19	Adopted FY 19/20	Proposed FY 20/201	Est. Revenue net
Food Service Fees*							
Application Review**	\$85	\$90	\$95	\$95	\$95	No change	
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	No change	
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	No change	
Class I License	\$120	\$125	\$125	\$125	\$125	No change	\$200
Class II License	\$160	\$165	\$165	\$255	\$255	No change	
Class III License	\$240	\$245	\$255	\$355	\$355	No change	
Class IV License	\$330	\$340	\$355	\$380	\$380	No change	
Grocery Store >10,000ft ² - Class II&III				\$420	\$420	No change	
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	No change	
Temporary Permit - samples only		\$30	\$30	\$30	\$30	No change	
Expedited Temp food permit application review***				\$20	\$20	No change	
Late License renewal (plus app fee)/operating without License				\$200	\$200	No change	
CFM Process Fee (No CFM in place)				\$50	\$50	No change	
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	No change	
2 nd Re-inspection fee	\$115	\$120	\$135	\$135	\$135	No change	
Subsurface Sewage Disposal							
Permit - New	\$175	\$185	\$200	\$205	\$205	No change	\$220
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	No change	\$190
Permit - Construction by owner occupant				\$275	\$275	No change	\$100
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	No change	\$100
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	No change	
Design Flow ≥ 7500 GPD/ DEP system Inspection	\$440	\$460	\$460	\$460	\$460	No change	
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	No change	\$130
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	No change	
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	No change	
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	No change	
Soil Testing							
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	No change	
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	No change	\$900
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	No change	
Public Health & Subdivision Reviews							
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	No change	
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	No change	
Subdivision Plan Review (per lot)						No change	
(Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	No change	
Subdivision Plan Revisions Reviewed (per lot)						No change	
(Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	No change	
Miscellaneous							
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	No change	
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	No change	
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	No change	
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	No change	
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	No change	
Pool Inspection	\$75	\$80	\$100	\$105	\$105	No change	
Private well Water Treatment Waste disposal plan review					\$50	No change	
Cosmotology Registration/Inspection - One or two chairs					\$80	No change	\$100
Cosmotology Registration/Inspection - Three chairs or more					\$150	No change	
Well Permit	\$105	\$110	\$120	\$120	\$120	No change	\$400
Farmers Market Food Vendor Seasonal License Categories							
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	No change	
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$40	\$60	No change	
Non-farmer Food Vendor License - Cold samples only							
One market location	\$30	\$35	\$35	\$40	\$75	No change	
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	No change	
Non-farmer Food Vendor License - Low Risk Food Preparation							
One market location	\$45	\$50	\$50	\$75	\$90	No change	
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	No change	
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$220	\$220	\$220	\$220	No change	
Est. Net Rev.							\$4,500

* 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

FY20 EHHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

Food Protection(3)	EHHHD Adopted FY2020		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
	FY2020	Median	Median	Average	Average	Median	Average	Median	Average	Median	Average							
Class I License	\$ 125	\$ 150	\$ 150	\$ 143	\$ 150	\$ 150	\$ 149	\$ 160	\$ 163	\$ 131	\$ 138	\$ 144	\$ 150	\$ 131	\$ 138	\$ 144	\$ 150	
Class II License	\$ 255	\$ 250	\$ 250	\$ 256	\$ 245	\$ 245	\$ 248	\$ 265	\$ 270	\$ 268	\$ 281	\$ 283	\$ 306	\$ 268	\$ 281	\$ 283	\$ 306	
Class III License	\$ 385	\$ 350	\$ 350	\$ 352	\$ 330	\$ 330	\$ 329	\$ 365	\$ 371	\$ 373	\$ 391	\$ 408	\$ 426	\$ 373	\$ 391	\$ 408	\$ 426	
Class IV License	\$ 380	\$ 350	\$ 350	\$ 379	\$ 350	\$ 350	\$ 351	\$ 403	\$ 398	\$ 399	\$ 418	\$ 437	\$ 456	\$ 399	\$ 418	\$ 437	\$ 456	
Temp event	\$ 65	\$ 150	\$ 150	\$ 215	\$ 150	\$ 150	\$ 58	\$ 60	\$ 66	\$ 68	\$ 45	\$ 45	\$ 78	\$ 68	\$ 45	\$ 45	\$ 78	
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144	\$ 126	\$ 132	\$ 138	\$ 144	
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162	\$ 142	\$ 149	\$ 155	\$ 162	
Plan review - Class I	\$ 175	\$ 185	\$ 185	\$ 202	\$ 200	\$ 200	\$ 223	\$ 175	\$ 203	\$ 184	\$ 193	\$ 201	\$ 210	\$ 184	\$ 193	\$ 201	\$ 210	
Plan review - Class II	\$ 175	\$ 200	\$ 185	\$ 212	\$ 200	\$ 200	\$ 230	\$ 213	\$ 241	\$ 184	\$ 193	\$ 201	\$ 210	\$ 184	\$ 193	\$ 201	\$ 210	
Plan review - Class III	\$ 245	\$ 245	\$ 245	\$ 238	\$ 245	\$ 245	\$ 249	\$ 248	\$ 300	\$ 257	\$ 270	\$ 282	\$ 294	\$ 257	\$ 270	\$ 282	\$ 294	
Plan review - Class IV	\$ 245	\$ 245	\$ 245	\$ 238	\$ 245	\$ 245	\$ 249	\$ 250	\$ 249	\$ 257	\$ 270	\$ 282	\$ 294	\$ 257	\$ 270	\$ 282	\$ 294	
Subsurface Sewage Disposal																		
Permit - new	\$ 205	\$ 205	\$ 205	\$ 210	\$ 175	\$ 175	\$ 198	\$ 175	\$ 217	\$ 215	\$ 226	\$ 236	\$ 246	\$ 215	\$ 226	\$ 236	\$ 246	
Permit - Major repair	\$ 185	\$ 165	\$ 165	\$ 181	\$ 150	\$ 150	\$ 158	\$ 150	\$ 166	\$ 194	\$ 204	\$ 213	\$ 222	\$ 194	\$ 204	\$ 213	\$ 222	
Permit - Minor repair	\$ 95	\$ 100	\$ 100	\$ 103	\$ 100	\$ 100	\$ 103	\$ 100	\$ 97	\$ 100	\$ 105	\$ 109	\$ 114	\$ 100	\$ 105	\$ 109	\$ 114	
Permit - Design flow >2000GPD	\$ 350	\$ 350	\$ 350	\$ 350	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420	\$ 368	\$ 385	\$ 403	\$ 420	
Percolation Test(4)	\$ 195	\$ 205	\$ 205	\$ 169	\$ 150	\$ 150	\$ 159	\$ 150	\$ 158	\$ 205	\$ 215	\$ 224	\$ 234	\$ 205	\$ 215	\$ 224	\$ 234	
Deep Hole Test																		
each additional pit	\$ 30	\$ 55	\$ 55	\$ 59	\$ 75	\$ 75	\$ 62	\$ 75	\$ 60	\$ 32	\$ 33	\$ 35	\$ 36	\$ 32	\$ 33	\$ 35	\$ 36	
Subdivision Plan Review (per lot)	\$ 125	\$ 55	\$ 55	\$ 124	\$ 120	\$ 120	\$ 124	\$ 125	\$ 132	\$ 131	\$ 138	\$ 144	\$ 150	\$ 131	\$ 138	\$ 144	\$ 150	
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 120	\$ 120	NA	NA	NA	\$ 50	\$ 50	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48	\$ 42	\$ 44	\$ 46	\$ 48	
Plan review (per plan)	\$ 125	\$ 55	\$ 55	\$ 130	\$ 125	\$ 125	\$ 131	\$ 178	\$ 190	\$ 131	\$ 138	\$ 144	\$ 150	\$ 131	\$ 138	\$ 144	\$ 150	
Review plan revisions	\$ 40	\$ 125	\$ 125	NA	NA	NA	\$ 50	\$ 50	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48	\$ 42	\$ 44	\$ 46	\$ 48	
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 72	\$ 63	\$ 66	\$ 69	\$ 72	\$ 63	\$ 66	\$ 69	\$ 72	
B100a - assessor/structure	\$ 50	\$ 50	\$ 50	\$ 52	\$ 50	\$ 50	\$ 55	\$ 50	\$ 67	\$ 53	\$ 55	\$ 58	\$ 60	\$ 53	\$ 55	\$ 58	\$ 60	
B100a - addition/use change	\$ 70	\$ 60	\$ 60	\$ 59	\$ 60	\$ 60	\$ 60	\$ 68	\$ 83	\$ 74	\$ 77	\$ 81	\$ 84	\$ 74	\$ 77	\$ 81	\$ 84	
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	\$ 63	\$ 66	\$ 69	\$ 72	
Misc																		
Well Permit	\$ 120	\$ 120	\$ 120	\$ 123	\$ 120	\$ 120	\$ 116	\$ 123	\$ 124	\$ 126	\$ 132	\$ 138	\$ 144	\$ 126	\$ 132	\$ 138	\$ 144	
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90	\$ 79	\$ 83	\$ 86	\$ 90	
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138	\$ 121	\$ 127	\$ 132	\$ 138	
Group Home inspection	\$ 110	\$ 110	\$ 110	\$ 128	\$ 100	\$ 100	\$ 120	\$ 100	\$ 102	\$ 116	\$ 121	\$ 127	\$ 132	\$ 116	\$ 121	\$ 127	\$ 132	
Daycare inspection	\$ 110	\$ 110	\$ 110	\$ 116	\$ 110	\$ 110	\$ 114	\$ 123	\$ 129	\$ 116	\$ 121	\$ 127	\$ 132	\$ 116	\$ 121	\$ 127	\$ 132	
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78	\$ 68	\$ 72	\$ 75	\$ 78	
Family Camp ground inspection	\$ 130	\$ 123	\$ 123	\$ 119	\$ 120	\$ 120	\$ 115	\$ 110	\$ 113	\$ 137	\$ 143	\$ 150	\$ 156	\$ 137	\$ 143	\$ 150	\$ 156	
Pool Registration/inspection	\$ 105	\$ 105	\$ 105	\$ 116	\$ 100	\$ 100	\$ 111	\$ 135	\$ 159	\$ 110	\$ 116	\$ 121	\$ 126	\$ 110	\$ 116	\$ 121	\$ 126	
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96	\$ 84	\$ 88	\$ 92	\$ 96	
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180	\$ 158	\$ 165	\$ 173	\$ 180	
Fee total for single lot development(5)	\$ 645	\$ 645	\$ 645	\$ 623	\$ 570	\$ 570	\$ 604	\$ 625	\$ 690									
FY18 Health District Per Capita Rate	\$ 5.42	\$ 5.42	\$ 5.42	\$ 6.76	\$ 6.61	\$ 6.61	\$ 7.51	\$ 6.80	\$ 8.64									

(1) Data obtained from attached documents titled, "Food Protection Program Fee Survey for All Connecticut Health Districts FY 2020", and "Survey of Fees Selected Services FY19/20 - All Connecticut Health Districts"
 (2) Categories in bold italics are high volume, high revenue generating service areas.
 (3) Many Health Districts use a range of fees based on class and sealing capacity.
 (4) Most Health Districts use a single fee that includes both a perc and deep hole testing.
 (5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

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

Fiscal Year	Town Contribution Increases		CPI (1)	Town Contribution Per Capita (\$)	Adopted Expenditures Per Capita (4)	State grant allocation per capita (\$)	
	Proposed %	Adopted %				Pop. < 5000	Pop. > 5000
1998	NA	NA	1.7	3.51	6.88	1.78	1.52
1999	2.85	0	2	3.51	6.93	1.78	1.52
2000	3.1	1	3.7	3.54	7.31	2.09	1.79
2001	1	1	3.2	3.58	9.42	2.32	1.99
2002	0	0	1.1	3.58	8.67	2.32	1.99
2003	3	3	2.1	3.69	8.74	1.96	1.68
2004	3	0	3.3	3.69	8.55	1.95	1.66
2005	6.77	6.77	2.5	3.94	8.91	1.95	1.66
2006	6.6	2.9	4.3	4.055	8.73	1.95	1.66
2007	3.08	0.62	2.26	4.08	8.87	1.95	1.66
2008	5.15	5.15	5	4.29	9.35	2.43	2.08
2009	5.1	5.1	-1.16	4.51	9.85	2.43	2.08
2010	0	0	1.7	4.51	9.09	1.85	1.85
2011	0	0	3.36	4.51	8.99	1.85	1.85
2012	1.1	0	1.45	4.51	8.85	1.85	1.85
2013	2.4	0	1.48	4.51	8.67	1.85	1.85
2014	3.1	2	1.89	4.6	8.83	1.85	1.85
2015	4.9	4.9	0.0	4.85	9.46	1.85	1.85
2016	5.18	3.8	1.0	5.01	9.77	1.76	1.76
2017	5.7	4.1	1.5	5.215	10.15	1.64	1.64
2018	1.5	1.5	2.5	5.295	10.06	1.85	1.85
2019	2.5	0.3	1.7	5.31	10.05	1.65	1.65
2020	2	2		5.42	10.39	1.66	1.66
			59	54	51	-6.7	9.2

(1) Each number represents the percentage change from June to June for "All Urban Consumers", with the exception of 2019 that is September to September
 (2) Total percentage increase from September 1997 to September 2019.
 (3) Total percentage increase from September 1997 to September 2019.
 (4) Figures do not include other state, federal grants, nor contracted services.

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

Roll Forward FY 2020/21

	Actual	Actual	Actual	Actual	Actual	Adopted	Estimated	Proposed	Projected	Projected	Projected	Projected	Projected	Projected
	14/15	15/16	16/17	17/18	18/19	19/20	19/20	20/21	21/22	22/23	23/24	24/25	25/26	
Revenues:														
Transfer In - General Fund														
Equity Fund Transfer														
Dept of Transportation Grant														
Transfer In - Other Operating														
Surplus Vehicle proceeds														
Total Revenues														
Expenditures by Project:														
Automobiles														
Computer/Office Equipment														
Strategic Planning Priorities:														
IT Infrastructure Upgrade	5,000	17,979	17,979	17,979	126,870	10,000	10,000	10,000	10,000	10,000	7,000	(4,000)	13,000	
Office Reorganizing Project	38,928	17,979	17,979	17,979	126,870	6,000	11,800	4,000	10,000	10,000	41,480	48,480	44,480	
Digitizing records														
Total Expenditures	46,137	43,714	43,714	43,714	34,696	33,000	38,800	31,000	27,000	27,000	5,000	22,000	5,000	
Excess/(Deficiency) of Revenues over Expenditures	(46,137)	(43,714)	(43,714)	(43,696)	4,910	(27,000)	(30,800)	(25,500)	(19,000)	(15,000)	7,000	(4,000)	13,000	
Fund Balance, July 1	251,416	205,279	161,566	161,566	126,870	131,780	131,780	100,980	75,480	56,480	41,480	48,480	44,480	
Fund Balance, June 30	\$205,279	\$161,566	\$161,566	\$126,870	\$131,780	\$104,780	\$100,980	\$75,480	\$56,480	\$41,480	\$48,480	\$44,480	\$57,480	

EASTERN HIGHLANDS HEALTH DISTRICT
OTHER OPERATING - FUND 636
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES

Roll Forward FY 2020/21

	Actual 12/13	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Estimated 19/20	Proposed 20/21
Revenues:									
Local Support- ECHHP	\$38,015	\$600	\$15,794		\$15,248	\$5,254	\$21,680	\$20,100	\$21,932
State Support - Preventive Health Block									
State Support - Cardiovascular Disease Prevention									
State Support - Women's Healthy Heart									
State Support - Bioterrorism Response									
State Support - Bioterrorism Response-Base									
State Support - H1N1 Planning/Preparedness									
State Support - H1N1 Administration									
State Support - Community Transformation Grant	87,126	104,068	11,593						
State Support - Comprehensive Cancer Control Grant	14,751	10,000							
State Support- Policy/Environ. Change for Chronic Disea	11,101	16,279		17,024	4,386	13,604			
Local Support - Safe Routes Grant									
Local Support - Be Well Program Mansfield	48,031	52,365	53,936	55,741	56,707	61,064	40,946	7,500	7,500
Local Support - Be Well Program Tolland	5,733	8,148	7,333	7,903	6,886	7,579	8,307	7,500	7,500
Cooperative Grant - CT Chapter of American Planning				25,031					
Cooperative Grant - Putting on "AIRS"									
Cooperative Grant - Lyme Disease Grant									
Cooperative Grant -Lead Poisoning	2,500	7,919	4,858	5,428	7,817				
Cooperative Grant -ACHIEVE	6,915	498	3,629	228	3,451	5,000	1,709	1,000	1,000
Cooperative Grant - CRI Cities Readiness Initiatives				5,622	378				
MRC Capacity Building Award		1,161	3,056	2,479					
MRC Region 4				129	8,598	58		2,344	1,000
HHP/MRC								13,500	13,500
Citizen Corps Program		1,500	(31)						
Community Based Wellness Service		69	5,431						
Total Revenues	265,900	257,301	185,636	234,902	153,500	147,956	130,997	99,150	99,410
Expenditures by Project:									
Salaries & Benefits	167,523	171,132	148,572	170,608	132,149	114,068	79,908	60,482	60,640
Professional & Technical Services	3,000	3,050	7,063	28,538	8,981	6,540	1,310	992	994
Other Purchased Services & Supplies	95,378	83,119	30,000	35,756	12,070	27,348	49,779	37,677	37,776
Equipment					300				
Transfer Out									
Total Expenditures	265,900	257,301	185,636	234,902	153,500	147,956	130,997	99,150	99,410

EASTERN HIGHLANDS HEALTH DISTRICT
FUND BALANCE ANALYSIS

FY 2016/17 - Projected FY 2025/26

	Actual	Actual	Actual	Adopted &	Estimated	Proposed	Projected	Projected	Projected	Projected	Projected	Projected
	16/17	17/18	18/19	Amended	19/20	20/21	21/22	22/23	23/24	24/25	25/26	
General Fund												
Operating Expenditures	761,320	771,841	746,311	836,382	820,140	890,350	911,965	933,506	953,236	973,295	993,688	
Grant Deduction	86,938	80,234	80,234	40,938	49,000	49,681	49,681	49,681	49,681	49,681	49,681	
Total Expenditures	848,258	852,075	826,545	877,320	869,140	940,031	961,646	983,187	1,002,917	1,022,976	1,043,369	
Fund Balance	316,262	358,082	432,296	406,085	429,967	377,067	321,356	263,414	205,572	148,035	91,019	
FB as a % of Total Expenditures	37.28%	42.02%	52.30%	46.29%	49.47%	40.11%	33.42%	26.79%	20.50%	14.47%	8.72%	
Capital Non-Recurring Fund												
Total Expenditures	-	34,696	-	33,000	38,800	31,000	27,000	27,000	5,000	22,000	5,000	
Fund Balance	161,566	126,870	131,780	104,780	98,980	73,480	54,480	39,480	46,480	42,480	55,480	
FB as a % of Total Expenditures	n/a	365.67%	n/a	317.52%	255.10%	237.03%	201.78%	146.22%	929.60%	193.09%	1109.60%	
All Funds												
Total Expenditures	848,258	886,770	826,545	910,320	907,940	971,031	988,646	1,010,187	1,007,917	1,044,976	1,048,369	
Fund Balance	477,828	484,952	564,076	510,865	528,947	450,547	375,836	302,894	252,052	190,515	146,499	
FB as a % of Total Expenditures	56.33%	54.59%	68.24%	56.12%	58.26%	46.40%	38.02%	29.98%	25.01%	18.23%	13.97%	
Service Fees & State Grant Revenue	358,038	384,378	391,265	372,581	380,221	375,090	382,335	389,797	397,483	405,399	413,553	
Target Fund Balance - 50% of Service Fees & State Grant Revenue	179,019	192,189	195,632	186,291	190,111	187,545	191,167	194,898	198,741	202,700	206,777	
General Fund - Fund Balance	316,262	358,082	432,296	406,085	429,967	377,067	321,356	263,414	205,572	148,035	91,019	
Variance	137,243	165,893	236,663	219,794	239,857	189,522	130,189	68,516	6,831	(54,664)	(115,758)	



Eastern Highlands Health District

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

To: Board of Directors

From: Robert Miller, Director of Health

Date: 12/12/2019

Re: Policy/Environmental Change for Chronic Disease Prevention, Block Grant – FY 19 to FY22, Contract #2020-0054

Background

As you may recall, the Health District applies for and receives annually federal block grant monies. For the past 9 years this grant has funded limited chronic disease prevention services to member towns, the primary objective of which is to identify, develop, and implement sustainable policy, systems, and environmental changes that promote healthy behaviors. The grant award is \$21,932 annually for the next three years. A copy of the executed contract is attached for your review. Within the contract you will find the budget details on page 12, and the program obligations detailed on pages 10 & 11. The budget funds predominately staff time for our Community Health and Wellness Coordinator to meet contract obligations.

One element of the work plan is a limited scope employee wellness programing that is made available to all member town and school employees. Elements include engaging appropriate partners to support and implement wellness policies, and easy access to health and wellness information through a newsletter, website and other print material.

Recommendation

The following motion is respectfully recommended: *Move, to ratify the FY 2019-2022 Policy/Environmental Change for Chronic Disease Prevention, Contract #2020-0054, as signed by the Director of Health on November 6, 2019.*



**Department of Public Health
Contracts & Grants Management Section
PO Box 340308, 410 Capitol Ave., MS#13 GCT
Hartford, CT 06134-0308
Telephone: (860) 509-7704 FAX: (860) 509-8210**

November 5, 2019

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

Re: Contract Log #2020-0054
Contract Period: 10/01/2019 through 9/30/2022
Contract Amount: \$65,796
Contract for: Policy/Environmental Change for Chronic Disease Prevention

Dear Mr. Miller:

Attached is Contract DPH Log #2020-0054. The Contract log number must be identified on all correspondence submitted including progress reports, expenditure reports, budget revision requests and/or other correspondence relating to this contract.

Please review this Contract and return the original Contract following the procedure explained below. If Contract corrections are necessary, please contact me at (860) 509-7272. It is important that the signed Contract and other required submittals be received by the Department of Public Health (Department) by **November 7, 2019**. You will receive a copy of the original Contract signed by the Department when the Contract is fully executed.

PLEASE NOTE: SIGNATURES AND NAMES OF AUTHORIZED OFFICIAL(S) MUST BE IDENTICAL THROUGHOUT THE CONTRACT PACKAGE.

- ❑ **Acceptances and Approval Page:** The individual authorized to sign the Contract must sign the Acceptances and Approval page of the Contract under the "By the Contractor" section, on the line marked "Signature (Authorized Official)" and include the signer's official title and signature date. Contract signing will be processed via the DocuSign eSignature process.
- ❑ **Contract Compliance Forms:** Please read the Commissioner's letter concerning the Department's commitment to affirmative action. Complete, sign and return the Workforce Analysis form. Contractors with more than one (1) employee who do not have affirmative action plans must have an affirmative action policy statement. You may use the enclosed statement from the Department's Commissioner as a model. You must return a copy of your statement if you do not have an affirmative action plan and have more than one (1) employee. Contractors with more than twenty-five (25) employees must have an Affirmative Action Plan on file at their place of business. **DO NOT SEND PLANS TO THE DEPARTMENT.** The Workforce Analysis form may be uploaded to the Portal, to BizNet, or returned in hard copy to the Department.
- ❑ **Consulting Agreements Certification:** This form is needed when contracting for the purchase of goods or services, with a contract value to the State of \$50,000 or more in

any calendar or fiscal year. The Consulting Agreement Certification may be uploaded to the Portal, to BizNet, or returned in hard copy to the Department.

- **Gift and Campaign Contribution Certification:** This form is to accompany State Contracts with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Conn. Gen. Stat. 4-250 and 4-252, and Governor M. Jodi Rell's Executive Order No. 7C, para. 10. Public Act 11-229 made changes to filing requirements, timelines and certification language effective October 1, 2011. Re-Certification forms are required annually or anytime there is a change in the filed information. Blank forms are included in a file attached with the Contract in the Portal. Please complete the initial form if you do not already have a current form on file with the State and retain the remaining forms for future use. For further information please feel free to contact us or visit the Office of Policy and Management website at:
http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806.

Submit completed/signed and notarized certifications to the Portal, BizNet, or in hardcopy to the Department. Portal and Certification upload instructions are available at https://www.core-ct.state.ct.us/financials/scm/doc/SCMT_13_Budget_Workbook_Job_Provider_Entity_Information.docx. BizNet account and upload instructions are available at <http://das.ct.gov/images/1090/Upload%20Instructions.pdf>.

Because the term of this Contract exceeds one year, Gift and Campaign Contribution Re-Certification form(s) are included in the attachment package posted online to provide the required annual update(s). The Re-Certification forms are identical to the regular Gift and Campaign Contribution Certification forms except the "Annual Update....." box must be checked rather than the "Initial....." box. **Annual update forms must also be signed, dated, notarized and either submitted to the Portal, BizNet, or returned to the Department by the date indicated in the Contract payment schedule to prevent withholding of future Contract payments.**

- **Certificate of Insurance:** All contractors are required to file insurance documentation, as indicated in the Contract, with the department. Please submit insurance documentation, as indicated in the Contract, by uploading it to the Portal or submitting it to the Department in hardcopy.

Please note: This is a multi-year contract; you will need to submit a copy of your insurance Certificate covering Year two of this Contract as soon as your insurance policy is renewed. Failure to submit this information may result in a delay of payments to your agency.

- **System for Award Management (SAM):** All contractors that receive federal funding must maintain current registration in SAM for eligibility to receive federal funds. If you are not registered in SAM please do so immediately to delay processing of this Contract and related payments. SAM registration must be updated/renewed annually to remain active. There is no cost to register in SAM and additional information and registration is available at <https://www.sam.gov>. You must maintain your SAM number and SAM number expiration date current in the Portal.
- **Lobbying Certification form:** This form must be completed if the contract includes federal funds. Please upload the completed form to the Portal or submit it to the Department in hardcopy.
- **Document Submission:** Certifications, Affidavits, and supplemental information requiring submission may be submitted on-line or in hard copy to the Department. For

on-line submission, items may be submitted to the Portal or to the DAS Biznet system, however submission to the Portal is encouraged.

If submitted to the Portal, Certifications (Nondiscrimination, Gift/Campaign, Consulting Agreement, Iran), Insurance documentation, and CHRO documentation are for statewide consumption and must be submitted on the "Entity Certifications" tab of the "Provider Entity Information" menu item. All other attachments and invoices are Department and contract specific and must be submitted on the "Attachments" tab of the "Provider Program Information" menu item.

Thank you for your cooperation.

Brenda L. West
Fiscal Administrative Officer, (860) 509-7272
Contracts and Grants Management Section

cc: eugene.nichols@ct.gov

CONTRACT PACKAGE CHECKLIST

Please process and/or upload to the eSupplier Portal or return:

- Original Signed Contract
- Workforce Analysis Form
- Copy of Insurance documentation as required by the Contract
- Certification Regarding Lobbying Activities

Brenda L. West
Contracts and Grants Management Section, MS# 13GCT
State Dept. of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308



X Original Contract # #2020-0054POS01
 Amendment # _____
 Max. Contract \$ \$65,796
 Contract Contact Person Brenda L. West
 Contact Telephone (860) 509-7704
 Contact Email Brenda.West@ct.gov

**STATE OF CONNECTICUT
 PURCHASE OF SERVICE CONTRACT
 ("POS", "Contract" and/or "contract")
 Effective July 1, 2019, revised October 19, 2018**

The State of Connecticut Department of Public Health

Street: 410 Capitol Avenue, PO Box 340308, MS 13 GCT

City: Hartford State: CT Zip: 06134-0308

Tel#: (860) 509-7704 ("Agency" and/or "Department"), hereby enters into a Contract with:

Contractor's Name: Eastern Highlands Health District

Street: 4 South Eagleville Road

City: Mansfield State: CT Zip: 06268

Tel#: (860) 429-3325 FEIN/SS#: 061-49-8232

("Contractor"), for the provision of services outlined herein in Part I. The Agency and the Contractor shall collectively be referred to as "Parties". The Contractor shall comply with the terms and conditions set forth in this Contract as follows:

Contract Term / Effective Date	This Contract is in effect from October 1, 2019 through September 30, 2022 .
Statutory Authority	The Agency is authorized to enter into this Contract pursuant to § 4-8, 19a-2a, 19a-32 of the Connecticut General Statutes ("C.G.S.").
Set-Aside Status	Contractor <input type="checkbox"/> IS or <input checked="" type="checkbox"/> IS NOT a set aside Contractor pursuant to C.G.S. § 49-60g.
Contract Amendment	The parties, by mutual agreement, may amend Part I of this Contract only by means of a written instrument signed by the Agency and the Contractor and, if required, approved by the Office of the Connecticut Attorney General. Part II of this Contract may be amended only in consultation with, and with the approval of, the Office of the Connecticut Attorney General and the State of Connecticut, Office of Policy and Management ("OPM") in accordance with the section in this Contract concerning Contract Amendments.

All notices, demands, requests, consents, approvals or other communications required or permitted to be given or which are given with respect to this Contract (collectively called "Notices") shall be deemed to have been effected as such time as the Notice is hand-delivered, placed in the U.S. mail, first class and postage prepaid, return receipt requested, sent by email, or placed with a recognized, overnight express delivery service that provides for a return receipt. All such Notices shall be in writing and shall be addressed as follows:

If to the Agency:	State of Connecticut, Department of Public Health 410 Capitol Avenue, P.O. Box 340308, MS# 13GCT Hartford, CT 06134-0308 Attention: CGMS	If to the Contractor:	Eastern Highlands Health District 4 South Eagleville Road Mansfield, CT 06268 Attention: Robert L. Miller, MPH, RS, Director of Health
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A party may modify the addressee or address for Notices by providing fourteen (14) days' prior written Notice to the other party. No formal amendment is required.

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Part I. SCOPE OF SERVICES, CONTRACT PERFORMANCE, BUDGET, REPORTS, PROGRAM-SPECIFIC AND AGENCY-SPECIFIC SECTIONS

The Contractor shall provide the following specific services for the Policy/Environmental Change for Chronic Disease Prevention (Program) and shall comply with the terms and conditions set forth in this Contract as required by the Agency, including but not limited to the requirements and measurements for scope of services, Contract performance, quality assurance, reports, terms of payment and budget. No Sections in this **Part I** shall be interpreted to negate, supersede or contradict any Section of **Part II**. In the event of any such inconsistency between **Part I** and **Part II**, the Sections of **Part II** shall control.

SECTION A**Subsection A.1 GENERAL TERMS AND CONDITIONS**

- 1) The Contractor shall provide services for the Program described in detail, as follows. Such services shall be provided in accordance with the requirements of this **Subsection A.1**, program specific **Subsection A.2**, and **Part II** of this Contract.
- 2) **Reports and Report Schedule**
 - a) The Contractor shall submit to the Department periodic program, statistical, fiscal, expenditure and cash management reports, as applicable, in the format(s) provided by the Department, in accordance with the following schedule:

Funding Period ONE: 10/01/2019 to 09/30/2020

REPORTING PERIOD	REPORTS DUE BY
October through March	May 1, 2020
April through September	November 15, 2020

Funding Period TWO: 10/01/2020 to 09/30/2021

REPORTING PERIOD	REPORTS DUE BY
October through March	May 1, 2021
April through September	November 15, 2021

Funding Period THREE: 10/01/2021 to 09/30/2022

REPORTING PERIOD	REPORTS DUE BY
October through March	May 1, 2022
April through September	November 15, 2022

- b) The Contractor shall provide separate expenditure reports for each budgeted program, funding source, or site separately identified on the Budget(s) included in **Section B** of this **Part I**.
- c) The Contractor certifies, by submission of any financial report, that the financial report has been reviewed for accuracy and that the expenditures shown are consistent with the terms and conditions set forth herein.
- d) The Contractor's last programmatic and financial reports for each Contract Funding Period shall be **cumulative** for the entire Contract Funding Period (hereinafter **Final Reports**) and due no later than forty-five (45) days after the completion of all scheduled work under the Contract or the due dates identified in Part I, Section A, Subsections A.1(2)(a)(i) and A.1(2)(a)(ii), whichever is earlier.

- i) The financial Final Report submission for the Contract Funding Period shall include reports of the subcontractor(s) including award amounts, and subcontractor(s) respective expenditures.
- ii) The financial Final Reports of the Contractor and subcontractors, for the Contract Funding Period, shall not include any unpaid obligations.

3) **Budget and Funding**

- a) The Contractor shall adhere to and expend funds in accordance with the Budget(s) included in **Section B** of this **Part I**.
- b) The Contractor agrees that any expenditures that exceed a budget line item by more than 20% must be approved in writing by the Department. In addition, the Contractor shall obtain prior written approval from the Department before reallocating any funds budgeted for one program or site to another program or site within a single budget.
- c) If **Section B** of this **Part I** includes more than one budget, the Contractor shall not commingle the funds provided by the Department for one budget within those provided for any other budget.
- d) Future Funding Period Budgets, if not included in **Section B**, shall remain the same as that for the latest included Funding Period Budget until, and unless, formally revised via the Department's Budget Revision process or via Contract amendment.
- e) Funds for this Contract are provided from the following sources:

SID	Fund Description /CFDA#	Year	Amount
22664	Preventative Health & Human Services Block Grant / CFDA#: 93.758	1	\$21,932
22664	Preventative Health & Human Services Block Grant / CFDA#: 93.758	2	\$21,932
2264	Preventative Health & Human Services Block Grant / CFDA#: 93.758	3	\$21,932

- f) This Contract includes federal financial assistance and therefore such funds shall be subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). See https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.
- g) For federal block grant funding appropriated to this Contract, the Department assumes no liability for payment using such funds until such time that the provisions of this Contract are determined by the Department to be in accordance with a legislatively approved block grant plan, as provided by Connecticut General Statutes § 4-28b.

4) **Payments and Payment Schedule; Reimbursement; Under-expenditures; Surplus or Excess Payments; Refunds**

- a) **Maximum Payment**
 - i) The total maximum payment for Funding Period 1 shall not exceed **\$21,932**.
 - ii) The total maximum payment for Funding Period 2 shall not exceed **\$21,932**.
 - iii) The total maximum payment for Funding Period 3 shall not exceed **\$21,932**.
 - iv) The total aggregate amount of payment made under this Contract shall not exceed **\$65,796**.

b) Payment and Payment Schedule

Payment shall be made according to the following upon the Department's receipt and approval of satisfactorily and timely completed deliverables, reports, and/or the Department's approval of properly executed invoices submitted by the Contractor.

Funding Period ONE: 10/01/2019 to 09/30/2020

Payment #	Max. Amount	Payment Conditions	Not Before:
1	\$10,966	Upon full execution of the Contract	October 1
2	\$10,966	Upon receipt and approval by the Department of the Final Reports and any refund due the Department from the prior contract for the same services as those provided under the terms of this Contract and the first reports from the current Contract Funding Period	June 1

Funding Period TWO: 10/01/2020 to 09/30/2021

Payment #	Max. Amount	Payment Conditions	Not Before:
3	\$10,966	At the beginning of Second Funding Period of the Contract	October 1
4	\$10,966	Upon receipt and approval by the Department of the Final Report and any refunds due to the Department from the previous Contract Funding Period and the first reports from the current Contract Funding Period	June 1

Funding Period THREE: 10/01/2021 to 09/30/2022

Payment #	Max. Amount	Payment Conditions	Not Before:
5	\$10,966	At the beginning of Third Funding Period of the Contract	October 1
6	\$10,966	Upon receipt and approval by the Department of the Final Report and any refunds due to the Department from the previous Contract Funding Period and the first reports from the current Contract Funding Period	June 1

- c) At the beginning of the term of this Contract, the initial payment, as authorized by the Payment Schedule above, shall be processed by the Department upon the Department's receipt of a fully executed Contract and any required documentation, including but not limited to cash management documents.
- d) **Second and subsequent payments** shall be processed by the Department not earlier than the payment schedule date and only after the Department receives and approves all

deliverables and periodic program, statistical, expenditure, and cash management reports, as submitted or completed by the Contractor, pursuant to the Contract terms and the Report Schedule in **Part I, Section A, Subsection A.1 2) a)** above.

- e) In addition to the applicable provision of **Part II, Section D** of this Contract, the Department shall notify the Contractor in writing if the Contractor's deliverables or reports are not approved, clearly stating the reason(s) the approval is being withheld and specifying what the Contractor must provide, consistent with the terms of this Contract, to obtain payment. Failure to provide the required response within the time specified in the notice shall constitute a breach of this Contract.
- f) **Reimbursement**
If any payment under this Contract includes reimbursement of direct expenses, such payment made by the Department shall be processed only upon receipt and approval by the Department of invoices and related documentation, as required and requested by the Department under this Contract.
- g) **Under-expenditures**
When the Department's review of any financial report or on-site examination of a Contractor's financial records indicates that under-expenditure(s) are likely to occur by the end of a Contract year, the Department may alter the payment amounts for the balance of the Contract year after providing written notice to the Contractor.
- h) **Payment Reduction**
In addition to the applicable provision of **Part II, Section D** of this Contract, the Department reserves the right to reduce payments and withhold funding for any program or site in a Contract for which the Contractor:
i) has not submitted or completed required deliverables,
ii) has not submitted required reports or audits,
iii) has submitted reports that have not received Department approval, or
iv) has submitted reports that do not support the need for full payment.
The Department shall give the Contractor written notice of any payments that are reduced or withheld under this provision.
- i) **Surplus or Excess Payments; Refund**
The Contractor shall:
i) upon demand by the Department at the end of each Funding Period of the Contract, remit in full to the Department any:
1) funds paid in excess of allowable budgeted costs and/or
2) unexpended funds.
ii) not carry funds paid in excess of allowable budgeted costs forward into the following Funding Period or Contract unless requested of, and authorized by, the Department.
iii) be liable for any Department program or financial audit exceptions and shall return to the Department all funds that have been disallowed upon review of such audit by the Department, or as provided under the provisions of this Contract, within the time specified by the Department in the written notice the Department shall provide to the Contractor regarding such refund.
- j) This section shall survive any Termination of the Contract or the Expiration of its term.

5) Travel

For travel, meal and similar expenses allowed by this Contract, the Contractor shall comply with the provisions of the State Employee Reimbursement Regulations document as such policy may be updated or amended periodically, and as found in the following references:

- a) <http://portal.ct.gov/DAS/Business-Office/Employee-Travel-Information>, and
- b) <http://www.osc.ct.gov/manuals/TravelProc/TravReimbFeb2017.xls>

If the Contractor does not have access to the Internet for the purpose of accessing this information, the Department shall provide hard copies of such documents to the Contractor upon request.

6) Software, Computer Equipment and Programs

The Contractor shall be responsible for:

- a) all maintenance activities, including repair costs, related to all computer equipment acquired with funds from this Contract, including but not limited to desktop computers and computer servers,
- b) all development, maintenance and operating procedures necessary for any computer network established by the Contractor utilizing computer equipment acquired with funds from this Contract, including but not limited to network development, routine backup procedures and off-site storage activities, and
- c) all maintenance, operating procedures, compliance with licensing and copyright obligations, and support for any software acquired with funds provided by this Contract.

7) Contractor Changes and Assignments

In addition to the applicable provisions of **Part II, Section D** of this Contract, the following shall also apply:

- a) In addition to notifying the Department of fundamental changes listed in **Part II, Section D** of this Contract, the Contractor must notify the Department of changes in key personnel, including but not limited to, Chief Executive Officer, program directors of Department-funded programs, and officers and members of the Contractor's Board of Directors.
- b) In addition to the requirements of **Part II, Section D** of this Contract, the Department's determination shall also include whether the Department shall:
 - i) approve of the changes and contract with the entity which results from the proposed changes, or
 - ii) terminate the Contract under applicable provisions of this Contract.

8) Cultural Competence

The Contractor shall deliver culturally competent services. Culturally competent services encompass a set of behaviors, skills, attitudes and policies that promote awareness, acceptance, and respect for differences among people by developing a flexible service delivery that can be easily adapted to meet the evolving and/or emerging needs of diverse populations. This may include but is not limited to the following:

- a) a program or institutional mission or goal statement that explicitly incorporates a commitment to cultural diversity,
- b) policies and procedures for the provision of interpreter/translator services,
- c) readily available bilingual staff who can communicate directly with clients in their preferred language, and who are assessed for their ability to convey information accurately in both languages,

- d) the development of non-English client-related materials that are appropriate for the population served by the program,
 - e) signage (in commonly encountered languages) that provides notices and directions to services within the facility,
 - f) policies and procedures to address the needs of the client population, taking into account factors such as race and ethnicity, age, gender, hearing impairment, visual impairment, physical disability, mental illness, developmental disability, and sexual orientation,
 - g) strategies in place to actively recruit and retain a culturally diverse staff. If the client population is mainly from minority populations, the Contractor shall:
 - i) actively recruit applicants from the minority populations served,
 - ii) include cultural competency criteria in the evaluation of applicants, and
 - iii) assign a higher value to the cultural competency criteria for those applicants from the minority populations served,
 - h) institutional policies and procedures to accommodate the ethnic and cultural practices of clients, clients' families, and staff,
 - i) an organized way to collect data on the ethnic and cultural characteristics of clients served by the program, and
 - j) surveys and other methods of assessing the satisfaction of clients, related to cultural diversity.
- 9) **Respect and Dignity**
- a) The Contractor shall provide services under this Contract in a manner which respects the dignity of each client, which may include but not be limited to provision or accommodation of the following:
 - i) adequate waiting areas for clients, including sufficient seating,
 - ii) adequate staff for the timely provision of contracted services,
 - iii) adequate facilities and arrangements for the proper delivery of contracted services to clients,
 - iv) training Contractor's staff to comply with all applicable state and federal statutes and regulations regarding non-discrimination, and
 - v) client service that is responsive, positive and respectful.
 - b) If the Department deems it necessary for the Program or services conducted by the Contractor under this Contract, the Department may monitor service delivery to determine Contractor's compliance under this **Subsection**.
- 10) **Client Satisfaction**
- The Contractor shall establish and maintain an effective process:
- a) for a client to make complaints or raise concerns about services he/she has received under this Contract, which were provided by the Contractor,
 - b) to address and resolve such complaints or concerns, and
 - c) which includes collaboration by the Contractor with Department representatives to discuss steps to achieve client satisfaction with services rendered under this Contract.

Subsection A.2

Policy/Environmental Change for Chronic Disease Prevention

1) Summary of Services

The Contractor shall provide services that address Policy and Environmental Change initiatives or interventions. Such services shall be performed in accordance with the general requirements and the specific requirements described below.

2) Definitions and Guidance

- a) **At risk target populations (target populations)** may be identified based on age, gender, race/ethnicity, insurance status, health condition, access to health care, or other factors.
- b) **Evidence-based** refers to an approach or strategy that is derived from or informed by the findings of the best available and current research.
- c) **Active living** is a way of life that integrates physical activity into your everyday routines, such as walking to the store or biking to work.
- d) **Healthy eating** is regularly consuming foods based on the recommendations outlined in the current version of the Dietary Guidelines for Americans. This includes but is not limited to high consumption of fruits and vegetables, whole grains, lean proteins, and unsaturated fats.
- e) **Policies** are laws, regulations, formal and informal rules and understandings adopted on a large scale to guide individuals' and groups' lifestyle choices.
- f) **Policy and environmental change initiatives or interventions** are defined as institutionalized and sustained efforts designed to address the needs of target populations. Policy and environmental changes enable communities to support healthy behaviors.
 - i) **Policy change initiatives or interventions** are measures or actions taken to alter policies and include but are not limited to policy changes that:
 - 1) Allow flex time for physical activity time during the workday;
 - 2) Allow zoning/rezoning requirements for sidewalks, green spaces, and bikeways;
 - 3) Worksite wellness activities that support healthy eating and being physically active;
 - 4) Require that milk consumed in schools be limited to 1% or less fat content for heart-healthy nutrition; and
 - 5) Provide funding of school and student activities to eliminate reliance on soft drink sales to fund educational and extracurricular needs.
 - ii) **Environmental change initiatives or interventions** are measures or actions taken to alter the physical and social surroundings and include but are not limited to:
 - 1) Heart-healthy food choices in vending machines;
 - 2) Creation of bike lanes/bike share programs;
 - 3) Point of signage prompts that encourage active living and healthy eating; and
 - 4) Farmers' markets, green grocers, and community gardens to make fresh produce available for communities.

- g) Work Plan:** For each Funding Period of the contract, the Contractor shall develop and implement a Work Plan for the Program activities. Such Work Plan shall:
 - i)** Include the names of agencies or organizations the Contractor will be working with to complete the planned activities;
 - ii)** Be in a format determined by the Department;
 - iii)** Include copies of educational /promotional materials to be utilized for the Program. All such material must be approved by the Department prior to utilization or dissemination;
 - iv)** Include the dates and locations for the planned activities; and
 - v)** Be submitted to the Department for its approval within sixty (60) days of the commencement of the Contract, for the first Funding Period, and within sixty (60) days of the commencement of Funding Periods Two and Three.

3) Activities and Deliverables

The Contractor shall perform the activities described in the following table and shall submit to the Department satisfactorily completed deliverables and reports indicated in the following table by the corresponding due dates in accordance with the reporting scheduled in **Subsection A.1.2. Reports and Reports Schedule.**

Activities	Deliverables	Due Date
<p>1. The Contractor shall identify and recruit key persons within the community that are involved in community-based programs, which may include but are not limited to churches, businesses, schools, health care providers and organizations, and to form a coalition and establish work groups within this coalition to develop a list of potential policy and/or environmental changes that will address the following two risk factors:</p> <ul style="list-style-type: none"> a. Active Living b. Healthy Eating 	<ul style="list-style-type: none"> a. List of organizations and/or groups b. List of coalition members. 	<p>With the Interim and Final Reports due for the Funding Period currently in effect.</p>
<p>2. The Contractor shall implement a minimum of one (1) evidence-based policy and/or environmental change developed in concert with the coalition related to active living/healthy eating subject to the Department approval and oversight to ensure the changes are implemented effectively, appropriately and in a timely manner.</p>	<p>Written progress report on the implementation of at least one policy change.</p>	<p>With the Interim and Final Reports due for the Funding Period currently in effect.</p>

<p>3. The contractor shall complete and implement a detailed work plan approved by the Department which will include a timeline of activities to be updated at the start of each contract year.</p>	<p>Complete work plan form provided by the Department.</p>	<p>On or before October 1 of each contract year.</p>
<p>4. The Contractor shall work with the Department to collect appropriate data to monitor and evaluate policy and environmental changes implemented through this Contract.</p>	<p>Written progress report on the collection of appropriate data, including data results and analysis.</p>	<p>With the Interim and Final Reports due for the Funding Period currently in effect.</p>

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SECTION B

Budget

Funding Period: 1 2019-10-01 2020-09-30

Approval Date & Time: 2019-08-12T11:56:00-0400

Approver: DPH-West Brenda

Core-CT

Account Number and Description	SID	Project	Policy/Environmental Change for Chronic Disease Prevention	Total Budget
Budget Amount				
4000 INCOME			21,932.00	21,932.00
- 4100 CONTRACT FUNDING			21,932.00	21,932.00
- 4102 Federal/Other Funds	22664	DPH22664LHD2019	21,932.00	21,932.00
5000 DIRECT EXPENSES			21,932.00	21,932.00
- 5100 SALARIES			17,483.00	17,483.00
- 5101 Staff Salaries & Wages			17,483.00	17,483.00
- 5200 FRINGE BENEFITS			2,231.64	2,231.64
- 5500 TRANSPORTATION			302	302
- 5504 Mileage Reimbursement			302	302
- 5600 MATERIALS AND SUPPLIES			1,400.00	1,400.00
- 5607 Outreach/Program Supplies			1,400.00	1,400.00
- 5900 OTHER EXPENSES			515.36	515.36
- 5908 Office Supplies			515.36	515.36
Budget Total				
INCOME / EXPENSE SUMMARY				
- TOTAL INCOME			21,932.00	21,932.00
- TOTAL EXPENSES			21,932.00	21,932.00
- EXCESS / SHORTAGE			0	0
CONTRACT MANAGEMENT INFO				
- CONTRACT FUNDING PERCENTAGE			100	100
- A&G PERCENTAGE			0	0

PART II. TERMS AND CONDITIONS

The Contractor shall comply with the following terms and conditions.

- A. **Definitions.** Unless otherwise indicated, the following terms shall have the following corresponding definitions:
1. **“Bid”** shall mean a bid submitted in response to a solicitation.
 2. **“Breach”** shall mean a party’s failure to perform some contracted-for or agreed-upon act, or his failure to comply with a duty imposed by law which is owed to another or to society.
 3. **“Cancellation”** shall mean an end to the Contract affected pursuant to a right which the Contract creates due to a Breach.
 4. **“Claims”** shall mean all actions, suits, claims, demands, investigations and proceedings of any kind, open, pending or threatened, whether mature, unmatured, contingent, known or unknown, at law or in equity, in any forum.
 5. **“Client”** shall mean a recipient of the Contractor’s Services.
 6. **“Contract”** shall mean this agreement, as of its effective date, between the Contractor and the State for Services.
 7. **“Contractor Parties”** shall mean a Contractor’s members, directors, officers, shareholders, partners, managers, principal officers, representatives, agents, servants, consultants, employees or any one of them or any other person or entity with whom the Contractor is in privity of oral or written contract (e.g. subcontractor) and the Contractor intends for such other person or entity to perform under the Contract in any capacity. For the purpose of this Contract, vendors of support services, not otherwise known as human service providers or educators, shall not be considered subcontractors, e.g. lawn care, unless such activity is considered part of a training, vocational or educational program.
 8. **“Data”** shall mean all results, technical information and materials developed and/or obtained in the performance of the Services hereunder, including but not limited to all reports, survey and evaluation tools, surveys and evaluations, plans, charts, recordings (video and/or sound), pictures, curricula, electronically prepared presentations, public awareness or prevention campaign materials, drawings, analyses, graphic representations, computer programs and printouts, notes and memoranda, and documents, whether finished or unfinished, which result from or are prepared in connection with the Services performed hereunder.
 9. **“Expiration”** shall mean an end to the Contract due to the completion in full of the mutual performances of the parties or due to the Contract’s term being completed.
 10. **“Force Majeure”** shall mean events that materially affect the Services or the time schedule within which to perform and are outside the control of the party asserting that such an event has occurred, including, but not limited to, labor troubles unrelated to the Contractor, failure of or inadequate permanent power, unavoidable casualties, fire not caused by the Contractor, extraordinary weather conditions, disasters, riots, acts of God, insurrection or war.
 11. **“Confidential Information” (formerly “Personal Information”)** shall mean any name, number or other information that may be used, alone or in conjunction with any other information, to identify a specific individual including, but not limited to, such individual’s name, date of birth, mother’s maiden name, motor vehicle operator’s license number, Social Security number, employee identification number, employer or taxpayer identification number, alien registration number, government passport number, health

insurance identification number, demand deposit account number, savings account number, credit card number, debit card number or unique biometric data such as fingerprint, voice print, retina or iris image, or other unique physical representation. Without limiting the foregoing, Confidential Information shall also include any information regarding clients that the Agency classifies as “confidential” or “restricted.” Confidential Information shall not include information that may be lawfully obtained from publicly available sources or from federal, state, or local government records which are lawfully made available to the general public.

12. **“Confidential Information Breach” (formerly “Personal Information Breach”)** shall mean, generally, an instance where an unauthorized person or entity accesses Confidential Information in any manner, including but not limited to the following occurrences: (1) any Confidential Information that is not encrypted or protected is misplaced, lost, stolen or in any way compromised; (2) one or more third parties have had access to or taken control or possession of any Confidential Information that is not encrypted or protected without prior written authorization from the State; (3) the unauthorized acquisition of encrypted or protected Confidential Information together with the confidential process or key that is capable of compromising the integrity of the Confidential Information; or (4) if there is a substantial risk of identity theft or fraud to the client, the Agency, the Contractor, or the State.
13. **“Records”** shall mean all working papers and such other information and materials as may have been accumulated and/or produced by the Contractor in performing the Contract, including but not limited to, documents, data, plans, books, computations, drawings, specifications, notes, reports, records, estimates, summaries, correspondence, and program and individual service records and other evidence of its accounting and billing procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature incurred in the performance of this Contract, kept or stored in any form.
14. **“Services”** shall mean the performance of Services as stated in Part I of this Contract.
15. **“State”** shall mean the State of Connecticut, including any agency, office, department, board, council, commission, institution or other executive branch agency of State Government.
16. **“Termination”** shall mean an end to the Contract affected pursuant to a right which the Contract creates, other than for a Breach.

B. Client-Related Safeguards.

1. **Safeguarding Client Information.** The Agency and the Contractor shall safeguard the use, publication and disclosure of information on all applicants for and all Clients who receive Services under this Contract with all applicable federal and state law concerning confidentiality and as may be further provided under the Contract.
2. **Reporting of Client Abuse or Neglect.** The Contractor shall comply with all reporting requirements relative to Client abuse and neglect, including but not limited to requirements as specified in C.G.S. §§ 17a-101 through 17a-101q, inclusive, 17a-102a, 17a-103 through 17a-103e, inclusive, 19a-216, 46b-120 (related to children); C.G.S. § 46a-11b (relative to persons with intellectual disabilities or any individual who receives services from the State); and C.G.S. § 17a-412 (relative to elderly persons).
3. **Background Checks.** The State may require that the Contractor and Contractor Parties undergo criminal background checks as provided for in the State of Connecticut Department of Emergency Services and Public Protection Administration and Operations Manual or such other State document as governs procedures for background checks. The

Contractor and Contractor Parties shall cooperate fully as necessary or reasonably requested with the State and its agents in connection with such background checks.

C. Contractor Obligations.

1. **Cost Standards.** The Contractor and funding state Agency shall comply with the Cost Standards issued by OPM, as may be amended from time to time. The Cost Standards are published by OPM on the Web at http://www.ct.gov/opm/cwp/view.asp?a=2981&Q=382994&opmNav_GID=1806.
2. **Credits and Rights in Data.** Unless expressly waived in writing by the Agency, all Records and publications intended for public distribution during or resulting from the performances of this Contract shall include a statement acknowledging the financial support of the State and the Agency and, where applicable, the federal government. All such publications shall be released in conformance with applicable federal and state law and all regulations regarding confidentiality. Any liability arising from such a release by the Contractor shall be the sole responsibility of the Contractor and the Contractor shall indemnify and hold harmless the Agency, unless the Agency or its agents co-authored said publication and said release is done with the prior written approval of the Agency Head. All publications shall contain the following statement: "This publication does not express the views of the Department of Public Health or the State of Connecticut. The views and opinions expressed are those of the authors." Neither the Contractor nor any of its agents shall copyright Data and information obtained under this Contract, unless expressly previously authorized in writing by the Agency. The Agency shall have the right to publish, duplicate, use and disclose all such Data in any manner, and may authorize others to do so. The Agency may copyright any Data without prior Notice to the Contractor. The Contractor does not assume any responsibility for the use, publication or disclosure solely by the Agency of such Data.
3. **Organizational Information, Conflict of Interest, IRS Form 990.** During the term of this Contract and for the one hundred eighty (180) days following its date of Termination and/or Cancellation, the Contractor shall upon the Agency's request provide copies of the following documents within ten (10) days after receipt of the request:
 - (a) its most recent IRS Form 990 submitted to the Internal Revenue Service, and
 - (b) its most recent Annual Report filed with the Connecticut Secretary of the State's Office or such other information that the Agency deems appropriate with respect to the organization and affiliation of the Contractor and related entities.

This provision shall continue to be binding upon the Contractor for one hundred and eighty (180) days following the termination or cancellation of the Contract.
4. **Federal Funds.**
 - (a) The Contractor shall comply with requirements relating to the receipt or use of federal funds. The Agency shall specify all such requirements in Part I of this Contract.
 - (b) The Contractor acknowledges that the Agency has established a policy, as mandated by section 6032 of the Deficit Reduction Act ("DRA") of 2005, P.L. 109-171, that provides detailed information about the Federal False Claims Act, 31 U.S.C. §§ 3729-3733, and other laws supporting the detection and prevention of fraud and abuse.
 - (1) Contractor acknowledges that it has received a copy of said policy and shall comply with its terms, as amended, and with all applicable state and federal laws, regulations and rules. Contractor shall provide said policy to

subcontractors and shall require compliance with the terms of the policy. Failure to abide by the terms of the policy, as determined by the Agency, shall constitute a Breach of this Contract and may result in cancellation or termination of this Contract.

- (2) This section applies if, under this Contract, the Contractor or Contractor Parties furnishes, or otherwise authorizes the furnishing of health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the Agency.
- (c) Contractor represents that it is not excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs.
- (d) Contractor shall not, for purposes of performing the Contract with the Agency, knowingly employ or contract with, with or without compensation: (A) any individual or entity listed by a federal agency as excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs; or (B) any person or entity who is excluded from contracting with the State of Connecticut or the federal government (as reflected in the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, Department of Health and Human Services, Office of Inspector General (“HHS/OIG”) Excluded Parties list and the Office of Foreign Assets Control (“OFAC”) list of Specially Designated Nationals and Blocked Persons List). Contractor shall immediately notify the Agency should it become subject to an investigation or inquiry involving items or services reimbursable under a federal health care program or be listed as ineligible for participation in or to perform Services in connection with such program. The Agency may cancel or terminate this Contract immediately if at any point the Contractor, subcontractor or any of their employees are sanctioned, suspended, excluded from or otherwise become ineligible to participate in federal health care programs.

5. Audit and Inspection of Plant, Places of Business and Records.

- (a) The State and its agents, including, but not limited to, the Connecticut Auditors of Public Accounts, Attorney General and State’s Attorney and their respective agents, or where applicable, federal agencies, may, at reasonable hours, inspect and examine all of the parts of the Contractor’s and Contractor’s Parties’ plants and places of business which, in any way, are related to, or involved in, the performance of this Contract. The Contractor shall comply with federal and state single audit standards as applicable.
- (b) The Contractor shall maintain, and shall require each of the Contractor Parties to maintain accurate and complete Records. The Contractor shall make all of its and the Contractor Parties’ Records available at all reasonable hours for audit and inspection by the State and its agents.
- (c) The State shall make all requests for any audit or inspection in writing and shall provide the Contractor with at least twenty-four (24) hours’ notice prior to the requested audit and inspection date. If the State suspects fraud or other abuse, or in the event of an emergency, the State is not obligated to provide any prior notice.
- (d) The Contractor will pay for all costs and expenses of any audit and inspection which reveals information that, in the sole determination of the State, is sufficient to constitute a breach by the Contractor under this Contract. The Contractor will remit full payment to the State for such audit or inspection no later than thirty (30) days after receiving an invoice from the State.

- (e) The Contractor shall keep and preserve or cause to be kept and preserved all of its and Contractor Parties' Records until three (3) years after the latter of (i) final payment under this Contract, (ii) the expiration or earlier termination of this Contract, as the same may be modified for any reason. The State may request an audit or inspection at any time during this period. If any Claim or audit is started before the expiration of this period, the Contractor shall retain or cause to be retained all Records until all Claims or audit findings have been resolved.
 - (f) The Contractor shall cooperate fully with the State and its agents in connection with an audit or inspection. Following any audit or inspection, the State may conduct and the Contractor shall cooperate with an exit conference.
 - (g) The Contractor must incorporate this entire Section verbatim into any contract or other agreement it enters into with any Contractor Party.
6. **Related Party Transactions.** The Contractor shall report all related party transactions, as defined in this section, to the Agency on an annual basis in the appropriate fiscal report as specified in Part I of this Contract. "Related party" means a person or organization related through marriage, ability to control, ownership, family or business association. Past exercise of influence or control need not be shown, only the potential or ability to directly or indirectly exercise influence or control. "Related party transactions" between a Contractor or Contractor Party and a related party include, but are not limited to:
- (a) Real estate sales or leases;
 - (b) Leases for equipment, vehicles or household furnishings;
 - (c) Mortgages, loans and working capital loans; and
 - (d) Contracts for management, consultant and professional services as well as for materials, supplies and other services purchased by the Contractor or Contractor Party.
7. **Suspension or Debarment.** In addition to the representations and requirements set forth in Section C.4:
- (a) The Contractor certifies for itself and Contractor Parties involved in the administration of federal or state funds that they:
 - (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any governmental agency (federal, state or local);
 - (2) within a three year period preceding the effective date of this Contract, have not been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract under a public transaction; for violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
 - (3) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the above offenses; and
 - (4) have not within a three year period preceding the effective date of this Contract had one or more public transactions terminated for cause or fault.
 - (b) Any change in the above status shall be immediately reported to the Agency.

8. **Liaison.** Each Party shall designate a liaison to facilitate a cooperative working relationship between the Contractor and the Agency in the performance and administration of this Contract.
9. **Subcontracts.** Each Contractor Party's identity, services to be rendered and costs shall be detailed in Part I of this Contract. Absent compliance with this requirement, no Contractor Party may be used or expense paid under this Contract unless expressly otherwise provided in Part I of this Contract. No Contractor Party shall acquire any direct right of payment from the Agency by virtue of this section or any other section of this Contract. The use of Contractor Parties shall not relieve the Contractor of any responsibility or liability under this Contract. The Contractor shall make available copies of all subcontracts to the Agency upon request.
10. **Independent Capacity of Contractor.** The Contractor and Contractor Parties shall act in an independent capacity and not as officers or employees of the state of Connecticut or of the Agency.
11. **Indemnification.**
 - (a) The Contractor shall indemnify, defend and hold harmless the State and its officers, representatives, agents, servants, employees, successors and assigns from and against any and all (1) Claims arising, directly or indirectly, in connection with the Contract, including the acts of commission or omission (collectively, the "Acts") of the Contractor or Contractor Parties; and (2) liabilities, damages, losses, costs and expenses, including but not limited to, attorneys' and other professionals' fees, arising, directly or indirectly, in connection with Claims, Acts of the Contract. The Contractor shall use counsel reasonably acceptable to the State in carrying out its obligations under this section. The Contractor's obligations under this section to indemnify, defend and hold harmless against Claims includes Claims concerning (i) the confidentiality of any part of or all of the Contractor's bid or proposal, and (ii) Records, intellectual property rights, other proprietary rights of any person or entity, copyrighted or uncopied compositions, secret processes, patented or unpatented inventions, or Goods furnished or used in the performance of the Contract. For purposes of this provision, "Goods" means all things which are movable at the time that the Contract is effective and which includes, without limiting this definition, supplies, materials and equipment.
 - (b) The Contractor shall reimburse the State for any and all damages to the real or personal property of the State caused by the Acts of the Contractor or any Contractor Parties. The State shall give the Contractor reasonable notice of any such Claims.
 - (c) The Contractor's duties under this section shall remain fully in effect and binding in accordance with the terms and conditions of the Contract, without being lessened or compromised in any way, even where the Contractor is alleged or is found to have merely contributed in part to the Acts giving rise to the Claims and/or where the State is alleged or is found to have merely contributed in part to the Acts giving rise to the Claims. The Contractor shall not be responsible for indemnifying or holding the State harmless from any liability solely from the negligence of the State or any other person or entity acting under the direct control or supervision of the State.
 - (d) The Contractor shall carry and maintain at all times during the term of the Contract, and during the time that any provisions survive the term of the Contract, sufficient general liability insurance to satisfy its obligations under this Contract. The Contractor shall cause the State to be named as an additional insured on the

policy and shall provide (1) a certificate of insurance, (2) the declaration page and (3) the additional insured endorsement to the policy to the Client Agency all in an electronic format acceptable to the Client Agency prior to the Effective Date of the Contract evidencing that the State is an additional insured. The Contractor shall not begin performance until the delivery of these three (3) documents to the Client Agency. Contractor shall provide an annual electronic update of the three (3) documents to the Client Agency on or before each anniversary of the Effective Date during the Contract term. State shall be entitled to recover under the insurance policy even if a body of competent jurisdiction determines that State is contributorily negligent.

- (e) This section shall survive the Termination of the Contract and shall not be limited by reason of any insurance coverage.

12. **Insurance.** Before commencing performance, the Agency may require the Contractor to obtain and maintain specified insurance coverage. In the absence of specific Agency requirements, the Contractor shall obtain and maintain the following insurance coverage at its own cost and expense for the duration of the Contract:

- (a) **Commercial General Liability.** \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. Coverage shall include Premises and Operations, Independent Contractors, Products and Completed Operations, Contractual Liability, and Broad Form Property Damage coverage. If a general aggregate is used, the general aggregate limit shall apply separately to the services to be performed under this Contract or the general aggregate limit shall be twice the occurrence limit;
- (b) **Automobile Liability.** \$1,000,000 combined single limit per accident for bodily injury. Coverage extends to owned, hired and non-owned automobiles. If the vendor/contractor does not own an automobile, but one is used in the execution of this Contract, then only hired and non-owned coverage is required. If a vehicle is not used in the execution of this Contract then automobile coverage is not required.
- (c) **Professional Liability.** \$1,000,000 limit of liability, if applicable; and/or
- (d) **Workers' Compensation and Employers Liability.** Statutory coverage in compliance with the Compensation laws of the State of Connecticut. Coverage shall include Employer's Liability with minimum limits of \$100,000 each accident, \$500,000 Disease – Policy limit, \$100,000 each employee.

13. **Sovereign Immunity.** The Contractor and Contractor Parties acknowledge and agree that nothing in the Contract, or the solicitation leading up to the Contract, shall be construed as a modification, compromise or waiver by the State of any rights or defenses of any immunities provided by Federal law or the laws of the State of Connecticut to the State or any of its officers and employees, which they may have had, now have or will have with respect to all matters arising out of the Contract. To the extent that this Section conflicts with any other Section, this Section shall govern.

14. **Choice of Law/Choice of Forum, Settlement of Disputes, Claims Against the State.**

- (a) The Contract shall be deemed to have been made in the City of Hartford, State of Connecticut. Both Parties agree that it is fair and reasonable for the validity and construction of the Contract to be, and it shall be, governed by the laws and court decisions of the State of Connecticut, without giving effect to its principles of conflicts of laws. To the extent that any immunities provided by federal law or the laws of the State of Connecticut do not bar an action against the State, and to the extent that

these courts are courts of competent jurisdiction, for the purpose of venue, the complaint shall be made returnable to the Judicial District of Hartford only or shall be brought in the United States District Court for the District of Connecticut only, and shall not be transferred to any other court, provided, however, that nothing here constitutes a waiver or compromise of the sovereign immunity of the State of Connecticut. The Contractor waives any objection which it may now have or will have to the laying of venue of any Claims in any forum and further irrevocably submits to such jurisdiction in any suit, action or proceeding.

- (b) Any dispute concerning the interpretation or application of this Contract shall be decided by the Agency Head or his/her designee whose decision shall be final, subject to any rights the Contractor may have pursuant to state law. In appealing a dispute to the Agency Head pursuant to this section, the Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its appeal. Pending final resolution of a dispute, the Contractor and the Agency shall proceed diligently with the performance of the Contract.
- (c) The Contractor agrees that the sole and exclusive means for the presentation of any claim against the State arising from this Contract shall be in accordance with Title 4, Chapter 53 of the Connecticut General Statutes (Claims Against the State) and the Contractor further agrees not to initiate legal proceedings, except as authorized by that Chapter, in any state or federal court in addition to or in lieu of said Chapter 53 proceedings.

15. Compliance with Law and Policy, Facility Standards and Licensing. Contractor shall comply with all:

- (a) Pertinent local, state and federal laws and regulations as well as Agency policies and procedures applicable to contractor's programs as specified in this Contract. The Agency shall notify the Contractor of any applicable new or revised laws, regulations, policies or procedures which the Agency has responsibility to promulgate or enforce; and
- (b) Applicable local, state and federal licensing, zoning, building, health, fire and safety regulations or ordinances, as well as standards and criteria of pertinent state and federal authorities. Unless otherwise provided by law, the Contractor is not relieved of compliance while formally contesting the authority to require such standards, regulations, statutes, ordinance or criteria.

16. Representations and Warranties. Contractor shall:

- (a) Perform fully under the Contract;
- (b) Pay for and/or secure all permits, licenses and fees and give all required or appropriate notices with respect to the provision of Services as described in Part I of this Contract; and
- (c) Adhere to all contractual sections ensuring the confidentiality of all Records that the Contractor has access to and are exempt from disclosure under the State's Freedom of Information Act or other applicable law.

17. Reports. The Contractor shall provide the Agency with such statistical, financial and programmatic information necessary to monitor and evaluate compliance with the Contract. All requests for such information shall comply with all applicable state and federal confidentiality laws. The Contractor shall provide the Agency with such reports as the Agency requests as required by this Contract.

- 18. Delinquent Reports.** The Contractor shall submit required reports by the designated due dates as identified in this Contract. After notice to the Contractor and an opportunity for a meeting with an Agency representative, the Agency reserves the right to withhold payments for services performed under this Contract if the Agency has not received acceptable progress reports, expenditure reports, refunds, and/or audits as required by this Contract or previous contracts for similar or equivalent services the Contractor has entered into with the Agency. This section shall survive any Termination of the Contract or the Expiration of its term.
- 19. Protection of Confidential Information.**
- (a) Contractor and Contractor Parties, at their own expense, have a duty to and shall protect from a Confidential Information Breach any and all Confidential Information which they come to possess or control, wherever and however stored or maintained, in a commercially reasonable manner in accordance with current industry standards.
- (b) Each Contractor or Contractor Party shall develop, implement and maintain a comprehensive data-security program for the protection of Confidential Information. The safeguards contained in such program shall be consistent with and comply with the safeguards for protection of Confidential Information, and information of a similar character, as set forth in all applicable federal and state law and written policy of the Agency or State concerning the confidentiality of Confidential Information. Such data-security program shall include, but not be limited to, the following:
- (1) A security policy for employees related to the storage, access and transportation of data containing Confidential Information;
 - (2) Reasonable restrictions on access to records containing Confidential Information, including access to any locked storage where such records are kept;
 - (3) A process for reviewing policies and security measures at least annually;
 - (4) Creating secure access controls to Confidential Information, including but not limited to passwords; and
 - (5) Encrypting of Confidential Information that is stored on laptops, portable devices or being transmitted electronically.
- (c) The Contractor and Contractor Parties shall notify the Agency and the Connecticut Office of the Attorney General as soon as practical, but no later than twenty-four (24) hours, after they become aware of or suspect that any Confidential Information which Contractor or Contractor Parties have come to possess or control has been subject to a Confidential Information Breach. If a Confidential Information Breach has occurred, the Contractor shall, within three (3) business days after the notification, present a credit monitoring and protection plan to the Commissioner of Administrative Services, the Agency and the Connecticut Office of the Attorney General, for review and approval. Such credit monitoring or protection plan shall be made available by the Contractor at its own cost and expense to all individuals affected by the Confidential Information Breach. Such credit monitoring or protection plan shall include, but is not limited to reimbursement for the cost of placing and lifting one (1) security freeze per credit file pursuant to C.G.S. § 36a-701a. Such credit monitoring or protection plans shall be approved by the State in accordance with this Section and shall cover a length of time commensurate with the circumstances of the Confidential Information

Breach. The Contractors' costs and expenses for the credit monitoring and protection plan shall not be recoverable from the Agency, any State of Connecticut entity or any affected individuals. The Contractor shall incorporate the requirements of this Section in all subcontracts requiring each Contractor Party to safeguard Confidential Information in the same manner as provided for in this Section.

- (d) Nothing in this Section shall supersede in any manner Contractor's or Contractor Party's obligations pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") or the provisions of this Contract concerning the obligations of the Contractor as a Business Associate of Covered Entity.

20. **Workforce Analysis.** The Contractor shall provide a workforce Analysis Affirmative Action report related to employment practices and procedures.

21. **Litigation.**

- (a) The Contractor shall require that all Contractor Parties, as appropriate, disclose to the Contractor, to the best of their knowledge, any Claims involving the Contractor Parties that might reasonably be expected to materially adversely affect their businesses, operations, assets, properties, financial stability, business prospects or ability to perform fully under the Contract, no later than ten (10) days after becoming aware or after they should have become aware of any such Claims. Disclosure shall be in writing.
- (b) The Contractor shall provide written Notice to the Agency of any final decision by any tribunal or state or federal agency or court which is adverse to the Contractor or which results in a settlement, compromise or claim or agreement of any kind for any action or proceeding brought against the Contractor or its employee or agent under the Americans with Disabilities Act of 1990 as revised or amended from time to time, Executive Orders Nos. 3 & 17 of Governor Thomas J. Meskill and any other requirements of federal or state law concerning equal employment opportunities or nondiscriminatory practices.

D. Changes to the Contract, Termination, Cancellation and Expiration.

1. Contract Amendment.

- (a) Should the parties execute an amendment to this Contract on or before its expiration date that extends the term of this Contract, then the term of this Contract shall be extended until an amendment is approved as to form by the Connecticut Office of the Attorney General provided the extension provided hereunder shall not exceed a period of 90 days. Upon approval of the amendment by the Connecticut Office of the Attorney General the term of the contract shall be in accord with the provisions of the approved amendment.
- (b) No amendment to or modification or other alteration of this Contract shall be valid or binding upon the parties unless made in writing, signed by the parties and, if applicable, approved by the Office of the Connecticut Attorney General.
- (c) The Agency may amend this Contract to reduce the contracted amount of compensation if:
- (1) the total amount budgeted by the State for the operation of the Agency or Services provided under the program is reduced or made unavailable in any way; or
 - (2) federal funding reduction results in reallocation of funds within the Agency.

- (d) If the Agency decides to reduce the compensation, the Agency shall send written Notice to the Contractor. Within twenty (20) days of the Contractor's receipt of the Notice, the Contractor and the Agency shall negotiate the implementation of the reduction of compensation unless the parties mutually agree that such negotiations would be futile. If the parties fail to negotiate an implementation schedule, then the Agency may terminate the Contract effective no earlier than sixty (60) days from the date that the Contractor receives written notification of Termination and the date that work under this Contract shall cease.

2. Contractor Changes and Assignment.

- (a) The Contractor shall notify the Agency in writing:
- (1) at least ninety (90) days prior to the effective date of any fundamental changes in the Contractor's corporate status, including merger, acquisition, transfer of assets, and any change in fiduciary responsibility;
 - (2) no later than ten (10) days from the effective date of any change in:
 - (A) its certificate of incorporation or other organizational document;
 - (B) more than a controlling interest in the ownership of the Contractor; or
 - (C) the individual(s) in charge of the performance.
- (b) No such change shall relieve the Contractor of any responsibility for the accuracy and completeness of the performance. The Agency, after receiving written Notice from the Contractor of any such change, may require such contracts, releases and other instruments evidencing, to the Agency's satisfaction, that any individuals retiring or otherwise separating from the Contractor have been compensated in full or that allowance has been made for compensation in full, for all work performed under terms of the Contract. The Contractor shall deliver such documents to the Agency in accordance with the terms of the Agency's written request. The Agency may also require, and the Contractor shall deliver, a financial statement showing that solvency of the Contractor is maintained. The death of any Contractor Party, as applicable, shall not release the Contractor from the obligation to perform under the Contract; the surviving Contractor Parties, as appropriate, must continue to perform under the Contract until performance is fully completed.
- (c) **Assignment.** The Contractor shall not assign any of its rights or obligations under the Contract, voluntarily or otherwise, in any manner without the prior written consent of the Agency.
- (1) The Contractor shall comply with requests for documentation deemed to be appropriate by the Agency in considering whether to consent to such assignment.
 - (2) The Agency shall notify the Contractor of its decision no later than forty-five (45) days from the date the Agency receives all requested documentation.
 - (3) The Agency may void any assignment made without the Agency's consent and deem such assignment to be in violation of this Section and to be in Breach of the Contract. Any cancellation of this Contract by the Agency for a Breach shall be without prejudice to the Agency's or the State's rights or possible claims against the Contractor.

3. Breach.

- (a) If either party Breaches this Contract in any respect, the non-breaching party shall provide written notice of the Breach to the breaching party and afford the breaching party an opportunity to cure within ten (10) days from the date that the breaching party receives the notice. In the case of a Contractor Breach, the Agency may modify the ten (10) day cure period in the notice of Breach. The right to cure period shall be extended if the non-breaching party is satisfied that the breaching party is making a good faith effort to cure, but the nature of the Breach is such that it cannot be cured within the right to cure period. The Notice may include an effective Contract cancellation date if the Breach is not cured by the stated date and, unless otherwise modified by the non-breaching party in writing prior to the cancellation date, no further action shall be required of any party to effect the cancellation as of the stated date. If the notice does not set forth an effective Contract cancellation date, then the non-breaching party may cancel the Contract by giving the breaching party no less than twenty four (24) hours' prior written Notice after the expiration of the cure period.
- (b) If the Agency believes that the Contractor has not performed according to the Contract, the Agency may:
- (1) withhold payment in whole or in part pending resolution of the performance issue, provided that the Agency notifies the Contractor in writing prior to the date that the payment would have been due in accordance with the budget;
 - (2) temporarily discontinue all or part of the Services to be provided under the Contract;
 - (3) permanently discontinue part of the Services to be provided under the Contract;
 - (4) assign appropriate State personnel to provide contracted for Services to assure continued performance under the Contract until such time as the contractual Breach has been corrected to the satisfaction of the Agency;
 - (5) require that contract funding be used to enter into a subcontract with a person or persons designated by the Agency in order to bring the program into contractual compliance;
 - (6) take such other actions of any nature whatsoever as may be deemed appropriate for the best interests of the State or the program(s) provided under this Contract or both; or
 - (7) any combination of the above actions.
- (c) The Contractor shall return all unexpended funds to the Agency no later than thirty (30) days after the Contractor receives a demand from the Agency.
- (d) In addition to the rights and remedies granted to the Agency by this Contract, the Agency shall have all other rights and remedies granted to it by law in the event of Breach of or default by the Contractor under the terms of this Contract.
- (e) The action of the Agency shall be considered final. If at any step in this process the Contractor fails to comply with the procedure and, as applicable, the mutually agreed plan of correction, the Agency may proceed with Breach remedies as listed under this section.

4. **Non-enforcement Not to Constitute Waiver.** No waiver of any Breach of the Contract shall be interpreted or deemed to be a waiver of any other or subsequent Breach. All

remedies afforded in the Contract shall be taken and construed as cumulative, that is, in addition to every other remedy provided in the Contract or at law or in equity. A party's failure to insist on strict performance of any section of the Contract shall only be deemed to be a waiver of rights and remedies concerning that specific instance of performance and shall not be deemed to be a waiver of any subsequent rights, remedies or Breach.

5. **Suspension.** If the Agency determines in its sole discretion that the health and welfare of the Clients or public safety is being adversely affected, the Agency may immediately suspend in whole or in part the Contract without prior notice and take any action that it deems to be necessary or appropriate for the benefit of the Clients. The Agency shall notify the Contractor of the specific reasons for taking such action in writing within five (5) days of immediate suspension. Within five (5) days of receipt of this notice, the Contractor may request in writing a meeting with the Agency Head or designee. Any such meeting shall be held within five (5) days of the written request, or such later time as is mutually agreeable to the parties. At the meeting, the Contractor shall be given an opportunity to present information on why the Agency's actions should be reversed or modified. Within five (5) days of such meeting, the Agency shall notify the Contractor in writing of his/her decision upholding, reversing or modifying the action of the Agency head or designee. This action of the Agency head or designee shall be considered final.
6. **Ending the Contractual Relationship.**
 - (a) This Contract shall remain in full force and effect for the duration of its entire term or until such time as it is terminated earlier by either party or cancelled. Either party may terminate this contract by providing at least sixty (60) days prior written notice pursuant to the Notice requirements of this Contract.
 - (b) The Agency may immediately terminate the Contract in whole or in part whenever the Agency makes a determination that such termination is in the best interest of the State. Notwithstanding Section D.2, the Agency may immediately terminate or cancel this Contract in the event that the Contractor or any subcontractors becomes financially unstable to the point of threatening its ability to conduct the services required under this Contract, ceases to conduct business in the normal course, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or its assets.
 - (c) The Agency shall notify the Contractor in writing of Termination pursuant to subsection (b) above, which shall specify the effective date of termination and the extent to which the Contractor must complete or immediately cease performance. Such Notice of Termination shall be sent in accordance with the Notice provision contained on page 1 of this Contract. Upon receiving the Notice from the Agency, the Contractor shall discontinue all Services affected in accordance with the Notice, undertake all reasonable and necessary efforts to mitigate any losses or damages, and deliver to the Agency all Records as defined in Section A.14, unless otherwise instructed by the Agency in writing, and take all actions that are necessary or appropriate, or that the Agency may reasonably direct, for the protection of Clients and preservation of any and all property. Such Records are deemed to be the property of the Agency and the Contractor shall deliver them to the Agency no later than thirty (30) days after the Termination of the Contract or fifteen (15) days after the Contractor receives a written request from the Agency for the specified records whichever is less. The Contractor shall deliver those Records that exist in electronic, magnetic or other intangible form in a non-proprietary format, such as, but not limited to ASCII or .TXT.

- (d) The Agency may terminate the Contract at any time without prior notice when the funding for the Contract is no longer available.
- (e) The Contractor shall deliver to the Agency any deposits, prior payment, advance payment or down payment if the Contract is terminated by either party or cancelled within thirty (30) days after receiving demand from the Agency. The Contractor shall return to the Agency any funds not expended in accordance with the terms and conditions of the Contract and, if the Contractor fails to do so upon demand, the Agency may recoup said funds from any future payments owing under this Contract or any other contract between the State and the Contractor. Allowable costs, as detailed in audit findings, incurred until the date of termination or cancellation for operation or transition of program(s) under this Contract shall not be subject to recoupment.

7. Transition after Termination or Expiration of Contract.

- (a) If this Contract is terminated for any reason, cancelled or it expires in accordance with its term, the Contractor shall do and perform all things which the Agency determines to be necessary or appropriate to assist in the orderly transfer of Clients served under this Contract and shall assist in the orderly cessation of Services it performs under this Contract. In order to complete such transfer and wind down the performance, and only to the extent necessary or appropriate, if such activities are expected to take place beyond the stated end of the Contract term then the Contract shall be deemed to have been automatically extended by the mutual consent of the parties prior to its expiration without any affirmative act of either party, including executing an amendment to the Contract to extend the term, but only until the transfer and winding down are complete.
- (b) If this Contract is terminated, cancelled or not renewed, the Contractor shall return to the Agency any equipment, deposits or down payments made or purchased with start-up funds or other funds specifically designated for such purpose under this Contract in accordance with the written instructions from the Agency in accordance with the Notice provision of this Contract. Written instructions shall include, but not be limited to, a description of the equipment to be returned, where the equipment shall be returned to and who is responsible to pay for the delivery/shipping costs. Unless the Agency specifies a shorter time frame in the letter of instructions, the Contractor shall affect the returns to the Agency no later than sixty (60) days from the date that the Contractor receives Notice.

E. Statutory and Regulatory Compliance.

- 1. **Health Insurance Portability and Accountability Act of 1996.** Notwithstanding the language in Part II, Section E.1(c) of this Contract, the language below is not applicable if the Agency is not a Covered Entity for the purposes of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). However, if the Agency becomes a Covered Entity in the future and if the Contractor accordingly becomes a Business Associate, Contractor will comply with the terms of this Section upon written notice from the Agency that the Agency is a Covered Entity.
 - (a) If the Contactor is a Business Associate under the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as noted on the Signatures and Approval page of this Contract, the Contractor must comply with all terms and conditions of this Section of the Contract. If the Contractor is not a Business Associate under HIPAA, this Section of the Contract does not apply to the Contractor for this Contract.

- (b) The Contractor is required to safeguard the use, publication and disclosure of information on all applicants for, and all clients who receive, services under the Contract in accordance with all applicable federal and state law regarding confidentiality, which includes but is not limited to HIPAA, more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E; and
- (c) The State of Connecticut Agency named on page 1 of this Contract ("Agency") is a "covered entity" as that term is defined in 45 C.F.R. § 160.103; and
- (d) The Contractor is a "business associate" of the Agency, as that term is defined in 45 C.F.R. § 160.103; and
- (e) The Contractor and the Agency agree to the following in order to secure compliance with the HIPAA, the requirements of Subtitle D of the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), (Pub. L. 111-5, §§ 13400 to 13423), and more specifically with the Privacy and Security Rules at 45 C.F.R. parts 160 and 164, subparts A, C, and E (collectively referred to herein as the "HIPAA Standards").
- (f) Definitions.
- (1) "Breach" shall have the same meaning as the term is defined in 45 C.F.R. § 164.402 and shall also include a use or disclosure of PHI that violates the HIPAA Standards.
 - (2) "Business Associate" shall mean the Contractor.
 - (3) "Covered Entity" shall mean the Agency of the State of Connecticut named on page 1 of this Contract.
 - (4) "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R. § 164.501.
 - (5) "Electronic Health Record" shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(5)).
 - (6) "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative as defined in 45 C.F.R. § 164.502(g).
 - (7) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.
 - (8) "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, and includes electronic PHI, as defined in 45 C.F.R. § 160.103, limited to information created, maintained, transmitted or received by the Business Associate from or on behalf of the Covered Entity or from another Business Associate of the Covered Entity.
 - (9) "Required by Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.
 - (10) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
 - (11) "More stringent" shall have the same meaning as the term "more stringent" in 45 C.F.R. § 160.202.

- (12) "This Section of the Contract" refers to the HIPAA Provisions stated herein, in their entirety.
 - (13) "Security Incident" shall have the same meaning as the term "security incident" in 45 C.F.R. § 164.304.
 - (14) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. part 160 and part 164, subpart A and C.
 - (15) "Unsecured protected health information" shall have the same meaning as the term as defined in 45 C.F.R. § 164.402.
- (g) Obligations and Activities of Business Associates.
- (1) Business Associate agrees not to use or disclose PHI other than as permitted or required by this Section of the Contract or as Required by Law.
 - (2) Business Associate agrees to use and maintain appropriate safeguards and comply with applicable HIPAA Standards with respect to all PHI and to prevent use or disclosure of PHI other than as provided for in this Section of the Contract and in accordance with HIPAA Standards.
 - (3) Business Associate agrees to use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
 - (4) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by Business Associate in violation of this Section of the Contract.
 - (5) Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Section of the Contract or any security incident of which it becomes aware.
 - (6) Business Associate agrees in accordance with 45 C.F.R. § 502(e)(1)(ii) and § 164.308(d)(2), if applicable, to ensure that any subcontractor that creates, receives, maintains or transmits PHI on behalf of the Business Associate agrees to the same restrictions, conditions and requirements that apply to the Business Associate with respect to such information.
 - (7) Business Associate agrees to provide access (including inspection, obtaining a copy or both), at the request of the Covered Entity, and in the time and manner designated by the Covered Entity, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524. Business Associate shall not charge any fees greater than the lesser of the amount charged by the Covered Entity to an Individual for such records; the amount permitted by state law; or the Business Associate's actual cost of postage, labor and supplies for complying with the request.
 - (8) Business Associate agrees to make any amendments to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Covered Entity, and in the time and manner designated by the Covered Entity.

- (9) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created, maintained, transmitted or received by, Business Associate on behalf of Covered Entity, available to Covered Entity or to the Secretary in a time and manner agreed to by the parties or designated by the Secretary, for purposes of the Secretary investigating or determining Covered Entity's compliance with the HIPAA Standards.
- (10) Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (11) Business Associate agrees to provide to Covered Entity, in a time and manner designated by the Covered Entity, information collected in accordance with subsection (g)(10) of this Section of the Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder. Business Associate agrees at the Covered Entity's direction to provide an accounting of disclosures of PHI directly to an Individual in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (12) Business Associate agrees to comply with any state or federal law that is more stringent than the Privacy Rule.
- (13) Business Associate agrees to comply with the requirements of the HITECH Act relating to privacy and security that are applicable to the Covered Entity and with the requirements of 45 C.F.R. §§ 164.504(e), 164.308, 164.310, 164.312, and 164.316.
- (14) In the event that an Individual requests that the Business Associate
- (A) restrict disclosures of PHI;
 - (B) provide an accounting of disclosures of the Individual's PHI;
 - (C) provide a copy of the Individual's PHI in an electronic health record; or
 - (D) amend PHI in the Individual's designated record set
- the Business Associate agrees to notify the Covered Entity, in writing, within five (5) business days of the request.
- (15) Business Associate agrees that it shall not, and shall ensure that its subcontractors do not, directly or indirectly, receive any remuneration in exchange for PHI of an Individual without
- (A) the written approval of the Covered Entity, unless receipt of remuneration in exchange for PHI is expressly authorized by this Contract; and

- (B) the valid authorization of the Individual, except for the purposes provided under section 13405(d)(2) of the HITECH Act, (42 U.S.C. § 17935(d)(2)) and in any accompanying regulations
- (16) Obligations in the Event of a Breach.

 - (A) The Business Associate agrees that, following the discovery by the Business Associate or by a subcontractor of the Business Associate of any use or disclosure not provided for by this section of the Contract, any breach of unsecured PHI, or any Security Incident, it shall notify the Covered Entity of such breach in accordance with Subpart D of Part 164 of Title 45 of the Code of Federal Regulations and this Section of the Contract.
 - (B) Such notification shall be provided by the Business Associate to the Covered Entity without unreasonable delay, and in no case later than thirty (30) days after the breach is discovered by the Business Associate, or a subcontractor of the Business Associate, except as otherwise instructed in writing by a law enforcement official pursuant to 45 C.F.R. § 164.412. A breach is considered discovered as of the first day on which it is, or reasonably should have been, known to the Business Associate or its subcontractor. The notification shall include the identification and last known address, phone number and email address of each Individual (or the next of kin of the Individual if the Individual is deceased) whose unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such breach.
 - (C) The Business Associate agrees to include in the notification to the Covered Entity at least the following information:

 1. A description of what happened, including the date of the breach; the date of the discovery of the breach; the unauthorized person, if known, who used the PHI or to whom it was disclosed; and whether the PHI was actually acquired or viewed.
 2. A description of the types of unsecured PHI that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).
 3. The steps the Business Associate recommends that Individual(s) take to protect themselves from potential harm resulting from the breach.
 4. A detailed description of what the Business Associate is doing or has done to investigate the breach, to mitigate losses, and to protect against any further breaches.
 5. Whether a law enforcement official has advised the Business Associate, either verbally or in writing, that he or she has determined that notification or notice to Individuals or the posting required under 45 C.F.R. § 164.412 would impede a criminal investigation or cause damage to national

security and; if so, include contact information for said official.

- (D) If directed by the Covered Entity, the Business Associate agrees to conduct a risk assessment using at least the information in subparagraphs 1 to 4 inclusive, of (g)(16)(C) of this Section and determine whether, in its opinion, there is a low probability that the PHI has been compromised. Such recommendation shall be transmitted to the Covered Entity within twenty (20) business days of the Business Associate's notification to the Covered Entity.
 - (E) If the Covered Entity determines that there has been a breach, as defined in 45 C.F.R. § 164.402, by the Business Associate or a subcontractor of the Business Associate, if directed by the Covered Entity, shall provide all notifications required by 45 C.F.R. §§ 164.404 and 164.406.
 - (F) Business Associate agrees to provide appropriate staffing and have established procedures to ensure that Individuals informed of a breach have the opportunity to ask questions and contact the Business Associate for additional information regarding the breach. Such procedures shall include a toll-free telephone number, an e-mail address, a posting on its Web site and a postal address. Business Associate agrees to include in the notification of a breach by the Business Associate to the Covered Entity, a written description of the procedures that have been established to meet these requirements. Costs of such contact procedures will be borne by the Contractor.
 - (G) Business Associate agrees that, in the event of a breach, it has the burden to demonstrate that it has complied with all notifications requirements set forth above, including evidence demonstrating the necessity of a delay in notification to the Covered Entity.
- (h) Permitted Uses and Disclosure by Business Associate.
- (1) General Use and Disclosure Provisions. Except as otherwise limited in this Section of the Contract, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract, provided that such use or disclosure would not violate the HIPAA Standards if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.
 - (2) Specific Use and Disclosure Provisions
 - (A) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.
 - (B) Except as otherwise limited in this Section of the Contract, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the

person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

- (C)** Except as otherwise limited in this Section of the Contract, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).
- (i)** Obligations of Covered Entity.
- (1)** Covered Entity shall notify Business Associate of any limitations in its notice of privacy practices of Covered Entity, in accordance with 45 C.F.R. § 164.520, or to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- (2)** Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual(s) to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
- (3)** Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- (j)** Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Standards if done by the Covered Entity, except that Business Associate may use and disclose PHI for data aggregation, and management and administrative activities of Business Associate, as permitted under this Section of the Contract.
- (k)** Term and Termination.
- (1)** Term. The Term of this Section of the Contract shall be effective as of the date the Contract is effective and shall terminate when the information collected in accordance with provision (g)(10) of this Section of the Contract is provided to the Covered Entity and all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- (2)** Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
- (A)** Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Contract if Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity; or
- (B)** Immediately terminate the Contract if Business Associate has breached a material term of this Section of the Contract and cure is not possible; or
- (C)** If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

- (3) Effect of Termination.
- (A) Except as provided in (k)(2) of this Section of the Contract, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity. Business Associate shall also provide the information collected in accordance with section (g)(10) of this Section of the Contract to the Covered Entity within ten (10) business days of the notice of termination. This section shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
- (B) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon documentation by Business Associate that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Section of the Contract to such PHI and limit further uses and disclosures of PHI to those purposes that make return or destruction infeasible, for as long as Business Associate maintains such PHI. Infeasibility of the return or destruction of PHI includes, but is not limited to, requirements under state or federal law that the Business Associate maintains or preserves the PHI or copies thereof.
- (I) Miscellaneous Sections.
- (1) Regulatory References. A reference in this Section of the Contract to a section in the Privacy Rule means the section as in effect or as amended.
- (2) Amendment. The Parties agree to take such action as is necessary to amend this Section of the Contract from time to time as is necessary for Covered Entity to comply with requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- (3) Survival. The respective rights and obligations of Business Associate shall survive the termination of this Contract.
- (4) Effect on Contract. Except as specifically required to implement the purposes of this Section of the Contract, all other terms of the Contract shall remain in force and effect.
- (5) Construction. This Section of the Contract shall be construed as broadly as necessary to implement and comply with the Privacy Standard. Any ambiguity in this Section of the Contract shall be resolved in favor of a meaning that complies, and is consistent with, the Privacy Standard.
- (6) Disclaimer. Covered Entity makes no warranty or representation that compliance with this Section of the Contract will be adequate or satisfactory for Business Associate's own purposes. Covered Entity shall not be liable to Business Associate for any claim, civil or criminal penalty, loss or damage related to or arising from the unauthorized use or disclosure of PHI by Business Associate or any of its officers, directors, employees, contractors or agents, or any third party to whom Business

Associate has disclosed PHI contrary to the sections of this Contract or applicable law. Business Associate is solely responsible for all decisions made, and actions taken, by Business Associate regarding the safeguarding, use and disclosure of PHI within its possession, custody or control.

- (7) Indemnification. The Business Associate shall indemnify and hold the Covered Entity harmless from and against any and all claims, liabilities, judgments, fines, assessments, penalties, awards and any statutory damages that may be imposed or assessed pursuant to HIPAA, as amended or the HITECH Act, including, without limitation, attorney's fees, expert witness fees, costs of investigation, litigation or dispute resolution, and costs awarded thereunder, relating to or arising out of any violation by the Business Associate and its agents, including subcontractors, of any obligation of Business Associate and its agents, including subcontractors, under this section of the contract, under HIPAA, the HITECH Act, and the HIPAA Standards.
2. **Americans with Disabilities Act.** The Contractor shall be and remain in compliance with the Americans with Disabilities Act of 1990 (<http://www.ada.gov/>) as amended from time to time ("ADA") to the extent applicable, during the term of the Contract. The Agency may cancel or terminate this Contract if the Contractor fails to comply with the ADA. The Contractor represents that it is familiar with the terms of this Act and that it is in compliance with the law. The Contractor warrants that it shall hold the State harmless from any liability which may be imposed upon the state as a result of any failure of the Contractor to be in compliance with this ADA. As applicable, the Contractor shall comply with § 504 of the Federal Rehabilitation Act of 1973, as amended from time to time, 29 U.S.C. § 794 (Supp. 1993), regarding access to programs and facilities by people with disabilities.
3. **Utilization of Minority Business Enterprises.** The Contractor shall perform under this Contract in accordance with 45 C.F.R. Part 74; and, as applicable, C.G.S. §§ 4a-60 to 4a-60a and 4a-60g to carry out this policy in the award of any subcontracts.
4. **Priority Hiring.** Subject to the Contractor's exclusive right to determine the qualifications for all employment positions, the Contractor shall give priority to hiring welfare recipients who are subject to time-limited welfare and must find employment. The Contractor and the Agency shall work cooperatively to determine the number and types of positions to which this Section shall apply.
5. **Non-discrimination.**
- (a) For purposes of this Section, the following terms are defined as follows:
- (1) "Commission" means the Commission on Human Rights and Opportunities;
 - (2) "Contract" and "contract" include any extension or modification of the Contract or contract;
 - (3) "Contractor" and "contractor" include any successors or assigns of the Contractor or contractor;
 - (4) "Gender identity or expression" means a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to,

medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person's core identity or not being asserted for an improper purpose;

- (5) "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations;
- (6) "good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements;
- (7) "marital status" means being single, married as recognized by the State of Connecticut, widowed, separated or divorced;
- (8) "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders;
- (9) "minority business enterprise" means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise, and (3) who are members of a minority, as such term is defined in subsection (a) of C.G.S. § 32-9n; and
- (10) "public works contract" means any agreement between any individual, firm or corporation and the State or any political subdivision of the State other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the State, including, but not limited to, matching expenditures, grants, loans, insurance or guarantees.

For purposes of this Section, the terms "Contract" and "contract" do not include a contract where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, unless the contract is a municipal public works contract or quasi-public agency project contract, (2) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in C.G.S. § 1-267, (3) the federal government, (4) a foreign government, or (5) an agency of a subdivision, state or government described in the immediately preceding enumerated items (1), (2), (3), or (4).

- (b) (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut; and the Contractor further agrees to take affirmative action to ensure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national

origin, ancestry, sex, gender identity or expression, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this Section and C.G.S. §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to C.G.S. §§ 46a-56, 46a-68e, 46a-68f and 46a-86; and (5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this Section and C.G.S. § 46a-56. If the contract is a public works contract, municipal public works contract or contract for a quasi-public agency project, the Contractor agrees and warrants that he or she will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works or quasi-public agency projects.

- (c) Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- (d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.
- (e) The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and in every subcontract entered into in order to fulfill any obligation of a municipal public works contract for a quasi-public agency project, and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with C.G.S. §46a-56, as amended; provided if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission regarding a State contract, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.
- (f) The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this Contract and as they may be adopted or amended from time to time during the term of this Contract and any amendments thereto.

- (g) (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said Commission pursuant to C.G.S. § 46a-56; and (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this Section and C.G.S. § 46a-56.
- (h) The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with C.G.S. § 46a-56 as amended; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission regarding a State contract, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

6. **Freedom of Information.**

- (a) Contractor acknowledges that the Agency must comply with the Freedom of Information Act, C.G.S. §§ 1-200 et seq. ("FOIA") which requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b).
- (b) **Governmental Function.** In accordance with C.G.S. § 1-218, if the amount of this Contract exceeds two million five hundred thousand dollars (\$2,500,000), and the Contractor is a "person" performing a "governmental function", as those terms are defined in C.G.S. § 1-200(4) and (11), the Agency is entitled to receive a copy of the Records and files related to the Contractor's performance of the governmental function, which may be disclosed by the Agency pursuant to the FOIA.

7. **Whistleblowing.** This Contract is subject to C.G.S. § 4-61dd if the amount of this Contract is a "large state contract" as that term is defined in C.G.S. § 4-61dd(h). In accordance with this statute, if an officer, employee or appointing authority of the Contractor takes or threatens to take any personnel action against any employee of the Contractor in retaliation for such employee's disclosure of information to any employee of the Contracting state or quasi-public agency or the Auditors of Public Accounts or the Attorney General under subsection (a) of such statute, the Contractor shall be liable for a

civil penalty of not more than five thousand dollars (\$5,000) for each offense, up to a maximum of twenty per cent (20%) of the value of this Contract. Each violation shall be a separate and distinct offense and in the case of a continuing violation, each calendar day's continuance of the violation shall be deemed to be a separate and distinct offense. The State may request that the Attorney General bring a civil action in the Superior Court for the Judicial District of Hartford to seek imposition and recovery of such civil penalty. In accordance with subsection (f) of such statute, each large state Contractor, as defined in the statute, shall post a notice of the relevant sections of the statute relating to large state Contractors in a conspicuous place which is readily available for viewing by the employees of the Contractor.

8. **Executive Orders.** This Contract is subject to Executive Order No. 3 of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices; Executive Order No. 17 of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings; Executive Order No. 16 of Governor John G. Rowland, promulgated August 4, 1999, concerning violence in the workplace, all of which are incorporated into and made a part of the Contract as if they had been fully set forth in it. The Contract may also be subject to Executive Order 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services and to Executive Order No. 49 of Governor Dannel P. Malloy, promulgated May 22, 2015, mandating disclosure of certain gifts to public employees and contributions to certain candidates for office. If Executive Order 14 and/or Executive Order 49 are applicable, they are deemed to be incorporated into and are made a part of the Contract as if they had been fully set forth in it. At the Contractor's request, the Client Agency or the Connecticut Department of Administrative Services shall provide a copy of these orders to the Contractor.
9. **Campaign Contribution Restriction.** For all State contracts as defined in C.G.S. § 9-612 having a value in a calendar year of \$50,000 or more or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this Contract expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations" reprinted below.

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Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations

This notice is provided under the authority of Connecticut General Statutes §9-612 (f) (2) and is for the purpose of informing state contractors and prospective state contractors of the following law (*italicized words are defined on the reverse side of this page*).

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

No state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder, of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee (which includes town committees).

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall knowingly solicit contributions from the state contractor's or prospective state contractor's employees or from a subcontractor or principals of the subcontractor on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

DUTY TO INFORM

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

PENALTIES FOR VIOLATIONS

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties—Up to \$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of up to \$2,000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or not more than \$5,000 in fines, or both.

CONTRACT CONSEQUENCES

In the case of a state contractor, contributions made or solicited in violation of the above prohibitions may result in the contract being voided.

In the case of a prospective state contractor, contributions made or solicited in violation of the above prohibitions shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State shall not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "Lobbyist/Contractor Limitations."



DEFINITIONS

"State contractor" means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. "State contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. "Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a state contractor or prospective state contractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has managerial or discretionary responsibilities with respect to a state contract, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. "State contract" does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan, a loan to an individual for other than commercial purposes or any agreement or contract between the state or any state agency and the United States Department of the Navy or the United States Department of Defense.

"State contract solicitation" means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

"Managerial or discretionary responsibilities with respect to a state contract" means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

"Dependent child" means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

"Solicit" means (A) requesting that a contribution be made, (B) participating in any fundraising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee, serving on the committee that is hosting a fundraising event, introducing the candidate or making other public remarks at a fundraising event, being honored or otherwise recognized at a fundraising event, or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (iv) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

"Subcontractor" means any person, business entity or nonprofit organization that contracts to perform part or all of the obligations of a state contractor's state contract. Such person, business entity or nonprofit organization shall be deemed to be a subcontractor until December thirty first of the year in which the subcontract terminates. "Subcontractor" does not include (i) a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or (ii) an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a subcontractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a subcontractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a subcontractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a subcontractor, which is not a business entity, or if a subcontractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any subcontractor who has managerial or discretionary responsibilities with respect to a subcontract with a state contractor, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the subcontractor.

[X] Original Contract (#2020-0054POS01)
[] Amendment # _____
(For Internal Use Only)

SIGNATURES AND APPROVAL

The Contractor IS or IS NOT CURRENTLY a Business Associate under the Health Insurance Portability and Accountability Act of 1996, as amended.

Contractor

Eastern Highlands Health District

Contractor (Corporate/Legal Name of Contractor)

DocuSigned by:
Robert Miller 11/6/2019 | 9:09 AM EST
86CF8EEF4B8C42F...
Signature (Authorized Official) Date

Robert L. Miller, MPH, RS, Director of Health
(Typed/Printed Name and Title of Authorized Official)

Agency

Connecticut Department of Public Health

Agency Name

DocuSigned by:
Heather Aaron 11/27/2019 | 11:43 AM EST
C3CC8E59373B40B...
Signature (Authorized Official) Date

Heather Aaron, MPH, LNHA Deputy Commissioner
(Typed/Printed Name and Title of Authorized Official)

Connecticut Attorney General (Approved as to form)

DocuSigned by:
Susan Castonguay 12/3/2019 | 5:24 PM EST
7B6E8EDAF53140B...
Signature (Authorized Official) Date

Susan Castonguay Asst. Attorney General
Typed/Printed Name and Title of Authorized Official

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

We have audited the financial statements of the governmental activities and each major fund information of the Eastern Highlands Health District for the year ended June 30, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards (and, if applicable, *Government Auditing Standards* and the Uniform Guidance), as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 28, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Eastern Highlands Health District are described in Note 1 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during the year. We noted no transactions entered into by the governmental unit 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 are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements was as follows:

Management's estimate of the net other post employment benefit (OPEB) liability is based on an actuarial valuation utilizing various assumptions and estimates approved by management. We evaluated the key factors and assumptions used to develop the above estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent and clear. There were no sensitive disclosures affecting the financial statements.

Difficulties Encountered in Performing the Audit

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

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to each opinion unit's financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is 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. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated November 5, 2019.

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 governmental unit's financial statements or a determination of the type of auditor's 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.

Other Audit Findings or Issues

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

OTHER MATTERS

We applied certain limited procedures to the management's discussion and analysis, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding 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 did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

RESTRICTION OF USE

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

Blum, Shapiro & Company, P.C.

West Hartford, Connecticut
November 5, 2019

**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***

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements, and have issued our report thereon dated November 5, 2019.

Internal Control over Financial Reporting

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the 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 determination of financial statement amounts. 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 Eastern Highlands Health District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Eastern Highlands Health District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Blum, Shapiro & Company, P.C.

West Hartford, Connecticut
November 5, 2019

step forward →

EASTERN HIGHLANDS HEALTH DISTRICT

FINANCIAL STATEMENTS
JUNE 30, 2019

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**EASTERN HIGHLANDS HEALTH DISTRICT
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JUNE 30, 2019**

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Independent Auditors' Report

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

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and each major fund of the Eastern Highlands Health District as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of the Eastern Highlands Health District as of June 30, 2019 and the respective changes in financial position, and the respective budgetary comparison for the General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 5, 2019 on our consideration of the Eastern Highlands Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Eastern Highlands Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Eastern Highlands Health District's internal control over financial reporting and compliance.

Blum, Shapiro & Company, P.C.

West Hartford, Connecticut
November 5, 2019



Eastern Highlands Health District

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2019

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, 2019.

Financial Highlights

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by \$653,786 (*net position*). Of this amount, \$521,926 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position increased by \$65,502. The District had an operational surplus of \$79,127 coming from revenues in excess of budget (\$39,696), less budgeted use of fund balance (\$31,407) which did not occur, and expenditures less than budget (\$65,928) in the General Fund, plus an increase of \$4,910 in Capital Projects from unspent revenues. The operational surplus was offset by an increase in the compensated absence liability and depreciation in excess of asset additions.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$564,075, an increase of \$79,127 in comparison with the prior year. Of combined fund balances, \$432,295 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 \$432,295 or 58% 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.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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 Eastern Highlands Health District, assets exceeded liabilities by \$653,786 at the close of the most recent fiscal year.

Of the net position, \$131,860 reflects the District's investment in capital assets (e.g., office equipment and vehicles). These assets are not available for future spending.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT
NET POSITION
JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u> <u>(as Restated)</u>
Current and other assets	\$ 629,782	\$ 565,602
Capital assets, net of accumulated depreciation	<u>131,860</u>	<u>150,141</u>
Total assets	<u>761,642</u>	<u>715,743</u>
 Deferred outflows of resources	 <u>180</u>	 <u> </u>
 Long-term liabilities outstanding	 42,250	 46,805
Other liabilities	<u>65,707</u>	<u>80,654</u>
Total liabilities	<u>107,957</u>	<u>127,459</u>
 Deferred inflows of resources	 <u>79</u>	 <u> </u>
 Net Position:		
Net investment in capital assets	131,860	150,141
Unrestricted	<u>521,926</u>	<u>438,143</u>
 Total Net Position	 <u>\$ 653,786</u>	 <u>\$ 588,284</u>

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

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

- **Governmental Activities** - The District's net position increased by \$65,502 during the current fiscal year. The District had an operational surplus of \$79,127 coming from revenues in excess of budget (\$39,696), less budgeted use of fund balance (\$31,407) which did not occur, and expenditures less than budget (\$65,928), primarily from unanticipated staff vacancies in the General Fund, plus an increase of \$4,910 in Capital Projects from unspent revenues. The operational surplus was offset by an increase in the compensated absence liability (\$6,537) and depreciation in excess of asset additions.

**EASTERN HIGHLANDS HEALTH DISTRICT
CHANGE IN NET POSITION
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
Revenues:		
Program revenues:		
Charges for services	\$ 298,887	\$ 295,456
Operating grants and contributions	223,378	236,878
General revenues:		
Assessment to member towns	429,258	429,280
Miscellaneous	1,910	
Total revenues	<u>953,433</u>	<u>961,614</u>
Expenses:		
Health services	<u>887,931</u>	<u>940,347</u>
Change in net position	65,502	21,267
Net Position - July 1	588,284	581,003
Restatement		<u>(13,986)</u>
Net Position - June 30	<u>\$ 653,786</u>	<u>\$ 588,284</u>

- Charges for services increased from the prior year by \$3,431, primarily due to fluctuations in demand for the following services: food protection services increase of \$12,562, engineered plan reviews increase of \$2,855 and septic permits increase of \$7,265, offset by a decrease in wellness program services for Mansfield of \$20,118.
- Operating grants and contributions decreased by a net of \$13,500, primarily due to the following:
 - Decrease in the State Grant in Aid for \$16,658
 - Increase for the receipt of the Medical Reserve Corp (MRC) grant for Region 4 for \$2,344
- Assessment to member towns showed no major change.

Health services expenditures decreased by \$52,416, primarily due to a decrease in salaries and benefits due to unfilled vacancies partially offset by an increase in purchased services.

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 \$564,075, an increase of \$79,127 in comparison with the prior year. Of the ending fund balances, \$432,295 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 \$432,295.

The fund balance of the District's General Fund increased by \$74,217 during the current fiscal year. The key factors in this increase are revenues in excess of budget by \$39,696, primarily in charge for services and expenditures less than budget primarily for salaries and benefits due to unfilled vacancies,

The Capital Projects Fund has a total fund balance of \$131,780, all of which is restricted for capital projects. There was no Capital outlay for the fiscal year. Disposals for the year included a 2006 vehicle and computer equipment, totaling \$16,103.

General Fund Budgetary Highlights

During the year, expenditures were less than budgetary estimates by \$65,928. The key factors are a reduction in salary and benefit costs of \$53,882 primarily due to unfilled vacancies. In addition, there were savings in multiple service and supply accounts, including: training (\$1,744), legal expense (\$1,555), liability insurance (\$1,449), purchased services (\$3,827) and office equipment (\$2,339).

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

Capital Assets

Capital Assets - The District's investment in capital assets for its governmental activities as of June 30, 2019 amounts to \$131,860 (net of accumulated depreciation). This investment in capital assets includes office equipment and vehicles. Depreciation expense was \$16,671 for the year. Asset disposals this year for \$16,103 included a 2006 vehicle (\$13,504) and computer equipment (\$2,599).

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

	<u>2019</u>	<u>2018</u>
Office equipment	\$ 87,604	\$ 96,651
Vehicles	<u>44,256</u>	<u>53,490</u>
Total	<u>\$ 131,860</u>	<u>\$ 150,141</u>

Economic Factors and Next Year's Budgets and Rates

The facilities and offices of the Eastern Highlands Health District are located east of Hartford, Connecticut. The Eastern Highlands Health 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 82,082. The main District office is located in the town of Mansfield.

The budget for fiscal year 2020 was passed by its Board of Directors on February 21, 2019 for \$836,382. We anticipate being able to operate according to the Board's Adopted Budget for fiscal year 19/20.

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 Cheryl A. Trahan, Director of Finance, Town of Mansfield, 4 South Eagleville Road, Mansfield, CT 06268.

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF NET POSITION
JUNE 30, 2019**

	<u>Governmental Activities</u>
Assets:	
Cash and cash equivalents	\$ 609,465
Receivables:	
Accounts	20,317
Capital assets being depreciated (net of accumulated depreciation):	
Office equipment	87,604
Vehicles	<u>44,256</u>
Total assets	<u>761,642</u>
Deferred Inflows of Resources:	
Deferred inflows of resources related to OPEB	<u>180</u>
Liabilities:	
Accounts payable	4,378
Accrued liabilities	20,783
Unearned revenue	40,546
Noncurrent liabilities:	
Compensated absences, due within one year	5,256
Compensated absences, due in more than one year	21,026
Total OPEB liability	<u>15,968</u>
Total liabilities	<u>107,957</u>
Deferred Outflows of Resources:	
Deferred outflows of resources related to OPEB	<u>79</u>
Net Position:	
Net investment in capital assets	131,860
Unrestricted	<u>521,926</u>
Total Net Position	<u>\$ 653,786</u>

The accompanying notes are an integral part of the financial statements

EASTERN HIGHLANDS HEALTH DISTRICT
 STATEMENT OF ACTIVITIES
 FOR THE YEAR ENDED JUNE 30, 2019

Functions/Programs	Program Revenues			Net Revenues (Expenses) and Changes in Net Position
	Expenses	Charges for Services	Operating Grants and Contributions	
Governmental Activities:				
Health services	\$ 887,931	\$ 298,887	\$ 223,378	\$ (365,666)
General revenues:				
Assessment to member towns				429,258
Miscellaneous				1,910
Total general revenues				431,168
Change in Net Position				65,502
Net Position at Beginning of Year, as Restated				588,284
Net Position at End of Year				\$ 653,786

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET - GOVERNMENTAL FUNDS
JUNE 30, 2019**

	<u>Major Funds</u>			<u>Total Governmental Funds</u>
	<u>General</u>	<u>Health Grants</u>	<u>Capital Projects</u>	
ASSETS				
Cash and cash equivalents	\$ 450,467	\$ 27,218	\$ 131,780	\$ 609,465
Receivables:				
Accounts	<u>3,222</u>	<u>17,095</u>		<u>20,317</u>
Total Assets	<u>\$ 453,689</u>	<u>\$ 44,313</u>	<u>\$ 131,780</u>	<u>\$ 629,782</u>
LIABILITIES AND FUND BALANCES				
Liabilities:				
Accounts and other payables	\$ 835	\$ 3,543	\$	\$ 4,378
Accrued liabilities	20,559	224		20,783
Unearned revenue		<u>40,546</u>		<u>40,546</u>
Total liabilities	<u>21,394</u>	<u>44,313</u>	<u>-</u>	<u>65,707</u>
Fund Balances:				
Restricted for capital projects			131,780	131,780
Unassigned	<u>432,295</u>			<u>432,295</u>
Total fund balances	<u>432,295</u>	<u>-</u>	<u>131,780</u>	<u>564,075</u>
Total Liabilities and Fund Balances	<u>\$ 453,689</u>	<u>\$ 44,313</u>	<u>\$ 131,780</u>	<u>\$ 629,782</u>

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET - GOVERNMENTAL FUNDS (CONTINUED)
JUNE 30, 2019**

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

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

Total Fund Balances (Exhibit III, Page 1)	\$	564,075
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Capital assets used in governmental activities are not financial
resources and, therefore, are not reported in the funds:

Governmental capital assets	\$	273,314	
Less accumulated depreciation		<u>(141,454)</u>	
Net capital assets			131,860

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	180
--	-----

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

Compensated absences	(26,282)
Deferred inflows of resources related to OPEB	(79)
Total OPEB liability	<u>(15,968)</u>

Net Position of Governmental Activities (Exhibit I)	\$	<u><u>653,786</u></u>
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The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
GOVERNMENTAL FUNDS
FOR THE YEAR ENDED JUNE 30, 2019**

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
Revenues:				
Member town contributions	\$ 429,258	\$ 51,597	\$	\$ 480,855
Intergovernmental	133,327	79,400		212,727
Septic permits	51,145			51,145
Well permits	12,955			12,955
B100a building permit review	29,445			29,445
Soil testing service	40,960			40,960
Engineered plan review	29,535			29,535
Food protection service	83,961			83,961
Non-engineered plan review	60			60
Group home/daycare inspection	1,210			1,210
Subdivision review	1,170			1,170
Food plan review	4,290			4,290
Other health services	3,210		1,910	5,120
Total revenues	<u>820,526</u>	<u>130,997</u>	<u>1,910</u>	<u>953,433</u>
Expenditures:				
Current:				
Payroll and benefits	656,231	78,300		734,531
Other purchased services	54,114	38,927		93,041
Liability insurance	14,351			14,351
Supplies and services	11,308	4,847		16,155
Repairs and maintenance	2,663			2,663
Other	4,642	8,923		13,565
Total expenditures	<u>743,309</u>	<u>130,997</u>	<u>-</u>	<u>874,306</u>
Excess of Revenues over Expenditures	<u>77,217</u>	<u>-</u>	<u>1,910</u>	<u>79,127</u>
Other Financing Sources (Uses):				
Transfers in			3,000	3,000
Transfers out	<u>(3,000)</u>			<u>(3,000)</u>
Total other financing sources (uses)	<u>(3,000)</u>	<u>-</u>	<u>3,000</u>	<u>-</u>
Net Change in Fund Balances	74,217	-	4,910	79,127
Fund Balances at Beginning of Year	<u>358,078</u>	<u>-</u>	<u>126,870</u>	<u>484,948</u>
Fund Balances at End of Year	<u>\$ 432,295</u>	<u>\$ -</u>	<u>\$ 131,780</u>	<u>\$ 564,075</u>

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
GOVERNMENTAL FUNDS (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2019**

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

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

Net change in fund balances - total governmental funds (Exhibit IV)	\$ 79,127
Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period:	
Depreciation expense	(16,671)
Loss on disposal of capital assets	(1,610)
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	180
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	6,537
Change in deferred inflows of resources related to OPEB	(79)
Change in total OPEB liability	<u>(1,982)</u>
Change in Net Position of Governmental Activities (Exhibit II)	<u>\$ 65,502</u>

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
BUDGET AND ACTUAL - GENERAL FUND
FOR THE YEAR ENDED JUNE 30, 2019**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Revenues:				
Member town contributions	\$ 429,270	\$ 429,270	\$ 429,258	\$ (12)
Intergovernmental	123,280	123,280	133,327	10,047
Septic permits	40,080	40,080	51,145	11,065
Well permits	15,960	15,960	12,955	(3,005)
B100a building permit review	30,700	30,700	29,445	(1,255)
Soil testing service	32,550	32,550	40,960	8,410
Engineered plan review	9,190	9,190	29,535	20,345
Food protection service	73,400	73,400	83,961	10,561
Non-engineered plan review	15,340	15,340	60	(15,280)
Group home/daycare inspection	1,320	1,320	1,210	(110)
Subdivision review	1,940	1,940	1,170	(770)
Food plan review	2,820	2,820	4,290	1,470
Other health services	4,980	4,980	3,210	(1,770)
Total revenues	<u>780,830</u>	<u>780,830</u>	<u>820,526</u>	<u>39,696</u>
Expenditures:				
Current:				
Regular salaries - nonunion	502,013	502,013	459,360	(42,653)
Social Security	36,240	36,240	31,967	(4,273)
Workers' compensation	10,150	10,150	9,183	(967)
Medicare	8,430	8,430	7,476	(954)
ICMA	33,980	33,980	29,585	(4,395)
Life insurance	2,450	2,450	1,810	(640)
RHS contribution	2,210	2,210	2,222	12
Dues and subscriptions	2,000	2,000	2,024	24
Training	2,000	2,000	256	(1,744)
Mileage reimbursement	600	600	140	(460)
Professional and technical	7,120	7,120	7,086	(34)
Legal	2,000	2,000	445	(1,555)
Audit expense	6,800	6,800	6,700	(100)
Vehicle repair and maintenance	3,200	3,200	2,663	(537)
General liability	15,800	15,800	14,351	(1,449)
Medical insurance	116,220	116,220	116,220	-
Long-term disability Insurance	640	640	630	(10)
Advertising	1,000	1,000	598	(402)
Printing and binding	1,000	1,000	1,151	151

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
BUDGET AND ACTUAL - GENERAL FUND (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2019**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Postage	\$ 1,500	\$ 1,500	\$ 1,517	\$ 17
Copier maintenance fees	1,000	1,000		(1,000)
Other purchased services	11,340	11,340	8,513	(2,827)
Voice communications	3,800	3,800	3,250	(550)
Instructional supplies	800	800		(800)
Books and periodicals	200	200	199	(1)
Supplies	2,000	2,000	3,427	1,427
Gasoline	2,600	2,600	3,015	415
Office equipment	3,000	3,000	661	(2,339)
Equipment - other	600	600	740	140
Administrative overhead	28,544	28,544	28,120	(424)
Total expenditures	<u>809,237</u>	<u>809,237</u>	<u>743,309</u>	<u>(65,928)</u>
Excess of Revenues over (under) Expenditures	<u>(28,407)</u>	<u>(28,407)</u>	<u>77,217</u>	<u>105,624</u>
Other Financing Sources (Uses):				
Appropriation of fund balance	31,407	31,407	-	(31,407)
Transfers out	<u>(3,000)</u>	<u>(3,000)</u>	<u>(3,000)</u>	<u>-</u>
Total other financing sources (uses)	<u>28,407</u>	<u>28,407</u>	<u>(3,000)</u>	<u>(31,407)</u>
Net Change in Fund Balances	<u>\$ -</u>	<u>\$ -</u>	74,217	<u>\$ 74,217</u>
Fund Balances at Beginning of Year			<u>358,078</u>	
Fund Balances at End of Year			<u>\$ 432,295</u>	

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

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

B. Basis of Presentation

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

Government-Wide and Fund Financial Statements

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

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

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

Measurement Focus, Basis of Accounting and Financial Statement Presentation

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

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

The District reports the following major governmental funds:

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

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

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

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

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

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

C. Cash Equivalents

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

D. Receivables

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

E. Capital Assets

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

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

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

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

F. Compensated Absences

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

G. Long-Term Obligations

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

H. Total Other Postemployment Benefits Other than Pensions (OPEB) Liability

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

I. Deferred Outflows/Inflows of Resources

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

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

J. Interfund Transfers

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

K. Fund Equity and Net Position

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

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

Net Investment in Capital Assets

This category presents the net position that reflects the value of capital assets, net of accumulated depreciation.

Unrestricted Net Position

This category presents the net position of the District that is not restricted.

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

Nonspendable Fund Balance

This represents amounts that cannot be spent due to form (e.g., inventories and prepaid amounts).

Restricted Fund Balance

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

Committed Fund Balance

This represents amounts constrained for a specific purpose by a government using its highest level of decision-making authority (Eastern Highlands Health District Board of Directors).

Assigned Fund Balance

This represents amounts constrained for the intent to be used for a specific purpose by the Director of Health.

Unassigned Fund Balance

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

L. Estimates

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

2. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY

A. Budgets and Budgetary Accounting

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

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

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

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

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

Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which the purchase order, contract or other commitment is issued, and, accordingly, encumbrances outstanding at year end are reported in budgetary reports (Exhibit V) as expenditures in the current year. Generally, all unencumbered appropriations lapse after a year, except those of the Capital Projects Fund. Encumbered appropriations are carried forward to the ensuing fiscal year, and as of June 30, 2019, the District did not have outstanding encumbrances.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

3. DETAILED NOTES ON ALL FUNDS

A. Deposits

At June 30, 2019, the carrying amount of the District's deposits was \$609,465 and is part of the Town of Mansfield, Connecticut's pooled cash account. The District does not have a deposit policy for custodial credit risk. Separate risk classification is not available.

B. Capital Assets

Capital asset activity for the year ended June 30, 2019 was as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>
Governmental activities:				
Capital assets being depreciated:				
Office equipment	\$ 141,390	\$	\$ 2,599	\$ 138,791
Vehicles	148,027		13,504	134,523
Total capital assets being depreciated	<u>289,417</u>	<u>-</u>	<u>16,103</u>	<u>273,314</u>
Less accumulated depreciation for:				
Office equipment	44,739	8,787	2,339	51,187
Vehicles	94,537	7,884	12,154	90,267
Total accumulated depreciation	<u>139,276</u>	<u>16,671</u>	<u>14,493</u>	<u>141,454</u>
Total capital assets being depreciated, net	<u>150,141</u>	<u>(16,671)</u>	<u>1,610</u>	<u>131,860</u>
Governmental Activities Capital Assets, Net	<u>\$ 150,141</u>	<u>\$ (16,671)</u>	<u>\$ 1,610</u>	<u>\$ 131,860</u>

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

Governmental activities:	
Health Services	\$ <u>16,671</u>

C. Interfund Transfers

Transfers are used to transfer budgeted resources to other funds to finance various projects. For the year ended June 30, 2019, the District transferred \$3,000 from the General Fund to the Capital Projects Fund.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

D. Long-Term Debt

Long-term liability activity for the year ended June 30, 2019 was as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>Ending Balance</u>	<u>Due Within One Year</u>
Governmental Activities:					
Total OPEB Liability	\$ 13,986	\$ 1,982	\$	\$ 15,968	\$
Compensated Absences	<u>32,819</u>	<u>35,827</u>	<u>42,364</u>	<u>26,282</u>	<u>5,256</u>
Total governmental activities:					
Long-Term Liabilities	<u>\$ 46,805</u>	<u>\$ 37,809</u>	<u>\$ 42,364</u>	<u>\$ 42,250</u>	<u>\$ 5,256</u>

4. OTHER POST EMPLOYMENT BENEFITS PLAN

Plan Description

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

The District currently pays for post employment health care benefits on a pay-as-you-go basis. As of June 30, 2019, 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, 2018, the date of the last actuarial valuation.

Active Employees	<u><u>8</u></u>
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Total OPEB Liability

The District's total OPEB liability of \$15,968 was measured as of June 30, 2019 and was determined by an actuarial valuation as of that date.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

Actuarial Assumptions and Other Inputs

The total OPEB liability in the June 30, 2019 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement unless otherwise specified:

Inflation	2.60%
Salary increases	3.60%, average, including inflation
Discount rate	3.51%
Healthcare cost trend rates	7.00% in 2018, reducing by 0.5% each year to an ultimate rate of 4.60% per year rate for 2023 and later
Retirees' share of benefit-related costs	100% of projected health insurance premiums for retirees

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

Mortality rates were based on RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2017.

The actuarial assumptions used in the July 1, 2018 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, 2018	\$ <u>13,986</u>
Changes for the year:	
Service cost	1,278
Interest on total OPEB liability	590
Difference between expected and actual experience	(90)
Changes in assumptions or other inputs	<u>204</u>
Net changes	<u>1,982</u>
Balances as of June 30, 2019	\$ <u><u>15,968</u></u>

Changes of assumptions and other inputs reflect a change in the discount rate from 3.87% in 2018 to 3.51% in 2019.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

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

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (2.51%) or 1 percentage point higher (4.51%) than the current discount rate:

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 16,509	\$ 15,968	\$ 15,395

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

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1 percentage point lower (6.00% decreasing to 3.60%) or 1 percentage point higher (8.00% decreasing to 5.60%) than the current healthcare cost trend rates:

	<u>1% Decrease</u>	<u>Healthcare Cost Trend Rates</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 14,714	\$ 15,968	\$ 17,333

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

For the year ended June 30, 2019, the District recognized OPEB expense of \$1,881. At June 30, 2019, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$	\$ 79
Changes of assumptions or other inputs	180	
Total	<u>\$ 180</u>	<u>\$ 79</u>

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

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

2020	\$	13
2021		13
2022		13
2023		13
2024		13
Thereafter		36

5. PRIOR PERIOD ADJUSTMENT AND RESTATEMENT

The following restatement was recorded to the beginning of net position of the governmental activities as a result of a change in estimate regarding GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other than Pensions*:

Governmental Activities:

Net position at June 30, 2018, as previously reported	\$	602,270
Adjustment:		
Record total OPEB liability per GASB No. 75		<u>(13,986)</u>
Net Position at July 1, 2018, as Restated	\$	<u><u>588,284</u></u>

6. OTHER INFORMATION

A. Risk Management

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

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

B. Related Party Transactions

As disclosed in Note 1, the District's Board of Directors consists of appointed representatives from the member towns consisting of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington. Revenues received from these member towns are as follows for the year ended June 30, 2019:

Andover	\$	17,268
Ashford		22,493
Bolton		26,178
Chaplin		11,926
Columbia		28,849
Coventry		66,019
Mansfield		137,895
Scotland		8,910
Tolland		78,540
Willington		<u>31,180</u>
	\$	<u><u>429,258</u></u>

No amounts were due to or from the member towns as of June 30, 2019.

C. Contingent Liabilities

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

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

	<u>2019</u>
Total OPEB liability:	
Service cost	\$ 1,278
Interest	590
Differences between expected and actual experience	(90)
Changes of assumptions and other inputs	<u>204</u>
Net change in total OPEB liability	1,982
Total OPEB liability - beginning	<u>13,986</u>
 Total OPEB Liability - Ending	 \$ <u><u>15,968</u></u>
 Covered payroll	 \$ 585,429
 Total OPEB liability as a percentage of covered-employee payroll	 2.73%

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

Notes to Schedule:

The discount rate was changed from 3.87% in 2018 to 3.51% in 2019.

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30th, 2019
(with comparative totals for September 30, 2018)

	<u>Adopted</u>	<u>Amended</u>	<u>Estimated</u>	<u>Percent of</u>		
	<u>Budget</u>	<u>Budget</u>	<u>Actuals</u>	<u>2020</u>	<u>Adopted</u>	<u>2019</u>
	<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>		<u>Budget</u>	
Revenues						
Member Town Contributions	\$ 437,590	\$ 437,590	437,590	\$ 109,400	25.0%	\$ 107,315
State Grants	119,990	119,990	134,429	134,429	112.0%	133,327
Septic Permits	52,840	52,840	52,840	14,955	28.3%	17,825
Well Permits	13,890	13,890	13,890	3,120	22.5%	5,200
Soil Testing Service	35,610	35,610	35,610	12,250	34.4%	12,005
Food Protection Service	77,340	77,340	77,340	5,265	6.8%	4,656
B100a Reviews	29,680	29,680	29,680	8,415	28.4%	10,040
Septic Plan Reviews	31,750	31,750	31,750	9,700	30.6%	10,230
Other Health Services	4,681	4,681	4,681	8,548	182.6%	455
Miscellaneous	6,800	6,800	6,800			
Appropriation of Fund Balance	26,211	26,211	11,772	-	0.0%	-
Total Revenues	836,382	836,382	836,382	306,082	36.6%	301,054
Expenditures						
Salaries & Wages	585,660	585,660	585,660	123,731	21.1%	144,102
Grant Deductions	(40,938)	(40,938)	(40,938)	(10,704)	26.1%	(24,172)
Benefits	187,270	187,270	187,270	49,272	26.3%	58,245
Miscellaneous Benefits	8,360	8,360	8,360	1,864	22.3%	1,534
Insurance	15,800	15,800	15,800	6,474	41.0%	2,912
Professional & Technical Services	16,020	16,020	16,020	10,885	67.9%	466
Vehicle Repairs & Maintenance	3,200	3,200	3,200	879	27.5%	1,141
Health Reg*Admin Overhead	29,170	29,170	29,170	7,293	25.0%	7,030
Other Purchased Services	19,640	19,640	19,640	15,424	78.5%	1,523
Other Supplies	5,600	5,600	5,600	1,078	19.3%	1,063
Equipment - Minor	3,600	3,600	3,600	45	1.3%	635
Total Expenditures	833,382	833,382	833,382	206,240	24.7%	194,479
Operating Transfers						
Transfer to CNR Fund	3,000	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	836,382	836,382	836,382	206,240	24.7%	194,479
Excess (Deficiency) of Revenues	-	-	-	99,842		106,575
Fund Balance, July 1	432,295	432,295	432,295	432,295		358,081
Fund Balance plus Cont. Capital, Sept. 30	\$ 432,295	\$ 432,295	432,295	\$ 532,137		\$ 464,656

Eastern Highlands Health District
General Fund
Balance Sheet
September 30, 2019
(with comparative totals for September 30, 2018)

	<u>2020</u>	<u>2019</u>
Assets		
Cash and Cash Equivalents	\$ <u>532,272</u>	\$ <u>464,826</u>
Total Assets	<u><u>532,272</u></u>	<u><u>464,826</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>135</u>	<u>170</u>
Total Liabilities	<u>135</u>	<u>170</u>
Fund Balance	<u>532,137</u>	<u>464,656</u>
Total Liabilities and Fund Balance	\$ <u><u>532,272</u></u>	\$ <u><u>464,826</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
September 30, 2019
(with comparative totals for September 30, 2018)

	<u>2020</u>	<u>2019</u>
Assets		
Cash and Cash Equivalents	\$ <u>119,980</u>	\$ <u>128,780</u>
Total Assets	<u>119,980</u>	<u>128,780</u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>119,980</u>	<u>128,780</u>
Total Liabilities and Fund Balance	<u>\$ 119,980</u>	<u>\$ 128,780</u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30, 2019
(with comparative totals for September 30, 2018)

	<u>2020</u>	<u>2019</u>
Revenues		
General Fund	\$ -	\$ 1,910
Total Revenues	<u>-</u>	<u>1,910</u>
Operating Transfers		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>-</u>	<u>1,910</u>
Expenditures		
Professional & Technical Services	-	-
Office Equipment	<u>11,800</u>	<u>-</u>
Total Expenditures	<u>11,800</u>	<u>-</u>
Excess (Deficiency) of Revenues	(11,800)	1,910
Fund Balance, July 1	<u>131,780</u>	<u>126,870</u>
Fund Balance plus Cont. Capital, Sept. 30	<u>\$ 119,980</u>	<u>\$ 128,780</u>

Eastern Highlands Health District
General Fund
Balance Sheet
September 30, 2019
(with comparative totals for September 30, 2018)

	<u>2020</u>	<u>2019</u>
Assets		
Cash and Cash Equivalents	\$ <u>532,272</u>	\$ <u>464,826</u>
Total Assets	<u>532,272</u>	<u>464,826</u>
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Total Liabilities	<u>135</u>	<u>170</u>
Fund Balance	<u>532,137</u>	<u>464,656</u>
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Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30th, 2019
(with comparative totals for September 30, 2018)

	<u>Adopted</u>	<u>Amended</u>	<u>Estimated</u>	<u>Percent of</u>		
	<u>Budget</u>	<u>Budget</u>	<u>Actuals</u>	<u>2020</u>	<u>Adopted</u>	<u>2019</u>
	<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>		<u>Budget</u>	
Revenues						
Member Town Contributions	\$ 437,590	\$ 437,590	437,590	\$ 109,400	25.0%	\$ 107,315
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Well Permits	13,890	13,890	13,890	3,120	22.5%	5,200
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B100a Reviews	29,680	29,680	29,680	8,415	28.4%	10,040
Septic Plan Reviews	31,750	31,750	31,750	9,700	30.6%	10,230
Other Health Services	4,681	4,681	4,681	8,548	182.6%	455
Miscellaneous	6,800	6,800	6,800			
Appropriation of Fund Balance	26,211	26,211	11,772	-	0.0%	-
Total Revenues	836,382	836,382	836,382	306,082	36.6%	301,054
Expenditures						
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Grant Deductions	(40,938)	(40,938)	(40,938)	(10,704)	26.1%	(24,172)
Benefits	187,270	187,270	187,270	49,272	26.3%	58,245
Miscellaneous Benefits	8,360	8,360	8,360	1,864	22.3%	1,534
Insurance	15,800	15,800	15,800	6,474	41.0%	2,912
Professional & Technical Services	16,020	16,020	16,020	10,885	67.9%	466
Vehicle Repairs & Maintenance	3,200	3,200	3,200	879	27.5%	1,141
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Other Supplies	5,600	5,600	5,600	1,078	19.3%	1,063
Equipment - Minor	3,600	3,600	3,600	45	1.3%	635
Total Expenditures	833,382	833,382	833,382	206,240	24.7%	194,479
Operating Transfers						
Transfer to CNR Fund	3,000	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	836,382	836,382	836,382	206,240	24.7%	194,479
Excess (Deficiency) of Revenues	-	-	-	99,842		106,575
Fund Balance, July 1	432,295	432,295	432,295	432,295		358,081
Fund Balance plus Cont. Capital, Sept. 30	\$ <u>432,295</u>	\$ <u>432,295</u>	<u>432,295</u>	\$ <u>532,137</u>		\$ <u>464,656</u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
September 30, 2019
(with comparative totals for September 30, 2018)

	<u>2020</u>	<u>2019</u>
Assets		
Cash and Cash Equivalents	\$ <u>119,980</u>	\$ <u>128,780</u>
Total Assets	<u>119,980</u>	<u>128,780</u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>119,980</u>	<u>128,780</u>
Total Liabilities and Fund Balance	\$ <u>119,980</u>	\$ <u>128,780</u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30, 2019
(with comparative totals for September 30, 2018)

	<u>2020</u>	<u>2019</u>
Revenues		
General Fund	\$ -	\$ 1,910
Total Revenues	<u>-</u>	<u>1,910</u>
Operating Transfers		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>-</u>	<u>1,910</u>
Expenditures		
Professional & Technical Services	-	-
Office Equipment	<u>11,800</u>	<u>-</u>
Total Expenditures	<u>11,800</u>	<u>-</u>
Excess (Deficiency) of Revenues	(11,800)	1,910
Fund Balance, July 1	<u>131,780</u>	<u>126,870</u>
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**Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30th, 2019**
(with comparative totals for September 30, 2018)

	Adopted	Amended	Estimated	Percent of		
	Budget	Budget	Actuals	2020	Adopted	2019
	2019/20	2019/20	2019/20		Budget	
Revenues						
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Professional & Technical Services	16,020	16,020	16,020	10,885	67.9%	466
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Other Supplies	5,600	5,600	5,600	1,078	19.3%	1,063
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Excess (Deficiency) of Revenues	-	-	-	99,842		106,575
Fund Balance, July 1	432,295	432,295	432,295	432,295		358,081
Fund Balance plus Cont. Capital, Sept. 30	\$ 432,295	\$ 432,295	432,295	\$ 532,137		\$ 464,656

DRAFT EMAIL TO ALL EHHD ONLINE APPLICANTS

December 16, 2019

Re: Change in EHHD online permit application, and payment platform

Dear Eastern Highlands Health District Customer:

You are receiving this email because during the past 18 months you have created an account with the Eastern Highlands Health District online public portal, and have applied and paid for a service from the our agency. The purpose of this email is to notify you of changes to the health districts system for online applications and payments.

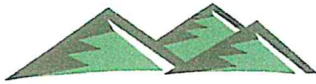
Effective January 7, 2020 our online permitting and payment system will change over from ViewPermit to ViewPoint Cloud. What does this mean for you? *It means the next time you visit our website, on or after January 7th, to apply for services you will need follow new instructions, and set up a new account with a new ID and password information. (Exception: login credentials established in other ViewPermit Cloud municipal portals can be used to login into the EHHD portal.)* While this may represent an inconvenience, we feel that the system improvements and user friendly elements in the new online system will offset any initial inconvenience.

As part of this change over our online permitting and payment system will be offline for a brief period of time starting January 2nd, until January 7th when the new system is launched. We will be accepting paper applications only during that brief time period! Starting January 7th you can find our online portal at XXXXXXXX, or go to our home page at www.ehhd.org.

With the above said, please let us know about your experience with the new system. If you have any questions, or would like to provide feedback on the new system please email us ehhd@ehhd.org, or call 860-429-3325.

Yours in Health,

Robert L. Miller, MPH, RS
Director of Health



Eastern Highlands Health District

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

December 3, 2019

Re: Important Notice from Your Local Health Department

Dear Establishment Owner/Operator:

The purpose of this letter is to notify all owners and operators of **barbershops, nail salons, hair salons, and other cosmetology businesses** of significant changes to our agencies oversight of your business operations. Some of you are aware that **Public Act 19-117, Section 196** mandates the local health department conduct an **annual routine sanitary inspection of your business operations**. To date, the Eastern Highlands Health District (EHHD) does not conduct such annual inspections of your business. As part of our efforts to comply with this state statute, **the EHHD will begin conducting routine annual sanitary inspections beginning in 2020**, as part of a newly proposed permitting and inspection program. The exact timing on the implementation of this program has not yet been determined.

To assure the effectiveness, consistency, and professionalism of this new inspection and permitting program the EHHD will be proposing new local sanitary codes that set fees, define inspection standards consistent with state guidelines, detail the permitting process, and enforcement protocols for the program. Because this permitting and inspection program will be affecting your business we want to provide you an opportunity to be involved in the process to develop this new local sanitary code.

Towards this end, we have scheduled an informational and feedback event for business owners and operators. At this event the proposed local sanitary code, and a tentative timeline for implementation will be presented, with a question, answer, and comment period provided. ***The presentation is scheduled for Monday January 6, 2020, 10:30 AM, at the Mansfield Town Hall Council Chambers, 4 South Eagleville Road, Storrs CT, 06268. We strongly encourage you, or your representative to attend this event.***

To facilitate your feedback, and allow adequate time to prepare your questions or comments, we have enclosed a *draft* copy of the new local sanitary code, and the associated field inspection form for your review.

To clarify, this is your **first opportunity to provide comments and feedback on this code before it becomes law**. There will be an *additional* opportunity to provide feedback when the code goes to a public hearing, which will occur at a time yet to be determined in 2020.

We sincerely hope you choose participate in this important process.

Yours in Health,

Robert L. Miller, MPH, RS
Director of Health

Enclosures: Draft Salon Sanitary Code
 Draft Inspection form
 Public Act 19-117, Section 196

~~4.12.2. Class III is a Food Service Establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the Public within four (4) hours of preparation.~~

~~4.12.3. Class IV is a Food Service Establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the Public.~~

DRAFT SANITARY CODE

EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 5

BARBERSHOP, HAIRDRESSING, COSMETOLOGY, NAIL SALON AND SPA

5.1 Purpose:

To define requirements for the inspection, establishment standards, permit fees and penalties for any "Salon". ~~As defined in Public Act 19-117, in any municipality or other political subdivision comprising EHHD and supplemental to the Connecticut General Statutes, §§19a-14, 19a-92a, 19a-92g, 19a-231, 20-234, 20-250; including without limitation, any "Establishment" providing Barberingshops, Hairdressing or, Cosmetology,; or the services of a Nail Technician, Esthetician or Eyelash Technician, as also defined in Public Act 19-117. Nail Salons, Spas or any salon as defined by Public Act 19-117 in any town or political subdivision comprising EHHD supplemental to the Connecticut General Statutes, §§19a-14, 19a-92a, 19a-92g, 19a-231, 20-234, 20-250.~~

5.1.1 Definitions.

For the purpose of this Section 5 of this Sanitary Code, the following terms have the meanings set forth with respect thereto:

~~5.1.1.A. [CAP1]~~Barbering - includes any and all described practices permitted by State law when performed by a barber licensed in the State of Connecticut, upon the head, face, scalp or neck for cosmetic purposes only.

~~5.1.1.B.~~Barbershop - any Establishment engaged in the practice of Bbarbering for the public.

~~5.1.1.C.~~Cosmetology and/or Hairdressing - includes any and all described practices permitted by State law when performed by a licensed individual upon the head, face, scalp, arms, hands, body, legs and feet for cosmetic purposes only.

~~5.1.1.D. Director of Health~~ the EHHD Director of Health or authorized ~~agent~~[CAP2].

~~5.1.1.E.~~Disinfect - to use a chemical or physical process to destroy harmful organisms, including bacteria, viruses, germs, and fungi. Such chemical or physical process is a "Disinfectant".

~~5.1.1.F.~~Establishment - any premises or that portion of a premises, ~~building, or part of a building, such as a Day Spa or similar business,~~ engaged in the practice of any Bbarbering, Hhairdressing, Cosmetology, or Nnail Technician, Esthetician or Eyelash Technician services for the public. The terms "Establishment" and "Ssalon" shall be used interchangeably.

Esthetician – means a person who, for compensation, performs "Esthetics".

Esthetics – shall have the definition contained in § 191 of Public Act No. 19-117, including without limitation services related to skin care treatments such as cleansing, toning, stimulating, exfoliating or similar procedures on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to enhance or improve the appearance of the skin; makeup application; beautifying lashes and brows; or removing unwanted

Eyelash Technician – means a person, who for compensation performs individual eyelash extensions, eyelash lifts or perms and eyelash color tints.

~~5.1.1.G.~~Independent Contractor - a person who engages in an independent trade, business, or profession in which they offer their services to the public. They are generally not employees of the company and perform services under an expressed or implied agreement.

~~5.1.1.H.~~Nail Technician - means a person who, for compensation, cuts, shapes, polishes or enhances the appearance of the nails of the hands or feet, including, but not limited to, the application and removal of sculptured or artificial nails; excluding, however, any practice, activity or treatment that constitutes the practice of medicine.

~~5.1.1.I. Operator - any person, including, but not limited to, a licensed Hhairstylist/Cosmetician, or Bbarber, or, Esthetician, Eyelash Technician or Iindependent Contractor who is performing tasks allowed under the scope of this ordinance and Connecticut General Statutes.~~

~~5.1.1.J. Permit Holder - the person who applies for and is granted a Permit to Operate and provides the services of an Barbershop, Hair Dressing, Cosmetology, Nail Salon and Spa Establishment in the towns covered by EHHD.~~

~~5.1.1.K. Shampoo Station - consists of a shampoo sink (used for no other purpose) with hot and cold running water and a shampoo chair. [CAP3]~~

~~5.1.1. L. Work Area - is defined as a separate room with one or more work stations, or a private room set aside to serve one customer at a time. [CAP4]~~

5.1.1.M. Work Station - is defined as a chair, countertop and floor space set aside for the purpose of serving a customer, including floor space for the Operator to stand while serving the customer.

5.2. Plan Review and Pre-Operation Inspections.

5.2.1. A plan review [CAP5] application and layout design plan must be completed and submitted to the Health Department for review and approval prior to opening any new Ssalon or the remodeling or alteration of an existing Ssalon. [CAP6]

5.2.2. Prior to a Ssalon opening, the Director of Health, or his or her authorized agent [CAP7], shall conduct a pre-operational inspection to determine compliance with the approved plans, with the requirements of this Ssanitary Ceode and the Public Health Code of the State of Connecticut. [CAP8]

5.2.3. In addition to the above requirements of this Section 5.2. tThe Ppermit Hholder must shall obtain a Certificate of Occupancy (CO) from the Building Department and Zoning approval from the Planning and Zoning Department, if applicable.

5.3. Permits.

5.3.1. No Eestablishment shall operate without a valid permit issued by the Director of Health. Only an Eestablishment that complies with the requirements of this Ssanitary Ceode and all other applicable legal requirements regulations, statutes and local ordinances shall be entitled eligible to receive or retain such permit.

5.3.2. Independent Contractors working in a permitted Eestablishment shall be independently permitted by the Director of Health. A Connecticut State license and permit for each Independent Contractor shall ~~must~~ be posted in a prominent location at the Work Station of each such Independent Contractor where patrons can observe it.

5.3.3. Permits shall not be transferable from person to person or from location to location. Any planned transfer or other change in ownership of an Establishment ~~facility shall require a new permit. Any permit holder contemplating such a transfer or other change in ownership, or a change in location, shall report each such contemplated change in advance to EHHD~~ ~~must be reported promptly.~~ ~~[CAP9] to EHHD~~ must approve each such change before a new permit shall be issued. ~~and such changes must be approved by EHHD prior to the issuance of an operating permit.~~

5.3.4. Applications for a permit, any change to a permit or permit renewal shall be made on the appropriate forms furnished by the Director of Health, or his or her authorized agent. [CAP10]

5.4. Permit Fees and Enforcement.

5.4.1. All permits are valid for one (1) year or a portion thereof; and are renewable on or before ~~XXXXXX~~ [CAP11] 1st of each year. Renewal applications and fees must be remitted prior to ~~XXXXXX~~ [CAP12] 15th or late and penalty fees will be assessed as specified in the fee schedule determined by the EHHD Board of Directors.

5.4.2. The Director of Health, or his or her authorized agent, upons presentation of ~~after~~ proper identification, shall be permitted to enter, during normal operating hours, any portion of any ~~salon or E~~establishment for the purpose of conducting inspections to determine compliance with this Ssanitary Code and with the the Public Health Code of the State of Connecticut.

5.4.3. The EHHD permit shall ~~must~~ be displayed in a prominent location in the Eestablishment.

5.4.4. The Eestablishment shall ~~must~~ keep a copy of licenses for all employees or Independent contractors performing services that requiring ~~e~~ a Connecticut State license, posted at the Work Station or at the front desk.

5.4.5. Every applicant for a permit to operate an Eestablishment ~~barbershop, hairdressing, cosmetology, nail salon, spa~~ or as an Independent Contractor shall pay an annual permit fee as listed in the fee schedule adopted by the EHHD Board of Directors.

5.4.6. Enforcement interpretation. This Ssanitary Code shall be enforced by the Director of Health, or and his or her authorized agent(s) [CAP13].

5.4.7. Penalties. Any person who operates an Eestablishment or who acts as an Independent Contractor without a valid permit shall be subject to ~~monetary penalty~~ [CAP14] and further legal action as provided in Conn. ~~ecticut~~-Gen.eral Statutes, § 19a-230. Each day that such violation continues shall constitute a separate and distinct violation.

5.5. Establishment Inspections.

5.5.1. The Director of Health, or his or her authorized agent, shall conduct an annual inspection of each Eestablishment and shall also make any as many additional inspections ~~as are~~ necessary for the enforcement of this Ssanitary Code and the Public Health Code of the State of Connecticut.

5.6. Permit Suspensions.

5.6.1. Failure to comply with the provisions of this Section 5 and other ordinance and applicable legal requirements State regulations shall be grounds for suspension of any permit issued under the provisions of this section.

5.6.2. In the event that the Director of Health, or his or her authorized agent, finds unsanitary conditions in the operation of an Eestablishment, the Director of Health may issue an Order to Correct to the Permit Holder, citing such conditions, specifying the corrective action to be taken and time frame within which action shall be taken. If correction is not made in the allotted time, the permit may be suspended.

5.6.3. ~~The~~ Director of Health may suspend, without warning, prior notice or hearing, any permit to operate an Establishment ~~salon~~: [CAP15]

5.6.3.A If the operation constitutes an imminent hazard to public health; or

5.6.3.B If the subject owner, operator ~~or~~ person in charge ~~has~~ interfered with the performance of the Director of Health's, or his or her authorized agent's duties or has prohibited access to conduct an inspection; ~~or~~

~~5.6.3.C If there is an unsupervised and unlicensed individual performing procedures requiring licensure by the State of Connecticut. [CAP16]~~

5.6.4. An imminent health hazard shall include without limitation, ~~but is not limited to~~, any one or more of the following:

5.6.4.A An ongoing outbreak of an infectious, pathogenic or toxic agent capable of being transmitted to clients; or

5.6.4.B The absence of an approved sanitizer/~~D~~isinfectant or evidence that sanitizer/~~D~~isinfectant is not being used properly to thoroughly clean and sanitize equipment and Work Stations after each client; or

5.6.4.C The absence of potable water, supplied under pressure, at adequate temperature (105°-115° F) and quantity capable of meeting the needs of the facility; or

5.6.4.D A sewage backup into the facility; or

5.6.4.E If there is an unsupervised and unlicensed individual performing procedures requiring licensure by the State of Connecticut.

5.6.5. Suspension shall be effective immediately upon documentation of imminent public health hazard and/or interference with the Director of Health, or his or her authorized agent, in the performance of official duties. A written order to cease and desist to the Permit Holder of the Establishment facility from the Director of Health ~~will follow~~ shall issue within 24 hours. All operations within the Establishment shall cease immediately and shall not resume until full compliance is verified and written approval to resume has been issued by the Director of Health.

5.6.6. Any Permit Holder ~~who is aggrieved~~ by such action of the Director of Health may appeal the written order as provided in ~~the Connecticut General Statutes, § 19a-229.~~ Any such ~~An appeal shall does not stay such written the~~ order.

5.7. Permit Revocation/Nonrenewal. [CAP17]

5.7.1. Revocation/Nonrenewal of permit shall be effective immediately for serious or repeated violations of any of the provisions of this ordinance, or for cases where the permit to operate has been obtained through nondisclosure, misrepresentation or intentional misstatement of a material fact.

5.7.2. The Director of Health shall notify the Permit Holder in writing of the specific reason(s) for such revocation or non-renewal within 24 hours of such revocation or nonrenewal. All operations within the Establishment shall cease immediately. Any ~~The~~ Permit Holder ~~who is aggrieved~~ by such action of the Director of Health may appeal the written order as provided in ~~the Connecticut General Statutes, § 19a-229.~~ Any such ~~appeal shall does not stay such the written~~ order.

5.7.3. After a period of thirty (30) days from the date of revocation or ~~nonrefusal to renewal~~, a written application may be made for the issuance of a new permit. Any such ~~This~~ application shall ~~will~~ be treated as a new application. All appropriate procedures, fees and inspections will be required, including a plan review, prior to the issuance of a new permit.

5.8. Sanitary Condition/Infection Control Requirements for all Establishments and Independent Contractors

5.8.1. Proper use of personal protective equipment (PPE) and disposable gloves as a barrier against infectious materials provided as needed.

5.8.2. Immediately ~~dispose~~, in a covered waste receptacle, of: (1) all single use items and any items that cannot be effectively cleaned and Disinfected after direct contact with a customer's skin, nails, or hair; (2) any debris after a client receives a service; ~~and~~ (3) Removal ~~and placement of~~ -used linen, towels and sheets in a separate and appropriately labeled container.

5.8.3. All re-usable tools, equipment, implements, including fingerbowls, must be properly Disinfected after use on a client. All implements must be constructed of hard materials with smooth non-porous surfaces such as metal, glass, or plastic that can be used on more than one client. (1) After each client use, reusable implements and equipment must be cleaned with warm water and soap or detergent, rinsed thoroughly, allowed to dry, and completely immersed in an EPA hospital grade Disinfectant. EPA registered hospital grade Disinfectant must be used in accordance with the manufacturers' directions for the intended implements or surface. (2) Such implements shall be soaked for 10 minutes or per manufacturers suggested contact time, removed, rinsed, air dried and stored in a drawer, cabinet or covered container. The Disinfecting solution must be free of debris and contaminants at all times and must be changed as necessary per manufacturer directions.

NOTE: Electrical equipment that cannot be immersed in liquid shall be wiped cleaned of all visible debris and Disinfected prior to use on a client with and EPA registered Disinfectant. Also counters, chairs, mirrors and sinks need to be Disinfected after use. Once again, those items need to be visibly wet with a spray or wipe for ten minutes, then wiped with a clean cloth. The ten minute contact time is vital for proper infection control.

NOTE: All equipment/tools, shall be Disinfected or sterilized by means of: (1) an EPA registered bactericide, viricide, and fungicide Disinfectant; (2) a steam autoclave using fifteen (15) pounds of pressure for thirty (30) minutes at two hundred fifty (250) degrees Fahrenheit; or (3) a dry heat sterilizer. Use of either an autoclave or dry heat sterilizer, requires strict adherence to manufacturer's instructions or US FDA instructions.

5.8.4. Hospital-grade Disinfectant must be used to clean the area and materials used in the practice of Hairdressing, Cosmetology and by Nail Technicians, Estheticians and

Eyelash Technicians, including, but not limited to, chairs, armrests, tables, countertops, trays seats and soaking tubs for both hands and feet.

5.8.5. Handwashing sinks in an area where the Hairdresser, Cosmetologist or Nail Technician^[CAP18] provide services are required. Hand washing is required before and between providing services to each client. Soap must be used to cleanse the hands and the exposed portions of arms before providing services and after smoking, drinking, eating, or using the restroom.

5.8.6. Re-use of single use implements is prohibited; these items must be immediately discarded into a covered waste receptacle after use. Some^[CAP19] implements cannot be adequately Disinfected between clients because they are made of porous/permeable material and/or become degraded by use on a client. (some examples include, but are not limited to: buffers, pumice stone, wooden sticks used for waxing, toe separators, gloves, cotton balls/pads/swabs, sponges, paraffin, emery boards, sponge tip applicators, single-use eyelash brushes and neck strips)

5.8.7. Pedicure basins (foot spas, foot basins and spa liners) must be cleaned and Disinfected after each client using this sequence regardless of liners used or not:

5.8.7.A All water shall be drained and all debris shall be removed from spa basin.

5.8.7.B Next the pedicure tub must be cleaned with soap or detergent and water, any removable part must be taken off for further cleaning. (this includes: jet covers and screens)

5.8.7.C The spa basin must be Disinfected with an EPA registered Disinfectant labeled as bactericidal, fungicidal, and virucidal for at least 10 minutes or according to the manufacturer's instructions. Whirlpool jets with recirculation waters must be filled and turned on to adequately Disinfect.

5.8.7.D The spa basin must be wiped dry with a clean towel or allowed to sufficiently air dry.

5.8.8. A practitioner should not perform services on a client if the practitioner has reason to believe the client has a contagious condition such as head lice, nits, ringworm, conjunctivitis; or inflamed, infected, broken, raised or swollen skin or nail tissue; or an open wound or sore in the area to be serviced.

5.9. Customer Protection

5.9.1. A hand sink must be accessible for clients and employees, to prevent the spread of infection. At least one dedicated hand washing sink must be located in each service area, the restroom hand sink does **not** meet this criteria. The hand washing sink must be kept in a clean and sanitary condition at all times.

5.9.2. Soap and single service paper towels or a towel (one per client) must be provided at all hand sinks. If the salon chooses to use cloth towels they must be properly cleaned and Disinfected.

5.9.3. All products and chemicals shall be stored in labeled containers, and all original containers must be accompanied by dilution and use instructions. Chemicals should be safely stored and assessable to employees only. Safety Data Sheets (SDS) sheets should be available for all chemicals used in the salon.

5.9.4. Prohibited items should not be in use, nor present in permitted/licensed facilityEstablishment. (1) In order to reduce the chance of injury or infection, implements designed to remove layers of skin shall not be used. Examples include but are not limited to: razor-type callus shavers designed to cut growth of skin such as corns or calluses; credo blade, microplane/graters, cutters, and scrapers. (2) Shaving brushes, mugs, brush neck dusters, brushes and sponges are prohibited unless they are single use disposable implements or can be properly cleaned and sanitized.

5.9.5. Service providers must wear appropriate clean protective clothing and footwear at all times during the provision of clinical services. Good hygienic practices must be followed such as, no smoking or eating while providing services to a customer or in a service/treatment areas.

5.9.6. A separate utility sink shall be provided for proper cleaning of surfaces and equipment.

5.9.7. All clean and Disinfected utensils/tools and material when not in use shall be stored in a clean, dry, debris-free environment which includes but not limited to drawers, cases, tool belt, rolling trays. They must be stored separate from soiled utensils/tools. Ultraviolet (UV) electric sanitizers are permissible for use as a dry storage container, not as a form of Disinfection

5.9.8. In order to minimize skin contact, a neck barrier strip or clean towel should be used with all reusable capes.

5.10. Permit/Licensure

5.10.1. The current permit from the EHHD ~~Local Health Department or District~~ must be prominently displayed.

5.10.2. All individuals per CT State Law, who are required to hold a license to perform a service, must have a current/active license available for review during inspection.

Note: Any employee working as an apprentice through a Department of Labor Apprenticeship program must provide documentation confirming their participation in the program upon the request of the Local Health Department or District.

5.11. Facility Establishment

5.11.1. All sinks in the Eestablishment must have hot and cold running water, under pressure, from an approved source at all times. Hot water shall be provided at a minimum temperature of 105°F and maximum of 115°F.

5.11.2. Waste water from all plumbing fixtures shall be discharged into municipal sewer or suitable subsurface sewage disposal systems in accordance with the provisions of the ~~CT~~ Public Health Code.

5.11.3. All sections of the Establishment ~~salon~~, including restrooms, shall be properly and adequately ventilated to comply with State and Local building code ordinances and regulations.

5.11.4. Floors, walls and ceiling should be cleanable and kept in good repair and clean, with no accumulation of hair or other waste at Work Stations

5.11.5. Towels and other laundered items must be properly cleaned and stored. A commercial linen service shall be used if not done on the premises.

5.11.6. Containers inside the Eestablishment shall consist of covered containers for hair droppings, paper, and other waste material. The containers shall be emptied daily and maintained in a sanitary manner. Containers stored outside the Eestablishment shall consist of approved garbage receptacles that have lids which are kept closed at all times. The garbage receptacle area and property must be maintained in a clean manner.

5.11.7. Storage of extra chemicals, lotions, glues, creams, callus removers and other Cosmetology products should be safely stored and accessible to employees only. Safety Data Sheets (SDS) ~~sheets~~ [CAP20] must be available for all chemicals used in the salon

5.11.8. Lighting fixtures shall be sufficient and properly placed so as to provide adequate illumination.

5.11.9. No animals or pets with the exception of designated service animals as defined under federal or state law, are allowed in Eestablishments.

5.11.10. All areas of an Establishment ~~salon~~ must be clearly separated from a residential space with a closed door and must be equipped with the facilities and instruments required.

5.11.11. Equipment must be commercial grade and designed for such purpose.

5.11.12. Plumbing fixtures shall be maintained and shall conform to applicable building and plumbing codes; proper devices to prevent back siphonage or cross-connections are required.

5.12. Restrooms

5.12.1. All restrooms, for employees and clients should be accessible, sanitary, clean and in good repair. A separate hand sink with an adequate supply of hot or cold running water in each restroom shall be provided.

5.12.2. An adequate supply of soap, with dispenser, and disposable towels, or an approved hand-drying devise shall be available. Bar soap and common cloth towels are prohibited. Waste receptacles shall be easily cleanable and available in all restrooms, emptied at least once a day. A covered waste receptacle shall be provided in ladies restrooms.

5.13. Technical Standards.

The Director of Health shall have the authority to adopt technical standards and associated inspection procedures to assure proper sanitary maintenance and safe operation of Eestablishments. Such standards and inspection shall not contravene any of the provisions of this section or any state or municipal laws, ordinances or regulations, and may be amended or revised by the Director of Health. Failure of an Eestablishment to achieve and maintain minimum requirements of these technical standards shall constitute a violation of this ordinance. A copy of the technical standards shall be available at the EHHD ~~Health Department~~ for review and copying.

Adopted:

XXXXXXXXXXXX

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT
SECTION 6
FEE SCHEDULES

DRAFT - Eastern Highlands Health District Salon Inspection Form

Name of Facility:	Date:
Owner/Operator:	Address:

<input type="checkbox"/> Inspection	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Operational
-------------------------------------	--	------------------------------------	--

Services provided:

Hair Nails Esthetics (facials, skin treatments, waxing, body treatments)
 Eyelash extensions Other _____

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
5.8. SANITARY CONDITION/INFECTION CONTROL			
5.8.1 Proper PPE/Glove Use Observed			
5.8.2 Covered receptacle for hair, skin, or nail debris/separate receptacle for towels/linen			
5.8.3 Proper disinfection of re-usable equipment, implements & fingerbowls after each client			
5.8.4 Work areas/surfaces cleaned with hospital-grade disinfectant after each client			
5.8.5 Availability of hand sinks in all service areas			
5.8.6 No re-use of single-use implements (discarded after use)			
5.8.7 Pedicure basins are cleaned & sanitized after each client			
5.8.8 Technician/Customer with infection prohibited			
5.9. CUSTOMER PROTECTION			
5.9.1 Hands washed with soap & water between clients			
5.9.2 Soap & towels provided			
5.9.3 Products stored in labeled containers with directions of use			
5.9.4 Prohibited items not in use			
5.9.5 Clean outer garments, good hygienic practices, no smoking or eating			
5.9.6 Separate sink provided for instrument cleaning			
5.9.7 Disinfected utensils/tools stored in a sanitary covered containers			
5.9.8 Sanitary paper strip or clean towel placed around neck before reusable cape			

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
5.10. LICENSURE			
5.10.1 Establishment permit/license displayed			
5.10.2 Individual performing work licensed, license onsite for review			
5.11. FACILITY			
5.11.1 Hot/Cold water available, adequate & safe			
5.11.2 Approved method of waste water and sewage disposal			
5.11.3 Adequate ventilation			
5.11.4 Floors/wall/ceilings are clean and in good repair			
5.11.5 Laundry properly cleaned, sanitized and stored			
5.11.6 Garbage receptacles maintained (inside and outside)			
5.11.7 Proper storage of supplies & chemicals			
5.11.8 Adequate lighting provided as required			
5.11.9 No animals or pets in establishment (service animals <u>as defined under federal or state law</u> ONLY)			
5.11.10 Work area separate from private home			
5.11.11 Commercial grade equipment			
5.11.12 Plumbing fixtures maintained; and prevent back siphonag			
5.12. RESTROOMS			
5.12.1 Accessible, sanitary, clean & in good repair, separate hand sink_ available			
5.12.2 Liquid soap dispenser & paper towels or <u>air dryer and a clean covered waste container provided</u> air-dryer-and-a-clean-covered-waste-container-provided			

NOTE: Those violations highlighted in red represent a significant risk to public health and must be corrected immediately.

Disinfection method for tools, equipment, implements & towels:

Inspection Outcome: Satisfactory Unsatisfactory Re-Inspection Date: _____

Comments: _____

Sanitarian: _____

Owner/Operator: _____

Public Act 19-117

Sec. 196. Section 19a-231 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019): (a) As used in this section, [:] House Bill No. 7424 Public Act No. 19-117 239 of 580 [(1) "Salon"] "salon" includes any shop, store, day spa or other commercial establishment at which the practice of barbering, as described in section 20-234, hairdressing and cosmetology, as defined in section 20-250, or the services of a nail technician, an esthetician or an eyelash technician, as such terms are defined in section 191 of this act, or any combination thereof, is offered and provided. [; and] [(2) "Nail technician" means a person who, for compensation, cuts, shapes, polishes or enhances the appearance of the nails of the hands or feet, including, but not limited to, the application and removal of sculptured or artificial nails.] (b) Not later than October 1, 2019, the Department of Public Health, in collaboration with the local directors of health of the state, shall establish a standardized inspection form and guidelines concerning standards for the inspection of the sanitary condition of a salon. Such guidelines shall include, but need not be limited to: (1) The use of personal protective equipment, including, but not limited to, disposable gloves as a barrier against infectious materials; (2) the immediate disposal after use in a covered waste receptacle of all articles that came into direct contact with the customer's skin, nails or hair that cannot be effectively cleaned or sanitized; (3) the proper cleaning and sanitizing of bowls used for soaking fingers; (4) the use of hospital-grade cleaner to clean the area and materials used in the practice of hairdressing, cosmetology and by nail technicians, estheticians and eyelash technicians, including, but not limited to, chairs, armrests, tables, countertops, trays, seats and soaking tubs for both hands and feet; and (5) the required availability of handwashing sinks in an area where the hairdresser, cosmetologist or nail technician is working. The department shall post such standardized inspection form and guidelines on the department's Internet web site. [(b)] (c) The director of health for any town, city, borough or district department of health, or the director's authorized representative, shall, House Bill No. 7424 Public Act No. 19-117 240 of 580 on an annual basis, inspect all salons within the director's jurisdiction regarding their sanitary condition and on and after the adoption of standards under subsection (b) of this section, such inspection shall be in accordance with such standards. The director of health, or the director's authorized representative, shall have full power to enter and inspect any such salon during usual business hours. If any salon, upon such inspection, is found to be in an unsanitary condition, the director of health shall [make] issue a written order that such salon [be placed in a sanitary condition] correct any inspection violations identified by the director of health or the director's authorized representative. (d) Not later than October 1, 2019, the Commissioner of Public Health, or the commissioner's designee, in collaboration with the local directors of health of the state, shall establish infection prevention and control plan guidelines for licensed nail technicians, eyelash technicians or estheticians, which shall be posted on the department's Internet web site. (e) The director of health may collect from the operator of any such salon a reasonable fee, not to exceed [one] two hundred fifty dollars, for the cost of conducting any annual inspection of such salon pursuant to this section. Notwithstanding any municipal charter, home rule ordinance or special act, any fee collected by the director of health pursuant to this section shall be used by the town, city, borough or district department of health for conducting inspections pursuant to this section.

#31

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, November 07, 2019 9:57:03 AM
Last Modified: Wednesday, November 27, 2019 3:07:26 PM
Time Spent: Over a week
IP Address: 64.251.54.130

Page 1: Local Health Department/District Information

Q1 Department Name

Eastern Highlands Health District

Q2 Do you have a Board of Health? Yes

Page 2: Board of Health

Q3 Please complete the Board of Health information below.

Chairperson	Elizabeth Paterson
Address	4 South Eagleville Rd
City/Town	STORRS
State/Province	Connecticut
ZIP/Postal Code	06268
Email Address	betsypaterson725@gmail.com

Q4 Board Function Policy Making

Q5 Number of Board Members

14

Page 3: Director of Health and Local Health Department Information

Q6 Director of Health

Name	Robert Miller
Degree(s)	MPH
Active CT License(s)	RS
Number of hours in Director of Health's average work week	40

Q7 Please list salary figures as whole dollars per year.

Minimum Annual Salary	81863
Maximum Annual Salary	110515
Actual Annual Salary	110109

Q8 An Acting Director of Health is defined as an approved individual covering for a Director of Health when he or she is absent, for example, due to a vacation, medical leave, conference, or position vacancy. See Connecticut General Statute Section 19a-200 or 19a-244. Do you have a staff person(s) who is the Acting Director of Health in your absence? No

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- Q9** If no, how do you assure coverage when the Director of Health is absent? **A Director of Health in a neighboring municipality/health district through a formal MOU/MOA.**
- Q10** Does your department include a Housing Department? **No**
- Q11** Does your department include a Social Services Department? **No**
- Q12** Does your department include additional non-public health programs? **Yes,**
If yes, what other types of programs?:
We provide employee wellness services to the public sector within our jurisdiction.
- Q13** Are there any collective bargaining units in your department? **No**
- Q14** Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program? **My department has not decided whether to apply for accreditation**
- Q15** In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation? **Have not decided on a target year**

Page 4: Local Health Personnel

Q16 Administrative

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Assistant or Deputy Director of Health	0				
Environmental Health Supervisor	1			\$34	\$46
Nursing Supervisor					
Office Manager	1			\$27	\$36
Bookkeeper					
Secretary	0				

Q17 Medical

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Dental Professional					
Dietitian / Nutritionist					
Lab Technician					
Nurse* (RN, APRN)*Does not include School Nurse	0	1		\$31	\$42
Physician / Medical Advisor		0	1	\$125	\$125
School Nurse					
Social Worker					

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Q18 Public Health

	Full Time	Part Time	Contracted	Min. Salary-Hourly	Max. Salary-Hourly
Emergency Preparedness Coordinator		0	1	\$38	\$38
Environmental Health Inspector (e.g., food, lead, housing)	4			\$22	\$40
Epidemiologist					
Health Educator		1		\$31	\$42
Outreach Worker					
Other Paid Worker (Please describe below)		0		\$0	\$0

Q19 How many of your staff have the following licenses and/or certifications?

	#
Dental Hygienist (RHD)	
Dentist (DMD/DDS)	
Food Inspector	4
Health Educator (CHES)	
Lead Assessor	
Lead Inspector	3
Nurse (RN/APRN)	1
Pharmacist (RPh)	
Phase I SSSS	6
Phase II SSSS	5
Physician (MD/DO)	1
Registered Dietitian (RD)	
Registered Sanitarian (RS)	5
Social Worker (LSW)	
Veterinarian (DVM/VMD)	
Other (Please describe below)	

Page 5: Public Health Department Revenue

Q20 DPH funds - all regardless of source	Amount \$	956432
Q21 State funds - other than DPH	Amount \$	156717
Q22 Federal sources - direct	Amount \$	0
Q23 Licensure/Permit fees	Amount \$	152351

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Q24 Local funds - city/town sources	Amount \$	536868
Q25 Medicaid	Amount \$	0
Q26 Medicare	Amount \$	0
Q27 Other revenue	Amount \$	110496
Q28 Patient personal fees	Amount \$	0
Q29 Private foundations	Amount \$	0
Q30 Private health insurance	Amount \$	0

Q31 What is your total operating budget?

877308

Page 7: 10 ES - #1 Monitor health status to identify and solve community health problems

Q32 Requirement 1: My department has participated in or conducted a local community health assessment (CHA) within the last five years.

Yes

Q33 If yes, does the CHA include? (Select all that apply)

Data and information from various sources and how the data were obtained

Demographics of the population

Description of health issues and specific descriptions of population groups with particular health inequities

Description of factors that contribute to specific populations' health challenges

Description of existing community assets or resources to address health issues

Q34 If yes, please upload the CHA or provide web link.

Windham Hospital CHNA 2018.pdf (1.3MB)

Q35 Web link/URL

Respondent skipped this question

Q36 Requirement 2: My department shared the findings from the community health assessment with the residents in my jurisdiction and asked for their input.

Yes

Q37 If yes, what methods did you use to seek input from residents? (Select all that apply)

Publication on the health department's website

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Q38 Requirement 3: My department routinely gathers information, collects data and/or conducts community dialogues specific to populations or geographic areas in the community where health inequities and poorer health indicators were identified in the community health assessment. **No**

Q39 If yes, how is the data provided? (Select all that apply) **Respondent skipped this question**

Page 8: 10 ES - #1 Monitor health status to identify and solve community health problems

Q40 Requirement 1: My department shared the results of the community health assessment with the partners/stakeholders and the public. **Yes**

Q41 If yes, how did your department share the results of the CHA? (Select all that apply) **Website**

Page 9: 10 ES - #1 Monitor health status to identify and solve community health problems

Q42 Requirement 1: My department has written processes and/or protocols used to collect surveillance data from multiple sources and to review and analyze the data. **No**

Q43 If yes, how are the data collected? (Select all that apply) **Respondent skipped this question**

Q44 Requirement 2: My department has written processes and/or protocols that (1) specify which surveillance data are confidential and (2) assure the confidential data are maintained and handled in a secure confidential manner. **No**

Q45 If yes, please upload the protocol. **Respondent skipped this question**

Q46 If no, is the protocol in development? **Yes**

Q47 Requirement 3: My department has a 24/7 contact system or protocol to collect data from those who report data to my department. **No**

Q48 If yes, how does your department collect the data 24/7? (Select all that apply) **Respondent skipped this question**

Q49 Requirement 4: My department regularly uses the state DPH surveillance systems. **Yes**

Q50 If yes, which surveillance systems do your department use? (Select all that apply) **CTSITE (childhood lead), CTEDSS (reportable diseases), CTWiz (immunizations), Syndromic Surveillance (opioids)**

Q51 How many staff have been trained to use any of the state surveillance systems?

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Page 10: 10 ES - #1 Monitor health status to identify and solve community health problems

Q52 Requirement 1: My department has been involved in the collection of primary quantitative data in addition to surveillance data.	Yes
Q53 If yes, how has your department collected primary quantitative data? (Select all that apply)	Surveys of target groups
Q54 Requirement 2: My department has been involved in the collection of primary qualitative data.	No
Q55 If yes, how your department has been involved in the collection of primary qualitative data? (Select all that apply)	Respondent skipped this question
Q56 Requirement 3: My department uses standardized data collection instruments to collect quantitative or qualitative data.	Yes

Page 11: 10 ES - #1 Monitor health status to identify and solve community health problems

Q57 Requirement 1: My department analyses various types of data and draws conclusions.	Yes
Q58 If yes, do the analyses of the data include the following? (Select all that apply)	Description of the analytic process used to analyze the data Comparison of the data to other local agencies, the state or nation Time/trend analysis
Q59 Requirement 2: My department shares data and data analyses.	Yes
Q60 If yes, with whom does your department share the data and data analyses? (Select all that apply)	Elected officials Board of Health Residents

Page 12: 10 ES - #1 Monitor health status to identify and solve community health problems

Q61 Requirement 1: My department has used data to develop policies, processes, programs or interventions or to revise or expand existing policies, processes, programs or interventions.	Yes
Q62 If yes, how has the department used data? (Select all that apply)	Local ordinances, Licensing/Permitting Program

Page 13: 10 ES - #1 Monitor health status to identify and solve community health problems

Q63 Requirement 1: My department provides summaries or fact sheets of community health data.	No
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Q64 If yes, who are the summaries/fact sheets shared with?
(Select all that apply) Respondent skipped this question

Page 14: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q65 Requirement 1: My department has a written protocol that includes a procedure for conducting investigations of suspected or identified health problems and environmental and occupational public health hazards. No

Q66 If yes, for which of the following entities does the protocol delineate the assignment of responsibilities? (Select all that apply) Respondent skipped this question

Page 15: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q67 Requirement 1: My department conducts audits or programmatic evaluations (e.g., After Action Report) of investigations to ensure capacity to respond to outbreaks of infectious disease. No

Q68 Requirement 2: My department has a written report or other documentation of a completed investigation of a non-infectious health problem or hazard. Yes

Page 16: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q69 Requirement 1: My department has a tracking log or audit on investigations that includes reporting lab test results and investigation results. Yes

Q70 If yes, how does your department track investigations? (Select all that apply) Tracking log,
State surveillance systems (CTEDSS, CTSITE, CTEPHT- also known as MAVEN)

Page 17: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q71 Requirement 1: My department has written protocols for the containment/mitigation of health problems and hazards. Yes

Q72 If yes, does the protocol(s) include? (Select all that apply) Mitigation,
Contact management,
Use of prophylaxis and emergency biologics
Process for exercising legal authority for disease control

Page 18: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q73 Requirement 1: My department has infectious disease outbreak protocols that describe the process for determining when the EOP will be implemented. No

Q74 If yes, please upload the protocol. Respondent skipped this question

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Q75 If no, is the protocol in development? Yes

Q76 Requirement 2: My department has protocols that specifically address environmental public health hazards and that describe the process of determining when the EOP will be implemented. Yes

Q77 If yes, please upload the protocol.

Environmental Surety Plan.pdf(9.7MB)

Q78 If no, is the protocol in development? Yes

Q79 Requirement 3: My department has cluster evaluation protocols describing the process for determining when the EOP will be implemented. No

Q80 If yes, please upload the protocol. Respondent skipped this question

Q81 If no, is the protocol in development? Yes

Page 19: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q82 Requirement 1: My department has a written description of how it determines if an event has risen to the level of significance requiring an AAR. No

Q83 If no, is the documentation in development? Yes

Q84 How many drills and exercises did your department conduct or participate in the last fiscal year?

13

Q85 How many real world public health events did your department respond to in the last fiscal year?

5

Q86 How many were significant that required the development of an AAR?

1

Page 20: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q87 Requirement 1: My department has policies and procedures outlining how the department maintains 24/7 access to support services in emergencies. Yes

Q88 If no, are the policies and procedures in development? Respondent skipped this question

Q89 Requirement 2: My department has a call down list that is used to contact epidemiological and environmental local public health resources. Yes

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Q90 If yes,

When was the call down list last tested? **9/26/2019**
 What was the response time? **35 minutes**

Q91 Requirement 3: My department has a written policy or procedure to assure 24/7 access to laboratory services. **Yes**

Q92 If yes, please upload the protocol.

24-7 lab services.pdf (430.6KB)

Q93 If no, is the policy/procedure in development? **Respondent skipped this question**

Q94 Requirement 4: My department has protocols for handling and submitting of specimens. **Yes**

Q95 If yes, please upload the protocol.

sample protocols.pdf (3.9MB)

Q96 If no, is the policy/procedure in development? **Respondent skipped this question**

Page 21: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q97 Requirement 1: My department has a protocol, procedure or policy that identifies support personnel (within or outside the department) who will be called on to provide surge capacity. **Yes**

Q98 If no, is the protocol/procedure/policy in development? **Respondent skipped this question**

Q99 Requirement 2: My department has staffing lists for surge capacity which includes both the staffing needed for a surge response and how staff will fill those needs. **Yes**

Q100 If yes, how are staff notified if they are needed for surge capacity? (Select all that apply) **Email, Call down, Web site, Text**

Q101 Requirement 3: My department has a document detailing the availability of equipment (transportation, field communications, personal protective equipment (PPE), etc.) to support a surge. **Yes**

Q102 If no, is the document in development? **Respondent skipped this question**

Q103 Requirement 4: My department has a schedule for training or exercises to prepare personnel who will serve in surge capacity (e.g., ICS or PPE). **Yes**

Q104 If no, is the schedule in development? **Respondent skipped this question**

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Q105 Requirement 5: My department has a list and description of contracts, MOAs/MOUs, and/or mutual assistance agreements providing addition staff and services, including laboratory services, for surge capacity. **No**

Page 22: 10 ES - #2 Diagnose and investigate health problems and health hazards in the community

Q106 Requirement 1: My department has a communication protocol to contact staff, health care providers, response partners, the media and others, 24/7. **Yes**

Q107 If yes, please upload the protocol.

communications to stakeholders.pdf (418.7KB)

Q108 If no, is the protocol in development? **Respondent skipped this question**

Q109 Requirement 2: My department provides information to partners and the public about how to contact the health department to report a public health emergency, risk, problem, or environmental or occupational public health hazard. **Yes**

Q110 If yes, how does your department inform partners and the public? (Select all that apply)

- Web page,**
- Press release/media**
- Social media,**
- Distribution of printed materials (brochures, flyers, factsheets)**
- Email listservs**

Q111 Requirement 3: My department's partners and the public can contact the health department 24/7. **Yes**

Q112 If yes, how does the public and partners contact your department 24/7? (Select all that apply)

- Police dispatch**
- 24/7 phone number,**
- Email,**
- Staff call down list**

Q113 Requirement 4: My department has established or participates in a Health Alert Network (HAN) or similar system that receives and issues alerts 24/7. **Yes**

Q114 If yes, how often does your department test the system?

quarterly

Q115 Requirement 5: My department provides information to the public and uses the media to communicate information to the public during a public health emergency. **Yes**

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Q116 If yes, how does your department provide information and use the media to communicate information to the public? (Select all that apply)

- Web page,
- Social media,
- Distribution of printed materials (brochures, flyers, factsheets)
- Fax broadcasts,
- Automated call systems,
- Email listservs,
- Press release

Page 23: 10 ES - #3 Inform, educate, and empower people about health issues

Q117 Requirement 1: My department has provided information to the public on health risks, health behaviors, disease prevention, or wellness.

Yes

Q118 If yes, how has your department provided information to the public? (Select all that apply)

- Public presentation,
- Press release
- Media communications
- Brochure,
- Social media

Q119 Requirement 2

Yes

Q120 If yes, were the health promotion strategies? (Select all that apply)

- Evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice
- Developed with input of the community (focus groups, key informant interviews, town meetings, advisory groups)
- Focused on social and environmental factors
- Implemented in collaboration with stakeholders, partners, and the community

Q121 If yes, what types of health promotion strategies were developed and implemented or sustained? (Select all that apply)

- Farmers markets,
- Smoke free zones,
- Biking pathways,
- Radon test kits
- Other, please describe:
Employee wellness programming; Online toolkit for local PZC and other land use committee's promoting healthy eating and active living in all land use decisions (www.healthyeasternct.com); testimonials providing support to proposed active living projects i.e. sidewalks/bike paths; formed food security committee in the town of Coventry;

Page 24: 10 ES - #3 Inform, educate, and empower people about health issues

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Q122 Requirement 1: My department has assessed health inequity across the jurisdiction within the last five years. **No**

Q123 If yes, does the assessment include? (Select all that apply) **Respondent skipped this question**

Page 25: 10 ES - #3 Inform, educate, and empower people about health issues

Q124 Requirement 1: My department has a policy, plan or strategy for branding. **Yes**

Q125 If yes, does the branding policy, plan or strategy? (Select all that apply)

- Integrate brand messaging into organizational communication strategies and external communications**
- ,
- Use a common visual identity (logo) to communicate the community health board's brand**
- ,
- Include signage inside and outside the department's facility**
- ,
- Link the branding strategy to the department's strategic plan**

Q126 If no, is the policy, plan or strategy in development? **Respondent skipped this question**

Page 26: 10 ES - #3 Inform, educate, and empower people about health issues

Q127 Requirement 1: My department has external communication procedures or protocols. **Yes**

Q128 If yes, does the external communication procedures or protocols include? (Select all that apply)

- The process for dissemination of accurate, timely, and appropriate information for different audiences**
- ,
- Coordination with community partners for the communication of targeted and unified public health messages**
- ,
- A contact list of media and key stakeholders**
- ,
- The responsibilities and expectations for positions interacting with the news media**
- ,
- A designated staff position as the public information officer – please provide the staff person's name below.:**
Robert Miller

Q129 If yes, please upload the procedure or protocol.

External communications.pdf(1.1MB)

Q130 If no, is the protocol in development? **Respondent skipped this question**

Page 27: 10 ES - #3 Inform, educate, and empower people about health issues

Q131 Requirement 1: My department has a risk communication plan, protocol or procedure. **Yes**

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Q132 If yes, does the risk communication plan, protocol or procedures? (Select all that apply)

- Address how information is provided 24/7
- Delineate roles, responsibilities and chain of command
- Describe on the health department will work with media
- Address preventing public alarm by addressing with misconceptions or misinformation

Q133 If yes, please upload the plan, protocol or procedure.

Risk communication plan.pdf (5.5MB)

Q134 If no, is the plan, protocol or procedure in development?

Respondent skipped this question

Page 28: 10 ES - #3 Inform, educate, and empower people about health issues

Q135 Requirement 1: My department maintains a website or web page to inform the public about public health issues.

Yes

Q136 If yes, my department's website or web page has the following information: (Select all that apply)

- 24/7 contact number for reporting health emergencies
- Notifiable/reportable conditions link or contact number,
- Health data,
- Links to public health-related news
- Information and materials from program activities
- Links to CDC and other public health-related federal, state, or local agencies, as appropriate
- The names of the Director of Health and leadership team

Page 29: 10 ES - #3 Inform, educate, and empower people about health issues

Q137 Requirement 1: My department has demographic data defining ethnic distribution and languages in the jurisdiction.

Yes

Q138 Requirement 2: My department has access to staff or contractors who provide interpretation, translation or specific communication services.

Yes

Q139 If yes, how does your department provide interpretation, translation or specific communication services? (Select all that apply)

- Bi-lingual or multi-lingual staff
- Translation services/contractors
- Language cards

Page 30: 10 ES - #4 Mobilize community partnerships and action to identify and solve health problems

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Q140 Requirement 1: My department has been an active member of a community partnership(s) or coalition(s) to improve the health of the community.

Yes

Q141 If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent? (Select all that apply)

School systems,
 Social service organizations,
 Local government agencies,
 Not-for-profit organizations,
 Community members,
 Youth organizations

Q142 If yes, which health issue(s) are being addressed in the community partnership(s) or coalition(s)? (Select all that apply)

Chronic disease prevention,
 Obesity,
 Anti-tobacco,
 Transportation,
 Parks and recreation,
 Substance abuse

Q143 Requirement 2: My department has made a change in a policy or created or revised a program that was implemented through the work of the partnership(s) or coalitions(s).

Yes

Q144 If yes, what policy change or revision was implemented? (Select all that apply)

Increase the number and types of tobacco free locations,
 Improvement of neighborhoods and the physical environment (e.g., increase in the number of bike path miles, parks, playgrounds, green spaces),
 Access to Healthy food (e.g., removal of soda machines in schools, expansion of farmers' markets),
 Improve health literacy,
 Other, please describe:
 Local cross-sector opioid workgroup is engaged in many activities to support prevention, treatment, and recovery, which includes health literacy.

Page 31: 10 ES - #4 Mobilize community partnerships and action to identify and solve health problems

Q145 Requirement 1: My department engages with the community as a whole or with specific populations that will be affected by a policy or strategy.

Yes

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Q146 If yes, which sectors of the community has your department engaged? (Select all that apply)

Parent/Teacher groups,
Service providers, i.e., tattoo artists, salon owners, nail technicians, massage therapists, food establishment owners and workers

Q147 Requirement 2: My department communicates and collaborates with the governing entity, advisory board and/or elected officials concerning public health policy or strategy at least quarterly.

Yes

Q148 If yes, how does your department communicate and collaborate? (Select all that apply)

Meetings,
Reports,
Emails

Page 32: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q149 Requirement 1: My department monitors and tracks the public issues being discussed by my department's governing entity, elected officials, individuals and/or other entities that set policies and practices that impact the health department or public health.

Yes

Q150 If yes, how is your department monitoring and tracking issues? (Select all that apply)

Meeting agendas and minutes
Log of legislation
List-serves,
Legislative Reports/Summaries
Professional organizations (CADH, CEHA)

Page 33: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q151 Requirement 1: My department has contributed to the formal discussions concerning public policy and practice and its impact on public health.

Yes

Q152 If yes, how has your department contributed to the discussions? (Select all that apply)

Official public testimony
Participation in an advisory or work group

Page 34: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q153 Requirement 1: My department has informed policy makers and/or the public about potential health impacts of policies that are being considered or in place.

Yes

Q154 If yes, how has your department informed policy makers and/or the public? (Select all that apply)

Distribution of emails, briefing statements or reports on policy impacts
Meetings/discussions of policy issues and impacts

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Page 35: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q155 Requirement 1: My department has a community health improvement plan (CHIP) dated within the last five years.	No
Q156 If yes, does the CHIP include the following? (Select all that apply)	Respondent skipped this question
Q157 If yes, please attach the CHIP or provide the web link.	Respondent skipped this question
Q158 Web link/URL	Respondent skipped this question
Q159 If no, where is your department in the process? (Select one)	My department has not begun a CHIP

Page 36: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q160 Requirement 1: My department has a tracking process to document actions taken toward the implementation of the CHIP.	Respondent skipped this question
Q161 Requirement 2: My department and/or my partners have implemented some areas of the CHIP.	Respondent skipped this question
Q162 If yes, what area has been implemented and by whom? (Provide one example)	Respondent skipped this question

Page 37: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q163 Requirement 1: My department has a strategic plan dated within the last five years.	Yes
Q164 If yes, does the plan include? (Select all that apply)	Mission, Vision and Value Statements Strategic Priorities, Measurable and time-framed goals and objectives Capacity for enhancement of information management, workforce development, communications and financial sustainability
Q165 If no, where is your department in the process? (Select one)	Respondent skipped this question

Page 38: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q166 Requirement 1: Since the strategic plan's adoption, my department has reviewed the plan and has monitored and assessed progress towards reaching the goals and objectives.	Yes
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Page 39: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q167 Requirement 1: My department participates in preparedness meetings with other government agencies, local health departments and health care providers.	Yes
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Q168 Requirement 2: My department has conducted drills or exercises or responded to real events that tested components of the All Hazards EOP within the last five years. **Yes**

Q169 If yes, did your department develop an AAR after the emergency or drill/exercise? **Yes**

Q170 Requirement 3: As a result of an exercise, drill or real event, my department has revised the All Hazards EOP. **Yes**

Page 40: 10 ES - #5 Develop policies and plans that support individual and community health efforts

Q171 Requirement 1: My department has a public health emergency response plan that is dated within the last five years. **Yes**

Q172 If yes, does your department's public health EOP include? (Select all that apply)

- The health department staff responsible for coordinating a response
- The roles and responsibilities of the health department and its partners
- A health department communication network that addresses communication with other members of emergency networks or organizations that are also responders; or an emergency communication plan.
- How the health department will manage continuity of operations during an emergency

Q173 Requirement 2: Within the last five years, my department has tested the public health EOP through drills and exercises. **Yes**

Q174 If yes, did your department complete an AAR the drills or exercises? **Yes**

Q175 Requirement 3: My department has revised the public health EOP based on AARs. **Yes**

Page 41: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q176 Requirement 1: My department reviews regulations, statutes, and ordinances for their public health implications. **Yes**

Q177 If yes, when reviewing laws, does your department? (Select all that apply) **Consider evidence-based practices, promising practices**

Q178 Requirement 2: My department has access to legal counsel as needed. **Yes**

Page 42: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q179 Requirement 1: My department provides advice and recommendations to the governing entity and/or elected officials on the public health impact of new laws and changes to current laws. **Yes**

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Q180 If yes, how does your department provide advice and recommendations? (Select all that apply)

Presentations,
Meetings

Page 43: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q181 Requirement 1: My department's staff have been trained in laws related to their job responsibilities within the past two years.

Yes

Q182 If yes, on which laws have staff received training? (Select all that apply)

Food,
Lead,
Subsurface sewage disposal systems,
Housing, hoarding, blight,
Disaster response/emergency preparedness,
Surveillance/outbreak investigations

Q183 Requirement 2: My department ensures consistent application of public health laws.

Yes

Q184 If yes, how does your department ensure the consistent application of public health laws? (Select all that apply)

Enforcement documents or logs,
Communications with other agencies,
Other (please describe):
Regular internal staff meetings to ensure standard approach.

Page 44: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q185 Requirement 1: My department has information concerning public health related laws available to the public.

Yes

Q186 If yes, how is your department providing information concerning public health related laws? (Select all that apply)

Website,
Flyers/Brochures,
Email or fax,
Phone conversations

Q187 Requirement 2: My department has information about permit/license applications available to the public.

Yes

Q188 If yes, how is your department providing information about permit/license applications? (Select all that apply)

Website,
Flyers/Brochures,
Email or fax,
Phone conversations

Page 45: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

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Q189 Requirement 1: My department provides information or education to regulated individuals or entities about their responsibilities related to public health laws. **Yes**

Q190 If yes, how is your department providing information or education to regulated individuals or entities? (Select all that apply) **Website, Flyers/Brochures, Email or fax, Regular mail, Phone conversations**

Page 46: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q191 Requirement 1: My department has local ordinances/regulations for conducting enforcement actions. **Yes**

Q192 If yes, what types of ordinances/regulations? (Select all that apply) **Food**

Q193 Please provide a link to where these ordinances can be found:

<http://www.ehhd.org/content/101/127/default.aspx>

Q194 Requirement 2: My department has a written procedure or protocol (e.g. decision tree) for enforcement program areas. **Yes**

Q195 If yes, please upload the protocol.

FOOD SERVICE enforcement steps.docx (12KB)

Q196 If no, is the protocol in development? **Respondent skipped this question**

Page 47: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q197 Requirement 1: My department maintains a database or log of inspection reports with action taken, current status, follow-up, return inspections, and final results/closure. **Yes**

Q198 If yes, what is/are the database(s) or log(s)? (Select all that apply) **Infectious disease (CTEDSS - MAVEN), Access database, Spreadsheet, Childhood Lead (CTSIT - MAVEN), Inspection software**

Page 48: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q199 Requirement 1: My department has a database or log of actions related to investigations and complaints. **Yes**

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Q200 If yes, does the database or log document? (Select all that apply)

An analysis of the situation
 Actions taken
 Meetings,
 Official communications
 Notice of violations
 Legal orders

Page 49: Copy of page: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q201 Requirement 1: My department analyzes the information in the database or log of investigations and complaints. **Yes**

Q202 If yes, does your department analyze the data for? (Select all that apply)

Patterns and trends
 Performance improvement for the enforcement program
 Development of a summary annual report

Q203 Requirement 2: My department conducts debriefings or other methods to evaluate what worked well, to identify problems and recommends changes in the investigation/response procedure to the enforcement protocols or procedures. **Yes**

Page 50: 10 ES - #6 Enforce laws and regulations that protect health and ensure safety

Q204 Requirement 1: My department has a protocol for notifying other agencies and the public of enforcement activities. **Yes**

Q205 If yes, how does your department notify other agencies and the public of enforcement activities? (Select all that apply)

Posting on a website,
 Public presentation,
 Reports,
 Other (please describe):
 Annual Report

Q206 If no, is the protocol in development? **Respondent skipped this question**

Page 51: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q207 Requirement 1: My department participates in a collaborative process to assess the availability of health care services to the population. **No**

Q208 If yes, with whom does your department collaborate to assess the availability of health care services? (Select all that apply) **Respondent skipped this question**

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Q209 If yes, do you maintain documentation (agendas, minutes, rosters) of the collaborative process/meetings? Respondent skipped this question

Q210 Requirement 2: My department shares public health data for assessment and planning purposes. No

Q211 If yes, how does your department share the data? (Select all that apply) Respondent skipped this question

Q212 Requirement 3: My department assesses emerging issues that may impact access to care. No

Q213 If yes, please provide an example of an emerging issue. Respondent skipped this question

Page 52: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q214 Requirement 1: My department has a process for identifying populations who lack access to health care. No

Q215 If yes, how are the populations identified? (Select all that apply) Respondent skipped this question

Q216 Requirement 2: My department has a report or has developed a report that identifies populations who experience barriers to health care services. Yes

Q217 If yes, in the report, are the populations who experience barriers identified by the following? (Select all that apply) Geographic location, Health insurance status

Page 53: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q218 Requirement 1: My department has a process used to identify gaps in health care services and barriers to health care services. Yes

Q219 If yes, how are the gaps in health care services and barriers to care identified? (Select all that apply) Community Health Assessment

Q220 Requirement 2: My department has a report or developed a report of analysis of data from various sources that identify and describe gaps in access to health care services and barriers to health care services in my jurisdiction. Yes

Q221 If yes, does the report include? (Select all that apply) Assessment of capacity and distribution of health care providers

Page 54: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q222 Requirement 1: My department participates in a collaborative process for developing strategies to improve access to health care. No

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Q223 If yes, what strategies has the coalition developed to improve access to health care services and reduce barriers to care? (Select all that apply) Respondent skipped this question

Page 55: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q224 Requirement 1: My department has collaboratively implemented strategies to improve access to health care services for those who experience barriers. Yes

Q225 If yes, what strategies have been implemented to improve access to health care services? (Select all that apply) Case management

Page 56: 10 ES - #7 Link people to needed personal health services and assure the provision of health care

Q226 Requirement 1: My department has initiatives to ensure that access and barriers are addressed in a culturally competent manner and take into account cultural, language and low literacy barriers. Yes

Q227 If yes, what are some of the initiatives? (Select all that apply) Language/interpretive services

Page 57: 10 ES - #8 Assure competent public and personal health care workforce

Q228 Requirement 1: My department actively promotes public health as a career choice. Yes

Q229 If yes, how? (Select all that apply) Collaboration with a school or college of public health to host interns/volunteers
Guest lecturing at a college
Making presentations to students about public health and public health careers

Page 58: 10 ES - #8 Assure competent public and personal health care workforce

Q230 Requirement 1: My department has a workforce development plan. Yes

Connecticut Local Health Annual Report SFY 2019

Q231 If yes, does the workforce development plan? (Select all that apply)

- Address the collective capacity and capability of the department workforce
- Address gaps in capacity and capabilities and include strategies to address them
- Acknowledge the changing environment and include considerations of areas where the field is advancing; for example, emergency preparedness training, health equity, and cultural competence
- Include an assessment of current staff competencies against the adopted core competencies
- Include training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies

Q232 If no, is the plan in development? Respondent skipped this question

Q233 Requirement 2: My department has implemented its workforce development strategies. Yes

Q234 If yes, what workforce development strategies have been implemented? (Select all that apply)

- Completed assessment of current staff competencies
- Developed training schedules

Page 59: 10 ES - #8 Assure competent public and personal health care workforce

Q235 Requirement 1: My department ensures a competent workforce. Yes

Q236 If yes, how does your department ensure a competent workforce? (Select all that apply)

- Documented process for recruitment of qualified staff
- Staff retention activities (e.g., employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, and supervisor mentoring programs)
- Job descriptions and requirements for specific certifications, skills, training, experience and education
- Protocol/process to verify staff qualifications
- Annual performance reviews

Page 60: 10 ES - #8 Assure competent public and personal health care workforce

Q237 Requirement 1: My department documents staff's completion of their professional development activities. Yes

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<p>Q238 If yes, what types of professional development activities? (Select all that apply)</p>	<p>Continuing education for certifications/licenses Training opportunities (e.g., HIPAA, emergency response, methods for the presentation of data, health equity, and communications)</p>
<p>Q239 Requirement 2: My department provides leadership and/or management development training programs.</p>	<p>No</p>
<p>Q240 If yes, what type of leadership and/or management development training programs? (Select all that apply)</p>	<p>Respondent skipped this question</p>
<p>Q241 Requirement 3: My department provides an environment in which employees are supported in their jobs.</p>	<p>Yes</p>
<p>Q242 If yes, how does your department provide a supportive environment? (Select all that apply)</p>	<p>Supporting staff's regulatory work, which can be met with resistance , Providing professional development opportunities Providing support through an Employee Assistance Program (EAP) , Maintaining institutional memory, the transfer of knowledge, succession planning , Providing collaborative learning opportunities (e.g., participation on boards, committees, and task forces in community, collaborative planning sessions, shared reviews of program evaluations, etc.)</p>

Page 61: Copy of page: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and

<p>Q243 Requirement 1: My department has adopted a performance management system with input from staff and leadership.</p>	<p>No</p>
<p>Q244 If yes, does the performance management system include? (Select all that apply)</p>	<p>Respondent skipped this question</p>
<p>Q245 If no, is the department in the process of adopting a system?</p>	<p>No</p>

Page 62: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

<p>Q246 Requirement 1: My department has a committee or team that is responsible for implementing the performance management system.</p>	<p>Respondent skipped this question</p>
<p>Q247 If yes, does the committee or team? (Select all that apply)</p>	<p>Respondent skipped this question</p>
<p>Q248 If yes, for which area(s) has the performance management system been implemented? (Select all that apply)</p>	<p>Respondent skipped this question</p>

Page 63: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

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Q249 Requirement 1: My department collects, analyzes, and draws conclusions from feedback from different customer groups. **Yes**

Q250 If yes, what groups have you surveyed? (Select all that apply) **Governing entities, Tradespeople**

Q251 Requirement 2: My department has implemented changes/improvements based on the customer feedback. **Yes**

Q252 If yes, what is one (1) change that your department has implemented?

Improvements and updates to our online application, and payment platform.

Page 64: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q253 Requirement 1: My department provides staff development in performance management. **No**

Q254 If yes, how does your department provide staff development in performance management? (Select all that apply) **Respondent skipped this question**

Page 65: 10 ES - #9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q255 Requirement 1: My department has a written quality improvement (QI) plan that is dated within five years. **No**

Q256 If yes, does the QI plan address the following? (Select all that apply) **Respondent skipped this question**

Q257 If no, where is your department in the process? (Select one) **My department has not begun a QI plan**

Page 66: 10 ES -#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health

Q258 Requirement 1: My department has documentation of implemented quality improvement activities based on the QI plan. **Respondent skipped this question**

Q259 If yes, did the documented QI activities include the following? (Select all that apply) **Respondent skipped this question**

Page 67: 10 ES - #10 Research for new insights and innovative solutions to health problems

Q260 Requirement 1: My department has incorporated an evidence based or promising practice in a process, program or intervention. **Yes**

Q261 If yes, what is/are the source(s) of the evidence-based or promising practice? (Select all that apply) **Published study or article, National organizations, Community-based organizations, Federal agencies**

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Q262 If yes, please upload or describe one promising practice implemented.

Final EHHD Plan4Health - Final Reporting Form (2).docx (44.9KB)

Q263 Promising practice description

We have many, many more evidence based policy, systems, and environmental changes, which have been implemented.

Page 68: 10 ES - #10 Research for new insights and innovative solutions to health problems

Q264 Requirement 1: My department has communicated research findings and their public health implications to stakeholders, other health departments, other organizations, and/or the public. **Yes**

Q265 If yes, describe the research.

Youth Tobacco Survey results regarding increase in e-cig use among high school students

Q266 If yes, with whom did your department communicate the research findings? (Select all that apply)

- Elected/appointed officials**
- Local agencies/departments,**
- Community organizations,**
- General public**

Page 69: 10 Essential Services Certification

Q267 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**



2018-2019 ANNUAL REPORT



SERVING THE TOWNS OF:
ANDOVER, ASHFORD, BOLTON, CHAPLIN, COLUMBIA, COVENTRY,
MANSFIELD, SCOTLAND, TOLLAND AND WILLINGTON

POPULATION: 80,466 SERVICE AREA: APPROXIMATELY 208 SQUARE MILES

Health District Staff

Robert L. Miller, MPH, RS Director of Health
 Kenneth Dardick, MD..... Medical Advisor
 Glenn Bagdoian, RS..... Sanitarian II
 Millie Brosseau Administrative Assistant
 Diane Collelo, RS Sanitarian I
 Holly Hood, MPH, RS Sanitarian II
 Derek May Public Health Emergency
 Preparedness Coordinator
 Sherry McGann, RS..... Sanitarian II
 Jeff Polhemus, RS Chief Sanitarian
 Lynette Swanson Environmental Health Specialist
 Brian Clinton, MA, MCHES..... Community Health and
 Wellness Coordinator



Back left to Right: Jeff Polhemus, Rob Miller, Brian Clinton, Glenn Bagdoian **Front left to Right:** Holly Hood, Sherry McGann, Diane Collelo, Millie Brosseau

EHHD Board of Directors

Elizabeth Paterson (Chair)..... Town of Mansfield
 John Elsesser (Vice Chair)..... Town of Coventry
 Joyce Stille (Assistant Treasurer)..... Town of Bolton

Robert DeVito Town of Ashford
 Joseph Higgins Town of Andover
 Derek Kennedy Town of Mansfield
 Robert Morra (Alternate)..... Town of Bolton
 Tammy Nuccio Town of Tolland
 Paul Shapiro..... Town of Mansfield
 Barbara Syme Town of Scotland
 M. Deborah Walsh Town of Coventry
 Mark Walter Town of Columbia
 Steve Werbner Town of Tolland
 Mike Zambo Town of Ashford
 Vacant Town of Chaplin
 Vacant Town of Willington



Back: R. DeVito, P. Shapiro, K. Dardick, M. Walter, J. Elsesser, J. Higgins
Front: D. Kennedy, J. Stille, E. Paterson, D. Walsh

Mission Statement -

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

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



Message from the Director *Another Year Gone By*

Once again I have the honor of sharing the highlights of another year gone by here at the Eastern Highlands Health District. These highlights are the culmination of the passion and dedication our staff applies to what we do. Protecting your environment, promoting wellness, and preventing illness is the result of this passion and dedication. With that, below is a rundown of the highlighted activities and initiatives for the 2018-2019 Fiscal Year.

Community Health – The Substance Abuse in Our Communities Workgroup was very active this year. Among other items, salient activities included partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. We are also very pleased to now employ a Registered Nurse, thereby improving our communicable disease control and public health clinical services.

Emergency Public Health Preparedness – The efforts and activities of our Medical Reserve Corps unit continues to expand, with new members and more exercises and real world events. A few examples include Medical Aid Station Team support for the Hartford Marathon, pop up flu clinics, and a deployment in response to Hurricane Florence. Additionally, in partnership with area local health district agencies we agreed upon a structure to consolidate the 5 Mass Dispensing Areas (MDA) in Region 4 into one MDA.

Environmental Health – We experienced a number of staffing changes and vacancies in the environmental health program this year. Most notably after 22 years we said good bye to our long time Chief Sanitarian, Jeff Polhemus, whose contribution to the agency cannot be understated. With this change comes renewed excitement as we welcomed Lynette Swanson. With 20 years of environmental health experience under her belt, she has admirably filled the role of Chief Sanitarian.

In closing and with the end of other year, I want to assure our communities that we here at the Eastern Highlands Health District remain committed, and dedicated to providing essential, quality local public health services. If you have any ideas, or suggestions on how we might better serve our communities, please feel free to email us at ehhd@ehhd.org, or call 860-429-3325.

My door is always open.

Yours in Health,

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





Public Health

Prevent. Promote. Protect.

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

What is a Health District?

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

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

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

10 Essential Services of Local Public Health:

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

EHHD'S PROGRAMS AND SERVICES

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

Emergency Preparedness

All-hazards emergency preparedness cannot be addressed by one agency working alone. Eastern Highlands Health District (EHHD) continues to build partnerships and link services to prepare for a successful community response to any emergency or disaster.

EHHD works inside and outside of its health district borders on collaborative emergency planning. EHHD is an active participant in the CT DEMHS Region 4 ESF8 workgroup, which brings together healthcare and community health in Eastern Connecticut. Regional activities this year included participation in communications drills, a regional hospital evacuation exercise, and a full scale Drive-Thru infectious disease exercise. Although linked to Region 4 for grant deliverables and fiduciary reporting, EHHD also continues to support preparedness work in Region 3. EHHD staff participated in a preparedness forum in Bolton, an infectious disease tabletop exercise with University of Connecticut, and supported Mansfield/UConn in a FEMA-evaluated



radiological exercise by simulating distribution of potassium iodide (KI) tablets. As part of a statewide push to increase vaccination rates, EHHD provided seasonal flu clinics in Mansfield and in Coventry. The "Until Help Arrives" bystander first aid program was offered in Tolland and a Medical Aid Station Team (MAST) initial training was offered in Scotland.

EHHD continues to recruit and engage and organize medical and non-medical community volunteers with its Medical Reserve Corps (MRC) program. Throughout the year the volunteers are invited to participate in preparedness-related trainings, exercises, and real-world events. MRC volunteers supported multiple exercises, the statewide flu clinics, provided MAST medical support for the Hartford Marathon, and one MRC nurse deployed to support the response to Hurricane Florence. The recent addition of a Wellness Coordinator with a nursing background will be of great advantage to the EHHD MRC. This position will work closely with the EHHD preparedness coordinator to engage medical volunteers and to increase capacity to deliver vaccinations in case of pandemic or infectious disease outbreak. Anyone with interest in becoming an EHHD MRC volunteer can go to www.EHHD.org and find the link under the Emergency Preparedness tab.

Although EHHD takes an all-hazards approach to emergency planning, Mass Countermeasures, the ability to rapidly distribute medications in an emergency, remains a key driver of our preparedness program. Building on years of detailed anthrax planning, we are working with federal, state, and regional partners to re-strategize and improve planning for pandemic flu and protecting individuals through vaccinations

Environmental Programs

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

Subsurface Sewage Disposal – EHHD sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and perform site inspections during construction to verify compliance with codes and technical standards. The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by on-site subsurface sewage disposal systems.

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



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

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

Childhood Lead Poisoning Prevention – EHHD receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 5 µg/dL or above, and tracks these cases until the child's blood lead level is confirmed below this reference level. The health district provides re-test reminder letters and educational packets to these families to help them understand the health risks associated with lead exposure and assist them in identifying and reducing lead hazards in their child's environment. Elevated blood lead levels can require additional intervention by the health district including property inspections and lead abatement enforcement.

Communicable Disease Surveillance & Control

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

Disease Control – Clinical laboratory and physician case reports are reviewed for possible follow-up and investigation. Outbreaks of disease are investigated, and measures to prevent and control further spread of disease are implemented when necessary.

Community Health

Health Promotion initiatives in the Health District focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our current focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors. In the summer months EHHD worked diligently to mitigate the spread of disease from mosquitos and ticks.



During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary. In response to the wide-spread flu activity this year EHHD conducted two flu clinics and created a flu prevention flyer. The flyer was distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD staff worked with several school districts to create model school health and wellness policies.

Tobacco Free Living – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found at www.ehhd.org/Tobacco-Free-Living. EHHD continues to assist the town of Mansfield with implementation of its smoke free workplaces policy. A toolkit was developed to assist other



organizations/communities to implement similar policies. This toolkit can be found at www.ehhd.org/tobacco. In addition, EHHD continues to update a summary of smoking cessation resources. The resources include web, phone, text, and nicotine replacement therapy cessation methods and can be found at www.ehhd.org/tobaccocessation

Substance Abuse In Our Community Workgroup –



In response to the opioid and substance use epidemic affecting our towns, EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The workgroup initiated several projects this year. Salient activities included partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. For information on treatment options, resources and walk-in services and emergency care information please go to www.ehhd.org/opioidepidemic. The brochures have been distributed to town leadership, libraries and social service departments.

Be Well – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program is provided as a full contracted service to four employers in health district towns (Town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland). Basic Be Well initiatives are also provided to member town, school employees and private sector businesses through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, monthly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be_well. If you're interested in having Be Well part of your business or organization please email Be Well at Be_well@ehhd.org.



Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook: www.facebook.com/EHHDCHART and Twitter: <https://twitter.com/EHHDHealth>) with information about health, wellness and safety issues. We focus our "hot topic" health updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD staff participated in several educational workshops and health fairs throughout the year focusing on topics such as hurricane/emergency preparedness, childhood vaccines, healthy snacks for kids, planning for care as you age, and flu prevention and treatment.

Plan4Health Initiative: Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning and zoning boards and commissions of small and rural town in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced last year to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit and survey is available online at www.healthyeasternct.com

PLAN4Health
An American Planning Association Project

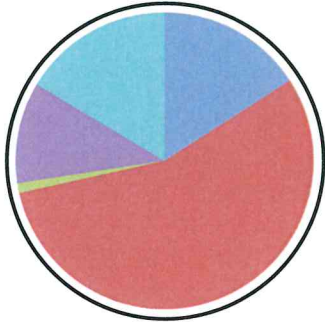
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EHHD

Budget Fiscal Year

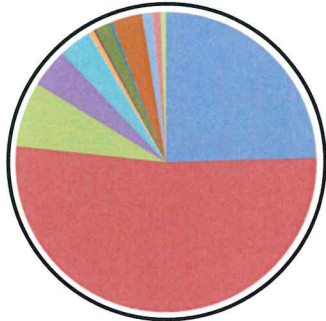
2018/2019*

FY 2018/2019 Revenue (see table below)



Licensure Fees	\$152,351
Local Funds	\$536,868
Other	\$4,910
Program Fees	\$105,586
State Funds	\$156,717
Total Operating Revenues	\$956,432.50

FY 2018/2019 Expenses (see table below)



Personnel: Administrative/Management	\$215,396
Personnel: Environmental Health	\$457,911
Personnel: Community Health	\$61,224
Emergency Preparedness	\$36,989
Administrative Overhead	\$31,159
Communications	\$4,870
Education/Training	\$256
Equipment	\$1,401
Insurance	\$14,351
Legal	\$445
Other	\$3,000
Purchased Services	\$28,170
Supplies & Materials	\$10,176
Vehicles/Travel	\$7,117
Miscellaneous	\$4,844
Total Operating Expenditures	\$877,308.65

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	0	0	0	0	0	0	0	3	0	3
ANIMALS/ANIMAL WASTE	0	2	0	1	0	0	2	0	1	0	6
ACTIVITY WITHOUT PROPER PERMITS	0	0	0	0	0	0	0	0	0	0	0
FOOD PROTECTION	1	2	1	1	0	0	9	0	5	2	21
HOUSING ISSUES	0	13	2	5	1	5	21	2	4	6	59
EMERGENCY RESPONSE	0	1	1	3	0	0	1	0	2	1	9
REFUSE/GARBAGE	0	1	0	0	0	0	1	0	1	1	4
RODENTS/INSECTS	0	0	1	1	0	0	1	0	1	1	5
SEPTIC/SEWAGE	1	6	3	2	0	1	2	0	6	0	21
OTHER	1	0	2	0	0	2	3	0	0	0	8
WATER QUALITY	0	1	0	2	1	2	2	0	6	5	19
TOTAL	3	26	10	15	2	10	42	2	29	16	155
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	1	0	0	0	0	1
DAY CARE	0	0	0	0	2	2	1	0	1	0	6
CAMPS	0	1	0	0	0	0	1	0	4	2	8
PUBLIC POOL	0	2	0	0	0	0	5	0	2	0	9
OTHER	0	0	0	1	0	0	1	0	0	0	2
SCHOOLS	0	0	0	0	0	0	4	0	0	0	4
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	3	0	1	2	3	12	0	7	2	30
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION - ALL SITE VISITS	61	89	78	71	85	196	182	21	165	28	976
DEEP HOLE TESTS - NUMBER OF HOLES	44	52	66	37	54	169	107	6	113	48	696
PERCOLATION TESTS - NUMBER OF HOLES	15	15	19	13	16	26	33	4	42	11	194
PERMITS ISSUED, NEW	6	5	7	1	8	13	4	0	9	2	55
PERMITS ISSUED, REPAIR	20	22	26	12	27	32	46	2	49	10	246
SITE PLANS REVIEWED	21	25	31	9	35	55	48	2	48	12	286
PUBLIC HEALTH REVIEWS	33	41	50	9	47	90	73	5	153	24	525
WELLS											
WELL SITES INSPECTED	1	7	2	10	15	8	9	0	1	1	54
WELL PERMITS ISSUED	6	14	9	6	10	22	11	1	10	5	94
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	1	0	1	0	0	3	0	19	2	26
SURFACE WATER	15	16	30	0	31	133	14	0	31	30	300
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	1	0	0	0	0	0	1
LEAD	0	0	0	0	0	0	0	0	0	8	8
OTHER	2	1	3	3	2	3	6	1	5	0	26
FOOD PROTECTION											
INSPECTIONS	16	30	21	23	24	48	161	3	60	27	413
REINSPECTIONS	3	7	2	2	1	2	27	0	11	11	66
TEMPORARY PERMITS	4	19	12	7	6	123	29	13	16	10	239
TEMPORARY INSPECTIONS	0	4	8	1	0	90	7	7	0	1	118
PLAN REVIEWS	0	1	2	3	1	3	10	1	1	1	23
PRE-OPERATIONAL INSPECTIONS	2	4	0	4	2	1	16	1	1	0	31
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	1	0	0	2	0	0	0	0	3
ABATE PLAN REVIEWED	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	0	0	0	1	0	0	1	0	2
SUBDIVISION REVIEWED (PER LOT)	0	0	0	0	0	2	0	0	3	1	6

* Figures not audited at the time of this publication.

Selected Reportable Diseases by Town*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	2	1	0	0	1	0	2	0	1	1	8
Campylobacter	1	0	1	0	2	2	1	2	1	2	12
Cryptosporidium	0	0	0	0	0	0	1	0	1	0	2
Cyclospora	0	0	0	0	0	0	0	0	1	0	1
E. Coli 0157/STEC	0	0	0	0	0	1	0	0	0	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	1	0	0	1	0	0	0	1	3
Gonorrhea	2	1	1	0	0	2	17	0	1	1	25
Group A Streptococcus	0	0	2	0	1	0	0	0	1	0	4
Group B Streptococcus	1	0	0	0	0	1	2	0	2	0	6
Haemophilus Influenzae	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	1	1	2	1	1	4	3	0	3	2	18
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	2	0	0	0	0	2	2	0	3	6	15
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	1	1	0	1	0	0	0	0	0	1	4
Lead-Elevated Blood Lead Levels in children up to age 6 >20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	5	2	0	4	5	5	9	1	10	5	46
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	1	0	0	0	0	0	0	0	1
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	0	1	0	3	1	3	0	4	0	12
Shigella	1	0	0	0	0	0	0	0	0	0	1
Streptococcus Pneumoniae	0	1	0	0	0	1	1	0	1	1	5
Syphilis	0	0	0	0	0	3	0	0	0	0	3
Tuberculosis Cases (Active)	0	0	0	1	0	0	0	0	1	0	2
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

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



4 South Eagleville Road
Mansfield, CT 06268



Quarterly Activity Report July 1, 2019 – September 30, 2019

Highlighted Accomplishments/Activities

- Working with DPH and area health districts, implemented a response to an outbreak of Eastern Equine Encephalitis in eastern Connecticut. The response included but is not limited to weekly conference calls with Connecticut Agricultural Experiment Station, DEEP mosquito control program, and DPH; development and distribution of risk communication, and risk reduction messaging for general public and community stakeholders; development and distribution of risk reduction guidance to schools, and recreation departments; consultations with school and town officials; coordinating response with UConn Environmental Health & Safety; and, providing weekly email EEE updates to all community stakeholders.
- The Substance Abuse in our Communities Workgroup members have been active over this quarter. The workgroup met this past June. These activities include but are not limited to: conducted two community informational event 8/16 & 8/19; robust supplemental community distribution of “Substance Abuse Treatment Resources” tri-fold; updated and enhanced treatment, prevention, recovery resources on EHHD website; distributed and promoted model policy for NARCAN staging in public buildings; and, partnered with Coventry PD on a drug takeback campaign netting 115lbs of drugs for disposal.
- Continue to work cooperatively with DEEP on behalf of Tolland providing information and technical support regarding an environmental investigation into sodium chloride contamination in ground water in the Old Post road area. This includes responding to inquiries and concerns from property owners, updating data sets, and tracking tables, and meeting with town regarding 168 Mt Spring Rd during this period.
- Supported Town of Coventry as part of DEEP investigation to NaCl contamination in private drinking water well. Completed preliminary assessment and made one referral to DEEP regarding Coventry private well contamination.
- Recruited, interviewed, and hired two new environmental health field staff in August; one Sanitarian II, and one Environmental Health Inspector. We are still recruiting for a part-time Environmental Health Inspector.
- Assisted the Town of Willington with challenges associated with a proposed private property connection to their community water supply. Met with property owner, liaised with DPH to facilitate a solution.
- Subsequent to board funding authorization, this office executed contract with Viewpoint, and initiated process to upgrade online permitting and payments software. Staff is meeting bi-weekly to update outputs and workflows; and, administration staff have received backend training on new system.



Eastern Highlands Health District

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

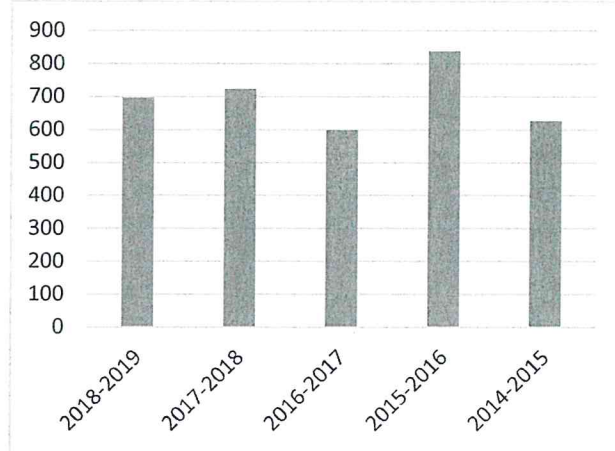
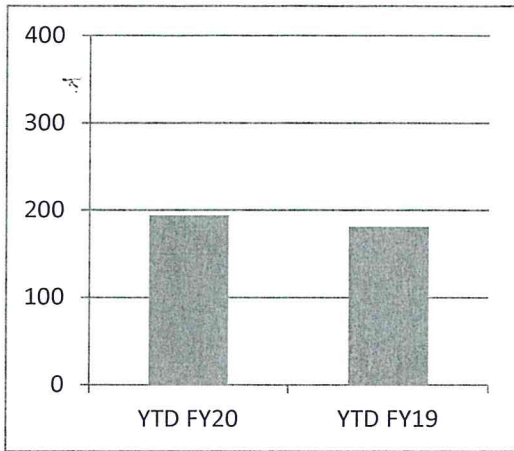
- Continued support of the Town of Mansfield as active member of the Connecticut Water Regional Advisory Committee.
- Provided economic development support to the Town of Coventry regarding existing commercial property, providing technical support regarding water supply, and waste water disposal.
- In response to recent turnover in member town leadership and board membership, this office meet with, and provided EHHD orientation to three town leaders for Andover, Bolton, and Tolland.
- Continued support of the Town of Mansfield four corners sewer project with monthly project meetings, and site visits.
- *Emergency Preparedness Program:* Highlighted activities during this period include: (1) conducted quarterly call down communication drill using text messaging for the first time (2) Enrolled EHHD in to the Connecticut Vaccine Program (3) coordinated MRC volunteers to support Medical Aid Station Team activities at RiMaConn relay race (4) conducted orientation for one new EHHD MRC unit volunteers (5) Seven EHHD MRC volunteers attended Region \$ Disaster Training Day.(See attached report for additional details)
- *Community Health Program:* Highlighted activities include: (1) generated and submitted DPH final report for block grant (2) developed proposal and work plan for new FY21 block grant award (3) conducted “lunch and learn” program in Columbia and Bolton on the topic of stress (4) ongoing employee wellness services to Tolland (5) Attended UConn Student Health and Wellness Fair (6) provided UV safety training to general public at MCC. (See attached report for additional details)

Plans for the Next Quarter

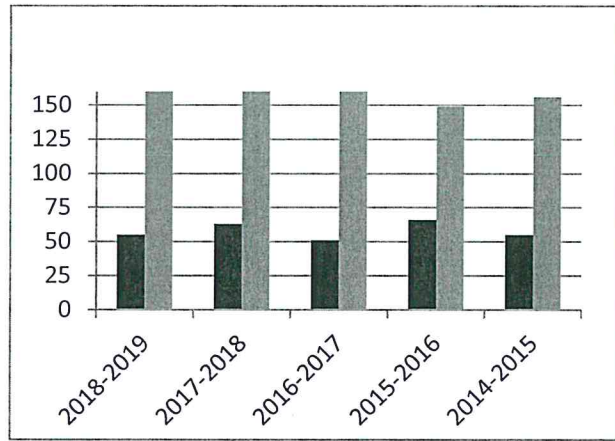
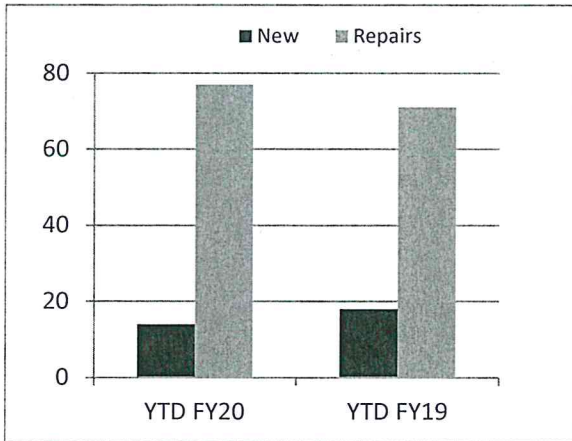
- Recruit and retain a part-time environmental health inspector. Train two new staff with objective of achieving staff certification in food service establishment inspections.
- Continue work on updating sanitary codes associated with cosmetology, and food code. Engage regulated community regarding cosmetology program.
- Maintain progress on implementation of EHHD FDA Food Code Transition Plan.
- Advance progress on Substance Abuse in Our Communities Workgroup prevention activities funded by mini grants.
- Progress on Information Technology initiative, which includes the upgrade of the viewpermit software to ViewPoint Cloud.
- Continue to support member towns regarding NaCl issues in private water supplies.

Statistical Report (Attached)

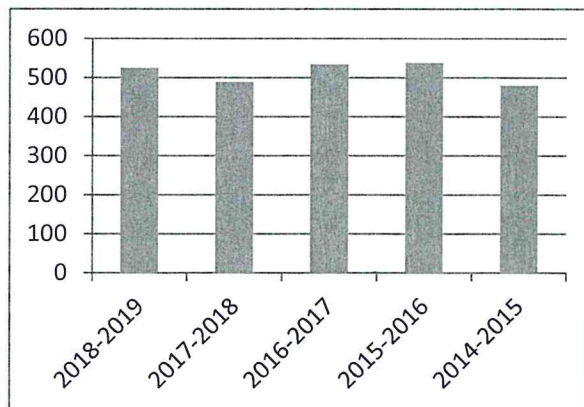
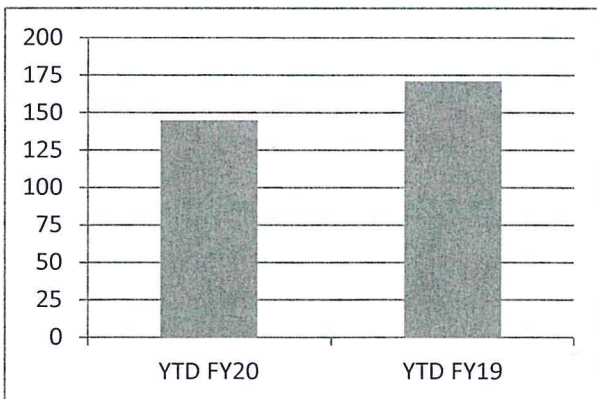
Deep Test Holes



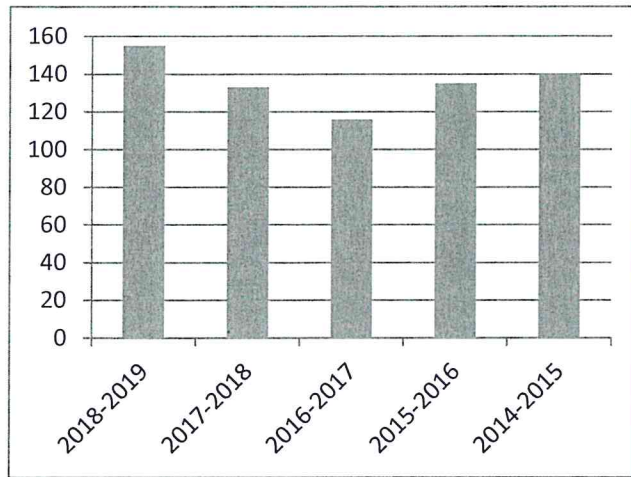
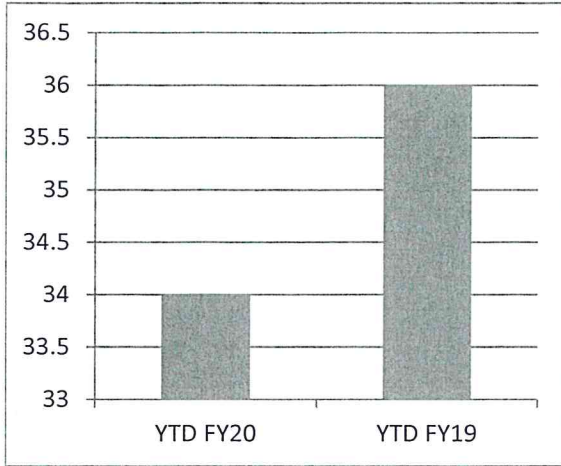
Septic Permits



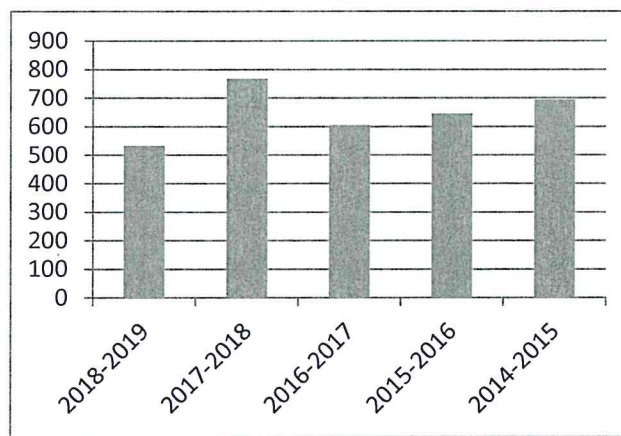
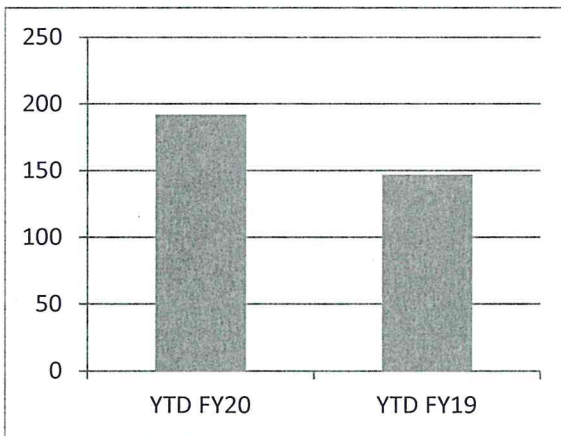
Public Health Reviews



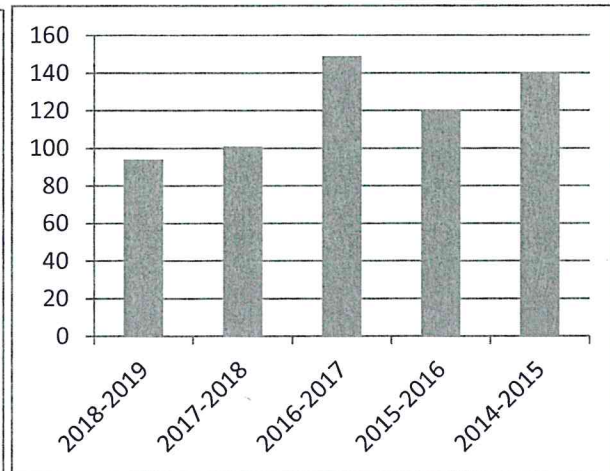
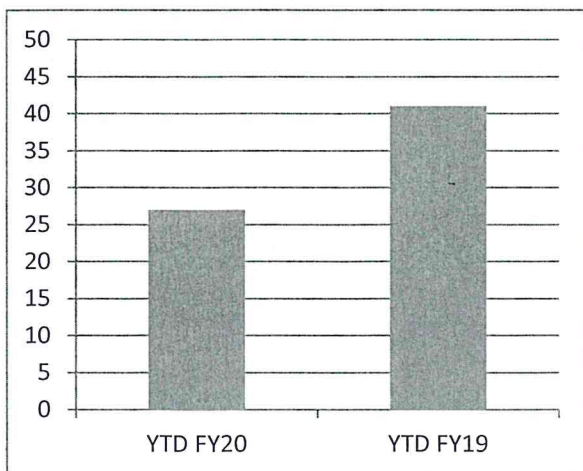
Complaints



Food Service Inspections



Well Permits Issued



EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2019-2020							
July 1, 2019 - September 30, 2020							
ACTIVITY INDICATORS	MONTHS					Current	Previous
COMMUNITY HEALTH ACTIVITIES	July	Aug	Sept	Total		YTD FY20	YTD FY19
<i>Communicable Disease Control</i>							
Case reports reviewed	82	99	75	256		256	272
Preliminary follow ups	2	2	3	7		7	4
Investigations	0	1	0	1		1	6
<i>Public Health Education</i>							
Programs	See narrative for program descriptions						
ENVIRONMENTAL HEALTH ACTIVITIES							
<i>Complaints</i>							
Air Quality	0	0	0	0		0	2
Animals/Animal Waste	0	0	2	2		2	3
Activity Without Proper Permits	0	0	0	0		0	0
Food Protection	2	1	0	3		3	6
Housing Issues	0	4	2	6		6	11
Emergency Response	1	1	1	3		3	4
Refuse/Garbage	0	1	2	3		3	1
Rodents/Insects	0	0	0	0		0	2
Septic/Sewage	6	2	2	10		10	3
Other	3	0	1	4		4	0
Water Quality	1	1	1	3		3	4
Total	13	10	11	34		34	36
<i>Health Inspection</i>							
Group homes	0	0	0	0		0	0
Day Care	2	0	0	2		2	2
Camps	0	0	1	1		1	5
Public Pool	3	7	2	12		12	5
Other	0	0	0	0		0	0
Schools	0	0	0	0		0	4
Mortgage, FHA, VA	0	0	0	0		0	0
Bathing Areas	0	0	0	0		0	0
Total	5	7	3	15		15	16
<i>On-site Sewage Disposal</i>							
Site inspection	101	95	70	266		266	316
Deep hole tests	47	83	64	194		194	181
Percolation tests	12	26	21	59		59	60
Permits issued, new	1	8	5	14		14	18
Permits issued, repair	20	28	29	77		77	71
Site Plans Reviewed	23	23	23	69		69	88
Public Health Reviews	51	56	38	145		145	171
<i>Wells</i>							
Well sites inspected	5	1	1	7		7	27
Well permits issued	7	7	13	27		27	41
<i>Laboratory Activities (samples taken)</i>							
Potable water	0	1	5	6		6	1
Surface water	81	75	0	156		156	181
Ground water	0	0	0	0		0	0
Rabies	0	0	1	1		1	1
Lead	0	0	0	0		0	0
Other	12	2	0	14		14	5
<i>Food Protection</i>							
Inspections	37	36	43	116		116	72
Reinspections	6	16	8	30		30	15
Temporary Permits	15	22	29	66		66	94
Temporary Inspections	33	5	7	45		45	55
Plan review	2	0	2	4		4	2
Pre-operational inspections	0	1	0	1		1	5
<i>Lead Activities</i>							
Housing inspection	0	0	0	0		0	1
Abate plan reviewed	0	0	0	0		0	0
MISCELLANEOUS ACTIVITIES							
Planning and Zoning referrals	1	0	0	1		1	0
Subdivision reviewed (# of lots)	0	0	0	0		0	1

ANDOVER QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	3
Housing Issues				0	6
Emergency Response	1			1	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	10
Other				0	4
Water Quality				0	3
Total	1	0	0	1	34
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	5
Camps				0	2
Public Pool				0	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	19
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	2	5	1	8	266
Deep hole tests -- number of holes		6	9	15	194
Percolation tests -- number of holes		2	3	5	59
Permits issued, new		2	1	3	14
Permits issued, repair		2	1	3	77
Site plans reviewed	1	2		3	69
Public Health Reviews	5	6	2	13	145
<i>Wells</i>					
Well sites inspected				0	7
Well permits issued		1	2	3	27
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	6
Surface water	4	4		8	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other	1			1	14
<i>Food Protection</i>					
Inspections		3	1	4	116
Reinspections		1		1	30
Temporary permits			1	1	66
Temporary inspections				0	45
Plan reviews				0	4
Pre-operational inspections				0	1
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

ASHFORD QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection	1			1	3
Housing Issues				0	6
Emergency Response			1	1	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage	2	1		3	10
Other				0	4
Water Quality				0	3
Total	3	1	1	5	34
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	5
Camps				0	2
Public Pool		1		1	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	1	0	1	19
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	13	16	5	34	266
Deep hole tests -- number of holes	6	3		9	194
Percolation tests -- number of holes	1	1		2	59
Permits issued, new		1		1	14
Permits issued, repair	3	1	3	7	77
Site plans reviewed	4	1	2	7	69
Public Health Reviews		4	2	6	145
<i>Wells</i>					
Well sites inspected				0	7
Well permits issued			1	1	27
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	6
Surface water	4	4		8	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other		1		1	14
<i>Food Protection</i>					
Inspections	4	1	6	11	116
Reinspections		1	1	2	30
Temporary permits	4	1	7	12	66
Temporary inspections				0	45
Plan reviews				0	4
Pre-operational inspections				0	1
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

BOLTON QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	3
Housing Issues				0	6
Emergency Response		1		1	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage		1		1	10
Other				0	4
Water Quality				0	3
Total	0	2	0	2	34
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	5
Camps				0	2
Public Pool				0	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	19
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	8	5	5	18	266
Deep hole tests -- number of holes		9		9	194
Percolation tests -- number of holes		2		2	59
Permits issued, new				0	14
Permits issued, repair	2	2	3	7	77
Site plans reviewed	3	3	2	8	69
Public Health Reviews		6	3	9	145
<i>Wells</i>					
Well sites inspected	1			1	7
Well permits issued	2			2	27
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	6
Surface water	8	8		16	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	14
<i>Food Protection</i>					
Inspections			2	2	116
Reinspections				0	30
Temporary permits		6	2	8	66
Temporary inspections		2	1	3	45
Plan reviews	1			1	4
Pre-operational inspections				0	1
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

CHAPLIN QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	3
Housing Issues			1	1	6
Emergency Response				0	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	10
Other				0	4
Water Quality				0	3
Total	0	0	1	1	34
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	5
Camps				0	2
Public Pool				0	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	19
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	4	1	3	8	266
Deep hole tests -- number of holes	3	3		6	194
Percolation tests -- number of holes	1			1	59
Permits issued, new				0	14
Permits issued, repair	1	2	1	4	77
Site plans reviewed	1	2		3	69
Public Health Reviews	3	2		5	145
<i>Wells</i>					
Well sites inspected				0	7
Well permits issued	1			1	27
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	6
Surface water				0	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	14
<i>Food Protection</i>					
Inspections				0	116
Reinspections		1	1	2	30
Temporary permits	2			2	66
Temporary inspections	2	3		5	45
Plan reviews				0	4
Pre-operational inspections				0	1
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

COLUMBIA QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	July	August	September	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	3
Housing Issues		2		2	6
Emergency Response				0	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	10
Other	1			1	4
Water Quality				0	3
Total	1	2	0	3	34

Health Inspection

Group homes				0	0
Day Care	1			1	5
Camps				0	2
Public Pool				0	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	1	0	0	1	19

On-site Sewage Disposal

Site inspection -- all site visits	17	4	14	35	266
Deep hole tests -- number of holes		9	9	18	194
Percolation tests -- number of holes		4	3	7	59
Permits issued, new				0	14
Permits issued, repair	1	3	5	9	77
Site plans reviewed	3	2	5	10	69
Public Health Reviews	4	6	2	12	145

Wells

Well sites inspected				0	7
Well permits issued		2		2	27
Potable water				0	6
Surface water	8	8		16	156
Ground water				0	0
Rabies			1	1	1
Lead				0	0
Other	4			4	14

Food Protection

Inspections		2		2	116
Reinspections				0	30
Temporary permits		1		1	66
Temporary inspections				0	45
Plan reviews				0	4
Pre-operational inspections				0	1

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

COVENTRY QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

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

Complaints

Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	3
Housing Issues				0	6
Emergency Response				0	3
Refuse/Garbage			1	1	3
Rodents/Insects				0	0
Septic/Sewage				0	10
Other				0	4
Water Quality				0	3
Total	0	0	1	1	34

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	2
Public Pool		1		1	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	1	0	1	19

On-site Sewage Disposal

Site inspection -- all site visits	24	21	18	63	266
Deep hole tests -- number of holes	15	9	8	32	194
Percolation tests -- number of holes	5	3	2	10	59
Permits issued, new	1	2	3	6	14
Permits issued, repair	3	6	5	14	77
Site plans reviewed	5	7	5	17	69
Public Health Reviews	13	7	8	28	145

Well sites inspected	1	1	1	3	7
Well permits issued		2	6	8	27

Laboratory Activities (samples taken)

Potable water			1	1	6
Surface water	37	31		68	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other	1			1	14

Food Protection

Inspections	2	8	3	13	116
Reinspections		6	1	7	30
Temporary permits	4	6	4	14	66
Temporary inspections	31			31	45
Plan reviews			1	1	4
Pre-operational inspections		1		1	1

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

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

MANSFIELD QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection		1		1	3
Housing Issues			1	1	6
Emergency Response				0	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	10
Other	2			2	4
Water Quality	1	1		2	3
Total	3	2	1	6	34
<i>Health Inspection</i>					
Group homes				0	0
Day Care		1		1	5
Camps				0	2
Public Pool	3	3	1	7	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	3	4	1	8	19
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	16	29	14	59	266
Deep hole tests -- number of holes	8	21	12	41	194
Percolation tests -- number of holes	2	7	4	13	59
Permits issued, new			1	1	14
Permits issued, repair	5	2	3	10	77
Site plans reviewed	4	3	3	10	69
Public Health Reviews	8	3	6	17	145
<i>Wells</i>					
Well sites inspected	3			3	7
Well permits issued	2	1	3	6	27
<i>Laboratory Activities (samples taken)</i>					
Potable water		1	4	5	6
Surface water	4	4		8	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	14
<i>Food Protection</i>					
Inspections	21	16	20	57	116
Reinspections	6	3	4	13	30
Temporary permits		2	9	11	66
Temporary inspections			6	6	45
Plan reviews	1		1	2	4
Pre-operational inspections				0	1
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

SCOTLAND QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	3
Housing Issues				0	6
Emergency Response				0	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	10
Other				0	4
Water Quality				0	3
Total	0	0	0	0	34
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	5
Camps			1	1	2
Public Pool			1	1	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	2	2	19
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits		2		2	266
Deep hole tests -- number of holes	6	3		9	194
Percolation tests -- number of holes	2	1	1	4	59
Permits issued, new				0	14
Permits issued, repair		1	1	2	77
Site plans reviewed		1	1	2	69
Public Health Reviews	1		1	2	145
<i>Wells</i>					
Well sites inspected				0	7
Well permits issued				0	27
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	6
Surface water				0	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	14
<i>Food Protection</i>					
Inspections			1	1	116
Reinspections				0	30
Temporary permits	2	2		4	66
Temporary inspections				0	45
Plan reviews				0	4
Pre-operational inspections				0	1
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

TOLLAND QUARTERLY REPORT

July 1, 2019 - September 30, 2019

ACTIVITY INDICATORS

	July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste			2	2	2
Activity Without Proper Permits				0	0
Food Protection	1			1	3
Housing Issues		1		1	6
Emergency Response				0	3
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage	4		2	6	10
Other			1	1	4
Water Quality			1	1	3
Total	5	1	6	12	34
<i>Health Inspection</i>					
Group homes				0	0
Day Care	1		2	3	5
Camps				0	2
Public Pool				0	12
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	1	0	2	3	19
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	15	6	6	27	266
Deep hole tests -- number of holes	6	12	18	36	194
Percolation tests -- number of holes		5	7	12	59
Permits issued, new				0	14
Permits issued, repair	3	7	3	13	77
Site plans reviewed				0	69
Public Health Reviews	16	18	11	45	145
<i>Wells</i>					
Well sites inspected				0	7
Well permits issued	1	1	1	3	27
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	6
Surface water	8	9		17	156
Ground water				0	0
Rabies				0	1
Lead				0	0
Other	2	1		3	14
<i>Food Protection</i>					
Inspections	3	5	8	16	116
Reinspections		2	1	3	30
Temporary permits	1	3	5	9	66
Temporary inspections				0	45
Plan reviews				0	4
Pre-operational inspections				0	1
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)	1			1	1

	A	B	C	D	E	F	G	H	I
1	<u>WILLINGTON QUARTERLY REPORT</u>								
2	July 1, 2019 - September 30, 2019								
3									
4	ACTIVITY INDICATORS								
5									
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
7	<u>ENVIRONMENTAL HEALTH ACTIVITIES</u>								
8	<i>Complaints</i>								
9		Air Quality						0	0
10		Animals/Animal Waste						0	2
11		Activity Without Proper Permits						0	0
12		Food Protection						0	3
13		Housing Issues			1			1	6
14		Emergency Response						0	3
15		Refuse/Garbage			1	1		2	3
16		Rodents/Insects						0	0
17		Septic/Sewage						0	10
18		Other						0	4
19		Water Quality						0	3
20		Total			0	2	1	3	34
21	<i>Health Inspection</i>								
22		Group homes						0	0
23		Day Care						0	5
24		Camps			1			1	2
25		Public Pool			2			2	12
26		Other						0	0
27		Schools						0	0
28		Mortgage, FHA, VA						0	0
29		Bathing Areas						0	0
30		Total			0	3	0	3	19
31	<i>On-site Sewage Disposal</i>								
32		Site inspection -- all site visits			2	6	4	12	266
33		Deep hole tests -- number of holes			3	8	8	19	194
34		Percolation tests -- number of holes			1	1	1	3	59
35		Permits issued, new				3		3	14
36		Permits issued, repair			2	2	4	8	77
37		Site plans reviewed			2	2	5	9	69
38		Public Health Reviews			1	4	3	8	145
39									
40		Well sites inspected						0	7
41		Well permits issued			1			1	27
42	<i>Laboratory Activities (samples taken)</i>								
43		Potable water						0	6
44		Surface water			8	7		15	156
45		Ground water						0	0
46		Rabies						0	1
47		Lead						0	0
48		Other			4			4	14
49	<i>Food Protection</i>								
50		Inspections			7	1	2	10	116
51		Reinspections				2		2	30
52		Temporary permits			2	1	1	4	66
53		Temporary inspections						0	45
54		Plan reviews						0	4
55		Pre-operational inspections						0	1
56	<i>Lead Activities</i>								
57		Housing inspection						0	0
58		Abate plan reviewed						0	0
59	<u>MISCELLANEOUS ACTIVITIES</u>								
60		Planning and Zoning referrals						0	0
61		Subdivision reviewed (per lot)						0	1
62									
63									

Eastern Highlands Health District Public Health Preparedness Program

July - September, 2019

- **Activities:**
 - Participated in Public Health Emergency Preparedness (PHEP) and ESF8 meetings in region 3 and region 4.
 - Finalized reports for 18-19 PHEP/MRC subcontract. Began work on 19-20 subcontract deliverables.
 - Collaborated to develop region 4 Mass Counter Measures (MCM) Action Plan to strategize MCM activities for the next five year cycle.
 - PHEPC approved as one of the three users who will have access to region 4 DCIPHER account which will collect regional MCM data.
 - Maintained EHHD preparedness supplies and radios.
 - Conducted call-down exercise by text message using CodeRed system.

- **Training**
 - Completed annual training in safe vaccine handling, storage, and transport.
 - Participated in mini-conference on emergency sheltering, *Region 4 Disaster Training Day*, held in Norwich. Topics included *Stop the Bleed*, *Sheltering 101*, and *Active Aggressor*. This event was a collaboration between Medical Reserve Corps, American Red Cross, and other emergency management partners.

- **Regional Planning Activities:**
 - Collaborated with regional ESF8 partners on Pandemic planning for the next five-year cycle. Contributed to development of region 4 ESF8 Multi-Year Training Plan (MYTEP).

- **Medical Reserve Corps (MRC)**
 - Met monthly with Region 4 MRC unit leaders to plan coordinated MRC activities and develop volunteer recruitment and retention strategies.
 - Worked with Community Health & Wellness Coordinator (CHWC) to co-lead and develop EHHD MRC unit.
 - Coordinated actions of Region 4 MAST (Medical Aid Station Team). Four members of EHHD MRC supported the RiMaConn relay race in Chaplin with a MAST first aid station. Worked with Capital Region MRC to support First Aid function at the upcoming Hartford Marathon.
 - Accepted regionally funded supplies for future *Stop the Bleed* trainings.
 - Enrolled one new EHHD MRC volunteer.
 - Seven EHHD MRC volunteers attended *Region 4 Disaster Training Day* in Norwich. PHEPC instructed a session on shelter feeding to volunteers.

- **Community Planning**
 - Worked with Community Health & Wellness Coordinator (CHWC) to enroll EHHD in Connecticut Vaccine Program (CVP). This enrollment aligns EHHD with upcoming pandemic planning initiatives.

- **Plans for Next Quarter:**
 - Engage EHHD staff and MRC to support regional *Drive-Thru Flu Clinic* pandemic preparedness exercise in Groton.
 - Promote EHHD MRC at Mansfield Wellness Fair.
 - PHERC traveling to FEMA's Emergency Management Institute (EMI) to receive training about drill and exercise design.
 - Facilitate Region 4 Training Exercise Planning Workshop (TEPW) in December.
 - Ensure dissemination of Essential Elements of Information (EEI) deliverables during pandemic preparedness exercise in Groton.
 - Continue to collaborate and support PHEP planning in R4 and R3.
 - Work with CHWC to engage EHHD staff into MRC.
 - Promote CERT class being offered by Tolland emergency management.
 - Continue to develop Region 4 CRI mass dispensing plan.
 - Conduct review of EHHD Public Health Emergency Response Plan (PHERP).

**Eastern Highlands Health District
Community Health and Wellness
First Quarter Report July 1 – September 30, 2019**

Programs and services provided through the EHHD Community Health and Wellness efforts were extended to **5830 individuals in member towns** this quarter primarily through the *Be Well* monthly newsletter and additional activities provided this quarter.

EHHD Strategic Plan Progress

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grant monitoring network	Did not find any grants this quarter.	The CHWC will look for opportunities for grants for EHHD and will work with CHART to explore opportunities.
1g (1) Explore and expand partnership opportunities	The CHWC attended 2 meetings in July and September of the UCONN Bike Friendly Campus group. CHWC attended 1 Bolton Town Wellness meeting.	CHWC provided updates to Bolton meeting on EEE and provided feedback to Bike Friendly meeting.
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 has routinely updated “Hot Topics” section of the EHHD webpage, the health promotion EHHD webpage EHHD Chart Facebook. CHWC continues to work with intern on monthly newsletters.	Bulletin boards reflected seasonally appropriate health and safety messages. Topics included info on EEE, opioid discussions and a drug take-back event. Newsletters are distributed to member town officials and residents.
3a (2) Work cooperatively with school food service staff, school nurses and parents’ groups to address nutrition and physical activity for students	No activity	
3c (1) Engage in advocacy events and activities	CHWC provided CHWC attended UCONN Student Health and Wellness Fair and provided	CHWC will continue to explore ways t

	information on EEE to UCONN community.	
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 18 cases being followed in this quarter. 4 events were closed. 24 phone calls were made to families and providers. 10 correspondences completed to families.
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases. Documenting and faxing information to DPH as necessary.	12 calls were made. 7 interviews were conducted.
CHWC Training and Continued Education	Completed FEMA courses IS00100.c, IS00700.b, and You are the Help Until Help Arrives. Completed CDC courses: Immunizations: You call the Shots- Storage and Handling 2019 and Immunization You Call the Shots- Vaccines for Children. Attended 2019 Annual Influenza update meeting	

Emergency Preparedness/Response

CHWC completed training and application to become Unit Coordinator. CHWC has worked with the other unit coordinator to update the volunteer list and communicate to the volunteers various opportunities. CHWC attended Regional MRC meetings to coordinate services and operations. CHWC attended the American Red Cross Shelter Day Training and provided first aid support to participants in the RiMaConn Race. CHWC worked to secure Children's Vaccine Program for EHHD, including securing the agreement of UCONN Pharmacy to be the emergency back-up for vaccines and securing a back-up thermometer from them.

Regional Asthma Coalition

No news

Employee Wellness Programs

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

Tolland

The CHWC conducted the kick-off event 07/2019 and 12 people signed up at the time. The 1st Quarter Educational Program was completed on March 21st 2019.

CHWC provided a presentation on Sleep and Its Effect on Health. A total of 12 Tolland employees attended.

Preventive Health Block Grant

CHWC conducted to 'lunch and learns' to the Town of Columbia Employees and the Town of Bolton employees on stress where CHWC also provided biometric screenings. CHWC distributed survey for Tobacco Free Campus and provided results to Health Director.

Community Outreach

CHWC, at the request of the Mansfield Community Center, provided a presentation (07/30/2019) on UV Safety 11 people attended.

CHWC attended the UCONN Student Health and Wellness Fair. 67 people came to table for information. 9 people signed up to receive full applications for MRC and 2 people signed up for the Be Well Newsletter.

CHWC provided 3 Opioid Abuse Prevention presentations, 2 in Columbia and 1 in Tolland, as part of the Opioid Prevention grant. CHWC distributed Substance Abuse Resource Guide

Appendix A

Health Education Services by Town- July, August, September 2019

Date	Description	# served	Community
July, August, September 2019	Employee Wellness Newsletter (UConn) 182/monthly	546	UConn
July, August, September 2019	Employee Wellness Newsletter 60/monthly	180	Andover
July, August, September 2019	Employee Wellness Newsletter 60/monthly	180	Ashford
July, August, September 2019	Employee Wellness Newsletter 200/monthly	600	Bolton
July, August, September 2019	Employee Wellness Newsletter 30/monthly	90	Chaplin
July, August, September 2019	Employee Wellness Newsletter 60/monthly	180	Columbia
July, August, September 2019	Employee Wellness Newsletter 60/monthly	180	Coventry
July, August, September 2019	Employee Wellness Newsletter 600/monthly	1800	Mansfield
July, August, September 2019	Employee Wellness Newsletter 60/monthly	180	Scotland
July, August, September 2019	Employee Wellness Newsletter 430/monthly	1290	Tolland
July, August, September 2019	Employee Wellness Newsletter 40/monthly	120	Willington
Meetings/events			
July 30th	UV Protection	11	Mansfield
July 17th	Be Well Kick-off event	12	Tolland
August 16th	Opioid Abuse Prevention Presentation	1	Columbia
August 19th	Opioid Abuse Prevention Presentation	8	Tolland
August 21 st	Opioid Abuse Prevention Presentation	1	Columbia
September 4 th	Lunch and learn on Stress	12	Bolton
September 16th	Lunch and Learn on Stress	10	Columbia
September 25st	1 st Qtr. Be Well Education Program – Sleep and Its Effect on Your Health	12	Tolland
	Total served		

Connecticut Department of Public Health

Weekly Influenza Update



2019-2020 Quick Notes for Week 47 (November 17-November 23, 2019)

Influenza Geographic Activity = REGIONAL		
Influenza-associated Hospitalizations:	Reported This Week: 8	Season To Date: 69
Influenza-associated Deaths:	Reported This Week: 0	Season To Date: 2
	Pediatric New This Week: 0	Pediatric Season Total: 0
Influenza-like Illness was 2.56%, slightly above the 2.10% observed last week.		

2019-2020 Overview for Week 47 (November 17-November 23, 2019)

Outpatient Influenza-like illness (ILI) activity was slightly above the previous week. Influenza geographic activity is REGIONAL .	A total of 69 influenza-associated hospitalizations have been reported since the beginning of the 2019-20 season.
The percent of emergency department visits for ILI statewide was 6.90%, slightly above the previous week and similar to levels seen at this time in the previous year.	No influenza-associated deaths were reported this week, resulting in a total of 2 influenza-associated deaths reported since the beginning of the 2019-20 season.
Of 190 positive influenza tests reported to DPH this season, 3 (2 %) were Influenza A 2009 (H1N1), 9 (5 %) was Influenza A (H3N2), 51 (27 %) Influenza Type B, and 137 (67 %) were Influenza A (type unspecified).	No influenza-associated pediatric deaths were reported this week. No influenza-associated pediatric deaths have been reported since the beginning of the 2019-20 season. Annual vaccination is the best way to protect children from influenza.
ALL DATA ARE PRELIMINARY AND SUBJECT TO CHANGE.	

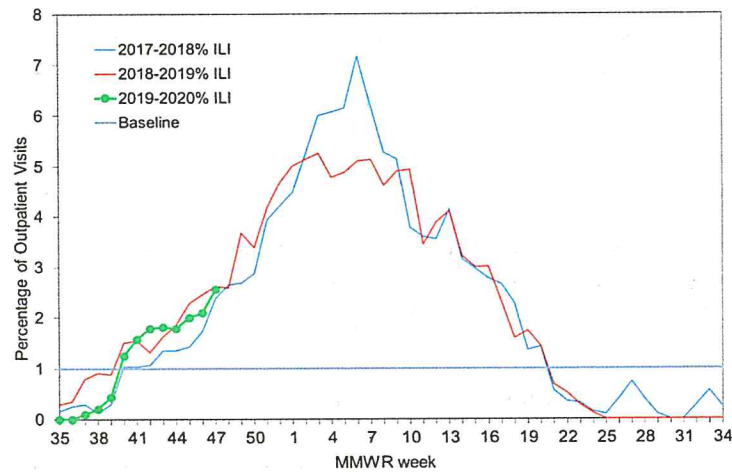
National influenza statistics through [Flu View](#).

Annual vaccination is the best way to protect against severe illness due to influenza.

ILINet Surveillance

Each week a network of volunteer outpatient providers, including clinics, health centers, urgent care centers, and emergency departments, known as ILINet, report the percentage of patient visits with influenza-like illness (ILI), which consists of cough and/or sore throat and a fever >100°F in the absence of a known cause. The ILINet system was expanded in 2019 and should not be directly compared with previous seasons. As of November 23, 2019, outpatient ILI is **2.56%**.

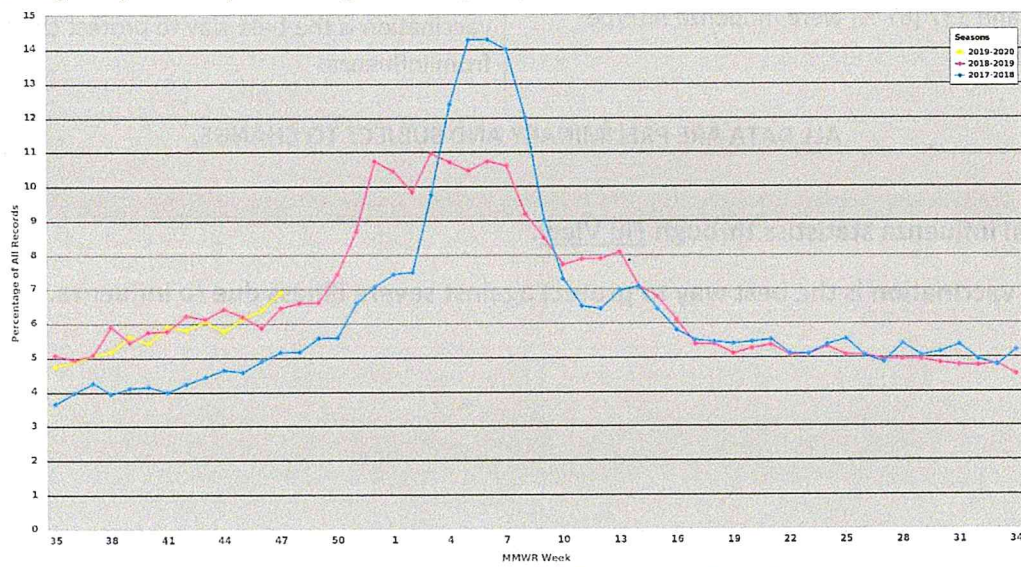
Percentage of outpatient patient visits associated with ILI per MMWR week.



Hospital Syndromic Surveillance

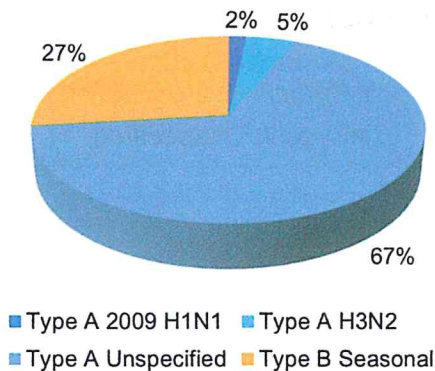
DPH receives near real-time information about emergency department (ED) visits from all 38 licensed, hospital EDs in Connecticut. This system was fully in place starting with the 2018-2019 season. Data from previous years are derived from the Hospital Emergency Department Syndromic System. As of November 23, 2019, **6.90%** of ED patients had ILI.

Percentage of patients presenting to emergency departments statewide with complaints of ILI.



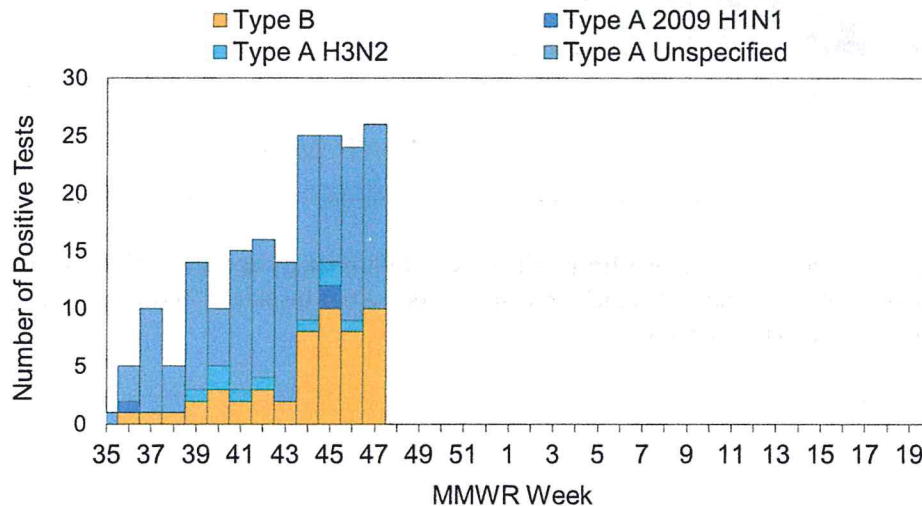
Laboratory Surveillance

Laboratories report positive influenza tests to DPH. Test results may include the virus subtype (as H3N2), which helps determine the specific virus strains circulating in CT. Other results only provide a general type (Type A Unspecified, Type B). As of November 23, 2019, **190** positive influenza tests have been reported.

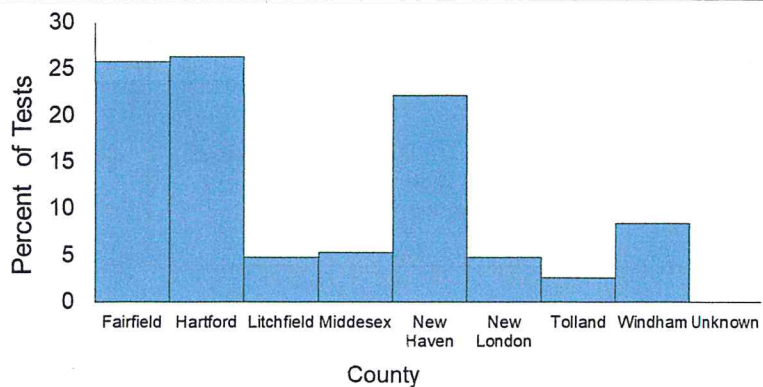


Percent of each influenza virus type reported to DPH during the current season.

Total number of positive influenza tests and the number of each influenza virus type reported to DPH per MMWR week during the current season.



Percentage of all positive laboratory tests reported from each county in Connecticut during the current season.

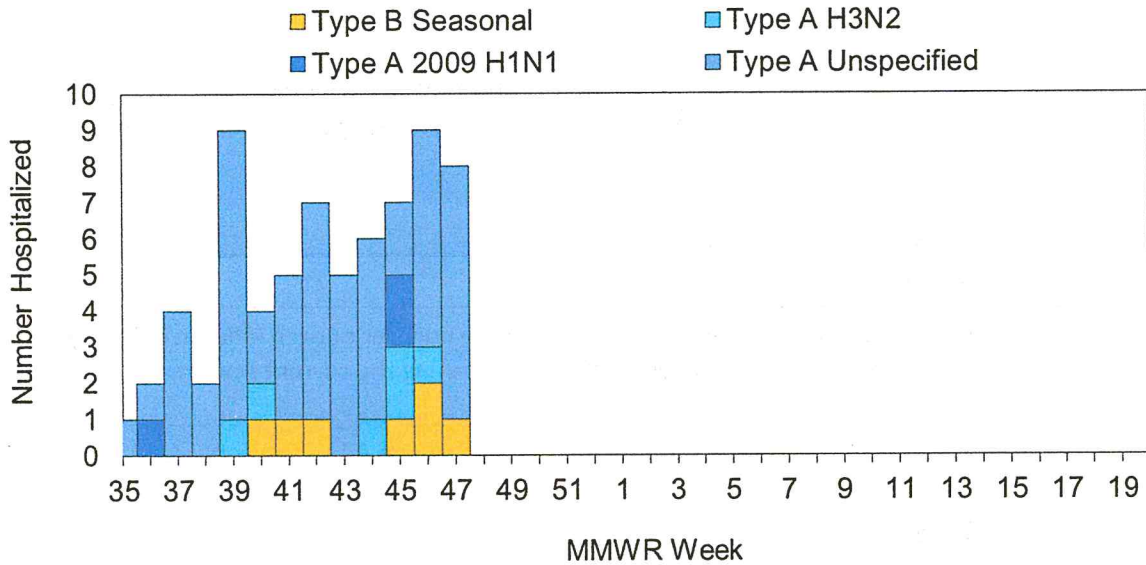




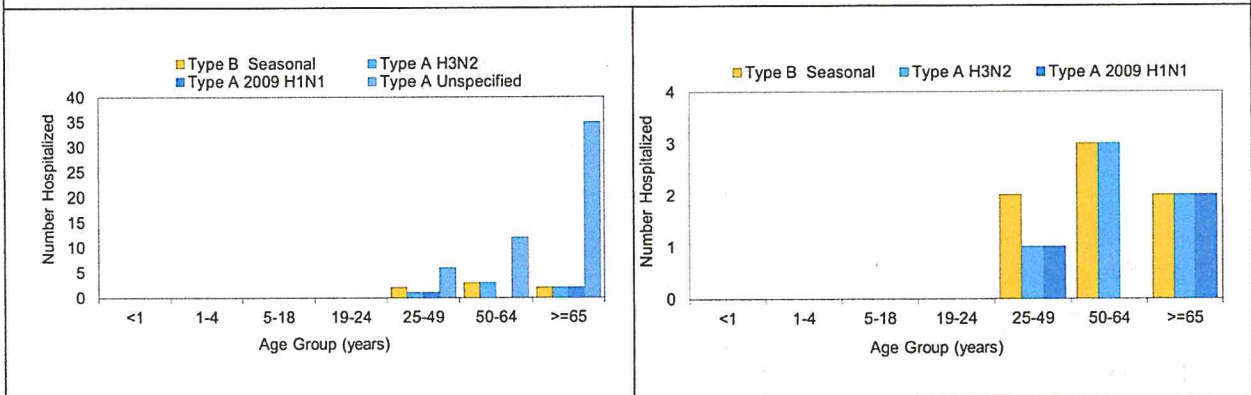
Hospital Surveillance

Hospitals report patients hospitalized with influenza to DPH. As of November 23, 2019, **69** patients have been hospitalized with influenza during the current season.

Total number of patients hospitalized with laboratory-confirmed influenza by virus type per MMWR week.

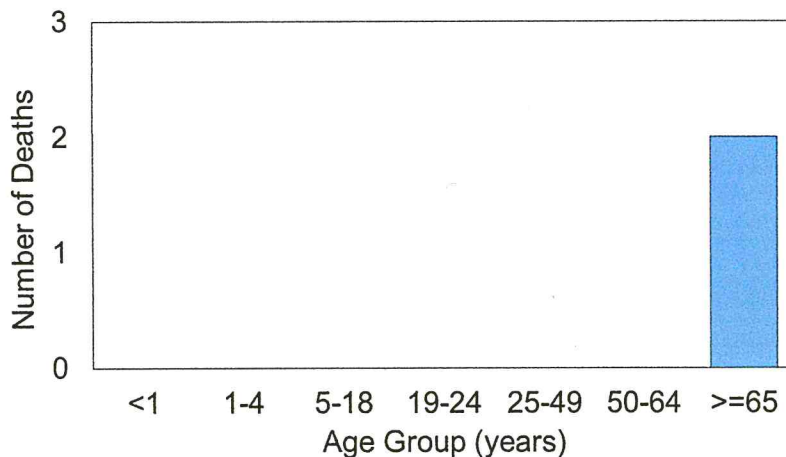


Total number of reported patients hospitalized with influenza by age and influenza virus type during the current season. NOTE: Type A Unspecified test results are not displayed in the second figure below so other results may be clearly seen.

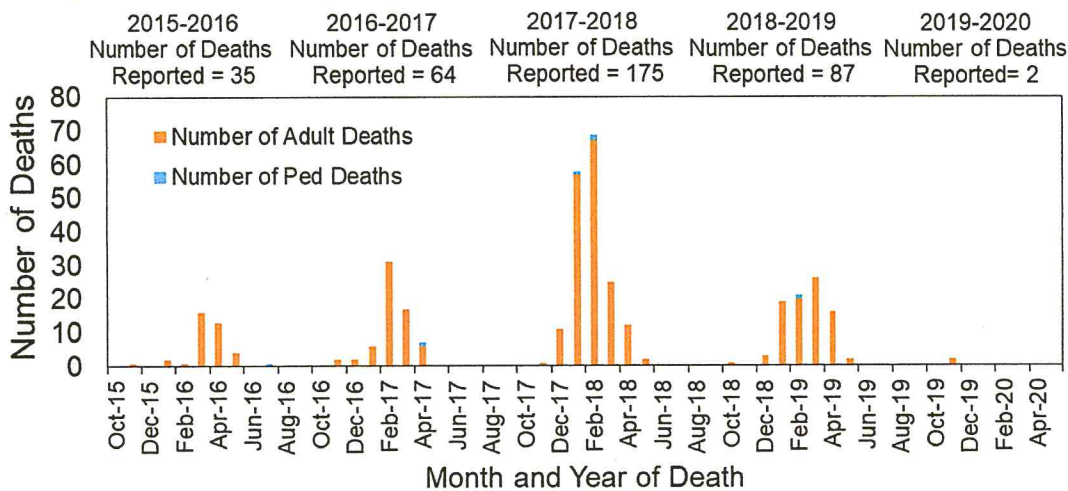


Influenza-associated Deaths

Influenza-associated deaths are reported to DPH. The graph shows the number of deaths associated with influenza by age group. Comparisons to previous years are provided when new data are available. **Due to the need to confirm reports and reporting delays, consider the current week data preliminary. As of November 23, 2019, 2 influenza-associated deaths have been reported to DPH this season.**



Total number of influenza-associated deaths per month for the 2015-2016, 2016-2017, 2018-2019, and current influenza seasons.



East Brook Mall is in a state of transition

Continued from Page 1

agreement with Old Navy is not finalized yet, though he expects it to be completed soon.

"We're still working on a few last-minute plans and then we'll know when all the timetables will be," he said.

That includes timetables for the Old Navy store construction and opening.

Wilks said there are conversations about possibly making the mall a "mixed-use" project.

"That's what a lot of these malls are doing," he said.

"Beyond that, we're trying to find other non-traditional tenants and traditional tenants."

The mall owners could not be reached for comment.

Wilks said he is involved in some "early" discussions with two potential tenants, but said he could not identify those at this time.

Questers' Way founder Ken Caputo, meanwhile, said the changes have been upsetting for Questers' Way employees.

"It's very, very bittersweet," he said.

Caputo said Questers' Way is not making enough money and the population in the area is "too sparse."

"This is special," he said, referring to the center.

Pebble Park, an indoor recreational center, will be open for the last time Monday from 10 a.m. to 7 p.m. because many children will be out of school that day, which is Veterans Day.

Caputo said the cafe, which serves

healthy food, probably won't be open Monday.

"There will be an auction on Saturday and we'll be auctioning off the kitchen equipment and park equipment on that day," he said.

The business will open at 8:30 a.m. for people to start looking at items and the auction will start at 9 a.m., with Caputo expecting it to end in the early afternoon.

A "D & D Dinner Theater" will be held Saturday from 6 to 9 p.m. and the final Quest Fest will be Sunday from 11 a.m. to 5 p.m., when there will be food, fun and demonstrations.

While both the cafe and the park will be closed soon, Questers' Way will continue to hold "Love to Learn" classes, though those will not be held during construction.

Villari's Martial Arts of Mansfield will remain open and will not be affected by construction.

Q-Way Fit, which was previously managed by Questers Way, was recently renamed and is now managed by the mall and called East Brook Fitness.

With the changes made to the East Brook Mall site, Caputo is looking to build Questers' Way centers in other locations, with many sites in the region, including in Connecticut and Massachusetts, being considered.

"We just have to secure investment funding," he said.

He said he is hesitant to open another Questers' Way in Connecticut, expressing concern about the business climate in the state.

Follow Michelle Firestone on Twitter - @mfirestonetec.

We're trying to find other non-traditional tenants and traditional tenants.

Thomas Wilks

Our View

More info needed after rabies scare

For the most part, the Eastern Highlands Health District and other health agencies do a commendable job informing the public of what it needs to do to stay safe.

But on Oct. 23, the EHHD erred when it deliberately opted to not disclose the town where a rabid skunk bit a person, who, eventually, was treated and will be fine.

According to the EHHD, the threat of a human contracting rabies, which is practically always fatal once symptoms develop, is equal across the agency's multi-town reach.

As a result, in the EHHD's eyes, it didn't matter if you lived in the agency's towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland or Willington.

The goal, the EHHD said, was to avoid causing any excess alarm.

Except there is one problem.

If your tax dollars help fund the EHHD budget and you live in one of the 10 towns covered by the department, you have a right to know where it happened.

If you live in one of the towns, the natural reaction is to want to know where it happened.

But this is more than just a curiosity issue. It's a safety issue.

If there is a larger presence of rabies in one municipality over the other, we'd sure want to know this if our town was served by the EHHD.

We doubt any sinister intentions on the part of the health department. They did have the best interests of residents at heart.

But it should trust folks will take the necessary precautions to avoid wild animals — and rabies — no matter what.

When it comes to matters of public health, there is no such thing as too much information — only too little information.

For questions about human rabies exposure, contact the Eastern Highlands Health District at 860-429-3325 or the Department of Public Health Epidemiology and Emerging Infections Program at 860-509-7994. For questions about domestic animal exposure, contact the Department of Agriculture's Animal Control Division at 860-713-2506. For questions about wildlife, contact the Department of Energy and Environmental Protection's Wildlife Division at 860-424-3011.

If your tax dollars help fund the EHHD budget and you live in one of the 10 towns covered by the department, you have a right to know where it happened.

odd Prize in Roxanne Pandolfi | Staff

Continues justice

broken by trauma ...

on wrote about his experience in a memoir, "Just Mercy: A Story of Justice and Redemption," published in 2014 and ranked in the New York Times bestseller list.

Book, which was adapted into a feature film, received several nonfiction awards, a Carnegie Medal and an NAACP Image Award. The United States incarcerates more people than any other country in the world, the Equal Justice Initiative website states.

The website also notes an increase in the jail and prison population from less than 1 million in 1972 to 2.2 million in 2017, leading to unprecedented overcrowding and tremendous strain on state budgets.

Stevenson said one night he was awakened by a guard who told him he does his job not because "I'm broken too," but because of the injustice in society and the wounds "that we have."

Stevenson said he is not willing to do anything that would make him feel uncomfortable and ashamed, Stevenson said.

Michelle Firestone on Twitter - @mfirestonetec.

Woman is charged with stealing RHAM debit card

MICHELLE FRANCE
JOURNAL INQUIRER

HEBRON — A Lebanon woman is accused of fraudulently spending more than \$19,000 on a Central Eastern Connecticut Athletic Association Inc. RHAM youth lacrosse debit card after stealing it from a local residence she was hired to clean.

Colleen Ann Malone, 23, was charged with second-degree larceny and felony misuse of a credit card.

In September 2017, Resident Trooper Daniel Greenwood opened an investigation after the former Savings Institute Bank and Trust questioned several charges made on the account and contacted RHAM lacrosse coach Christopher Landers.

used or attempted to be used in 135 transactions and over \$19,000 worth of purchases from several stores, including Target, Walmart, Stop & Shop, CVS Pharmacy and various gas stations and fast food chains.

Bank security obtained transaction receipts and video footage of two women using the card at Target.

One of the women was identified as someone who had been cleaning the coach's home for about a year through Carefree Clean Sweep LLC. Malone was identified as that woman and the second woman was identified as a former employee, Melanie J. Voiges, 28, of Durham.

Malone claimed Voiges was unaware the card she was using was stolen.

Upgrades

stone and rock used in construction, said Len Wagner, vice president of Northeast

Where are all t 10

Com

This case ag ly imp is Trum \$391 m dated r to extor helping Vice Pr as well conspira the cyb 2015-16 Russian Vetera with Uk House i tifying t pro quo Ukraini and Tru apprehen able offe presiden signs of Allies tion that tive deft to his cu on Twitt Trump assaulted of Lt. C tinguish Afghanis a natura on the Council. sional co events. I which T

In 1974, the last time one of their own presidents faced impeachment, Republicans on Capitol Hill told Richard Nixon he lacked the votes in the Senate to beat the rap and he resigned. Will their heirs today follow in their footsteps and so inform Donald Trump?

That is the key question as House Democrats led by Speaker Nancy Pelosi sped up the impeachment process against Trump. The House, by a nearly party-line 232-196 vote, agreed to proceed with it. Two Democrats voted against the resolution and Rep. Justin Amash of Michigan, who left the Republican Party in July, voted in favor.

If the House votes to impeach Trump, as is now expected, it would take 20 Senate Republicans abandoning Trump to remove him from the highest office and make him the first-ever so dispatched by congressional will.

But right now, Trump seems to hold a tighter grip on the Grand Old Party than Nixon did then, when the evidence captured in the White House tapes documented his involvement in the Watergate fiasco and sealed his fate.

Those tapes recorded Nixon's willingness to stop any investigation — he even talked of buying the silence of the burglars who had broken into the Democratic National Committee headquarters at the Watergate office complex — though it was never proved he knew of the raid beforehand.

One investigator argued later the break-in was not conducted to find dirt on the Democrats. Rather it was done to intercept evidence that Nixon had urged South Vietnamese officials to boycott an 11th-hour Paris peace conference on the eve of the U.S. presidential election that might have undercut his re-election.

ry. And the exterior beauty of the building will be complemented by a safe, new sanctuary on the interior.

For more information on possible donation drives to help the church, call 860-742-8487.

Your view

Editor:

The Chronicle's recent editorial about rabies in eastern Connecticut made a number of valuable points. It accurately stated that rabies is a dangerous disease, that rabies occurs throughout eastern Connecticut, that contact with wild animals should be avoided. But it mistakenly claimed that knowing the exact location of a recent case would be of general public health importance.

In both 2018 and 2019, according to the state Department of Public Health, rabies has been found in wild animals in all seven of Connecticut's counties and in 47 of the state's 169 towns. Rabid animals do not respect town or county borders.

The most important facts are these: rabies does occur in wild animals in Connecticut and anyone who has contact with a wild animal and sustains a bite or open wound should obtain immediate medical care, including rabies globulin and rabies vaccine, which are both widely available in emergency rooms (not walk-in centers or doctor's offices).

Dr. Kenneth Dardick
Mansfield

Dardick is the medical adviser to the Eastern Highlands Health District.

Local legislators

Rep. Susan Johnson: Home: 860-423-2085; Capitol: 800-842-8267, 860-240-8585

Rep. Gregory Haddad: Capitol: 800-842-8267

Rep. Timothy Ackert: Capitol: 800-842-1423

Rep. Robin Green: Capitol: 800-842-1423

Rep. Pat Wilson Pheanious: Capitol: 800-842-8267, 860-240-8585

Rep. Douglas Dubitsky: Capitol: 800-842-1423

Bridgeport are both viable wind hubs

THE DAY

this month.

Ørsted and Eversource, which are hoping to transform New London's port into a hub for the offshore wind industry, and Mayflower Wind, a joint venture of Shell New Energies and EDP Renewables North America, also responded to the state's request for proposal seeking up to 2,000 megawatts of offshore wind power.

Ørsted and Eversource already are slated to provide Connecticut and Rhode Island a combined 700 megawatts from the Revolution Wind farm south of Martha's Vineyard. The companies have committed \$57.5 million for upgrades to New London's port as part of their offshore wind project.

Vineyard Wind, which has two leases in waters south of Martha's Vineyard and Nantucket, wants to transform Barnum Landing at of Bridgeport Harbor, into a manufacturing and staging facility for the offshore wind industry, and later into a long-term hub for workers servicing the turbines, which have a life cycle of 25 to 30 years. Pedersen said an estimated 100 "people on our payroll" would be performing the maintenance work.

Distributed by Tribune Content Agency.

NEW LONDON — The CEO of Vineyard Wind, one of the companies vying to develop offshore wind power in Connecticut, said, by his estimate, 10 ports need to be developed up and down the Eastern Seaboard to support the offshore wind industry.

And he sees both Bridgeport and New London as viable options.

Ørsted and Eversource already have set goals of providing 25,000 megawatts of offshore wind power over the next 10 years, enough to power 12.5 million homes.

That's a \$100 billion investment opportunity," said Lars Pedersen, CEO of Vineyard Wind. "That's why we're here. It's a \$100 billion investment that will go into the Atlantic Seaboard and offshore where we want to be part of it."

Vineyard Wind, a joint venture of Copenhagen Infrastructure Partners and Ørsted Renewable Energy, has already secured several different projects, from 400 megawatts up to 1,200 megawatts, through the state Department of Energy and Environmental Protection to provide Connecticut electricity from offshore wind farms. A decision on the DEEP is expected later

66, ext. 3337 AFTER 5 P.M. ON FRIDAYS

Robert L. Miller

From: Sustainable CT <info@sustainablect.ccsend.com> on behalf of Sustainable CT <info@sustainablect.org>
Sent: Tuesday, November 5, 2019 2:17 PM
To: Robert L. Miller
Subject: 2019 Certified Communities Announced!

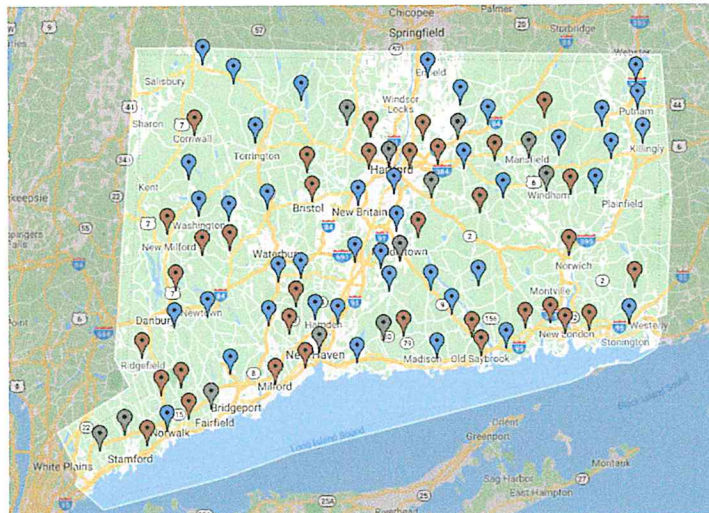


Hello,

We are thrilled to announce the 2019 cohort of Sustainable CT Certified communities! Thirty-two municipalities met high standards in a broad range of sustainability accomplishments to qualify for certification.

Silver Certified: Coventry, Guilford, Mansfield, Middletown, New Haven, Simsbury, South Windsor, Vernon, and Windham

Bronze Certified: Ashford, Bethany, Bloomfield, Brookfield, Burlington, Cornwall, Darien, East Hartford, East Lyme, Essex, Groton, Manchester, New London, North Stonington, Norwich, Old Saybrook, Portland, Scotland, Waterford, West Haven, Weston, Wilton, and Woodbury



Congratulations to all new certified towns! To see what each certified community submitted as part of their application, click on their [municipal icon](#) and view the certification report.

Collectively, 47 municipalities, over 27% of the state's communities, have earned certification. Well done to all! Awards will be presented at the Connecticut Conference of Municipalities Annual Convention on December 3rd.

Funding available! Sustainable CT recently announced the [Community Match Fund](#), which provides coaching support and matching funds for sustainability projects in Sustainable CT registered communities. Individuals, community-based organizations, and towns are eligible. Have a great project idea? Contact Abe Hilding-Salorio via [email](#) or at 860-465-0256.

If your community is not yet registered in Sustainable CT and you would like to learn more, let us know! Contact us at info@sustainablect.org. We'd love to discuss what Sustainable CT might look like in your city or town.

Sincerely,

The Sustainable CT Team
at the Institute for Sustainable Energy at Eastern Connecticut State
University



Institute for Sustainable Energy at Eastern Connecticut State University | 372 High Street,
Willimantic, CT 06226

[Unsubscribe millerrl@ehhd.org](mailto:unsubscribe_millerrl@ehhd.org)

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The Daily Campus



THE INDEPENDENT VOICE OF THE UNIVERSITY OF CONNECTICUT SINCE 1896 • VOLUME CXXVI, NO. 69 Wednesday, December 4, 2019

Mansfield restaurants pass food service health inspections

Rachel Phillipson
STAFF WRITER

Restaurants located near the University of Connecticut tend to have high ratings, according to the state of Connecticut's Department of Public Health food service inspection reports.

The Daily Campus analyzed the most recent food service inspection reports from nine restaurants in Mansfield: Ted's Restaurant, Blaze Pizza, Chang's Garden, D.P. Dough, Eat Joy, Geno's Grille, Moe's Southwest Grill, Oriental Cafe and Mooyah Burgers. Within these restaurants, the highest score was a 98 and the lowest score was an 84.

The official scores are listed below:

Moe's Southwest Grill received a 98 on their Oct. 12, 2019 inspection.

Blaze Pizza received a 97 on their Oct. 26, 2019 inspection.

Mooyah Burgers received a 96 on their Oct. 12, 2019 inspection.

Geno's Grille received a 95 on their Oct. 26, 2019 inspection.

D.P. Dough received a 93 on their May 23, 2019 inspection.

Oriental Cafe received a 93 on their Aug. 24, 2019 inspection.

Chang's Garden received a 92 on their Sept. 28, 2019 inspection.

Eat Joy received an 87 on their Oct. 5, 2019 inspection.

Ted's Restaurant received an 84 on their Sept. 15, 2019 inspection.

Connecticut's Department of Public Health uses a 100-point scale system for restaurant inspections, according to the Milford Mirror. A failing grade is a score under 80 or if a restaurant receives one or more four-point violations, which include, but are not limited to, improper source of food, hazardous food temperatures and inadequate toilet facilities.

Under the state guidelines, the nine restaurants all passed.

According to the New Haven Register, Connecticut began changing its restaurant inspection system in early 2019. The new system focuses on specific violations instead of pass or fail grades.

Connecticut has 66 health agencies, which conduct inspections three times per year, according to NBC Connecticut. The nine restaurants were inspected by Eastern Highlands Health District,

which inspect all restaurants in Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington.

Moe's Southwest Grill general manager, Marilyn Gonzalez, said that it was "pretty easy" for Moe's to get a passing health inspection.

"It is pretty much standard for us to have good sanitary skills and to train employees properly," Gonzalez said. "We don't have to worry about it that much."

D.P. Dough's owner and manager, Cory Hill, said that he takes annual classes and exams to make sure he is up-to-date on how to keep his restaurant up to code. He tries to integrate what he has learned into the daily routine of D.P. Dough.

Hill said that passing health inspections helps make sure that they are doing everything they can to keep customers safe.

"We are protecting the people in the community that we see as peers, coworkers and students of the University of Connecticut," Hill said. "It isn't about making money. It is about feeding the community and keeping everyone safe."

Kelsey Silverio, Mooyah's manager, said that they always aim to pass their health inspections in order to "uphold the brand standards."

"At Mooyah, we do everything in our training and daily operations to ensure that we are upholding all state standards when it comes to the health department," Silverio said.

Blaze Pizza, Chang's Garden, Geno's Grille, Eat Joy, Ted's Restaurant and Oriental Cafe did not provide a comment to The Daily Campus before article publication.

With these nine restaurants, six restaurants, Eat Joy, Ted's restaurant, Chang's Garden, Blaze Pizza, Moe's Southwest Grill and Oriental Cafe, received notes in the remarks section of the inspection reports about unclean areas. While the areas varied from each restaurant, the common ones were unclean floors and unclean ice machine interior.

After receiving their inspection reports, the restaurants will have until their next routine inspection to address the remarks, according to the reports.



Connecticut's Department of Public Health uses a 100-point scale system for restaurant inspection



Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, October 22, 2019 10:14 AM
To: Adam B. Libros; Andover - Paul Bancroft; Andover Fire Chief, Ron Mike Jr; Andover Trooper; Bolton Fire; Bolton Fire Chief Bruce Dixon - Bolton (boltonchief34@gmail.com); Chaplin First Selectman; Charles Rexroad; Columbia Trooper, Gregory DeCarli; Coventry Volunteer Fire; Daniel Syme; EMD, Ashford; Erika Wiwecenski - 1st Selectman Willington; Ernie Mellor; Fire Chief, Ashford; Francis P. Raiola; Jay Lindy (andoverbuilding@comcast.net); Jerry James (jjames246@earthlink.net); Jim Rupert; John C. Carrington; John Elsesser; John Littell (jlittell@tolland.org); Joseph Higgins; joyce.stille@boltonct.org; Keith M. Timme; Ken Dardick (kdardick@gmail.com); Michael Zambo (firstselectman@ashfordtownhall.org); Mike Gardner; mpalmer@coventryct.org; qvec@sbcglobal.net; rpalmer12@snet.net; scobb@willingtonfire.org; swerbner@tolland.org; Tolland County Coordinator; Tolland County TN; Town Administrator (townadministrator@columbiact.org); Travis Irons; UConn Fire; UConn OEM (Public Safety); UConn Police Chief; UConn SHS; Willington #1 FD; Willington Hill Fire Dept; jkelly@boltonct.org; 'Eric Anderson (eanderson@andoverct.org)'; mrosen@tolland.org; Ellyssa Eror MD (ellyssa.eror@uconn.edu)
Cc: EHHD-Staff; John C. Carrington; jkelly@boltonct.org; Andover Superintendent (doyens@andoverelementaryct.org); Ashford Superintendent; Bolton Superintendent; Chaplin Superintendent; Columbia Superintendent; Coventry Superintendent; Kelly M. Lyman; Jill Krieger; Region 8 Superintendent; Scotland Superintendent, Frances Baran (fbaran@scotlandes.org); supt@eosmith.org; Tolland Superintendent (superintendent@tolland.k12.ct.us); Willington Center School; Curt A. Vincente; Wendy Rubin; bwatt@tolland.org; Bonnie Quinn; Terri Dominguez (terri.dominguez@uconn.edu); Ellyssa Eror MD (ellyssa.eror@uconn.edu); cgulke@tolland.k12.ct.us; psulik@ncdhd.org
Subject: RE: Eastern Equine Encephalitis Virus - update #7

Greetings Everyone – This week’s surveillance data was released yesterday by the Connecticut Agricultural experiment station (CAES). This office also conferred with CAES technical staff regarding local conditions, and received updated guidance from the Connecticut Department of Public Health regarding risk of EEE exposure. Despite not yet experiencing a “hard frost” and day time temperatures at around 60 degrees, both CAES, and DPH are of the opinion the surveillance data suggests that the “risk of anyone acquiring EEE infection from a mosquito bite at this point is almost zero.” *With this updated guidance, relaxing dusk time restrictions over outdoor activities is reasonable to consider. This office would support any local decision to do so.* However, until we experience a killing “hard frost” organizational messaging should continue to include recommendations to cover skin with clothing, and use repellent for exposed skin during outdoor dusk to dawn activities.

With this said, it is important to note that unfortunately we may very well be experiencing EEE concerns this time next year. I hope to be part of an effort by local health departments working with the CAES, and DPH in the development a EEE response plan that would place us in improved position to manage this type community concern for next year, and years to come. This office will update the community on any progress in this regard.

Thank you for your cooperation, patience, and understanding as we work together to protect our communities.

Please let me know if you have any questions.

Yours in Health,
 Rob

**For Immediate Release**

October 18, 2019

For More Information:Av Harris av.harris@ct.gov
(860) 509-7270

NUMBER OF VAPING-RELATED LUNG INJURY CASES UNDER INVESTIGATION IN CONNECTICUT CLIMBS TO 34

**GROWING BODY OF EVIDENCE SUGGESTING VAPING AND E-CIGARETTE PRODUCTS
CONTAINING THC PLAYING MAJOR ROLE IN DISEASE OUTBREAK**

Hartford – The Connecticut Department of Public Health (DPH) today is reporting three more Connecticut residents who were ill with lung injuries possibly related to using e-cigarettes or vaping, bringing the total to 34 cases that have been reported to DPH since the middle of August. Two patients remain in the hospital.

The 34 cases involve residents from seven Connecticut counties: Fairfield (17), New Haven (9), New London (3), Hartford (2), Litchfield (1), Tolland (1), and Windham (1). The age breakdown of the patients is as follows: Under 18 years of age (5), 18 to 24 years of age (9), 25 to 34 years of age (8), 35 years of age and older (12).

According to the federal Centers for Disease Control and Prevention (CDC), as of October 15, 2019, a total of 1,479 cases of vaping-related lung injury had been reported from 49 states and 1 U.S. territory. The CDC also reported 33 deaths had been confirmed in 24 states. Connecticut has seen one fatality.

The latest national findings suggest that products containing THC – a psychoactive component derived from marijuana – are playing a major role in the outbreak. Among patients in Connecticut, 26 patients reported using vaping products containing THC in the 90-days before becoming sick whereas two patients reported exclusive use of nicotine-containing vaping products; the specific types of vaping products used by six patients are still under investigation.

“These vaping-related lung injuries are a national public health crisis,” said DPH Commissioner Renée D. Coleman-Mitchell. “We continue to work with the CDC and other partners to find out the specific root cause of these troubling lung injuries. While the investigation continues, I am asking Connecticut residents not to use e-cigarette or vaping products that contain THC. I also want to remind everyone that as a matter of public health, there is no safe tobacco product.”

Since the specific cause or causes of lung injury are not yet known, the only way to assure that people are not at risk while the investigation continues is to consider refraining from use of all e-cigarette and vaping products. All tobacco products, including e-cigarettes, carry a risk. Regardless of the current investigation, youth, young adults, and women who are pregnant should never use e-cigarette or vaping products.

If you are an adult using e-cigarettes, or vaping products to quit smoking, do not return to smoking cigarettes. Adults addicted to nicotine using e-cigarettes should weigh all risks and benefits, and consider utilizing FDA-approved nicotine replacement therapies. The statewide tobacco use cessation telephone Quit-line is available for anyone wishing to quit using any tobacco products at 1-800-QUIT-NOW (1-800-784-8669) or via www.CommitToQuitCT.com

Persons with marijuana use disorder should seek evidence-based treatment by a health care provider; those services are available by calling 211.

More information about the investigation can be found on CDC's webpage:

https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

Commissioner Coleman-Mitchell recently testified in front of a Congressional Committee looking into the emerging public health threat of vaping and e-cigarette use. A link to the hearing can be found here:

<https://appropriations.house.gov/events/hearings/e-cigarettes-an-emerging-threat-to-public-health>



For Immediate Release
October 21, 2019

For More Information:
Av Harris av.harris@ct.gov
(860) 509-7270

DEPARTMENT OF PUBLIC HEALTH RELEASES 2018–19 CONNECTICUT SCHOOL-BASED IMMUNIZATION RATE DATA

DATA SHOW 134 CONNECTICUT SCHOOLS HAVE VACCINATION RATES FOR MEASLES,
MUMPS AND RUBELLA BELOW FEDERAL GUIDELINE OF 95%

Hartford, CT – Today the Connecticut Department of Public Health (DPH) released the 2018-2019 school-reported kindergarten student immunization data for all Connecticut schools with more than 30 kindergarten students. The data, which are available on the DPH website, reveal that there are now 134 Connecticut schools where the measles, mumps and rubella (MMR) vaccination rate for kindergarten students falls below the federally recommended guideline of 95%. Significantly, these immunization rate data show a 31.1% increase in the number of schools that fell below the 95% kindergarten MMR vaccination rate guideline. There are a total of 47 schools that were below the 95% threshold in the 2017-2018 and 2018-2019 school years.

As reported previously, the overall statewide number of religious exemptions to vaccination increased by 25% between the two school years (from 2.0% to 2.5%). This represents the largest single year increase in religious exemptions for vaccination since the DPH started tracking the statewide data a decade ago. According to data released last week by the Centers for Disease Control and Prevention (CDC), the national rate for non-medical exemptions for kindergarteners was 2.2%, placing Connecticut above the national rate by 0.3%.

“While it is good that state-wide in Connecticut we are still meeting the federally recommended MMR vaccination rate of 95% for kindergarteners, I am very concerned that the number of schools falling short of this important immunization level continues to rise,” said DPH Commissioner Coleman-Mitchell. “The data reveal that a sharp rise in the number of religious exemptions is causing declining immunization rates. This unnecessarily puts our children at risk for contracting measles and other vaccine preventable diseases. To address this unnecessary risk, I have recommended to Governor Lamont and legislative leadership that non-medical exemptions to vaccination be repealed. This will help ensure that all children in our state can learn in a healthy environment.”

The data DPH released today include a revised 96.1% statewide kindergartener MMR vaccination rate that is based on the revised data DPH received from Connecticut schools after reaching out to schools with lower than expected immunization rates to determine the accuracy of the reported figures. The public school kindergarten student MMR vaccination rate is 96.4%, and the private school kindergarten student MMR vaccination rate is 92.4%. The final percentage of religious exemptions to vaccination statewide remained unchanged at 2.5%

High vaccination rates protect not only vaccinated children but also those who cannot or have not been vaccinated. This is called community immunity or herd immunity. Schools that achieve community immunity reduce the risk of outbreaks. High vaccination rates at schools are especially important for medically fragile children. Some children have conditions that affect their immunity, such as illnesses that require chemotherapy. These children cannot be safely vaccinated, and at the same time, they are less able to fight off illness when they are infected. They depend on community immunity for their health or even their lives. For students to be relatively safe from measles, the CDC guidelines state that at least 95% of kindergarten students in each school need to be vaccinated.

“Parents should discuss any questions or concerns about vaccines or vaccine safety with their child’s pediatrician or primary care physician,” said DPH Commissioner Coleman-Mitchell. “We need to work to ensure that every school in Connecticut achieves the CDC vaccination rate guideline to keep diseases, such as measles, from spreading in our children’s schools.”

This year so far 1,250 cases of measles have been confirmed across 31 states, including 3 in Connecticut and more than 1,000 in Brooklyn and Rockland County, NY:
<https://www.cdc.gov/measles/cases-outbreaks.html>.

In the decade before 1963 when the measles vaccine first became available, nearly all children got measles by the time they were 15 years of age. It is estimated 3 to 4 million people in the United States were infected each year. Also each year, among reported cases, an estimated 400 to 500 people died, 48,000 were hospitalized, and 1,000 suffered encephalitis (swelling of the brain) from measles.

Click here to view the school immunization survey data released today:
<https://portal.ct.gov/DPH/Immunizations/School-Survey>.

For more information about vaccine-preventable diseases, please visit:
<https://portal.ct.gov/DPH/Immunizations/VACCINE-PREVENTABLE-DISEASES>.

Anyone with questions regarding the State of Connecticut immunization program can call 860-509-7929 or send an email to dph.immunizations@ct.gov.

Robert L. Miller

From: Robert L. Miller
Sent: Friday, October 18, 2019 11:30 AM
To: 'jkelly@boltonct.org'
Cc: Elizabeth Paterson - (betsypaterson725@GMail.com); Millie C. Brosseau
Subject: EHHD Finance Committee

Dear Joshua – On behalf of Elizabeth Paterson, Chairperson, please consider this email formal notification that you have been appointed to the Eastern Highlands Health District Board of Directors, Finance Committee, effective immediately.

For your information, most finance committee meetings occur the half hour prior to the regular board meeting. That said, within the next couple of weeks you will receive a doodle poll seeking to schedule a special finance committee budget meeting to start the FY20/21 budget cycle.

Thank you for your willingness to participate. Please let me know if you have any questions.

Respectfully,
Rob

Robert L. Miller, MPH, RS

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



EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

Robert L. Miller

From: Robert L. Miller
Sent: Friday, October 18, 2019 11:20 AM
To: 'mrosen@tolland.org'
Cc: Elizabeth Paterson (home); Millie C. Brosseau
Subject: EHHD Personnel Committee Appointment

Dear Michael – On behalf of Elizabeth Paterson, Chairperson, please consider this email formal notification that you have been appointed to the Eastern Highlands Health District, Board of Directors Personnel Committee, effective immediately.

The next regular committee meeting is scheduled for March 12, 2020.

Please let me know if you have any questions.

Respectfully,

Robert L. Miller, MPH, RS

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



Preventing Illness and Promoting Wellness in the Communities We Serve

Robert L. Miller

From: Paul M. Shapiro
Sent: Friday, October 18, 2019 4:31 PM
To: Robert L. Miller
Subject: Resignation

Dear Rob:

My term as mayor will end on November 12, 2019. One of my regrets is that the permanent conflict with my responsibilities as chair of the Partnership Finance Committee prevented me from being a full participant on the EHHD board.

I recognize that I can, of course, continue on the EHHD board, as Betsy did. However, I am looking to make a clean break from my Town responsibilities for now, so I am resigning from the Board, effective on November 12, 2019. I am grateful to you for your excellent service, the staff for their hard work and the good people who serve on the EHHD Board.

Best,
Paul

Paul M. Shapiro
Mayor, Mansfield