

Eastern Highlands Health District
Board of Directors Regular Meeting*
Agenda
Thursday December 14, 2023, 4:30 PM
1712 Main St, Coventry
Town Hall Annex

Call to Order – Welcome Katherine Stargardter (Tolland), and Cathryn Silver-Smith (Ashford)

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

Approval of Minutes (October 19, 2023)

Public Comments

Old Business - none

New Business

1. Proposed Fiscal Year 2024/2025 Operating Budget, and CNR Budget - Set public hearing date

Town Reports

Subcommittee Reports

2. Finance Committee – Financial report for the period ending 9/30/23

Directors Report

3. Quarter Activity Report period ending 9/30/23
4. EHHD 2022/2023 Annual Report

Communications/Other

5. CT DPH re: Connecticut Vaccine Program Site Visit
6. Auditors communication to the Board of Directors
7. Susan Powers re: Notice of Resignation
8. CT Mirror re: When COVID hit, CT's local public health officials sprang into action
9. Governor Lamont re: Appointment to OSAC
10. UConn, Applied Public Health Sciences Program re: Certificate of Recognition
11. R Miller re: COVID tests from HH, direct to Schools
12. CT Mirror re: How to spend \$600M in CT opioid settlement funds
13. CT Mirror re: Working to limit opioids' huge toll
14. DPH re: SFY 2022 Local Health Annual Report Feedback
15. CT Mirror re: Windham Hospital Ok'd to end labor, delivery services
16. C Serazo re: Flu and Updated COVID-19 Vaccine

Adjournment

Next Board Meeting – January 18, 2024

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

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, October 19, 2023

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield - Virtual), M. Capriola (Mansfield – Virtual), J. Elsesser (Coventry), H. Evans (Mansfield – Virtual), J. Rupert (Bolton- Virtual), D. Walsh (Coventry), E. Wiecenski (Willington – Virtual)

Staff present: R. Miller, M. Brosseau, A. Backhaus

J. Elsesser called the meeting to order at 4:39pm

Approval of Minutes E. Anderson made a MOTION seconded by D. Walsh to accept the minutes of the August 17, 2023 meeting as presented. MOTION passed unanimously.

Proposed 2023 Regular Meeting Schedule

D. Walsh made a MOTION, seconded by E. Anderson to adopt the Eastern Highlands Health District Board of Directors 2024 regular meeting schedule as presented. MOTION passed unanimously.

Workforce Development Grant Contract

R. Miller provided an overview of the grant and how the funding will be utilized.

D. Walsh made a MOTION, seconded by E. Wiecenski to authorize the Director of Health to negotiate and execute final terms for the Public Health Workforce Development grant

contract with the State of Connecticut Department of Public Health, contract number DPH20240054PSA. MOTION PASSED unanimously.

Personnel Committee Report

Executive Session

D. Walsh made a MOTION, seconded by E. Anderson to enter Executive Session at 4:45 PM to discuss personnel matters in accordance with GCS 1-200(6)(a), Director of Health Performance Review. Executive session ended at 5:00 PM.

Regular meeting resumed at 5:00 PM.

M. Capriola joined the meeting.

D. Walsh made a MOTION, seconded by E. Wiecenski that because of a positive review the board is happy to award Mr. Miller a 3% increase in annual salary retroactive to July 1, 2023, bringing his annual salary from \$123,025 to \$126,716 and the board will award a one-time bonus of \$1000. MOTION passed unanimously.

Town Reports

E. Wiecenski left the meeting at 5:05pm

Mansfield – H. Evans expressed her wish that the board focus on mental health issues moving forward. R. Aylesworth reported that the month of November will be the 20 year anniversary for Mansfield Community Center. R. Aylesworth also informed the board that there continues to be development throughout the town.

Bolton – J. Rupert reiterated that he is looking forward to revisiting the issue of regional efforts on the opioid issue

Andover – E. Anderson report on the following:

- Ground has broken for the Community Center
- 2 bridge projects and 1 culvert project are underway
- HVAC updates are being done in town buildings
- In RFP process for legislative appropriation to study activity on route 316.
- Working with DEEP on changing gates to bollards on the rail trails
- Building new senior transportation center
- Award STEAP grant for phase 2 of recreation improvements

Coventry – J. Elsesser reported on the following:

- Project to replace heating/ventilation system at the high school is moving forward
- Two ribbon cuttings occurred – one at the library for the addition and one for the second softball field
- A STEAP grant will be used to replace the playscape at Patriots Park. Improvements will also be done to the band shell, pavilion and sidewalks. In an effort at geese management a fountain will be installed in the lake in the hopes of interrupting the landing pattern. Additionally, water turbines will be installed to move geese “poop” away from the beach
- Study being done for Miller Richardson to look at concepts to change the park with a focus on safety
- Very few new houses being built in town
- Sewer project is still ongoing
- A water tower will be installed in town to provide fire suppression to the village.

Directors Report

Sport and game club – Rabies investigation

R. Miller informed the board of an investigation surrounding a rabid skunk at a game club event.

New weekly Viral Respiratory Disease Summary

R. Miller reported that he has begun sending out a new weekly report. This report provides information on COVID-19, Influenza and RSV.

Residential Radon Testing Program

R. Miller informed the board that the health district will again partner with the DPH radon program to distribute free radon tests.

General Public and Homebound COVID-19 vaccination program concluded

R. Miller reported that due to the commercialization of the COVID-19 vaccines, the health district is essentially out of the business of administering vaccines to the general public. Through the Vaccine for Kids Program, pediatric vaccine will be available. The Health District is considering holding weekly pediatric clinics.

The health district is part of the Bridge Program that will provide COVID-19 vaccine to underinsured or uninsured adults.

Pediatric influenza clinics have been held in the district – 9 clinics at which 127 shots were administered.

COVID-19 test kit distribution Program

R. Miller reported that the district distributed 2700 test kits to town halls and schools. Considering expanding distribution to daycares in the near future.

Preventative Health Strategies at Work in Connecticut grant award

This grant will be used to fund free blood pressure monitoring cuffs and educational materials. Anticipated March 2024 start date.

R. Miller expressed his gratitude for the letters of support written that were instrumental in helping to get the award.

R. Miller reported that contractors have been hired to assist with food service inspections.

Communication/Other

There was discussion about new restaurants opening in the district. This was followed by a question from a member about a searchable database of restaurants and inspection scores.

R. Miller noted that with adoption of the FDA food code, scores are no longer given at the inspection. R. Miller will explore what other health districts are doing.

A. Backhaus informed the board that quarterly reporting will be done soon. J. Elsesser commented that review of goals and plans should be done as budget planning begins. E. Anderson initiated discussion about the emerging health issue of PFAS.

Adjournment

D. Walsh made a MOTION, seconded by E. Anderson to adjourn the regular meeting at 5:47pm. MOTION PASSED unanimously.

Next Board Meeting – December 14, 2023, 4:30 PM

Respectfully submitted,

Robert Miller

Secretary



Eastern Highlands Health District

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

Memorandum

To: Board of Directors
From: Robert L. Miller, MPH, RS, Director of Health
CC: Amanda Backus, Chief Financial Officer
Finance Committee

Date: 12/11/2023

Re: Proposed Operating Budget and CNR Budget

Proposed Fiscal Year 2024/2025 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2024/2025. The proposal incorporates an expenditure increase of \$18,127 or 1.8%. The total budget has increased from \$991,949 to \$1,010,076. The member town contribution rate increased by 2.5% from \$5.81 to \$5.95 per capita (The average FY23/24 member town contribution rate for contiguous health districts in the state is \$8.06).

Primary Budget Drivers

The primary issues driving the fiscal year 2024/2025 budget are a proposed increase in the staff salaries, and anticipated increases in operational expenses. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 3.2%. The increase in the account appropriation accommodates general wage and merit increases for eligible staff.
2. A **Benefits** expenditure decrease of 3.0%. The allocation accommodates corresponding increases in wage linked benefits, and 15% place holder increase in the medical insurance line item.
3. No change in the appropriation from the adopted amended FY23/24 figure is proposed for the **state grant – in - aid**. The state appropriated and we have received, 100% of the FY23/24 adopted revenues for this line. At this time, we are anticipating level funding into FY24/25 for local health departments.
4. A total member **town contribution** increase of 2.5% in the per capita rate. There are no changes in the population estimates.
5. A **fee for service** revenue increase of 3.4%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year and extrapolates them into FY24/25.
6. An **appropriation from fund balance** of \$63,406 is proposed to balance the budget. This appropriation is a decrease of \$1,913 as compared to the FY23/24 adopted amended budget.

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

7. An increase of 13.1% in **grant deductions** for regular staff salary, benefits, and other offsets is estimated.
8. An increase in **operational expenditures** of 9.7%. This increase is driven by an anticipated increase from professional services, and supplies such as auditing, fleet vehicle maintenance, administrative services, office equipment, fuel, and other miscellaneous operational accounts.
9. A level appropriation in **Transfers Out of CNR** of \$3,000. This is consistent with the 5 year roll forward plan for the CNR.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY24/25				
	Adopted Amended 23/24	Proposed 24/25		
Revenues			Change	Percent
State Grant in Aid	\$ 207,210	\$ 207,210	\$ -	0.0%
Town contributions	\$ 463,210	\$ 474,660	\$ 11,450	2.5%
Fees for Service	\$ 256,210	\$ 264,800	\$ 8,590	3.4%
Appropriation of Fund Balance	\$ 65,319	\$ 63,406	\$ (1,913)	-2.9%
Total	\$ 991,949	\$ 1,010,076	\$ 18,127	1.8%
Expenditures				
Grant Deductions	\$ (63,088)	\$ (71,369)	\$ (8,281)	13.1%
Salaries	\$ 680,693	\$ 702,470	\$ 21,777	3.2%
Benefits	\$ 247,210	\$ 239,790	\$ (7,420)	-3.0%
Operations	\$ 124,134	\$ 136,185	\$ 12,051	9.7%
Transfers Out to CNR	\$ 3,000	\$ 3,000	\$ -	
Total	\$ 991,949	\$ 1,010,076	\$ 18,127	1.8%

Highlighted below is additional narrative for selected account proposals for FY24/25

Revenues

- **State Grant – in – Aid.** There is no change with a total proposed appropriation of \$207,210. This is anticipated flat funding as proposed in the second year of the state biennial budget. There is no information from the state at this time regarding anticipated actual appropriations for FY24/25.
- **Town Contributions.** A total combined increase of \$11,450 or 2.5% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.5%. Due to errors in the most recent member town population estimates provided by DPH, OPM is directing that the previous year's estimates shall be used for budgeting purposes. Contribution rate history can be found on page 13 of the budget presentation.

- **Fees for Service.** A combined total increase for all service fee categories is estimated at \$8,590, or 3.4%. This estimate is based on a number of factors. There are no changes proposed to the agency service fee rates. The FY23/24 adopted revenues took a conservative approach and reflect an anticipated slowdown in the economy that has not materialized. Given this, and a review of historic revenue lines suggest a modest projected increase in fee for service revenues is reasonable for this budget cycle. The revenue estimates for FY23/24 can be found on page 10. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

It should be noted that a significant reduction in estimated FY23/24 revenues, and proposed FY24/25 revenues in the vaccination program is due to unanticipated challenges with obtaining billing agreements with private health insurance companies. We do anticipate having some contracts executed for the next vaccination season.

- **General Fund Appropriation.** An appropriation of \$63,406 is proposed in this budget. This is a decrease of \$1,913 from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2025 will be 47.05% of the FY24/25 operating expenditures. (See page 4 for the GF roll forward report for FY24/25.)

Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 13.1% in grant deductions. This based on the fact that we have recently secured new grant awards in the areas of high-blood pressure prevention, work force development, and immunization promotion. (See page 15 for details on total grant revenue anticipated for FY25.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$21,777, or 3.2%. This increase includes a 2.5% general wage increase. Pursuant to our merit based pay plan this also includes a 0.5 % appropriation to fund merit increases for eligible regular staff. Actual individual merit increases are determined by the availability of funds, an annual performance evaluation, and at the discretion of management. The proposed appropriation for this line item is higher than the combined 3% total due to amendments approved to the budget in the prior fiscal year, associated with pay plan changes designed to retain staff.
- **52105 Medical Insurance.** The total decrease anticipated is \$10,735, or 7.9%. This includes a 15% increase place holder figure provided by the Mansfield Finance Department that reflects the potential increase in premiums. The final figure is not yet available. This also includes changes in the roster of enrolled employees.
- **53125 Audit Expense.** The total increase anticipated is 54%, or \$4,050. This is due to a rate increase imposed by our auditor, CliftonLarsonAllen, LLP.
- **53303 Vehicle Repair & Maintenance.** This total increase anticipated is \$1,500, or 60%. This is based actual expenses from the previous fiscal years.
- **53960 Other Purchased Services.** A total anticipated increase of \$1,024, or 5.0 % is proposed. This is an anticipated payment increase to our software vendor for our online permit application and payment software.
- **Clinical Supplies.** This is an increase of \$1,000, or 25% in proposed Influenza Vaccine Program expenditures. This is due to anticipated demand for seasonal flu vaccine.
- **54601 Gasoline.** An increase of \$1,000, or 33% is anticipated. This is due to an anticipated increase in fuel costs based on actual costs in previous fiscal year.

- **55420 Office Equipment.** A total increase of \$1,000, or 33% is proposed. This is due to the need to phase in replacement field tablets for sanitarians. This replaces two tablets.
- **56302 Administrative Overhead.** A total increase \$1,185 or 3.5% is proposed. This is a contractual payment increase linked to the CPI to the Town of Mansfield for accounting, financial reporting, HR, and IT services.
- **58410 Capital Nonrecurring Fund transfer.** Level appropriation of \$3,000 is proposed. This is consistent with our roll forward CNR fund five projection (See page 14).

Proposed FY 24/25 Capital Nonrecurring Budget Narrative (See Page 14)

Revenues

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

Expenditures

- **Automobiles.** An expenditure of \$29,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **Community Health Assessment/Strategic Planning (Community Survey & Improvement Plan).** An expenditure of \$10,000 is proposed to fund a community wellness survey administered by DataHaven and supports the development of our Community Health Assessment, and improvement plan.
- **Food Establishment Inspection Management Platform.** An anticipated expenditure of \$15,000 is proposed to support an update to our FileMaker system, or similar software, to align with the new FDA Food Code.

Recommendation

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 20, 2023 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 18, 2024 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2024/2025 Operating Budget, Capital non-recurring budget, as presented on December 14, 2023.*

Eastern Highlands Health District
Proposed Budget
Fiscal Year 2024 – 2025

December 14, 2023

Board of Directors Meeting

Table of Contents	Page #
Budget Presentation	1
Organizational Chart	2
Budget Calendar	3
Estimated Statement of Revenues and Expenditures & Change in Fund Balance	4
Proposed Budget Summary	5
Rational of Objects	6
Analysis of Service Fee Revenues	10
Current Fee Schedule (Adopted FY 20/21)	11
Fee Schedule w/ Average & Median Comparisons to Other HD	12
Town Contribution, CPI, Per Capita Expenditure, Per Capita Grant - Comparisons	13
Capital Nonrecurring Budget & Changes in Fund Balance	14
Estimated Statement of Revenues & Expenditures – Special Grants & Programs	15
Fund Balance Analysis	16

Eastern Highlands Health District Budget Presentation FY 24/25

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

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

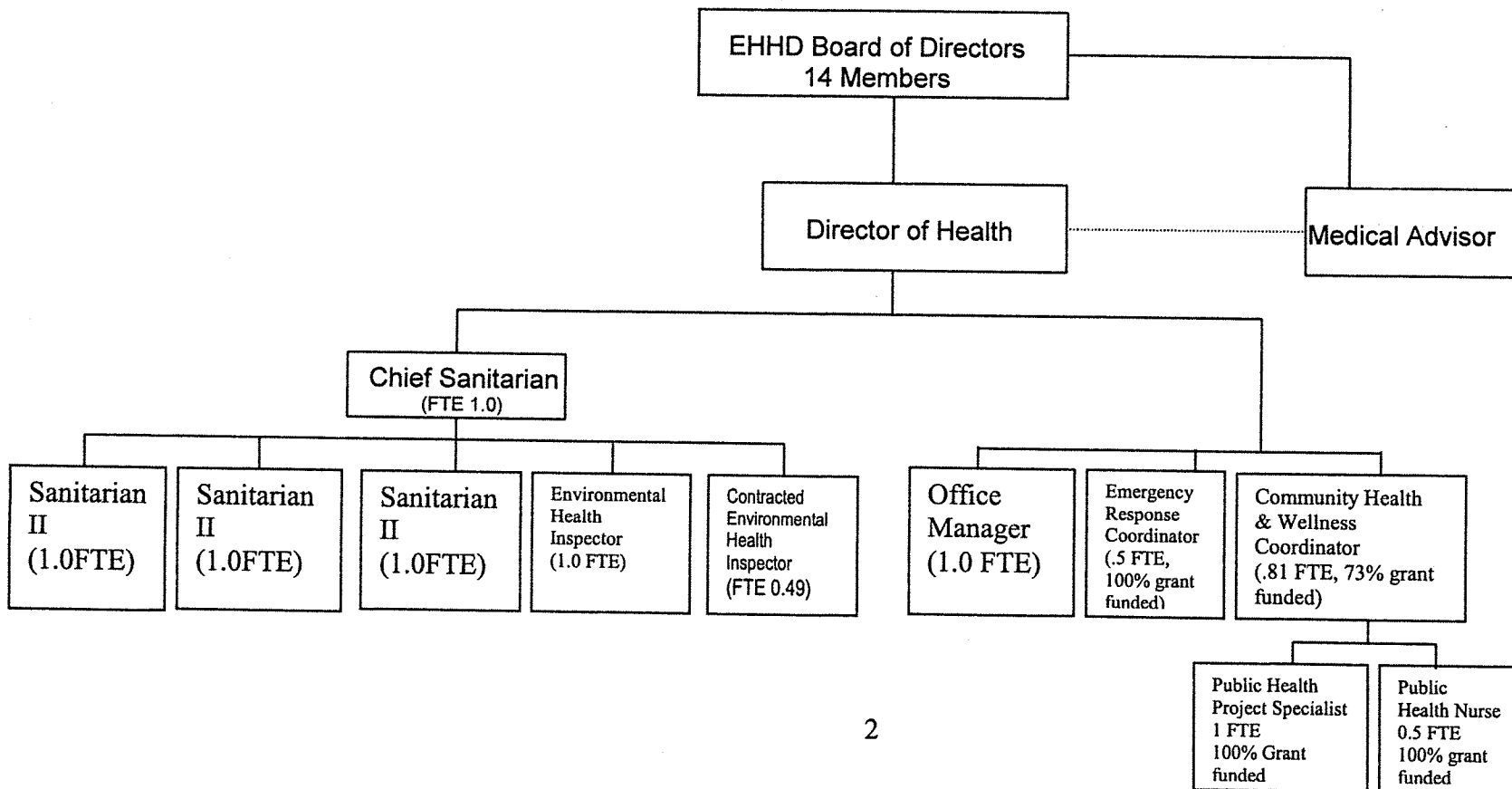
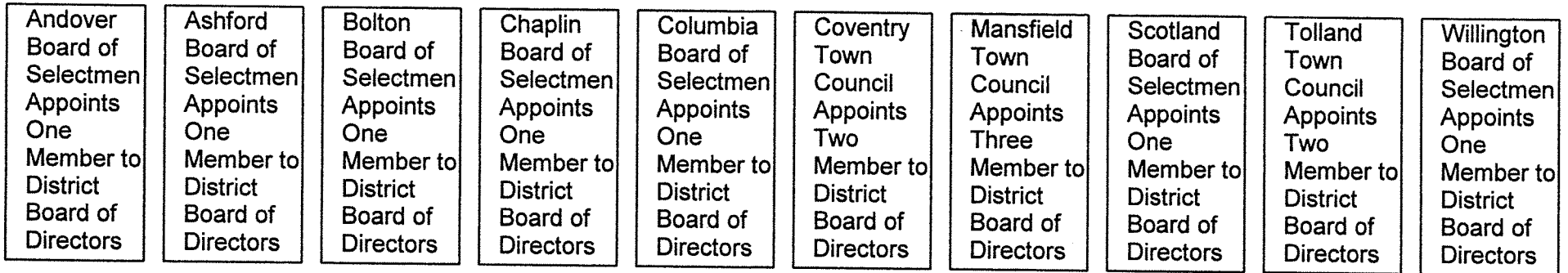
AGENCY SUMMARY AND AUTHORITY

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

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

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

Proposed Fiscal Year 2024/2025 Eastern Highlands Health District Organizational Chart



Fiscal Year 2024/2025 Budget Calendar

Finance Committee Budget Meeting	November 20, 2023
Finance Committee Budget Meeting	December 14, 2023 (If needed)
Budget Presentation to Board	December 14, 2023
Deadline for final budget estimates per By Laws	January 1, 2024
Fiscal Year 2024/2025 Budget Public Hearing	January 18, 2024 (Recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2024
Adoption of Budget	February 15, 2024 (If needed)

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

Roll Forward FY 2024/25

	Actual 20/21	Actual 21/22	Actual 22/23	Amended 23/24	Estimated 23/24	Proposed 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30
Revenues:											
Member Town Contributions	457,536	455,033	451,519	463,210	463,210	474,660	486,527	498,690	511,157	523,936	537,034
State Grant-in-Aid	136,253	208,107	206,500	207,210	207,210	207,210	207,210	207,210	207,210	207,210	207,210
Services Fees	295,398	283,453	268,298	256,210	256,210	264,800	272,744	280,926	289,354	298,035	306,976
Other					35,194						
Total Revenues	889,187	946,593	926,317	926,630	961,824	946,670	966,481	986,826	1,007,721	1,029,181	1,051,220
Expenditures:											
Salaries & Benefits	665,199	776,797	755,035	871,015	871,015	877,091	894,633	912,525	930,776	949,392	968,379
Insurance	14,603	14,115	14,001	15,050	15,050	15,050	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	16,574	32,450	27,673	21,845	21,845	26,720	26,854	26,988	27,123	27,258	27,395
Other Purchased Services & Supplies	72,222	54,007	71,470	77,439	77,439	83,315	83,732	84,150	84,571	84,994	85,419
Equipment	2,774	4,068	3,074	3,600	3,600	4,900	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	771,372	881,437	871,253	988,949	988,949	1,007,076	1,025,018	1,043,464	1,062,270	1,081,444	1,100,993
Operating Transfers Out	3,000		3,000	3,000	3,000	3,000	5,000	9,000	12,000	15,000	18,000
Total Expenditures and Operating Transfers Out	774,372	881,437	874,253	991,949	991,949	1,010,076	1,030,018	1,052,464	1,074,270	1,096,444	1,118,993
Excess/(Deficiency) of Revenues over Expenditures	114,815	65,156	52,064	(65,319)	(30,125)	(63,406)	(63,537)	(65,638)	(66,549)	(67,263)	(67,773)
Equity Fund Transfer to Capital Nonrecurring Fund			(125,000)	(125,000)	(125,000)						
Fund Balance, July 1	495,338	610,153	675,309	727,373	727,373	572,248	508,842	445,304	379,667	313,118	245,855
Fund Balance, June 30	\$610,153	\$675,309	\$727,373	537,054	572,248	508,842	\$445,304	\$379,667	\$313,118	\$245,855	\$178,082
Expenditures per Above	774,372	881,437	871,253	991,949	991,949	1,010,076	1,030,018	1,052,464	1,074,270	1,096,444	1,118,993
Grant Deduction	156,240	88,105	108,356	63,088	63,088	71,369	71,369	63,088	63,088	63,088	63,088
Total Expenditures	930,612	969,542	979,609	1,055,037	1,055,037	1,081,445	1,101,387	1,115,552	1,137,358	1,159,532	1,182,081
FB as a % of Total Exp	65.56%	69.65%	74.25%	50.90%	54.24%	47.05%	40.43%	34.03%	27.53%	21.20%	15.07%

Assumptions:

- Member Town increase of 2.5% per year
- State Grant-in-Aid: held flat each year after
- Service Fee revenue increase of 3% annually
- Salary & Benefit increases of 2% per year
- Grant Deduction line for salaries held flat at \$63,008 per year starting FY27
- Professional & Technical increase of .5% per year
- Purchased Services increase of .5% per year

**Eastern Highlands Health District
Summary of Revenues and Expenditures for FY24/25**

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

Object	Description	Actual	Actual	Actual	Amended	Estimated	Proposed	% change	Dollar change
		20/21	21/22	22/23	23/24	23/24	Budget 24/25		
Revenues:									
40220	Septic Permits	61,170	60,822	55,770	47,880	47,880	50,000	4.4%	2,120
40221	Well Permits	22,395	12,875	14,250	12,090	12,090	13,000	7.5%	910
40491	State Grant-In-Aid	136,253	208,107	206,500	207,210	207,210	207,210	-	-
40630	Health Inspec. Service Fees	5,245	2,410	3,992	3,500	3,500	3,500	-	-
40633	Health Services-Bolton	27,800	27,766	27,674	28,010	28,010	28,700	2.5%	690
40634	Health Services-Coventry	70,574	70,534	69,573	70,940	70,940	72,690	2.5%	1,750
40635	Health Services-Mansfield	146,770	144,894	147,145	153,190	153,190	156,980	2.5%	3,790
40636	Soil Testing Service	46,388	51,980	36,125	43,050	43,050	41,000	(4.8%)	(2,050)
40637	Food Protection Service	78,455	82,996	80,811	81,000	81,000	82,000	1.2%	1,000
40638	B100a Review	38,175	26,810	29,460	20,710	20,710	26,000	25.5%	5,290
40639	Engineered Plan Rev	36,575	39,830	35,940	28,780	28,780	32,000	11.2%	3,220
40642	Health Services - Ashford	24,224	24,190	23,792	24,330	24,330	24,930	2.5%	600
40643	Health Services - Willington	33,468	33,337	31,654	32,130	32,130	32,920	2.5%	790
40646	GroupHome/Daycare inspection	880	1,650	770	1,200	1,200	1,200	-	-
40647	Subdivision Review	2,640	1,375	1,375	1,500	1,500	1,500	-	-
40648	Food Plan Review	3,475	2,705	3,230	2,500	2,500	3,000	20.0%	500
40649	Health Services - Tolland	83,314	83,103	82,728	84,340	84,340	86,430	2.5%	2,090
40685	Health Services - Chaplin	12,825	12,729	12,172	12,460	12,460	12,760	2.4%	300
40686	Health Services - Andover	18,368	18,396	17,902	18,210	18,210	18,660	2.5%	450
40687	Health Services - Columbia	30,614	30,579	29,920	30,490	30,490	31,250	2.5%	760
40688	Health Services - Scotland	9,579	9,505	8,959	9,110	9,110	9,340	2.5%	230
	Cosmetology Inspections	-	-	6,575	5,500	5,500	6,600	20.0%	1,100
	Vaccine Administration	-	-	-	8,500	8,500	5,000	(41.2%)	(3,500)
40999	Appropriation of Fund Balance	-	-	-	65,319	65,319	63,406	(2.9%)	(1,913)
Total Revenues		889,187	946,593	926,317	991,949	991,949	1,010,076	1.8%	18,127
Expenditures:									
51050	Grant deductions	(156,240)	(88,105)	(86,757)	(63,088)	(63,088)	(71,369)	13.1%	(8,281)
51601	Regular Salaries - Non-Union	591,565	603,011	625,127	680,693	680,693	702,470	3.2%	21,777
52001	Social Security	42,013	44,348	48,472	42,203	42,203	43,550	3.2%	1,347
52002	Workers Compensation	10,875	9,306	9,306	9,400	9,400	9,400	-	-
52005	Unemployment Compensation	-	25	-	-	-	-	-	-
52007	Medicare	9,236	10,372	11,336	9,870	9,870	10,185	3.2%	315
52009	Salary Related Benefits	-	-	(21,599)	-	-	-	-	-
52010	MissionSquare (Retirement)	20,319	32,493	33,101	38,696	38,696	40,130	3.7%	1,434
52103	Life Insurance	1,610	1,832	2,334	2,920	2,920	3,030	3.8%	110
52105	Medical Insurance	135,540	150,770	122,275	135,460	135,460	124,725	(7.9%)	(10,735)
52117	RHS	2,280	2,516	2,486	2,530	2,530	2,610	3.2%	80
52112	LTD	644	659	698	731	731	760	4.0%	29
52002	Travel/Conference Fees	-	-	50	-	-	-	-	-
52203	Dues & Subscriptions	2,139	2,634	1,707	2,100	2,100	2,100	-	-
52210	Training	(181)	-	1,150	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	5,399	5,399	-	600	600	600	-	-
52220	Vehicle Allowance	-	1,537	5,399	5,400	5,400	5,400	-	-
53120	Professional & Tech	8,008	23,322	19,413	11,345	11,345	12,170	7.3%	825
53122	Legal	1,666	2,128	760	3,000	3,000	3,000	-	-
53125	Audit Expense	6,900	7,000	7,500	7,500	7,500	11,550	54.0%	4,050
53303	Vehicle Repair & Maintenance	1,522	4,081	5,482	2,500	2,500	4,000	60.0%	1,500
53801	General Liability	14,603	14,115	14,001	15,050	15,050	15,050	-	-
53924	Advertising	249	1,943	498	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,209	906	1,539	1,200	1,200	1,500	25.0%	300
53926	Postage	1,500	1,523	1,539	1,500	1,500	1,500	-	-
53940	Copier maintenance	80	-	675	1,000	1,000	1,000	-	-
53960	Other Purchased Services	16,191	18,336	20,475	21,499	21,499	22,390	4.1%	891
53964	Voice Communications	1,716	3,552	4,062	4,850	4,850	4,850	-	-
54101	Instructional Supplies	-	-	300	800	800	800	-	-
54214	Books & Periodicals	-	-	-	200	200	200	-	-
54301	Office Supplies	1,863	845	1,735	2,000	2,000	2,000	-	-
	Clinical Supplies	-	-	-	4,000	4,000	5,000	25.0%	1,000
	Gasoline	1,569	2,701	3,845	3,000	3,000	4,000	33.3%	1,000
54913	Other Supplies & Materials (+COVID-:	16,653	(9,970)	-	-	-	-	-	-
55420	Office Equipment	2,385	2,985	2,205	3,000	3,000	4,000	33.3%	1,000
55430	Equipment - Other	389	1,083	869	600	600	900	50.0%	300
56302	Admin. Overhead	29,670	30,090	31,320	33,890	33,890	35,075	3.5%	1,185
58410	Capital Nonrecurring Fund	3,000	-	128,000	3,000	3,000	3,000	-	-
Total Expenditures		774,372	881,437	999,303	991,949	991,949	1,010,076	1.8%	18,127

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits
Proposed estimate: **\$50,000**

40221 Well Permits
Proposed estimate: **\$13,000**

40491 State Grant-in-aid

	<u>Population 2021</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,133	2.60	8,146
Ashford	4,186	2.60	10,884
Bolton	4,819	2.60	12,529
Chaplin	2,143	2.60	5,572
Columbia	5,246	2.60	13,640
Coventry	12,205	2.60	31,733
Scotland	1,568	2.60	4,077
Tolland	14,511	2.60	37,729
Mansfield	26,357	2.60	68,528
Willington	5,528	2.60	14,373
Total	79,696		\$207,211

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,819	\$ 5.956	\$28,700	\$690	2.46

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
12,205	\$ 5.956	\$72,690	\$1,750	2.47

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
26,357	\$ 5.956	\$156,980	\$3,790	2.47

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
4,186	\$ 5.956	\$24,930	\$600	2.47

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
14,511	\$ 5.956	\$86,430	\$2,090	2.48

40643 Health Services - Willington

<u>Willington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
5,528	\$ 5.956	\$32,920	\$790	2.46

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
2,143	\$ 5.956	\$12,760	\$300	2.41

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
3,133	\$ 5.956	\$18,660	\$450	2.47

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,246	\$ 5.956	\$31,250	\$760	2.49

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,568	\$ 5.956	\$9,340	\$230	2.52

40630 Health Inspection Service Fees

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

40636 Health Services - Soil Testing

Proposed estimate: **\$41,000**

40637 Food Protection Service

Proposed estimate: **\$82,000**

40638 B100a (Public Health Review)

Proposed estimate: **\$26,000**

40639 Plan Review Engineered Design

Proposed estimate: **\$32,000**

40645 Plan Review Non-engineered Design

Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections

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

40647 Subdivision Review

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

40648 Food Plan Review

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

40890 Cosmetology Inspections

\$6,600

Vaccine Administration

\$5,000

Billing/reimbursement for flu shots

40999 Appropriation of Fund Balance

\$ 63,406

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 24/25		FY 24/25		
	Proposed	Appropriation	FTE	Grant deduct	FTE
	700,869		8.35	(64,262)	0.93
Longevity/bonus	\$1,600				
Total Salaries	\$702,469				

	Salary Deductions	(64,262)
	Benefit Deductions	(7,107)
51050 Grant Deductions	Total Grant Deductions	\$ (71,369)

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
702,469	\$43,555

52002 Workers compensation

Estimated Premium **\$9,400**

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 702,469	\$10,185

52010 MissionSquare (Pension Plan)

Estimated Salaries of Full-time employees	668,869
Employer percent contribution	<u>0.06</u>
Total estimated employer contribution	Total 40,132

52103 Life Insurance

Proposed estimate: **\$3,078**

52105 Medical Insurance

Proposed estimate: **\$124,725** Place holder provided by Finance Dept

52117 RHS Contribution

Proposed estimate: **\$2,610**

52112 LTD

Proposed estimate: **\$760**

52203 Dues & Subscriptions

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

52210 Training

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

52212 Mileage Reimbursement

Proposed estimate: **\$600**

52220 Vehicle Allowance

\$5,400

53120 Professional and Technical Services

Medical advisor stipend	5500
website license/hosting	1470
Survey monkey	375
Lead XRF inspection	4000
Transactrx	<u>825</u>
Total	\$12,170

53122 Legal Services

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

53125 Audit Expense

Proposed estimate: **\$11,550**

53303 Vehicle Maintenance and Repair

Proposed estimate: **\$4,000**

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance

Coverage by CIRMA:

General Liability, Auto liability, Professional and Public Official Liability, and Crime

Estimated premium: **\$15,050**

53924 Advertising

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

53925 Printing and Binding

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

53926 Postage

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

53940 Copier Maintenance

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

53960 Other Purchased Services

Proposed estimate: **22,390** (Viewpermit contract)

53964 Voice Communications

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

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

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

54601 Gasoline

Proposed estimate: **\$4,000**

55420 Office equipment

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

Clinic Supplies

Vaccine & Ancillary Supplies **\$5,000**

55430 Equipment - Other

Field Equipment: **\$900**

56302 Administrative Overhead

Propose estimate: **\$35,075** (Sept 21 to Sept 22 -CPI, 3.5%)

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	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Adopted	Received	Received	Received	Estimated	Proposed
	2012 - 13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	10/1/2021	11/10/2022	10/31/2023	2023-24	2024-2025	
40220 Septic Permits (New and repair permits)	28,455	31,845	31,655	31,285	34,400	43,880	51,145	49,133	61,170	60,822	55,770	47,880	15,060	23,940	19,685	41%	50,000	50,000
40221 Well permits	12,505	13,600	15,535	14,345	16,985	12,925	12,955	10,680	22,395	12,875	14,250	12,090	3,875	5,375	5,250	43%	13,000	13,000
40630 Health Inspection Services (Other inspections & services)	14,621	1,857	3,318	5,375	13,716	3,993	3,210	9,151	5,244	2,411	3,991	3,500	188	580	319	9%	3,500	3,500
40636 Health Services - Soil testing (Test Holes & Perc Tests)	33,590	32,380	32,965	39,710	33,585	41,775	40,960	49,490	46,388	51,980	36,125	43,050	13,950	14,350	16,030	37%	41,000	41,000
40637 Food Protection Service (License fees)	55,060	57,796	60,068	61,743	66,413	71,399	83,961	79,718	78,455	82,995	80,811	81,000	6,475	6,772	4,743	6%	82,000	82,000
40638 B100a Review (Public health review)	24,790	26,005	24,610	29,225	30,040	27,470	29,445	33,690	38,175	26,810	29,460	20,710	6,160	10,355	9,450	46%	26,000	26,000
40639 Engineered Plan Review	9,585	10,360	8,685	8,905	7,290	8,175	29,535	32,860	36,575	39,610	35,940	28,780	8,660	14,390	11,420	40%	32,000	32,000
40645 Nonengineered Plan Review	10,575	13,500	12,870	14,205	15,820	18,565	60		220									
40646 Group Home / Daycare Insp.	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,430	880	1,650	770	1,200	330	330	440	37%	1,200	1,200
40647 Subdivision Review	6,050	2,200	3,680	3,105	2,360	2,070	1,170	1,375	2640	1,375	1,375	1,500	-	875	250	17%	1,500	1,500
40648 Food Plan Review	4,641	3,075	3,220	3,790	3,035	2,670	4,290	2,481	3,475	2,705	3,230	2,500	855	1,075	1,775	71%	3,000	3,000
40890 Cosmetology (other)											6,575	5,500		5,125	150	3%	6,600	6,600
Vaccine Administration												8,500			500	6%	500	5,000
Total	201,007	193,818	197,796	212,943	224,874	234,392	257,941	270,008	295,397	283,453	268,297	256,210	55,553	83,167	70,012	27%	260,300	264,800

Adopted Fee Schedule FY 20/21

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

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

All food service fees apply to public school food operations.

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

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

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

TABLE A

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

Service Categories(2)

	EHHD Adopted FY2021	Four Contiguous Districts		Eastern Ct	Eastern Ct		ALL CT HD		5% increase	10% increase	15% increase	20% increase
		Median	Average	Median	Average	Median	Average					
Food Protection(3)												
<i>Class I License</i>	\$ 135	\$ 150	\$ 148	\$ 150	\$ 152	\$ 173	\$ 175	\$ 142	\$ 149	\$ 155	\$ 162	
<i>Class II License</i>	\$ 255	\$ 250	\$ 264	\$ 250	\$ 254	\$ 275	\$ 292	\$ 268	\$ 281	\$ 293	\$ 306	
<i>Class III License</i>	\$ 355	\$ 350	\$ 373	\$ 330	\$ 344	\$ 393	\$ 400	\$ 373	\$ 391	\$ 408	\$ 426	
<i>Class IV License</i>	\$ 380	\$ 350	\$ 419	\$ 350	\$ 379	\$ 433	\$ 431	\$ 399	\$ 418	\$ 437	\$ 456	
Temp event	\$ 65	\$ 140	\$ 213	\$ 140	\$ 59	\$ 70	\$ 72	\$ 68	\$ 45	\$ 75	\$ 78	
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144	
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162	
Plan review - Class I	\$ 175	\$ 185	\$ 202	\$ 200	\$ 223	\$ 193	\$ 218	\$ 184	\$ 193	\$ 201	\$ 210	
Plan review - Class II	\$ 175	\$ 185	\$ 212	\$ 200	\$ 230	\$ 270	\$ 281	\$ 184	\$ 193	\$ 201	\$ 210	
Plan review - Class III	\$ 245	\$ 245	\$ 242	\$ 250	\$ 251	\$ 338	\$ 349	\$ 257	\$ 270	\$ 282	\$ 294	
Plan review - Class IV	\$ 245	\$ 245	\$ 245	\$ 250	\$ 254	\$ 357	\$ 254	\$ 257	\$ 270	\$ 282	\$ 294	
Subsurface Sewage Disposal												
<i>Permit - new</i>	\$ 220	\$ 220	\$ 224	\$ 185	\$ 208	\$ 235	\$ 244	\$ 231	\$ 242	\$ 253	\$ 264	
<i>Permit - Major repair</i>	\$ 190	\$ 185	\$ 193	\$ 150	\$ 170	\$ 188	\$ 196	\$ 200	\$ 209	\$ 219	\$ 228	
Permit - Minor repair	\$ 100	\$ 100	\$ 105	\$ 100	\$ 104	\$ 125	\$ 132	\$ 105	\$ 110	\$ 115	\$ 120	
Permit - Design flow >2000GPD	\$ 350	\$ 350	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420	
<i>Percolation Test(4)</i>	\$ 200	\$ 220	\$ 180	\$ 160	\$ 171	\$ 200	\$ 192	\$ 210	\$ 220	\$ 230	\$ 240	
each additional pit	\$ 30	\$ 40	\$ 48	\$ 40	\$ 48	\$ 75	\$ 79	\$ 32	\$ 33	\$ 35	\$ 36	
Subdivision Plan Review (per lot)	\$ 125	\$ 100	\$ 116	\$ 125	\$ 119	\$ 125	\$ 133	\$ 131	\$ 138	\$ 144	\$ 150	
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 125	NA	NA	NA	\$ 50	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48	
<i>Plan review (per plan)</i>	\$ 130	\$ 65	\$ 144	\$ 145	\$ 143	\$ 233	\$ 213	\$ 137	\$ 143	\$ 150	\$ 156	
Review plan revisions	\$ 40	\$ 145	NA	NA	NA	\$ 50	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48	
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	
<i>B100a - assessorly structure</i>	\$ 50	\$ 50	\$ 60	\$ 50	\$ 64	\$ 55	\$ 76	\$ 53	\$ 55	\$ 58	\$ 60	
<i>B100a - addition/use change</i>	\$ 70	\$ 70	\$ 64	\$ 70	\$ 67	\$ 78	\$ 96	\$ 74	\$ 77	\$ 81	\$ 84	
Septic tank/system abandonment inspection	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	
Misc												
<i>Well Permit</i>	\$ 125	\$ 130	\$ 133	\$ 125	\$ 124	\$ 140	\$ 138	\$ 131	\$ 138	\$ 144	\$ 150	
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90	
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138	
Group Home inspection	\$ 110	\$ 105	\$ 115	\$ 100	\$ 110	\$ 100	\$ 94	\$ 116	\$ 121	\$ 127	\$ 132	
Daycare inspection	\$ 110	\$ 108	\$ 116	\$ 108	\$ 114	\$ 150	\$ 140	\$ 116	\$ 121	\$ 127	\$ 132	
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78	
Family Camp ground Inspection	\$ 130	\$ 135	\$ 146	\$ 133	\$ 138	\$ 133	\$ 135	\$ 137	\$ 143	\$ 150	\$ 156	
Pool Registration/inspection	\$ 105	\$ 110	\$ 124	\$ 105	\$ 117	\$ 155	\$ 174	\$ 110	\$ 116	\$ 121	\$ 126	
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96	
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180	
Fee total for single lot development(5)	\$ 675	\$ 695	\$ 671	\$ 615	\$ 646	\$ 808	\$ 788					
FY23 Health District Per Capita Rate	\$ 5.81	\$ 7.26	\$ 8.06	\$ 7.59	\$ 8.47	\$ 8.10	\$ 9.91					

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

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

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

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

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

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

Fiscal Year	Town Contribution Increases		Town Contribution		Adopted Expenditures	State grant allocation per capita (\$)	
	Proposed %	Adopted % (or amended)	CPI (1)	Per Capita (\$)	Per Capita (4)	Pop. < 5000	Pop. > 5000
1999	NA	NA	2.2	3.51	6.86	1.78	1.52
2000	2.85	0	3.4	3.51	6.93	1.78	1.52
2001	3.1	1	2.8	3.54	7.31	2.09	1.79
2002	1	1	1.6	3.58	9.42	2.32	1.99
2003	0	0	2.3	3.58	8.67	2.32	1.99
2004	3	3	2.7	3.69	8.74	1.96	1.68
2005	3	0	3.4	3.69	8.55	1.95	1.66
2006	6.77	6.77	3.2	3.94	8.91	1.95	1.66
2007	6.6	2.9	2.9	4.06	8.73	1.95	1.66
2008	3.08	0.62	3.8	4.08	8.87	1.95	1.66
2009	5.15	5.15	-0.4	4.29	9.35	2.43	2.08
2010	5.1	5.1	1.6	4.51	9.85	2.43	2.08
2011	0	0	3.2	4.51	9.09	1.85	1.85
2012	0	0	2.1	4.51	8.99	1.85	1.85
2013	1.9	0	1.5	4.51	8.85	1.85	1.85
2014	2	2	1.6	4.6	8.67	1.85	1.85
2015	4.9	4.9	0.1	4.83	8.83	1.85	1.85
2016	3.8	3.8	1.3	5.01	9.46	1.85	1.85
2017	3.8	4	2.1	5.22	9.77	1.76	1.76
2018	1.5	1.5	2.4	5.3	10.2	1.64	1.64
2019	0.3	0.3	1.8	5.31	10.1	1.85	1.85
2020	2	2	1.2	5.42	10.1	1.65	1.65
2021	6	4.9	4.7	5.68	10.4	1.66	1.66
2022	3.6	0	8.0	5.68	11.8	2.6	2.6
2023	2.9	0	3.5	5.68	11.7	2.6	2.6
2024	3.25	2.23		5.81	12.3	2.6	2.6
Total % change (3)			82	65	79	45	71

(1) Each number represents the percentage change in calendar year for "All Urban Consumers", with the exception of 2023 is based on the change from 2022 third quarter to 2023 third quarter (source: Federal Reserve bank of Minnea

(3) Total percentage increase from 1999 to 2024.

(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 2024/25

	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Adopted 23/24	Proposed 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30
Revenues:											
Transfer In - General Fund	3,000	3,000		3,000	3,000	3,000	5,000	9,000	12,000	15,000	18,000
Equity Fund Transfer				125,000	125,000						
Surplus Vehicle proceeds			5,200	6,250	5,000	5,000		5,000	5,000		5,000
Total Revenues	3,000	3,000	5,200	134,250	133,000	8,000	5,000	14,000	17,000	15,000	23,000
Expenditures by Project:											
Automobiles				24,035	29,000	29,000		27,000	27,000		29,000
Computer/Office Equipment	11,800										
Vaccine Refrigerator											
Strategic Planning Priorities:											
Strategic Planning & CHA/CHIP					8,000	10,000	10,000				
IT Infrastructure Upgrade (Food Inspection Tracking)			1,068			15,000					
Websites							10,000				
Office Reorganizing Project					50,000		100,000				
Digitizing records								10,000	10,000	10,000	
Total Expenditures	11,800		1,068	24,035	87,000	54,000	120,000	37,000	37,000	10,000	29,000
Excess/(Deficiency) of Revenues over Expenditures	(8,800)	3,000	4,132	110,215	46,000	(46,000)	(115,000)	(23,000)	(20,000)	5,000	(6,000)
Fund Balance, July 1	131,780	122,980	125,980	130,112	240,327	286,327	240,327	125,327	102,327	82,327	87,327
Fund Balance, June 30	\$122,980	\$125,980	\$130,112	\$240,327	\$286,327	\$240,327	\$125,327	\$102,327	\$82,327	\$87,327	\$81,327

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

Roll Forward FY 2024/25

	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Estimated 23/24	Projected 24/25
Revenues:										
State Support - Preventive Health Block		\$15,248	\$5,254	\$21,680	\$4,089	\$7,754	\$4,111		23,950	30,000
State Support - Bioterrorism Response-Base	58,908	58,569	55,456	56,011	54,478	54,478			52,250	52,250
State Support - Crisis COVID					17,291	12,303				
State Support - CRF Proceeds from Town of Mansfield						104,878				
State Support- Policy/Environ. Change for Chronic Disea	17,024	4,386	13,604		11,288	1,845	14,990	24,901		
State Support - ELC						101,316				
State Support - ELC 2								148,691	195,536	
State Support - ELC BP-2						18,881	183,562	80,728		
Local Support - Be Well Program Mansfield	55,741	56,707	61,064	40,946						
Local Support - Be Well Program Tolland	7,903	6,886	7,579	8,307	7,911	7,833	7,970	7,827	7,500	7,500
Cooperative Grant - CT Chapter of American Planning	72,969									
State Support -Lead Poisoning	5,428	7,817							8,400	4,200
Cooperative Grant - ACHIEVE	228	3,451	5,000	1,709	441	5,000		3,782	2,000	2,000
Cooperative Grant - CRI Cities Readiness Initiatives	5,622	378								
MRC Capacity Building Award	2,479									
MRC Region 4	8,598	58		2,344	1,470	6,844	4,525	399		
HHP/MRC					13,500	13,500				
Hospital Preparedness Program							12,003			
Public Health Emergency Response							51,711	52,250		
IOSPLL										
Workforce Development									5,700	5,000
Immunization Grant										5,000
Community Based Wellness Service									58,000	139,215
	234,902	153,500	147,956	130,997	110,467	334,632	278,872	318,578	353,336	245,165
Expenditures by Project:										
Salaries & Benefits	170,608	132,149	114,068	79,908	67,385	269,490	233,899	294,910	215,535	149,551
Professional & Technical Services	28,538	8,981	6,540	1,310	1,105	47,715	200	6,660	3,533	2,452
Other Purchased Services & Supplies	35,756	12,070	27,348	49,779	41,977	17,427	44,773	17,008	134,268	93,163
Equipment		300								
Total Expenditures	234,902	153,500	147,956	130,997	110,467	334,632	278,872	318,578	353,336	245,165

**EASTERN HIGHLANDS HEALTH DISTRICT
FUND BALANCE ANALYSIS**

FY 2019/20 - Projected FY 2029/30

	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Amended 23/24	Estimated 23/24	Proposed 24/25	Projected 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30
General Fund												
Operating Expenditures	778,994	774,372	881,437	874,253	991,949	991,949	1,010,076	1,030,018	1,052,464	1,074,270	1,096,444	1,118,993
Grant Deduction	63,084	156,240	88,105	108,356	63,088	63,088	71,369	71,369	63,088	63,088	63,088	63,088
Total Expenditures	842,078	930,612	969,542	982,609	1,055,037	1,055,037	1,081,445	1,101,387	1,115,552	1,137,358	1,159,532	1,182,081
Fund Balance	495,338	610,153	675,309	727,373	572,248	572,248	508,842	445,304	379,667	313,118	245,855	178,082
FB as a % of Total Expenditures	58.82%	65.56%	69.65%	74.02%	54.24%	54.24%	47.05%	40.43%	34.03%	27.53%	21.20%	15.07%
Capital Non-Recurring Fund												
Total Expenditures	11,800	-	1,068	24,035	87,000	87,000	54,000	120,000	37,000	37,000	10,000	29,000
Fund Balance	122,980	125,980	130,112	240,327	286,327	286,327	240,327	125,327	102,327	82,327	87,327	81,327
All Funds												
Total Expenditures	853,878	930,612	970,610	1,006,644	1,142,037	1,142,037	1,135,445	1,221,387	1,152,552	1,174,358	1,169,532	1,211,081
Fund Balance	618,318	736,133	805,421	967,700	858,575	858,575	749,169	570,632	481,994	395,445	333,182	259,409
FB as a % of Total Expenditures	72.41%	79.10%	82.98%	96.13%	75.18%	75.18%	65.98%	46.72%	41.82%	33.67%	28.49%	21.42%
Service Fees & State Grant Revenue	404,436	431,651	491,560	474,798	463,420	463,420	472,010	479,954	488,136	496,564	505,245	514,186
Target Fund Balance - 50% of Service Fees & State Grant Revenue	202,218	215,826	245,780	237,399	231,710	231,710	236,005	239,977	244,068	248,282	252,622	257,093
General Fund - Fund Balance	495,338	610,153	675,309	727,373	572,248	572,248	508,842	445,304	379,667	313,118	245,855	178,082
Variance	293,120	394,327	429,529	489,974	340,538	340,538	272,837	205,327	135,599	64,836	(6,767)	(79,011)

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30, 2023
(with comparative totals for September 30, 2022)

	Adopted Budget 2023/24	Amended Budget 2023/24	Percent of Adopted Budget		2023
			2024		
Revenues					
Member Town Contributions	\$ 463,210	\$ 463,210	\$ 115,798	25.0%	\$ 116,156
State Grants	207,210	207,210	207,210	100.0%	206,500
Septic Permits	47,880	47,880	15,995	33.4%	18,295
Well Permits	12,090	12,090	4,250	35.2%	4,250
Soil Testing Service	43,050	43,050	11,860	27.5%	10,800
Food Protection Service	83,500	83,500	4,703	5.6%	5,022
B100a Reviews	20,710	20,710	8,090	39.1%	7,240
Septic Plan Reviews	30,280	30,280	9,260	30.6%	10,695
Other Health Services	4,700	4,700	568	12.1%	695
Cosm Insp	5,500	5,500	150	2.7%	4,250
Vaccine Adm	8,500	8,500	-	0.0%	-
Appropriation of Fund Balance	49,944	65,319	-	0.0%	-
Total Revenues	976,574	991,949	377,883	38.7%	383,904
Expenditures					
Salaries & Wages	666,723	680,693	137,799	20.7%	135,015
Grant Deductions	(63,088)	(63,088)	(23,581)	37.4%	(29,591)
Benefits	237,875	239,280	60,696	25.5%	55,621
Miscellaneous Benefits	14,130	14,130	1,021	7.2%	3,165
Insurance	15,050	15,050	8,124	54.0%	6,735
Professional & Technical Services	21,845	21,845	7,500	34.3%	6,997
Vehicle Repairs & Maintenance	2,500	2,500	1,330	53.2%	451
Health Reg*Admin Overhead	33,890	33,890	8,473	25.0%	7,830
Other Purchased Services	31,049	31,049	1,638	5.3%	3,115
Other Supplies	10,000	10,000	810	8.1%	1,152
Equipment - Minor	3,600	3,600	1,977	54.9%	2,026
Total Expenditures	973,574	988,949	205,786	21.1%	192,515
Operating Transfers					
Transfer to CNR Fund	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	976,574	991,949	205,786	21.1%	192,515
Excess (Deficiency) of Revenues	-	-	172,097		191,389
Fund Balance, July 1	601,782	601,782	601,782		675,309
Fund Balance plus Cont. Capital, Sept.30	\$ 601,782	\$ 601,782	\$ 773,880		\$ 866,698

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
September 30, 2023
(with comparative totals for September 30, 2022)

	<u>2024</u>	<u>2023</u>
Assets		
Cash and Cash Equivalents	\$ 216,445	\$ 106,230
Total Assets	<u>216,445</u>	<u>106,230</u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>216,445</u>	<u>106,230</u>
Total Liabilities and Fund Balance	<u>\$ 216,445</u>	<u>\$ 106,230</u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
September 30, 2023
(with comparative totals for September 30, 2022)

	2024	2023
Revenues		
General Fund	\$ -	\$ -
Total Revenues	-	-
Operating Transfers		
General Fund	-	-
Total Operating Transfers	-	-
Total Rev & Oper Trans	-	-
Expenditures		
Professional & Technical Services	-	-
Vehicles	-	23,882
Office Equipment	-	-
Total Expenditures	-	23,882
Excess (Deficiency) of Revenues	-	(23,882)
Fund Balance, July 1	216,445	130,112
Fund Balance plus Cont. Capital, Sept.30	\$ 216,445	\$ 106,230

Eastern Highlands Health District
General Fund
Balance Sheet
September 30, 2023
(with comparative totals for September 30, 2022)

	<u>2024</u>	<u>2023</u>
Assets		
Cash and Cash Equivalents	\$ 773,880	\$ 873,759
Accounts Receivable	<u> -</u>	<u> 377</u>
Total Assets	<u><u>773,880</u></u>	<u><u>874,136</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u> -</u>	<u> 7,439</u>
Total Liabilities	<u> -</u>	<u> 7,439</u>
Fund Balance	<u> 773,880</u>	<u> 866,698</u>
Total Liabilities and Fund Balance	<u><u>\$ 773,880</u></u>	<u><u>\$ 874,136</u></u>



Eastern Highlands Health District

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Activity Report July 1, 2023 – September 30, 2023

Highlighted Accomplishments/Activities

- We completed our summer bathing water quality monitoring program for all public swimming areas in lakes and ponds, with 213 water samples grabbed and analyzed over this period at 27 locations.
- The Health District develop a response and communication protocol for stakeholders and community partners which provides a coordinated response to any harmful algae bloom concern for Coventry Lake. The protocol was presented at a community forum during this period.
- Staff continues working with Town of Mansfield staff to support the new elementary school project. This office participated in staff level and state level meetings regarding recent water quality concerns with the new school.
- We continue to support the Town of Tolland & Coventry's effort to address sodium and chloride contamination in private water supply well. This office recently conducted some research, and provided technical information in response to a request from the Town of Tolland. Furthermore, this office attended staff level meetings to review a recent Engineers report regarding the Plains Road area in Coventry.
- Recruited and hired a replacement of the vacated Environmental Health Inspector full-time position in September.
- Recruited and hired a new Senior Sanitarian to replace our long-time sanitarian serving Tolland.
- Working with the Personnel Committee and the Board the FY23/24 budget was amended and selected wages and pay plan updates were approved, which are designed to retain professional staff.
- Public Health 101 presentation provided to town residents in support of Mansfield's Government Academy.
- Attend and participated as active member of the UConn Institutional Bio-safety Committee, community member at-large.
- Conducted two infectious disease investigations during this period. One was a foodborne outbreak in Mansfield, the second was an investigation of potential rabies exposure to 60 attendees at a fish and game club event.



Eastern Highlands Health District

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- Support the Town Columbia and responded to a Columbia Lake water quality concern with expanded sampling and analysis.
- Secured and engaged to Food Service Inspector contractors during this period. This effort has been instrumental with achieving progress on a back log of state mandated inspections.
- The Health District distributed approximately 3000 free COVID-19 self-test kits to area schools and Town Halls.
- This office provided technical support and food safety oversight to a water supply interruption at Parish Hill High School.
- This office support the Town of Ashford with a response to a suspected Harmful Algae Bloom at Ashford Lake.
- In response to mosquito detections of Eastern Equine Encephalitis this office push out series of risk communication materials to the general public and community partners.
- This office was successful in securing three grant awards during this period. Workforce Development Grant (\$229,000), Immunization Grant (\$186,000), and Hypertension Prevention (\$150,000)
- *Community Health and Wellness Programs:* We successfully enrolled as a credentialed provider with CMS Medicare program. We coordinated 11 Harm Reduction Events during this period distributing 297 Narcan Kits. See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease Prevention (Block Grant) activities, and other outreach initiatives.
- *Emergency Preparedness Program:* Highlighted EP activities for this period include participating as evaluator Region 3 Panflu Table top exercise, participated in MRC trainings,. (See separate EHHD PHPP report attached.)

Plans for the Next Quarter

- Working with Finance Committee develop and present Proposed FY24/25 Budget to Board of Directors.
- Work to complete the first full annual permitting cycle for the Cosmetology Permitting and Inspection program.
- Coordinate and host influenza flu clinics.
- Expand COVID-19 test kit distribution program to daycares.



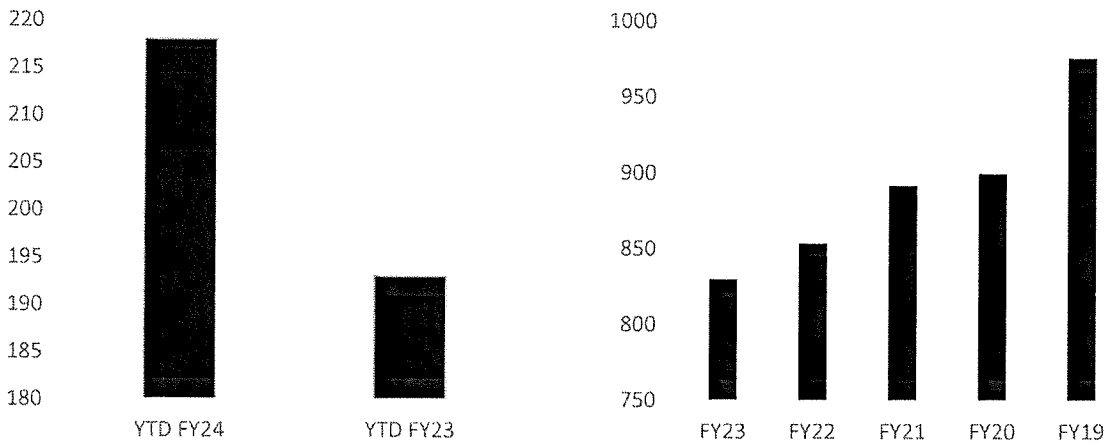
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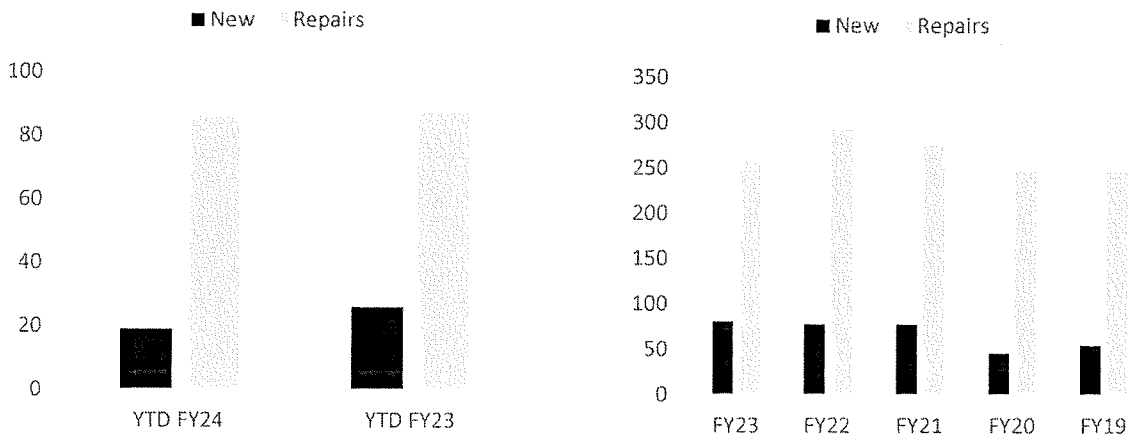
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
- Negotiate and finalize grant contract terms with DPH on Workforce Development, Immunization, and Hypertension grants.

Statistical Report (Attached)

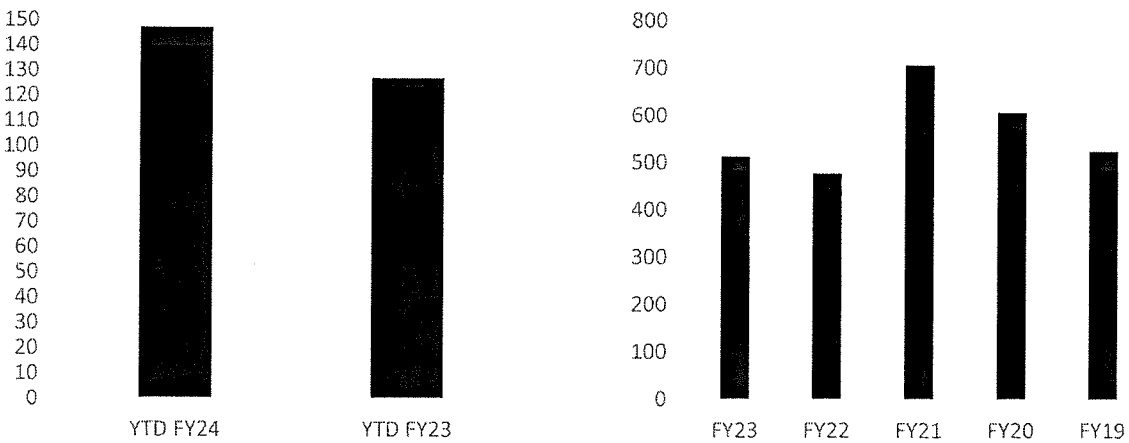
Deep Test Holes



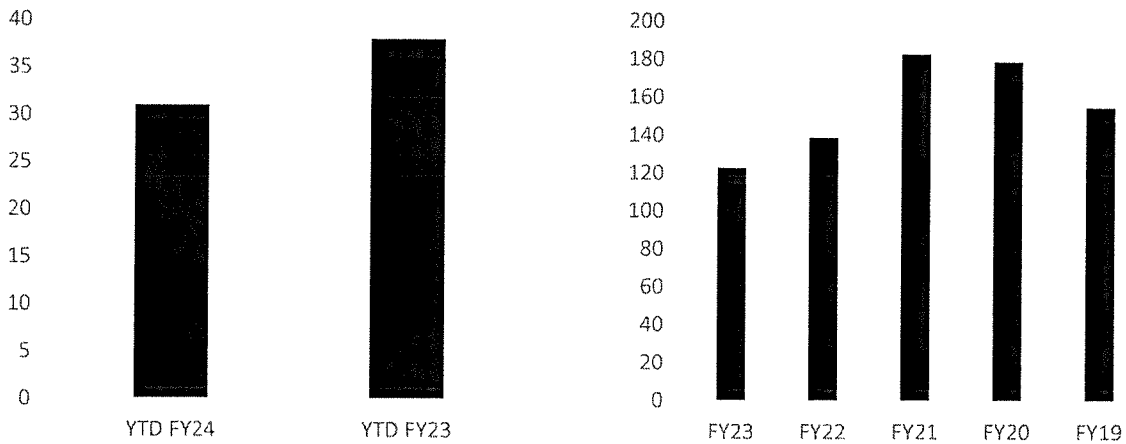
Septic Permits



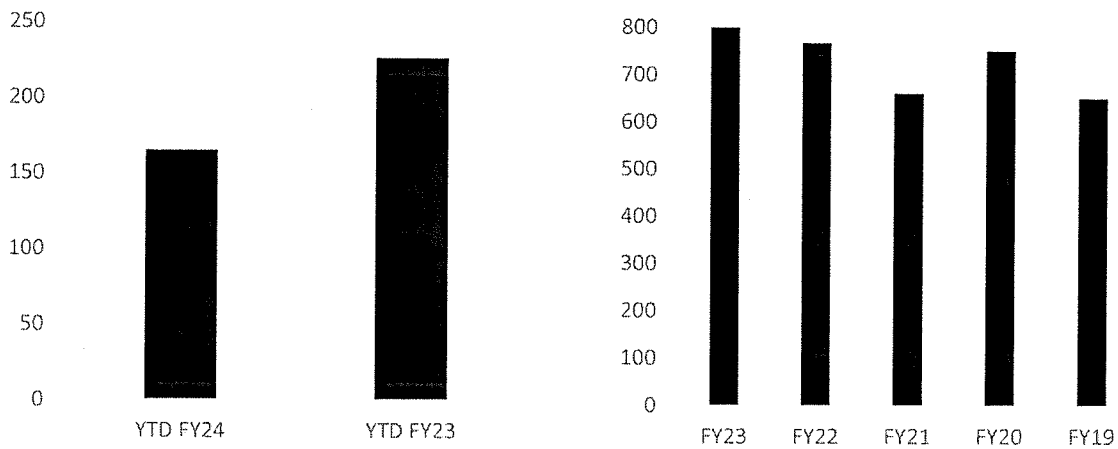
Public Health Reviews



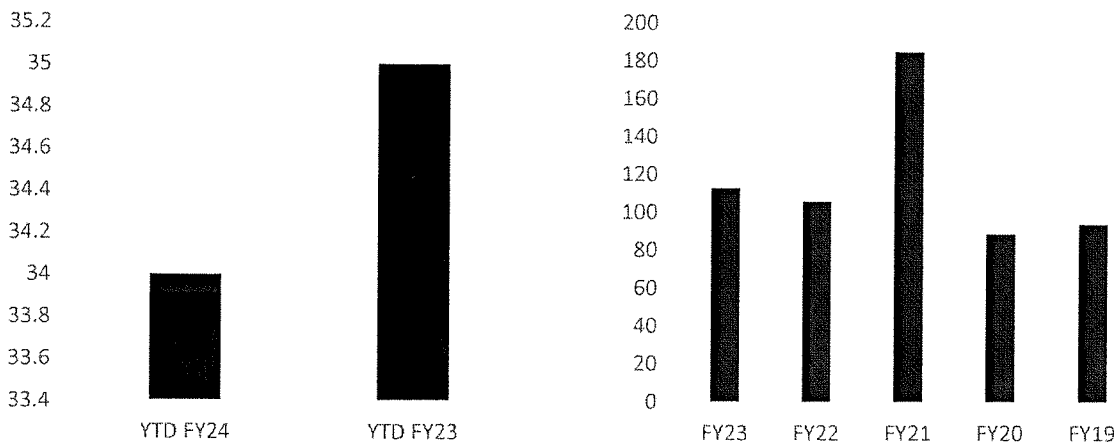
Complaints



Food Service Inspections



Well Permits Issued



EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2023-2024							
July 1, 2023 - September 30, 2023							
ACTIVITY INDICATORS	MONTHS				Total	Current YTD FY24	Previous YTD FY23
	July	Aug	Sept				
COMMUNITY HEALTH ACTIVITIES							
ENVIRONMENTAL HEALTH ACTIVITIES							
<i>Complaints</i>							
Air Quality	0	0	0	0	0	1	
Animals/Animal Waste	1	1	0	2	2	1	
Activity Without Proper Permits	0	0	1	1	1	1	
Food Protection	0	0	0	0	0	3	
Housing Issues	2	1	1	4	4	7	
Emergency Response	0	0	2	2	2	1	
Refuse/Garbage	1	0	1	2	2	2	
Rodents/Insects	3	1	0	4	4	3	
Septic/Sewage	2	2	4	8	8	8	
Other	3	0	2	5	5	6	
Water Quality	0	1	2	3	3	5	
COVID-19	0	0	0	0	0	0	
Total	12	6	13	31	31	38	
<i>Health Inspection</i>							
Group homes	1	0	2	3	3	0	
Day Care	3	1	0	4	4	3	
Camps	0	0	2	2	2	0	
Public Pool	3	0	1	4	4	5	
Other	0	0	0	0	0	3	
Schools	0	0	0	0	0	2	
Mortgage, FHA, VA	0	0	0	0	0	0	
Bathing Areas	0	0	0	0	0	11	
Cosmetology	0	2	3	5	5	22	
Total	7	3	8	18	18	46	
<i>On-site Sewage Disposal</i>							
Site inspection	80	118	75	273	273	248	
Deep hole tests	52	105	61	218	218	193	
Percolation tests	14	25	12	51	51	44	
Permits issued, new	8	6	5	19	19	26	
Permits issued, repair	24	37	25	86	86	87	
Site Plans Reviewed	37	39	18	94	94	113	
Public Health Reviews	46	64	37	147	147	127	
<i>Wells</i>							
Well sites inspected	9	18	24	51	51	24	
Well permits issued	9	13	12	34	34	35	
<i>Laboratory Activities (samples taken)</i>							
Potable water	0	0	1	1	1	4	
Surface water	134	79	0	213	213	184	
Ground water	0	0	0	0	0	0	
Rabies	0	0	0	0	0	0	
Lead	0	0	0	0	0	2	
Other	6	4	0	10	10	5	
<i>Food Protection</i>							
Inspections	42	34	49	125	125	137	
On Site inspection violation follow up	1	4	9	14	14	23	
Documented inspection violation follow up	5	3	8	16	16		
Temporary Permits	19	37	32	88	88	76	
Temporary Inspections	5	3	16	24	24	58	
Plan review	0	4	3	7	7	3	
Pre-operational inspections	0	1	1	2	2	8	
<i>Lead Activities</i>							
Housing inspection	0	0	0	0	0	0	
Abate plan reviewed	0	0	0	0	0	0	
MISCELLANEOUS ACTIVITIES							
Planning and Zoning referrals	0	0	0	0	0	1	
Subdivision reviewed (# of lots)	0	1	0	1	1	5	

	A	B	C	D	E	F	G	H	I	J
1	<u>ANDOVER QUARTERLY REPORT</u>									
2	July 1, 2023 - September 30, 2023									
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	1	
12		Food Protection						0	0	
13		Housing Issues						0	4	
14		Emergency Response						0	2	
15		Refuse/Garbage						0	2	
16		Rodents/Insects						0	4	
17		Septic/Sewage						0	8	
18		Other						0	5	
19		Water Quality						0	3	
20		COVID-19						0	0	
21		Total			0	0	0	0	31	
22	<i>Health Inspection</i>									
23		Group homes						0	3	
24		Day Care						0	4	
25		Camps						0	2	
26		Public Pool						0	4	
27		Other						0	0	
28		Schools						0	0	
29		Mortgage, FHA, VA						0	0	
30		Bathing Areas						0	0	
31		Cosmetology						0	5	
32		Total			0	0	0	0	18	
33	<i>On-site Sewage Disposal</i>									
34		Site inspection -- all site visits			6	5	8	19	273	
35		Deep hole tests -- number of holes			3	3	6	12	218	
36		Percolation tests -- number of holes			1	1	1	3	51	
37		Permits issued, new			2			2	19	
38		Permits issued, repair			1	4	1	6	86	
39		Site plans reviewed			1	5		6	94	
40		Public Health Reviews*			3	7	4	14	147	
41	<i>Wells</i>									
42		Well sites inspected			1			1	51	
43		Well permits issued			1			1	34	
44	<i>Laboratory Activities (samples taken)</i>									
45		Potable water						0	1	
46		Surface water			8	5		13	213	
47		Ground water						0	0	
48		Rabies						0	0	
49		Lead						0	0	
50		Other				1		1	10	
51	<i>Food Protection</i>									
52		Inspections						0	125	
53		On Site inspection violation follow up					2	2	14	
54		Documented inspection violation follow up					1	1	16	
55		Temporary permits				2		2	16	
56		Temporary inspections						0	88	
57		Plan reviews						0	24	
58		Pre-operational inspections						0	7	
59	<i>Lead Activities</i>									
60		Housing inspection						0	0	
61		Abate plan reviewed						0	0	
62	<u>MISCELLANEOUS ACTIVITIES</u>									
63		Planning and Zoning referrals						0	0	
64		Subdivision reviewed (per lot)						0	1	
65										
66										

	A	B	C	D	E	F	G	H	I	J
1	ASHFORD QUARTERLY REPORT									
2	July 1, 2023 - September 30, 2023									
3										
4	ACTIVITY INDICATORS									
5										
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>	
7	ENVIRONMENTAL HEALTH ACTIVITIES									
8	<i>Complaints</i>									
9		Air Quality						0	0	
10		Animals/Animal Waste		1				1	2	
11		Activity Without Proper Permits						0	1	
12		Food Protection						0	0	
13		Housing Issues		2	1			3	4	
14		Emergency Response						0	2	
15		Refuse/Garbage				1		1	2	
16		Rodents/Insects						0	4	
17		Septic/Sewage				1	1	2	8	
18		Other						0	5	
19		Water Quality					1	1	3	
20		COVID-19						0	0	
21		Total		3	2	3		8	31	
22	<i>Health Inspection</i>									
23		Group homes						0	3	
24		Day Care						0	4	
25		Camps						0	2	
26		Public Pool						0	4	
27		Other						0	0	
28		Schools						0	0	
29		Mortgage, FHA, VA						0	0	
30		Bathing Areas						0	0	
31		Cosmetology						0	5	
32		Total		0	0	0		0	18	
33										
34		Site inspection -- all site visits		2	4	4		10	273	
35		Deep hole tests -- number of holes		4	18	3		25	218	
36		Percolation tests -- number of holes		1	5			6	51	
37		Permits issued, new			1			1	19	
38		Permits issued, repair		4	5			9	86	
39		Site plans reviewed		4	3	2		9	94	
40		Public Health Reviews*		7	5			12	147	
41	<i>Wells</i>									
42		Well sites inspected			1	2		3	51	
43		Well permits issued		1		1		2	34	
44	<i>Laboratory Activities (samples taken)</i>									
45		Potable water						0	1	
46		Surface water		10	4			14	213	
47		Ground water						0	0	
48		Rabies						0	0	
49		Lead						0	0	
50		Other			2			2	10	
51	<i>Food Protection</i>									
52		Inspections		3	2			5	125	
53		On Site inspection violation follow up						0	14	
54		Documented inspection violation follow up		1	1			2	16	
55		Temporary permits		6	1	6		13	16	
56		Temporary inspections				5		5	88	
57		Plan reviews						0	24	
58		Pre-operational inspections						0	7	
59	<i>Lead Activities</i>									
60		Housing inspection						0	0	
61		Abate plan reviewed						0	0	
62	MISCELLANEOUS ACTIVITIES									
63		Planning and Zoning referrals						0	0	
64		Subdivision reviewed (per lot)						0	1	
65										
66										
67										

BOLTON QUARTERLY REPORT

July 1, 2023 - September 30, 2023

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	1
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	2
Refuse/Garbage				0	2
Rodents/Insects				0	4
Septic/Sewage				0	8
Other				0	5
Water Quality				0	3
COVID-19				0	0
Total	0	0	0	0	31
<i>Health Inspection</i>					
Group homes				0	3
Day Care				0	4
Camps				0	2
Public Pool				0	4
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	5
Total	0	0	0	0	18
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	10	10	6	26	273
Deep hole tests -- number of holes	6	6		12	218
Percolation tests -- number of holes	2	2		4	51
Permits issued, new	1			1	19
Permits issued, repair	3	4		7	86
Site plans reviewed	2	4	1	7	94
Public Health Reviews	2	3	3	8	147
<i>Wells</i>					
Well sites inspected	1			1	51
Well permits issued	1			1	34
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water	10	6		16	213
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1			1	10
<i>Food Protection</i>					
Inspections			1	1	125
On Site inspection violation follow up				0	14
Documented inspection violation follow up				0	16
Temporary permits	3	6	4	13	16
Temporary inspections				0	88
Plan reviews				0	24
Pre-operational inspections				0	7
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals		1		1	0
Subdivision reviewed (per lot)				0	1

CHAPLIN QUARTERLY REPORT

July 1, 2023 - September 30, 2023

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	1
Food Protection				0	0
Housing Issues				0	4
Emergency Response			1	1	2
Refuse/Garbage				0	2
Rodents/Insects				0	4
Septic/Sewage				0	8
Other				0	5
Water Quality			1	1	3
COVID-19				0	0
Total	0	0	2	2	31

Health Inspection

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

On-site Sewage Disposal

Site inspection -- all site visits	4	3	1	8	273
Deep hole tests -- number of holes		10		10	218
Percolation tests -- number of holes		2		2	51
Permits issued, new				0	19
Permits issued, repair	1	1	2	4	86
Site plans reviewed	1	4	1	6	94
Public Health Reviews*	1	2	1	4	147

Wells

Well sites inspected			2	2	51
Well permits issued				0	34

Laboratory Activities (samples taken)

Potable water				0	1
Surface water				0	213
Ground water				0	0
Rabies				0	0
Lead				0	0
Other		1		1	10

Food Protection

Inspections	2	1	5	8	125
On Site inspection violation follow up		1	3	4	14
Documented inspection violation follow up			2	2	16
Temporary permits	2	1	1	4	16
Temporary inspections				0	88
Plan reviews				0	24
Pre-operational inspections				0	7

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

COLUMBIA QUARTERLY REPORT

July 1, 2023 - September 30, 2023

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	1
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	2
Refuse/Garbage				0	2
Rodents/Insects				0	4
Septic/Sewage				0	8
Other				0	5
Water Quality				0	3
COVID-19				0	0
Total	0	0	0	0	31

Health Inspection

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

On-site Sewage Disposal

Site inspection -- all site visits	9	11	6	26	273
Deep hole tests -- number of holes	3	9	5	17	218
Percolation tests -- number of holes	1	2	2	5	51
Permits issued, new				0	19
Permits issued, repair	2	2	8	12	86
Site plans reviewed	4	2	2	8	94
Public Health Reviews	5	6	1	12	147

Wells

Well sites inspected	1	1	2	4	51
Well permits issued	1		4	5	34

Laboratory Activities (samples taken)

Potable water				0	1
Surface water	12	10		22	213
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	10

Food Protection

Inspections	7	4	2	13	125
On Site inspection violation follow up		1		1	14
Documented inspection violation follow up		1		1	16
Temporary permits	1			1	16
Temporary inspections				0	88
Plan reviews				0	24
Pre-operational inspections				0	7

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, 2023 - September 30, 2023

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	1
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	2
Refuse/Garbage				0	2
Rodents/Insects		1		1	4
Septic/Sewage				0	8
Other				0	5
Water Quality				0	3
COVID-19				0	0
Total	0	1	0	1	31

Health Inspection

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

On-site Sewage Disposal

Site inspection -- all site visits	6	19	8	33	273
Deep hole tests -- number of holes	6	15	15	36	218
Percolation tests -- number of holes		5	3	8	51
Permits issued, new	1	1	2	4	19
Permits issued, repair	4	3	4	11	86
Site plans reviewed	7	6	1	14	94
Public Health Reviews*	7	8	14	29	147

Well sites inspected	1	6	1	8	51
Well permits issued	1	6	2	9	34

Laboratory Activities (samples taken)

Potable water			1	1	1
Surface water	63	32		95	213
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	2			2	10

Food Protection

Inspections	14	8	8	30	125
On Site inspection violation follow up		1		1	14
Documented inspection violation follow up	3			3	16
Temporary permits	1	2	4	7	16
Temporary inspections	5	1		6	88
Plan reviews				0	24
Pre-operational inspections				0	7

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, 2023 - September 30, 2023

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	1
Food Protection				0	0
Housing Issues			1	1	4
Emergency Response			1	1	2
Refuse/Garbage	1			1	2
Rodents/Insects	2			2	4
Septic/Sewage				0	8
Other				0	5
Water Quality		1		1	3
COVID-19				0	0
Total	3	1	2	6	31

Health Inspection

Group homes				0	3
Day Care		1		1	4
Camps				0	2
Public Pool	3		1	4	4
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology		1	3	4	5
Total	3	2	4	9	18

On-site Sewage Disposal

Site inspection -- all site visits	13	15	7	35	273
Deep hole tests -- number of holes	9	12	9	30	218
Percolation tests -- number of holes	3	2	3	8	51
Permits issued, new	1		1	2	19
Permits issued, repair	4	8	3	15	86
Site plans reviewed	8	4	3	15	94
Public Health Reviews*	7	10	3	20	147

Wells

Well sites inspected	1		1	2	51
Well permits issued	1		1	2	34

Laboratory Activities (samples taken)

Potable water				0	1
Surface water	5	5		10	213
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1			1	10

Food Protection

Inspections	8	13	14	35	125
On Site inspection violation follow up			1	1	14
Documented inspection violation follow up	1		1	2	16
Temporary permits	1	5	5	11	16
Temporary inspections			7	7	88
Plan reviews		4	2	6	24
Pre-operational inspections			1	1	7

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

SCOTLAND QUARTERLY REPORT

July 1, 2023 - September 30, 2023

ACTIVITY INDICATORS

	July	August	September	<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	1
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	2
Refuse/Garbage				0	2
Rodents/Insects				0	4
Septic/Sewage				0	8
Other				0	5
Water Quality				0	3
COVID-19				0	0
Total	0	0	0	0	31

Health Inspection

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

On-site Sewage Disposal

Site inspection -- all site visits	1	10		11	273
Deep hole tests -- number of holes		6	4	10	218
Percolation tests -- number of holes		1	1	2	51
Permits issued, new		2		2	19
Permits issued, repair		1		1	86
Site plans reviewed		1		1	94
Public Health Reviews*		1		1	147

Wells

Well sites inspected	1	1	1	3	51
Well permits issued	1		1	2	34

Laboratory Activities (samples taken)

Potable water				0	1
Surface water				0	213
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	10

Food Protection

Inspections	1	1	1	3	125
On Site inspection violation follow up				0	14
Documented inspection violation follow up			1	1	16
Temporary permits	1	4	5	10	16
Temporary inspections			3	3	88
Plan reviews				0	24
Pre-operational inspections				0	7

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

TOLLAND QUARTERLY REPORT

July 1, 2023 - September 30, 2023

ACTIVITY INDICATORS

	July	August	September	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste		1		1	2
Activity Without Proper Permits				0	1
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	2
Refuse/Garbage				0	2
Rodents/Insects				0	4
Septic/Sewage	2	1	3	6	8
Other	1		1	2	5
Water Quality				0	3
COVID-19				0	0
Total	3	2	4	9	31
<i>Health Inspection</i>					
Group homes				0	3
Day Care	3			3	4
Camps			2	2	2
Public Pool				0	4
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	5
Total	3	0	2	5	18
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	15	27	16	58	273
Deep hole tests -- number of holes	17	22	19	58	218
Percolation tests -- number of holes	5	4	2	11	51
Permits issued, new	3	2	1	6	19
Permits issued, repair	3	8	6	17	86
Site plans reviewed	7	9	6	22	94
Public Health Reviews*	8	19	4	31	147
<i>Wells</i>					
Well sites inspected	1	5	7	13	51
Well permits issued	2	5	2	9	34
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water	12	7		19	213
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	10
<i>Food Protection</i>					
Inspections	2	3	15	20	125
On Site inspection violation follow up			3	3	14
Documented inspection violation follow up			3	3	16
Temporary permits	3	14	5	22	16
Temporary inspections		2	1	3	88
Plan reviews			1	1	24
Pre-operational inspections		1		1	7
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANOUS ACTIVITIES					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)	1			1	1

	A	B	C	D	E	F	G	H	I	J
1	<u>WILLINGTON QUARTERLY REPORT</u>									
2	July 1, 2023 - September 30, 2023									
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				1		1	1	
12		Food Protection						0	0	
13		Housing Issues						0	4	
14		Emergency Response						0	2	
15		Refuse/Garbage						0	2	
16		Rodents/Insects		1				1	4	
17		Septic/Sewage						0	8	
18		Other		2		1		3	5	
19		Water Quality						0	3	
20		COVID-19						0	0	
21		Total		3	0	2		5	31	
22	<i>Health Inspection</i>									
23		Group homes		1			2	3	3	
24		Day Care						0	4	
25		Camps						0	2	
26		Public Pool						0	4	
27		Other						0	0	
28		Schools						0	0	
29		Mortgage, FHA, VA						0	0	
30		Bathing Areas						0	0	
31		Cosmetology				1		1	5	
32		Total		1	1	2		4	18	
33	<i>On-site Sewage Disposal</i>									
34		Site inspection -- all site visits		14	14	19		47	273	
35		Deep hole tests -- number of holes		4	4			8	218	
36		Percolation tests -- number of holes		1	1			2	51	
37		Permits issued, new				1		1	19	
38		Permits issued, repair		2	1	1		4	86	
39		Site plans reviewed		3	1	2		6	94	
40		Public Health Reviews		6	3	7		16	147	
41										
42		Well sites inspected		2	4	8		14	51	
43		Well permits issued			2	1		3	34	
44	<i>Laboratory Activities (samples taken)</i>									
45		Potable water						0	1	
46		Surface water		14	10			24	213	
47		Ground water						0	0	
48		Rabies						0	0	
49		Lead						0	0	
50		Other		2				2	10	
51	<i>Food Protection</i>									
52		Inspections		5	2	3		10	125	
53		On Site inspection violation follow up		1	1			2	14	
54		Documented inspection violation follow up			1			1	16	
55		Temporary permits		1	2	2		5	16	
56		Temporary inspections						0	88	
57		Plan reviews						0	24	
58		Pre-operational inspections						0	7	
59	<i>Lead Activities</i>									
60		Housing inspection						0	0	
61		Abate plan reviewed						0	0	
62	<u>MISCELLANEOUS ACTIVITIES</u>									
63		Planning and Zoning referrals						0	0	
64		Subdivision reviewed (per lot)						0	1	
65										
66										

**Eastern Highlands Health District
Community Health and Wellness Coordinator
1st Quarter Report July 1, 2023 –September 30, 2023**

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

Action Item	Progress this quarter	Outcome
<p>1b (1) Refine/update grant monitoring network</p>	<p>Did not find any grants during this period.</p>	<p>The CHWC will look for opportunities for grants for EHHD and will work with CHART to explore opportunities.</p>
<p>1g (1) Explore and expand partnership opportunities</p>	<p>CHWC is part of the Immunization Coalition and attended 3 meetings and was part of the planning committee for the Annual Influenza Meeting and assisted in the meeting on 9/14/23. The CHWC attended 1 quarterly meeting of the Coventry Worker’s Safety and Wellness meeting.</p>	<p>CHWC provided feedback to the meetings.</p>
<p>2a (2) Effective communication of health district programs and news with staff and member towns officials</p>	<p>Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings.</p> <p>CHWC continues to produce quarterly newsletters.</p> <p>CHWC oversees the COVID-19 clinical staff and volunteers for vaccination clinics.</p> <p>CHWC is a voting member of the Chaplin School Readiness Committee but meetings were suspended for this quarter.</p>	<p>Bulletin boards with health and safety messages were updated.</p> <p>Topics included: Physical activity information, Healthy Communities information, brain health, and Long-COVID-19.</p> <p>Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.</p>
<p>3c (1) Engage in advocacy events and activities</p>	<p>CHWC is a source public for COVID-19 information. CHWC provided BP checks and Covid-19 information at events 9 events such as Celebrate Tolland. Under CHWC supervision, public health nurse Chris Grulke conducted 6 Stop the Bleed Trainings to the public at the Scout Camp. These trainings averaged 7 participants at each event.</p>	<p>CHWC will continue to explore ways to support community events</p>

	Under CHWC's supervision, Courtney LeBlanc, public health nurse conducted 10 Tick Talks at local libraries and senior centers. These trainings varied in participation from 2-11 with an average of 8 participants.	
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 29 cases followed in this reporting period. 10 events were closed. 29 phone calls were made to families and providers. 11 correspondences completed to families.
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	please see chart below
CHWC Training and Continued Education	CHWC assisted as a committee member and participated in the Flu conference 9/14/23. CHWC completed the 2 required trainings for the CVP immunizations program: You Call the Shots, and Vaccine Storage and Management.	CHWC will continue to explore opportunities to participate in continuing education when appropriate
Vaccine Program	CHWC attended 3 monthly meetings of the Immunization Coalition. EHHD performed biweekly vaccine clinics one for adults and one for children. EHHD provided vaccine clinics (some Covid-19 and others flu) at Celebrate Mansfield, Tolland Farmer's Market, Bolton Library,	CHWC will continue to maintain and update the vaccine program and will attend the Immunization Coalition meetings. CHWC will participate in regional meetings to coordinate mass vaccination. CHWC will continue to coordinate COVID-19 vaccination.

Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CTResponds system. In total, in this reporting period there are 151 volunteers. CHWC provided telephone support to residents and stakeholders about COVID-19, including schools. CHWC continues to support contact tracing for COVID-19 cases. CHWC also provides important information to the Covid-19 Project Staffer to circulate on social media and on EHHD bulletin boards.

CHWC trains clinic staff and supervises clinical operations. EHHD performed biweekly vaccination clinics in Mansfield. During this quarter, there was 4 pop-up clinics: Bolton Library, Tolland Farmer's Market, Celebrate Mansfield, and Town of Mansfield clinic. The total number of doses administered during this quarter was 36 Covid-19 and 31 flu shots. CHWC sends emails to MRC volunteers to staff the upcoming clinics and then assigns the volunteers to the clinics. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters. CHWC keeps standing orders updated with the Medical Director.

CHWC continues to attend Region 4 MRC and Statewide MRC meetings and to maintain the National MRC activity log.

CHWC organized a De-escalation Training with UConn Police department on September 12 for MRC and staff. 11 attended.

Employee Wellness Programs

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

Tolland

The Kick-off event for Tolland Be Well was July 13th, 15 people attended. Currently there are 18 people registered for the Tolland Be Well Program.

The CHWC coordinated the Quarterly Educational Event, on 09/20/2023 for the Tolland Town employees **Meditative Drawing with a local artist from Tolland, 9 people** attended in person and an online version was posted to the Be Well website for people unable to attend.

Preventive Health Block Grant

CHWC attended 2 Bike Mansfield Meetings. The CHWC sent out the Fall Quarterly Buzz the first week of September. Working with Ande Bloom to reach out to Recreation Directors and Libraries to find projects that support the Active Living Philosophy that is the part of the grant and EHHD's plans. CHWC worked with Bike Mansfield and Mansfield Elementary School administrators on a Bike Safety Program. During this quarter, CHWC and Ande Bloom assisted in the coordination and purchase of seed materiel for an Eagle Scout Project to do an enhancement project in UConn Blue Trail, which was finished in July.

Community Outreach

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

CHWC participated in 1 meeting of the Coventry Safety and Wellness Committee.

CHWC provided a class on Medication Management to Mansfield seniors 09/28/2023, 7 people attended.

Chris Grulke did 6 Stop the Bleed Trainings to the public at the Scout Camp. These trainings averaged 7 participants at each event.

Courtney LeBlanc, public health nurse conducted 10 Tick Talks at local libraries and senior centers. These trainings varied in participation from 2-11with an average of 8 participants.

As part of the Implementing Overdose Prevention Strategies at the Local Leal (IOPSSL), CHWC coordinated 11 events where CT Harm Reduction Alliance provide overdose information, including NARCAN kits. 273 Narcan kits were distributed during this period. At 10 of these opportunities CHWC with staff and/or MRC volunteers did a table with Covid-19 Awareness and Prevention and BP checks.

Communicable disease*	July	August	September	Quarter
Number of reported cases	27	21	28	76
Interviews	3	3	1	7
Investigations	6	4	1	11

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

Date	Description	# served	Community
Fall 2023	Employee Wellness Newsletter (UConn) 191	191	UConn
Fall 2023	Employee Wellness Newsletter 60	60	Andover
Fall 2023	Employee Wellness Newsletter 60	60	Ashford
Fall 2023	Employee Wellness Newsletter 200	200	Bolton
Fall 2023	Employee Wellness Newsletter 30	30	Chaplin
Fall 2023	Employee Wellness Newsletter 60	60	Columbia
Fall 2023	Employee Wellness Newsletter 60	60	Coventry
Fall 2023	Employee Wellness Newsletter 60	60	Scotland
Fall 2023	Employee Wellness Newsletter 430	435	Tolland
Fall 2023	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	2	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	3	And the Annual Influenza Meeting
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	2	
UCONN Bike Friendly Campus	UCONN staff and students along with other stakeholders working on improving biking on UCONN campus. The goal of the group is to obtain the League of American Bicyclists Bike Friendly Status.	0	
R-4 ESF 8 meeting	Region 4 emergency response meeting	0	
Bolton Health and Wellness		0	
Coventry Safety and Wellness		1	
Chaplin School Readiness Program		0	

Eastern Highlands Health District Public Health Preparedness Program

July 2023- September 2023

- **PHEP Activities:**

- Provided assistance with COVID-19 at home test kits to our local schools.
- Attended the CT Department of Public Health's: Public Health Preparedness and Response Capabilities Training on September 28th. This meeting focused on capability#1 Community Preparedness in which CTDPH provided resources and variety of examples on how to incorporate it into our preparedness planning.
- Served as an Evaluator in Region 3's PanFlu Table Top Exercise on September 29th. The role of an Evaluator was to provide constructive feedback on their Mass Vaccination plan. Specially to ensure their region can properly conduct a rapid mass vaccination to at least 80% of their population within the limited timeframe.

- **Regional Activities:**

- Participated Region4 & Region3 PHEP, MRC, and CRI monthly meetings dating from the week of 7/14/2023 to 9/25/2023.
- Participated in Region 4 ESF-8 monthly meeting on 9/28/2023

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

- Participated in EHHD MRC's AED/CPR training at Mansfield Town Hall on September 30th 2023.

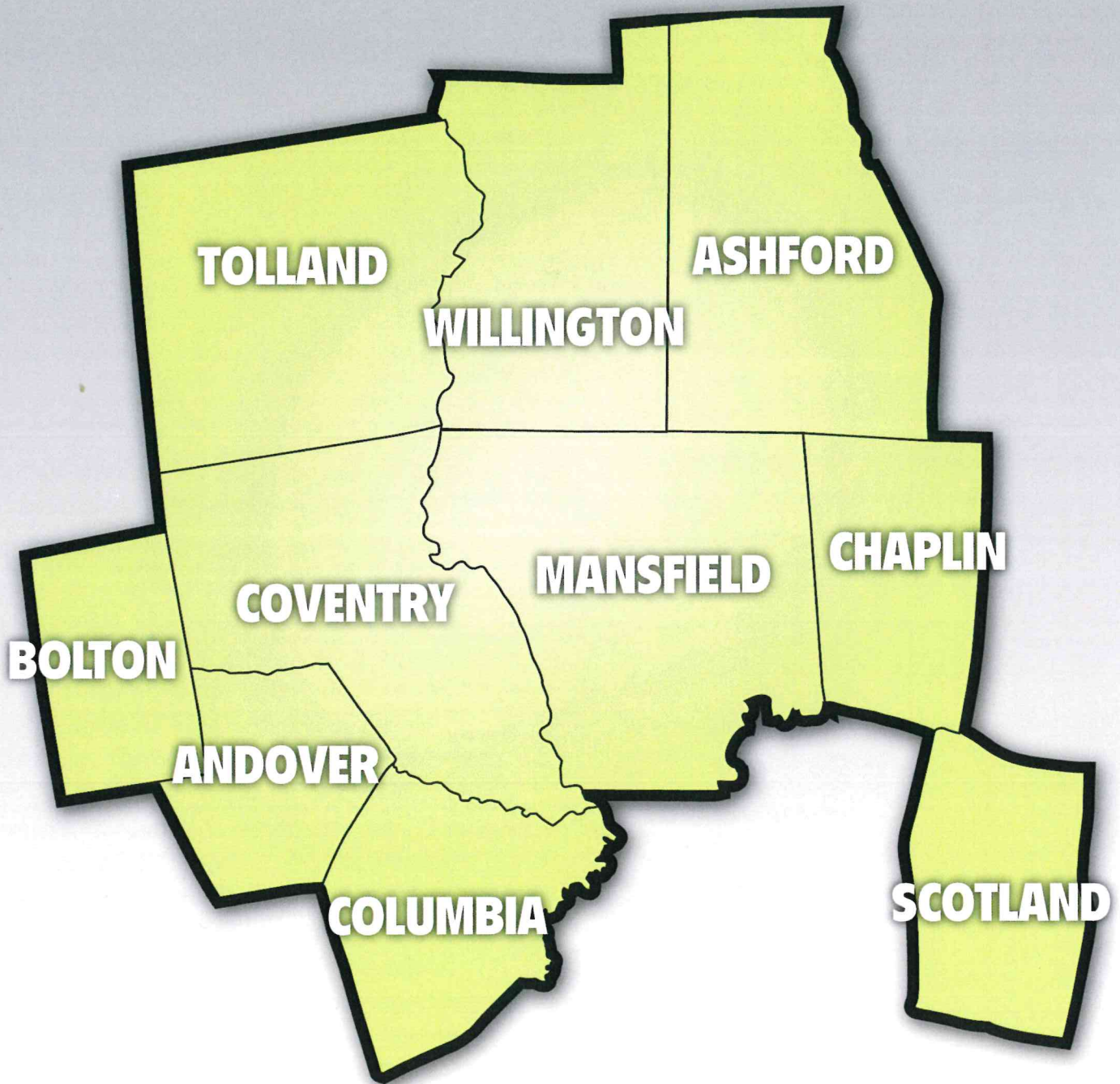
- **Plans for Next Quarter:**

- Continue with BP5 PHEP deliverables and any necessary Q1 requirements
- Continue full inventory of Emergency Preparedness Supplies
- Support CRI Region 4 partners to complete MCM action plan and ORR.
- Update local EHHD preparedness plans



2022-2023

ANNUAL REPORT



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

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

Health District Staff

Robert L. Miller, MPH, RS Director of Health
 Kenneth Dardick, MD Medical Advisor
 Andrew Abbagnaro Environmental Health Inspector
 Glenn Bagdoian, RS Sanitarian II
 Ande Bloom Project Specialist
 Millie Brosseau Office Manager
 Christopher Buter, MPH, REHS Sanitarian II
 Christine Grulke BSN, MSEd, RN Public Health Nurse
 Holly Hood, MPH, RS Sanitarian II
 Thad King, MPH, REHS, RS Sanitarian II
 Courtney LeBlanc, BSN, RN Public Health Nurse
 Mia Mitoma Vaccine Program Administrative Assistant
 Lynette Swanson, RS Chief Sanitarian
 Cecile Serazo, BSN, RN Community Health and Wellness
 Coordinator
 Nishel Thompson, MS Public Health Emergency
 Preparedness Coordinator



Back Row left to right: Christopher Buter, Christine Grulke, Andrew Abbagnaro, Cecile Serazo, Courtney LeBlanc, Lynette Swanson, Nishel Thompson, Glenn Bagdoian
 Front Row left to right: Mia Mitoma, Holly Hood, Millie Brosseau, Robert Miller

EHHD Board of Directors

John Elsesser (Chair) Town of Coventry
 Mark Walter (Vice Chair) Town of Columbia
 Eric Anderson (Assistant Treasurer) Town of Andover
 Cathryn Silver-Smith Town of Ashford
 Jim Rupert Town of Bolton
 Vacant Town of Chaplin
 M. Deborah Walsh Town of Coventry
 Ryan Aylesworth Town of Mansfield
 Heather Evans Town of Mansfield
 William Kaufold Town of Mansfield
 Susan Powers Town of Scotland
 Brian Foley Town of Tolland
 Tammy Nuccio Town of Tolland
 Erica Wiececki Town of Willington

Mission Statement -

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

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



Message from the Director

Back to Normalcy

With COVID-19 case counts finally down our agency was able to catch its collective breath and jump back into the fray of providing a full scope of quality local public health services to our partners, families, and community members. Below is a rundown of some of those items and other highlighted activities for Fiscal Year 2023.

Environmental Health – The new Cosmetology Sanitary Code was fully implemented with 97 businesses inspected and approved. We continued to build out the OpenGov online platform by fully transitioning our complaint investigation, and enforcement workflows to the new system. The transition from the old state food safety regulations to the new FDA Food Code was completed. That involved a significant outlay of resources to train staff, update workflows, and work with the regulated community on the code changes. Finally, this agency executed a memorandum of understanding establishing licensing reciprocity for itinerant food vendors with other participating jurisdiction, thereby reducing costs and other redundancies on those small businesses.

Community Health – The Health District continued to expand its scope of clinical services during fiscal year 2023. We hosted 10 flu clinics at which 234 shots were administered, and 95 COVID-19 clinics where 918 shots were administered. Our public health nurses also engaged in a number of community outreach and public health messaging efforts in the areas of vector disease prevention, Stop The Bleed trainings, and continued infectious respiratory disease prevention. We completed 5 Active Living Projects, which are special projects implanting environmental or policy changes that promote healthy life styles. We completed projects in the Towns of Ashford, Bolton, Columbia, Mansfield, and Tolland. In partnership with a sister health district we have been hosting a number harm reduction events providing NARCAN training, kit distribution, and other harm reduction materials as part of our efforts to prevent opioid mis-use, and associated fatalities in our local community.

Public Health Emergency Preparedness and Response – Our Medical Reserve Corps has been very busy this past year. Over 160 volunteers were activated in support of multiple clinics, drills, and trainings. Staff participated in a number of drills and exercises including an Anthrax and Post Pandemic table top exercise. We also completed the most recent updates to our agency's Public Health Emergency Response Plan.

Reestablishing normalcy within our agency was not about returning to the way things were, but rather about leveraging our experiences to make a better Health District. The above described Health District initiatives and projects have not only helped regain that sense of normalcy but also represent important steps towards new public health successes in the future.

My door is always open.

Yours in Health,

Robert L. Miller, MPH, RS
 Director of Health



EHHD'S PROGRAMS AND SERVICES

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

Emergency Preparedness

This year Eastern Highland Health District's Emergency Preparedness program concluded its emergency response to the COVID-19 pandemic. EHHD closely monitored positive cases in efforts to support and guide local schools and businesses with any concerns they may have. With the support of the CT Department of Public Health, EHHD provided thousands of COVID-19 home tests kits to the community. EHHD delivered more than 13,386 vaccinations against COVID-19 through the end of June 2023. EHHD continued conducting weekly on-site COVID-19 vaccinations and seasonal flu clinics at their local health and fire departments, farmers market, libraries and community events. The EHHD Medical Reserve Corps (MRC), a unit of medical and non-medical volunteers from the community, continued to dedicate their time and effort to support all local vaccination events.



All-hazards emergency preparedness cannot be addressed by one agency working alone. Eastern Highlands Health District continues to build partnerships and link services to prepare for a successful community response to any emergency or disaster. On April 13, 2023, EHHD assisted in the coordination and training for the Region 4 Anthrax Tabletop Exercise in efforts to stay informed and equipped for a potential bioterrorism crisis. April 25th, 2023 EHHD was also in attendance for the CT Emergency Management Symposium in Prospect, CT, a conference that brought awareness to the different government levels and partners available for emergency management resources. EHHD also partnered with Region 4 Health Districts and Yale New Haven Hospital to host the COVID-19 After Action Tabletop Exercise. This virtual debrief allowed our partners to share their experiences of the pandemic and discuss possible improvements for the future.

EHHD will continue to keep its partners and constituents informed of any necessary COVID-19 information. For continued information and announcements in regards to any COVID-19 updates please visit our social media pages or website www.ehhd.org

Environmental Programs



Water Quality – EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns.

The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to ensure compliance with water quality and health safety standards.

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

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



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



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

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

Complaint Investigation/Code Enforcement – EHHD staff investigate all complaints received by the department, ranging from food protection and water quality concerns to housing, sewage, vermin problems, and COVID-19. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected voluntarily, property owners or violators are then subject to enforcement procedures.

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

Communicable Disease Surveillance & Control

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



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

Community Health

EHHD Health Promotion initiatives focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our primary focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors. EHHD continued to provide information on the prevention of acquiring Lyme disease, and other tick-borne illness as the use of outdoor spaces increased. EHHD continued to promote the importance of keeping up-to-date on immunizations and provided Covid-19 vaccines to the community. EHHD promoted awareness about

opioid overdose prevention, equipping individuals with the necessary knowledge and resources to save lives. During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary.

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



Be Well – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program is provided as a fully contracted service to the Town of Tolland. Basic Be Well initiatives are also provided to member towns, school employees and private sector businesses through the State of Connecticut Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, quarterly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be_well. Find more information about having Be Well as part of your business or organization by sending an email to Be_well@ehhd.org.



Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook and Twitter). We focus "hot topic" updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD participated in several educational workshops and health fairs throughout the year focusing on topics such as Covid-19 awareness and prevention, vaccines, air quality, opioid overdose prevention, 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. EHHD continues to market the Toolkit to the planning and zoning boards and commissions of small and rural towns in Connecticut. The Toolkit is maintained and updated to provide the current and accurate information. The toolkit is available online at www.healthyeasternct.com





Public Health

Prevent. Promote. Protect.

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

What is a Health District?

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

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

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

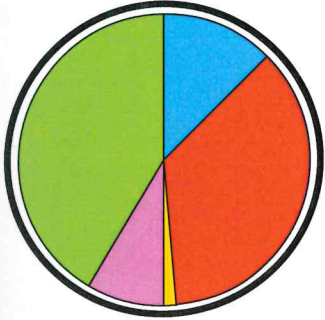
10 Essential Services of Local Public Health:

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

EHHD

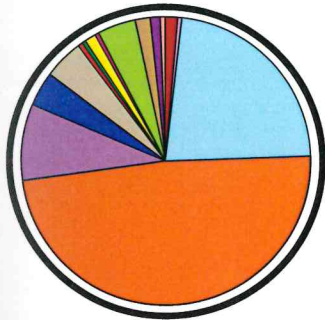
Budget Fiscal Year
2022/2023*

FY23 TOTAL REVENUE



Licensure Fees	\$160,636
Local Funds	\$459,745
Other	\$9,250
Program Fees	\$107,662
State	\$516,850
Total	\$1,254,143

FY23 TOTAL EXPENDITURE



Personnel: Administrative/Management	\$306,167
Personnel: Environmental Health	\$601,132
Personnel: Community Health	\$105,576
Automobile	\$47,917
Administrative Overhead	\$57,303
Communications	\$5,920
Educational/Training	\$1,150
Equipment	\$3,074
Insurance	\$14,001
Legal	\$760
Other	\$3,000
Purchased Services	\$55,887
Supplies&Materials	\$19,639
Vehicle&Travel	\$15,120
Miscellaneous	\$4,691
Total	\$1,241,337

* Figures not audited at the time of this publication.

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	0	0	0	0	0	0	0	2	0	2
ANIMALS/ANIMAL WASTE	0	0	0	1	0	0	1	0	1	0	3
ACTIVITY WITHOUT PROPER PERMITS	0	3	0	0	0	0	0	0	0	0	3
FOOD PROTECTION	0	0	1	0	0	0	5	0	0	1	7
HOUSING ISSUES	3	10	0	0	0	3	13	0	8	4	41
EMERGENCY RESPONSE	0	0	0	0	0	0	1	0	1	0	2
REFUSE/GARBAGE	0	1	0	0	0	0	1	0	4	2	8
RODENTS/INSECTS	2	1	3	2	0	1	1	0	0	3	13
SEPTIC/SEWAGE	0	7	0	2	0	1	3	0	6	1	20
OTHER	0	2	0	0	0	0	4	0	3	2	11
WATER QUALITY	0	2	0	0	0	0	5	0	5	1	13
COVID-19	0	0	0	0	0	0	0	0	0	0	0
TOTAL	5	26	4	5	0	5	34	0	30	14	123
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	0	0	0	0	0	0
DAY CARE	0	0	1	0	0	1	2	0	0	1	5
CAMPS	0	1	0	1	0	0	0	0	1	2	5
PUBLIC POOL	0	2	0	0	0	0	10	0	0	3	15
OTHER	3	0	0	0	0	0	0	0	0	0	3
SCHOOLS	0	0	1	0	0	0	1	0	4	0	6
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	3	0	6	0	0	0	2	0	0	0	11
COSMETOLOGY	0	7	3	0	7	8	34	0	32	3	94
TOTAL	6	10	11	1	7	9	49	0	37	9	139
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION -- ALL SITE VISITS	33	67	56	29	103	159	159	7	160	57	830
DEEP HOLE TESTS -- NUMBER OF HOLES	22	57	45	11	61	95	90	35	153	66	635
PERCOLATION TESTS -- NUMBER OF HOLES	6	14	15	4	11	23	32	9	35	14	163
PERMITS ISSUED, NEW	2	5	6	5	4	13	19	2	18	7	81
PERMITS ISSUED, REPAIR	12	12	23	6	25	34	52	7	65	23	259
SITE PLANS REVIEWED	11	24	25	4	27	48	47	14	71	29	300
PUBLIC HEALTH REVIEWS	41	42	30	20	35	116	63	9	117	41	514
WELLS											
WELL SITES INSPECTED	3	4	5	5	21	22	16	3	3	2	84
WELL PERMITS ISSUED	3	4	4	8	8	24	23	6	22	11	113
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	0	0	0	0	3	0	0	1	1	5
SURFACE WATER	19	17	30	0	39	129	20	0	30	25	309
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	1	0	0	0	0	0	0	0	1
LEAD	0	0	8	0	0	0	0	0	0	2	10
OTHER	2	2	2	3	2	6	9	0	2	1	29
FOOD PROTECTION											
INSPECTIONS	19	30	31	19	26	64	189	5	47	32	462
REINSPECTIONS	1	8	2	5	4	11	43	1	10	4	89
TEMPORARY PERMITS	5	14	24	4	9	58	6	11	21	6	158
TEMPORARY INSPECTIONS	0	6	3	0	0	88	3	9	8	2	119
PLAN REVIEWS	0	2	0	0	1	3	8	0	3	1	18
PRE-OPERATIONAL INSPECTIONS	0	2	1	1	2	2	9	0	9	5	31
TOTAL INSPECTIONS AND OTHER	26	56	48	26	39	174	293	15	111	52	840
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	1	0	0	0	3	0	0	0	4
ABATE PLAN REVIEWED	0	0	2	0	0	0	0	0	0	0	2
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	0	0	0	1	0	0	1	0	2
SUBDIVISION REVIEWED (PER LOT)	0	3	0	0	0	2	0	1	0	0	6

Selected Reportable Diseases by Town*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Wilmington	District Totals
Babesiosis	0	1	0	2	1	0	3	0	0	1	8
Campylobacter	0	0	0	0	0	1	0	0	1	0	2
COVID-19	127	145	182	72	231	510	681	20	450	190	2608
Cryptosporidium	0	0	0	0	0	0	1	0	0	0	1
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	1	1	0	0	0	2
Giardia	0	0	0	0	0	0	0	0	0	2	2
Group A Streptococcus	0	0	1	0	0	0	2	0	0	0	3
Group B Streptococcus	0	0	1	0	1	3	1	0	1	0	7
Haemophilus Influenzae	0	1	0	0	0	0	0	0	2	0	3
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	0	0	0	1	1	0	1	1	4
Influenza	6	22	18	19	34	64	192	5	83	34	477
Lead-Elevated Blood Lead Levels in children up to age 6 (3.5-9.9 ug/dl)	0	0	0	1	1	3	1	0	1	2	9
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19.9 ug/dl)	0	0	0	0	0	0	1	0	0	0	1
Lead-Elevated Blood Lead Levels in children up to age 6 >20 ug/dl	0	0	1	0	0	0	0	0	0	0	1
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	14	5	7	9	7	23	31	2	5	5	108
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	2	1	1	4	6	2	0	2	2	20
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	1	0	0	0	1	1	1	0	0	0	4
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	1	0	0	0	1	0	1	1	4
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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Immunization Program, Infectious Diseases Section, Public Health Initiatives VACCINES FOR CHILDREN PROGRAM (VFC)

October 17, 2023

Eastern Highlands Health District
4 South Eagleville Rd
Storrs Mansfield, CT 06268

Dear Cecile,

Thank you for participating in the Connecticut Vaccine Program (CVP) VFC Storage and Handling Site Visit on October 12, 2023. Overall, the aim of the visit was to provide the necessary training and education, in addition to assessing program requirements. The CVP appreciates all the effort taken to ensure compliance and it is clear that your practice values program participation.

The VFC compliance visit had three major components:

1. To ensure that practice procedures are properly implemented and abide by the criteria stated within the Vaccines for Children (VFC) program.
2. Verifying your information on your Provider Profile and Agreement.
3. Providing feedback, identifying corrective actions and conducting follow-ups where necessary.

Based on the compliance visit that was conducted on October 12, 2023 there were no major outstanding issues that required corrective action. The CVP appreciates your continued support and efforts in providing vaccinations through the VFC Program. There are many challenges when running a successful practice and we do appreciate your staff's commitment toward meeting the CDC requirements and recommendations for childhood immunizations.

There are a few recommendations/requirements that I would like to bring to your attention to ensure this program continues to run successfully at your practice. Please review these recommendations/requirements with your appropriate staff and implement whatever changes might be beneficial to practice.

Certificates of Calibration: Please be mindful your primary data logger certificate of calibration expires **August 22, 2025** for your refrigerator and **August 1, 2024** for your freezer unit. It is the practice's responsibility to ensure that thermometers are working properly, and a current certificate of calibration is maintained. It is also recommended by CDC that practices have a **backup thermometer** with a current valid certificate of calibration for each unit. CDC recommends the date of calibration for the back-up device to be different from that of the primary in order to prevent the certificates from expiring at the same time.



Phone: (860) 509-7929 • Fax: (860) 707-1905
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, MS#11MUN, P.O. Box 340308
Hartford, Connecticut 06134-0308

<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>

Affirmative Action/Equal Opportunity Employer



Temperature Excursion: As we discussed during the visit, it is imperative to always maintain proper temperatures and to take corrective action whenever the refrigerator or freezer falls out of recommended range. Out of range temperatures can cause vaccines to become non-viable and result in a financial loss to both the state and your facility. Over the past year, the State Immunization Program has been able to provide your site with a total amount of 130 Doses of VFC publicly funded vaccine worth over **\$1,852.50**. Your staff has been very diligent about storage and handling of these valuable resources.

Temperature Ranges: Refrigerators should maintain temperatures between 2° C and 8° C (36° F and 46° F). Freezers should maintain temperatures between -50° C and -15° C (-58° F and +5° F). Refrigerator or freezer thermostats should be set at the factory-set or midpoint temperature, which will decrease the likelihood of temperature excursions. Consult your owner's manual for instructions on how to operate the thermostat.

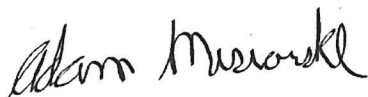
Circuit Breaker: All CVP/VFC providers must take steps to protect the power source for all vaccine storage equipment by means of having clear warning labels on both the plugs and the circuit breaker associated with all vaccine storage units. Please clearly mark the circuit breaker with a "Do Not Disconnect" sign so that it is not inadvertently turned off.

VIS Statements: In accordance with the National Childhood Vaccine Injury Act (NCVIA), providers must make sure their patients are provided with the most up-to-date version of the VIS Statements. For a list of current VISs, visit: <http://www.cdc.gov/vaccines/hcp/vis/>.

Educational Requirement: As a reminder on a yearly basis the primary and back up vaccine coordinator **MUST** complete two CDC developed web modules as required per your Provider agreement. The modules take about an hour each to complete. After your site (s) has completed the modules, please print out your certificate as proof of completion to be shown at your next VFC Compliance Visit.

On behalf of the Connecticut Vaccine Program, I thank you for your participation and your continued efforts to ensure that all children are fully immunized. Please do not hesitate to contact me if you have any questions. My direct line is 860-509-7683 and my email is adam.misiorski@ct.gov.

Sincerely,



Adam Misiorski, MPH
Epidemiologist
Connecticut Vaccine Program



CliftonLarsonAllen LLP
 29 South Main Street, 4th Floor
 West Hartford, CT 06107

phone 860-561-4000 fax 860-521-9241
 CLAcconnect.com

October 18, 2023

Board of Directors
 Eastern Highlands Health District

We are engaged to audit the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Eastern Highlands Health District as of and for the year ended June 30, 2023. Professional standards require that we communicate to you the following information related to our audit. We will contact you to schedule a meeting to discuss this information since a two-way dialogue can provide valuable information for the audit process.

Our responsibility under Auditing Standards Generally Accepted in the United States of America, Government Auditing Standards, and Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and the Connecticut State Single Audit Act

Financial statements, internal control, and compliance

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS); the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and the Connecticut State Single Audit Act (State Single Audit). Those standards require us to be independent of the entity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. Those standards also require that we exercise professional judgment and maintain professional skepticism throughout the planning and performance of the audit. As part of our audit, we will:

- Identify and assess the risks of material misstatement of the financial statements and material noncompliance, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement or a material noncompliance resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we identify during the audit that are required to be communicated under U.S. GAAS and *Government Auditing Standards*.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements, including the amounts and disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable period of time.
- Form and express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America.
- Plan and perform the audit to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS and the standards for financial audits contained in *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.
- Perform, as part of obtaining reasonable assurance about whether the financial statements as a whole are free from material misstatement, tests of the entity's compliance with provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements. However, the objective of our tests is not to provide an opinion on compliance with such provisions and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.
- Provide a report (which does not include an opinion) on internal control over financial reporting and on compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements, as required by *Government Auditing Standards*.
- Communicate significant matters related to the financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.
- Communicate matters required by law, regulation, agreement, or other external requirements.
- Communicate circumstances that affect the form and content of the auditors' report.

Our audit of the financial statements does not relieve you or management of your responsibilities.

Required supplementary information

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

Use of financial statements

Our auditors' opinions, the audited financial statements, and the notes to financial statements should only be used in their entirety. Inclusion of the audited financial statements in a document you prepare, such as an annual report, should be done only with our prior approval and review of the document. You are responsible to

Planned scope and timing of the audit

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit of the financial statements will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of the audit. However, some matters may be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

Although our audit planning has not been concluded and modifications may be made, we have identified the following significant risk(s) of material misstatement as part of our audit planning:

- Management Override of Controls

As a result of unexpected events, changes in conditions, or the audit evidence obtained from the results of audit procedures performed, we may need to modify the overall audit strategy and audit plan and, thereby, the resulting planned nature, timing, and extent of further audit procedures, based on the revised consideration of assessed risks.

We expect to begin our audit on approximately September 12, 2023, and issue our report on approximately December 15, 2023.

Other planning matters

Recognizing the importance of two-way communication, we encourage you to provide us with information you consider relevant to the audit. This may include, but is not limited to, the following items:

- Your views about the following matters:
 - The appropriate person(s) in the entity's governance structure with whom we should communicate.
 - The allocation of responsibilities between those charged with governance and management.
 - The entity's objectives and strategies and the related business risks that may result in material misstatements.
 - Matters you believe warrant particular attention during the audit and any areas for which you request additional procedures to be undertaken.
 - Significant communications between the entity and regulators.
 - Other matters you believe are relevant to the audit of the financial statements.
- The attitudes, awareness, and actions of those charged with governance concerning (a) the entity's internal control and its importance in the entity, including how those charged with governance oversee the effectiveness of internal control, and (b) the detection or the possibility of fraud.
- The actions of those charged with governance in response to developments in law, accounting standards, corporate governance practices, and other related matters, and the effects of such developments on, for example, the overall presentation, structure, and content of the financial statements, including the following:
 - The relevance, reliability, comparability, and understandability of the information presented in the financial statements.
 - Whether all required information has been included in the financial statements, and whether such information has been appropriately classified, aggregated or disaggregated, and presented.
- The actions of those charged with governance in response to previous communications with the auditor.
- Your understanding of the risks of fraud and the controls in place to prevent and detect fraud, including your views on the following matters:
 - The "tone at the top" conveyed by management.
 - The risk that the entity's financial statements, schedule of expenditures of federal awards or schedule of expenditures of state financial assistance might be materially misstated due to fraud.

- Programs and controls that the entity has established to mitigate identified fraud risks or that otherwise help to prevent, deter, and detect fraud.
 - How and how often you review the entity's policies on fraud prevention and detection.
 - If a fraud hotline is in place, how it is monitored and how you are notified of allegations or concerns.
 - How you exercise oversight of management's processes for identifying and responding to the risks of fraud and the programs and controls management has established to mitigate those risks.
 - The risks of fraud at the entity, including any specific fraud risks the entity has identified or account balances, classes of transactions, or disclosures for which a risk of fraud may be likely to exist.
 - Examples of fraud-related discussions management has had with you.
 - Any actual or suspected fraud affecting the entity or its federal or state award programs that you are aware of, including measures taken to address the fraud.
 - Any allegations of fraud or suspected fraud (e.g., received in communications from employees, former employees, grantors, regulators, or others) that you are aware of.
 - Any knowledge of possible or actual policy violations or abuses of broad programs and controls occurring during the period being audited or the subsequent period.
 - Any accounting policies or procedures applied to smooth earnings, meet debt covenants, minimize taxes, or achieve budget, bonus, or other financial targets that you are aware of; and whether you are aware of any accounting policies that you consider aggressive.
- How you oversee the entity's (1) compliance with laws, regulations, and provisions of contracts and grant agreements, (2) policies relative to the prevention of noncompliance and illegal acts, and (3) use of directives (for example, a code of ethics) and periodic representations obtained from management-level employees about compliance with laws, regulations, and provisions of contracts and grant agreements.
 - Whether you are aware of any noncompliance with laws, regulations, contracts, and grant agreements, including measures taken to address the noncompliance.
 - If the entity uses a service organization, your knowledge of any fraud, noncompliance, or uncorrected misstatements affecting the entity's financial statements or federal or state award programs reported by the service organization or otherwise known to you.

* * *

This communication 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.

Sincerely,

CliftonLarsonAllen LLP

A handwritten signature in cursive script that reads "Vanessa E. Rossitto".

Vanessa E. Rossitto, CPA
Principal
860-561-6824
Vanessa.Rossitto@CLAconnect.com

Robert L. Miller

From: Susan Powers <catchastarsmpowers@aol.com>
Sent: Thursday, December 7, 2023 1:45 PM
To: Amanda Backhaus; Andover Town Manager; Ashford First Selectman; Chaplin First Selectman (firstselectman@chaplinct.org); Coventry Town Manager; Deb Walsh; Heather Evans; Jennifer Lavoie; Jim Rupert (jrupert@boltonct.gov); John A. Elsesser (johnelsesser@gmail.com); Kenneth Dardick; 'Lbielawiec@tolland.org'; Maria Capriola; Robert L. Miller; robertmorra@snet.net; Ryan J. Aylesworth; SaraBeth Nivison; Scotland First Selectman; Sharon Biggie; Tammy Nuccio; Tolland Town Manager; 'Town Administrator (townadministrator@columbiact.org)'; Willington First Selectman; Millie C. Brosseau
Subject: Notice of Resignation

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

Hello, All.

This is Susan Powers, and I have represented Scotland for over three years. I have been honored to serve and greatly admire the work of EHHD and Rob Miller's vigilance. My resignation is effective as of today.

Thank you for your time!

Susan

CROSSING CONNECTICUT

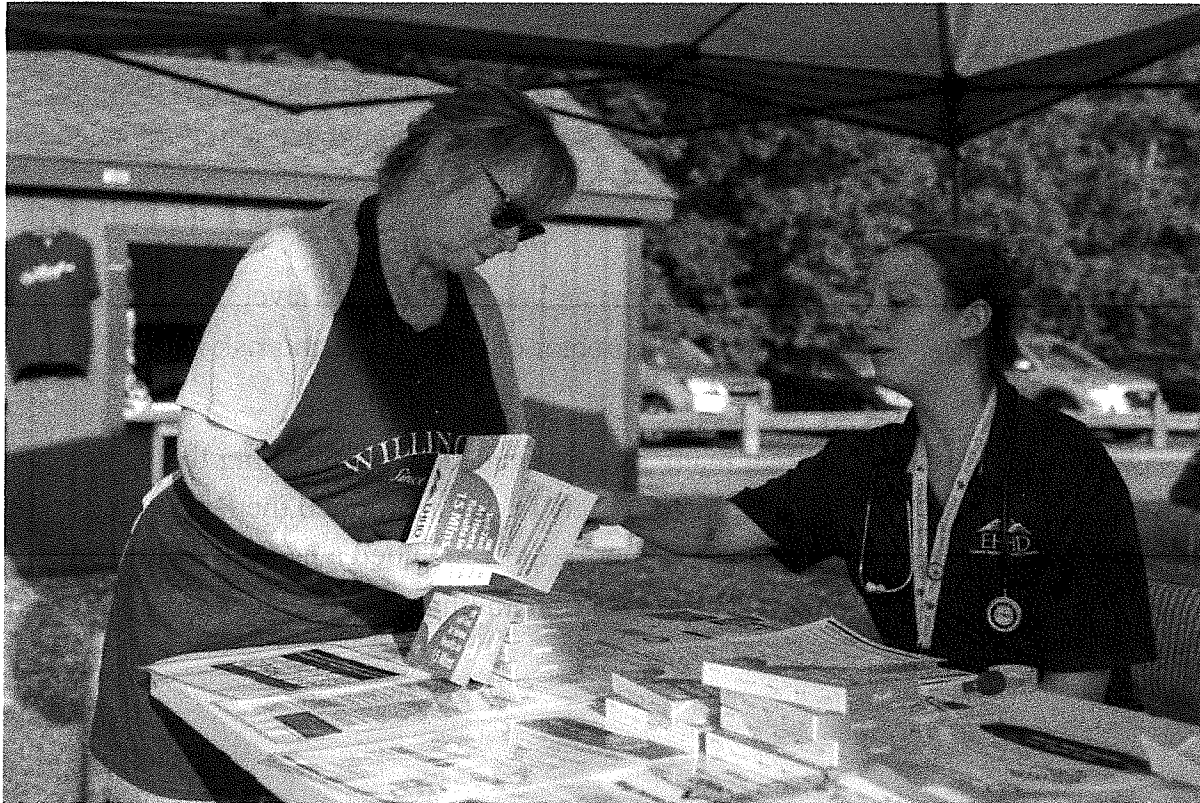
When COVID hit, CT's local public health officials sprang into action. Now, they reflect

Local public health departments took charge of solving the constant onslaught of challenges that COVID presented to daily life



by Katy Golvala

October 27, 2023 @ 10:21 am

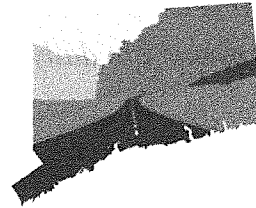


A nurse with Eastern Highlands Health District passes out a COVID-19 rapid test to a Willington resident during a blood pressure pop-up at a community event in August. SHAHRZAD RASEKH / CT MIRROR

Editor's note: Crossing Connecticut

Today, the CT Mirror embarks on something new: a series of stories exploring what it means to live in Connecticut, beyond the policy and politics. We hope these stories will help you to understand your state, your neighbors, and yourself a little bit better. We invite you, our readers, to suggest ideas for this series by emailing us at crossingct@ctmirror.org.

In February 2021, residents over 65 became eligible for the COVID vaccine. But for seniors with mobility issues, getting to appointments presented a challenge.



 **CROSSING
CONNECTICUT**

An occasional look at Connecticut's remarkable people, places and things

Officials in Vernon recognized the barrier and set out to address it. They struck a deal with Uber to give free rides to seniors who needed them. The program was the one of the first of its kind in the country, and a national campaign President Joe Biden rolled out months later closely mimicked the model.

“At the end of the day, all emergencies start and end at the local level,” said Michael Purcaro, Vernon town administrator and director of emergency and risk management.

The department also realized that many seniors needed help navigating the frustratingly clunky online appointment portal. They transformed the Rockville Public Library into a call center for technical support. Staff included a handful of full-time workers supported by roughly 100 volunteers, including senior center workers, librarians, teachers and police officers.



Vernon Town Administrator and Director of Emergency and Risk Management Mike Purcaro led major efforts to help residents access vaccination sites and proper protective equipment.

Vernon serves as just one example of the critical role that local public health departments played throughout the pandemic. Employees coordinated and managed broad efforts, like vaccine clinics and contact tracing. But they also found creative solutions to a seemingly infinite number of smaller-scale, but equally vital, issues that cropped up along the way.

The Connecticut Mirror spoke with five local public health leaders from around the state about their experiences coordinating relief efforts during a once-in-a-lifetime crisis and the lessons they hope will carry into the future.



Thousands of items left over from Covid-19 efforts line the shelves of a warehouse in Vernon.

“The boots on the ground”

Over the course of the last three and a half years, local public health departments took charge of solving a constant onslaught of challenges that COVID presented to daily life.

“We were the boots on the ground,” said Aimee Krauss, director of health at the West Hartford-Bloomfield Health District.

In March 2020, the health departments in New Haven and New Canaan launched contact tracing programs to track infections and connect COVID patients with resources like temporary shelter.

In New Haven, the health department partnered with Yale and used physicians’ assistants and students from the medical, nursing and public health schools as volunteer contact tracers.

“It was so effective that we were getting interview requests from people from all over the world,” said Maritza Bond, New Haven’s director of public health. “We did that

for about six months, in setting up that infrastructure, until the [Department of Public Health] was ready to scale up their program.”

In New Canaan, the health department employees, along with school nurses, took on the task of calling patients and their families directly, often speaking to people who were hospitalized or family members losing a loved one to COVID.

Jennifer Eielson, the town’s public health director, said it was one of the most challenging parts of the pandemic.

“We don’t normally, at the local health level, deal with people dying on us. We’re not first responders. So that whole process was very hard,” she said.

Local public health teams took on the monumental task of helping schools, businesses and people figure out how to stay healthy and make sense of the ever-changing guidelines coming from the federal and state governments.

“It was general guidance, and there were gaps,” explained Robert Miller, director of health at the Eastern Highlands Health District. “Nobody could fill those gaps except for local public health. And it wasn’t easy.”

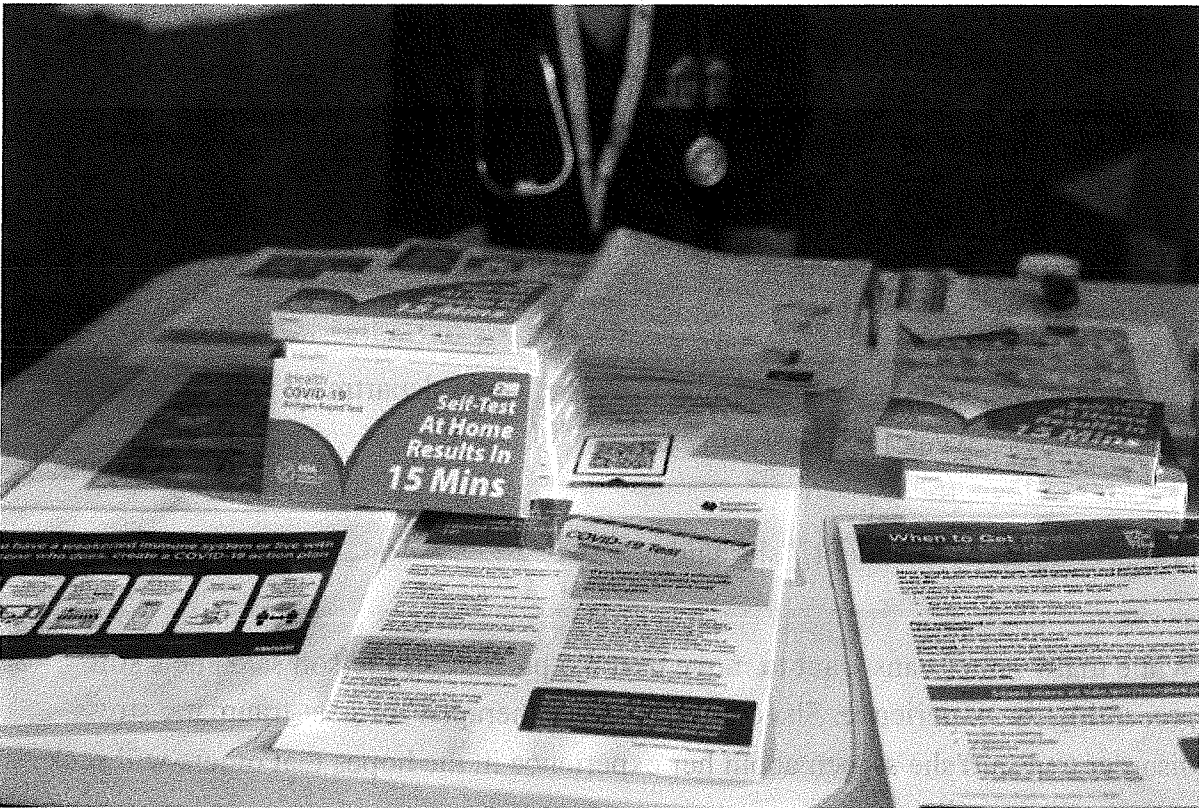


A nurse with Eastern Highlands Health District passes out a Covid rapid test during a blood pressure pop-up at a community event in Willington. SHAHRZAD RASEKH / CT MIRROR

One of the critical areas where several local public health departments offered support was to school systems.

In September 2020, schools reopened, and superintendents reached out with questions about how long students and staff should quarantine after an infection, how often to sanitize surfaces, and how to deal with pushback from parents on masking protocols.

The constantly changing guidance only made the task more difficult. Miller's team kept a binder with a printed copy of each new executive order that the governor issued. Over time, it grew to nearly 3 inches thick (they've since thrown it out).



Eastern Highlands Health District uses part of its remaining Covid money to distribute rapid test at various pop-up health events. SHAHRZAD RASEKH / CT MIRROR

Later that year, the single thing the entire world had been hoping for finally arrived: a COVID vaccine. Local public health stepped in, playing a key role in distribution.

“It was Christmas Eve,” Krauss recalled the day the shots were delivered. “The UPS guy was bringing it in, and we were all cheering.”

The health district started off organizing small clinics but realized they weren’t meeting demand.

“People were looking for [the] vaccine, and local health departments were the ones that were receiving it. And so we started building larger clinics,” said Krauss.

Eventually, they ran three primary vaccine clinics, two in West Hartford and one in Bloomfield, as well as smaller pop-up clinics in their office and at churches. During the periods of peak demand, they vaccinated over 1,200 people a day across all the locations. If any doses were left unused at the end of a day, a clinic worker or volunteer would scour nearby streets and restaurants for someone who wanted it, in an effort not to waste a single shot.

In addition to these large-scale efforts, local public health also filled in gaps that popped up along the way. They distributed masks, hand sanitizer and testing kits. They guided restaurants and daycares through the process of reopening safely. They set up grocery deliveries and pickups for seniors.

But all that service came with a cost.

Eielson and the team at the New Canaan public health department worked 18-hour days, six days a week for over two years.

“I was completely burnt out,” she said.

While many Americans want to move past the pandemic, Eielson said she’s still processing the experience. She currently sees a therapist for post-traumatic stress disorder and said she’s open about her experience in the hopes that others will seek out support as well.

“It’s OK to not be OK,” said Eielson. “Right now, a lot of public health officials are struggling from all the stress we’ve been put under the last three years.”

Lessons learned

The pandemic presented immense challenges, but it also united communities in unprecedented ways.

“At the state and national levels, there was a lot of politics involved,” said Purcaro, Vernon’s town administrator. “But I will tell you, locally, it brought people together.”

Local public health leaders recounted how physicians, school nurses, local government workers and everyday citizens volunteered their time to ensure as many people as possible got the support they needed.

Town governments also provided support with everything from funding to event space to hold vaccine clinics and testing sites. Leaders also emphasized the unwavering dedication from their teams during the most intense years of the pandemic.

“They never told me ‘no.’ And I feel a little bit spoiled,” said Krauss of her staff. “They knew what we needed. And they knew that they needed to help and they wanted to help.”

Public health departments also had to establish partnerships with local institutions, like schools, nursing homes and hospitals. And those working relationships have never been stronger.

“We already had very good relationships with many of our community partners, but their pandemic response, with the all-hands-on-deck-necessary approach brought us even closer together.” said Miller, who “absolutely” considers the pandemic the most challenging part of his public health career of more than 35 years.

Miller and others also pointed out that the pandemic made the work of public health departments more visible than it ever has been. Many leaders hope it stays that way.

“People now have a better understanding of who and what local public health is and does that they never had before. We were fighting for attention before the pandemic,” he said.

On the flip side, Krauss said that, while towns were extremely supportive with funding, getting money they needed from the state was more frustrating. For example, she’d apply for funding to increase vaccine clinic capacity during a surge and wouldn’t receive approval until demand subsided.

“I understand why there’s a process in place, but to be quite honest, it always felt like we were behind a little bit,” she said.

Every person who spoke for this story also agreed that the politicization of the pandemic made it much more difficult to manage.

“Instead of the public health experts taking the lead, we had political leaders taking the lead. And that’s not a party specific thing. It was across the board,” said Purcaro, adding that he hopes the biggest takeaway from COVID is to let public health lead the way.

The future of COVID

Even though the pandemic has moved beyond its most horrific phases, local public health departments remain vigilant to ensure they can manage future surges.

In Vernon, Purcaro's team no longer directly delivers care, like vaccines, but they still have warehouses full of stockpiled PPE and maintain strong relationships with community groups in case they have to coordinate efforts again. In New Haven, Bond and her team keep a close eye on wastewater data and hospitalization rates to understand the level of risk in the community.

And COVID still continues to present challenges, over three years later.

In the late summer, as hospitalizations ticked up, residents and businesses called into the West Hartford-Bloomfield Health District with the same questions that society has been juggling since March 2020: Should we mask up? When should we test?

Krauss's team also continues to provide COVID vaccine appointments once a week. The most recent booster roll-out, the first managed by the private sector and not the federal government, got off to a bumpy start. People in Connecticut and elsewhere reported appointment cancellations and difficulty getting new time slots.

"There was a little chaos in the beginning," said Krauss. "That felt familiar."

Krauss said she also hears from people, many of whom are elderly or immunocompromised, who are navigating how to continue taking precautions as much of society moves on from the pandemic.

"We are in such a better spot now than where we were three years ago," said Krauss.

"But it's never gonna go away."



STATE OF CONNECTICUT

GOVERNOR NED LAMONT

October 20, 2023

Robert L. Miller
347 Shore Drive
Coventry, CT 06238

Dear Mr. Miller,

Pursuant to Connecticut General Statutes §§ 4-1 and 17a-674d as amended by Public Act No. 23-97, § 35, I have the honor and privilege to appoint you to the Opioid Settlement Advisory Committee, as an individual representing municipalities, to serve a term ending on October 19, 2025, and until a successor is appointed and has qualified.

Sincerely,

Ned Lamont
Governor

cc: Honorable Stephanie Thomas, Secretary of the State
Honorable Sean Scanlon, Comptroller
Honorable William Tong, Attorney General
Messrs. John C. Geragosian and Clark J. Chapin, Auditors of Public Accounts
Carrie Lisitano, Legislative Library
Jeffrey R. Beckham, Secretary, Office of Policy and Management
Vanessa Dorantes, Commissioner, Department of Children and Families
Nancy Navarretta, Commissioner, Department of Mental Health & Addiction Services
Dr. Manisha Juthani, Commissioner, Department of Public Health
Christopher McClure, Chief of Staff, Department of Mental Health & Addiction Services
Honorable Martin M. Looney, Senate President Pro Tempore
Honorable Matt Ritter, Speaker of the House of Representatives
Honorable Robert Duff, Senate Majority Leader
Honorable Kevin C. Kelly, Senate Minority Leader
Honorable Jason Rojas, House Majority Leader
Honorable Vincent Candelora, House Minority Leader

University of Connecticut
Program in Applied Public Health Sciences

Certificate of Recognition

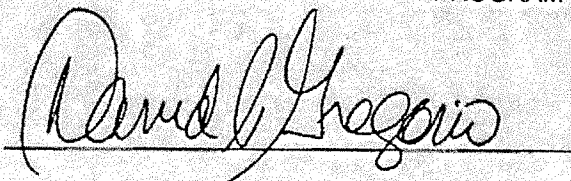
Robert Miller

This certificate is awarded in appreciation of your invaluable contributions to
Master of Public Health students in the Applied Practice Experience.

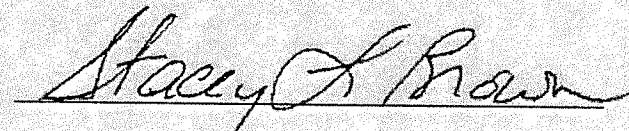
2023

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CONNECTICUT

PROGRAM IN APPLIED PUBLIC HEALTH SCIENCES



David Gregorio, PhD
Program Director, Program in Applied
Public Health Sciences



Stacey L. Brown, PhD
Director, Applied Program Experience

Robert L. Miller

From: Robert L. Miller
Sent: Monday, December 4, 2023 10:11 AM
To: 'Ashford Superintendent'; 'Bolton Superintendent'; 'bruneauv@andoverelementaryct.org'; 'Chaplin Superintendent'; 'Columbia Superintendent (bwilson@hwporter.org)'; 'Coventry Superintendent'; 'Hans Christian Anderson Preschool Regina Kiser'; Peter Dart; 'Oak Grove Montessori - Jo Ann Aitken'; Carol Lavigne; 'Region 8 Superintendent (RHAM)'; 'Scotland Superintendent - Town of Scotland (vbruneau@scotlandes.org)'; Sharon Cournoyer; 'Tolland Superintendent'; 'Willington Center School'
Cc: EHHD-Staff; 'Andover - RHAM High School Nurse'; 'Andover - RHAM Middle School Nurse'; 'Andover elementary school nurse'; 'Ashford School Nurse'; 'Bolton Elementary Nurse'; 'Bolton High School Nurse'; 'Chaplin Elementary school Nurse'; 'Chaplin -Parish Hill Nurse'; 'Columbia- Horace Porter Nurse'; 'Coventry - Capt. Nathan Hale School nurse'; 'Coventry - GH Robertson Int - Therese McKeever'; 'Coventry - HEEC Preschool Nurse ('; 'Coventry Grammar School'; 'EVC-Eastconn Nurse'; Anne R. Wiant-Rudd; Emily Rosen; Danielle Carod; 'Mansfield&Ashford&Willington - EO Smith High School - Kathleen Mindek'; 'Mansfield&Ashford&Willington - EO Smith High School - Nurse'; 'Mt Hope Montessori'; 'Scotland Elementary Nurse'; 'Tolland - Birch Grove'; 'Tolland - Tolland High - Cindy Davidson'; 'Tolland - Tolland Intermediate Nurse'; 'Tolland Middle School Nurse'; 'Willington - Hall Memorial - Marcia Panciera'; 'Willington - Willington Center Elem - Lynn Fox'
Subject: FW: Test kits from HHS, direct to schools

Greetings School Superintendents – Below is a communication for the CT DPH notifying us of a federal program which make COVID-19 self-test kits available for free to school districts nation-wide.

You can find the U.S. Department of Education announcement, and instructions on how to order these kits by following the below link:

<https://www.ed.gov/coronavirus/>

This program is separate and distinct from the EHHD program which provided free COVID-19 test kits to schools.

Our apologies for any duplicate emails.

Yours in health,
 Rob

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



EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

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From: DPH.PHEP@ct.gov [mailto:noreply@everbridge.net]
Sent: Monday, December 4, 2023 9:50 AM
To: Robert L. Miller <MillerRL@ehhd.org>
Subject: Test kits from HHS, direct to schools

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



DEPARTMENT OF PUBLIC HEALTH

[Please click here to acknowledge receipt of this message](#)

Date: December 1, 2023

To: Directors of Health, Acting Directors of Health

From: Francesca Provenzano, MPH, RS, Chief, Public Health Emergency Preparedness and Response Section

RE: HHS ASPR Press Release – test kits direct to schools

Please see the following message from the HHS Administration for Strategic Preparedness and Response.

Dear Stakeholders,

Today, the Administration for Strategic Preparedness and Response (ASPR) announced in partnership with the Department of Education, free COVID-19 test distribution efforts for school districts across the country. Today's announcement builds on previous Biden-Harris Administration efforts to increase COVID-19 testing in schools to keep students safe and schools open.

Additionally, ASPR opened another round of ordering through [COVIDTests.gov](https://www.covidtests.gov) on November 20, making four more free tests available to households ahead of the holidays. Over 1.6 billion COVID-19 tests have been distributed through programs led by ASPR in the past two years directly to households, schools, long-term care facilities, community health centers, and food banks through these channels – with over four million tests sent out each week, a number that is expected to rise as more school districts take advantage of this program.

Sincerely,

Office of External Affairs

Administration for Strategic Preparedness and Response

U.S. Department of Health and Human Services

HEALTH

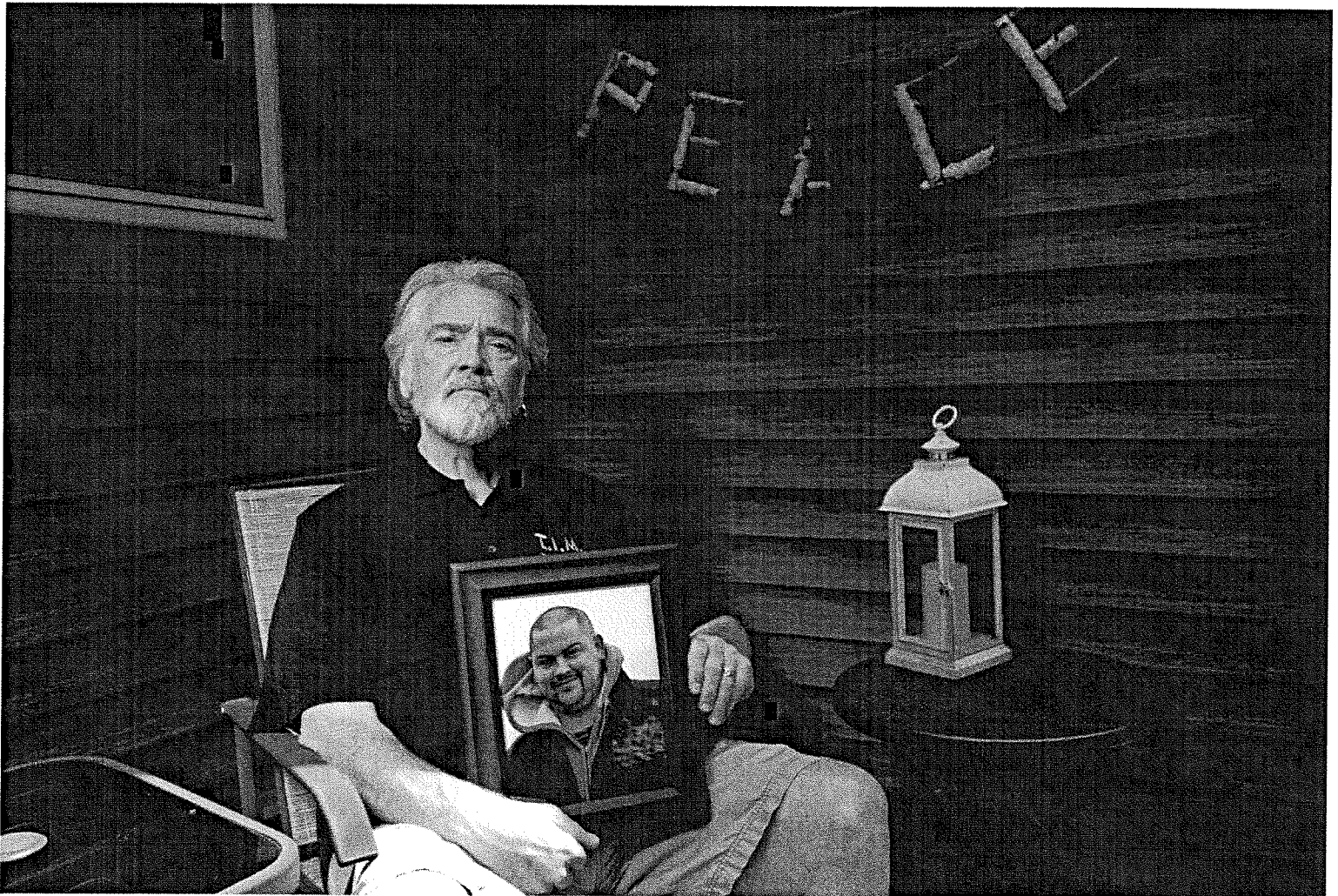
The big question: How to spend \$600M in CT opioid settlement funds

Advocates expect the decisions on how to spend the money could grow contentious considering the vast need



by Andrew Brown, Jenna Carlesso and José Luis Martínez

August 20, 2023 @ 5:00 am



John Lally created Today I Matter after his son Tim died of a heroin overdose. His younger son, Brendan, also struggled with opioid addiction in the past but is now in recovery. SHAHRZAD RASEKH / CT MIRROR

Millions of dollars from several large legal settlements are beginning to flow into Connecticut to help combat the state's deadly opioid epidemic, and the organizations that work on the front lines battling the state's mounting addiction crisis are preparing to apply for a portion of that money.

But how and where most of the settlement funds will be used has yet to be determined, and with opioid overdoses currently claiming the lives of more than 100 Connecticut residents a month, the stakes could not be higher.

All together, Connecticut's state and local governments are expected to receive an estimated \$600 million over the next decade and beyond, increasing the resources that are available to counteract the ongoing public health crisis.

That figure may seem like a lot on paper, but advocates expect the decisions on how to spend the money could grow contentious in the coming months and years considering the vast need for additional prevention, intervention, treatment and harm reduction services.

At the state level, Connecticut leaders formed a special committee this year to oversee the distribution of the settlement funds, a step that was meant to prevent the money from being diverted to other governmental purposes, like the tobacco settlements of the 1990s were.

Meanwhile, the elected leaders in Connecticut's 169 towns and cities are formulating their own plans for how to utilize their share of the money, which includes up to 15% of the proceeds from several of the lawsuits that were filed against nationwide pharmacy chains, pill manufacturers and the country's largest drug distributors.

CT towns estimated to receive over \$78 million in opioid settlement funds

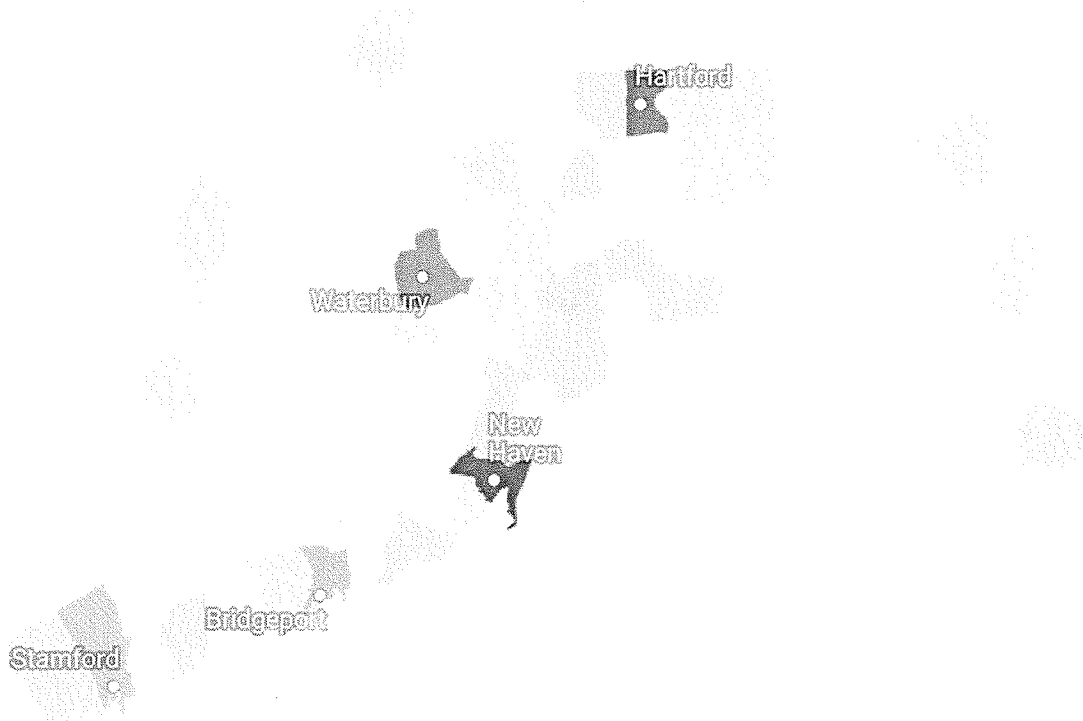
New Haven, Hartford, Waterbury, Bridgeport and Stamford are the towns receiving the largest amount of settlement funds, all receiving over \$2 million.

The funds are not distributed in a lump sum, but are instead disbursed over 10 to 18 years.

The money comes from settlements with retailers and distributors including Walmart, Walgreens, CVS, Teva, Allergan, Cardinal, McKesson, AmerisourceBergen and Johnson & Johnson.

\$2K

\$5M



Map: José Luis Martínez • Source: Connecticut Attorney General's Office • Created with Datawrapper

The stream of cash that is now pouring into the state offers a unique opportunity to expand prevention programs, educational campaigns, drug treatment capacity, overdose response strategies, harm reduction systems and a host of other related services that are needed to support people who are dealing with opioid use disorders, many of whom are also struggling with other mental health diagnosis.

Some of the professionals who assist people with addictions to heroin, fentanyl and prescription painkillers in Connecticut said the influx of money is more necessary than ever.

Mark Jenkins, the executive director of the Connecticut Harm Reduction Alliance, a group that provides naloxone, sterile syringes, hepatitis and HIV testing and host of other services to people with drug addictions, said he has seen the need for organizations like his grow exponentially in recent years.

“There’s huge unmet needs across the board,” Jenkins said.

The opioid epidemic has been ravaging the United States and Connecticut for nearly three decades at this point. Yet the death toll has continued to rise in recent years, fed by an increasingly lethal supply of illicit narcotics.

There have been more than 9,000 documented overdose deaths in Connecticut since 2015 that have been linked to some type of opioid. And those numbers have continued to surge over the past three years, as Connecticut averaged more than 1,300 fatal opioid overdoses annually, the majority now connected to fentanyl.

Most accidental drug intoxication deaths in CT involve an opioid

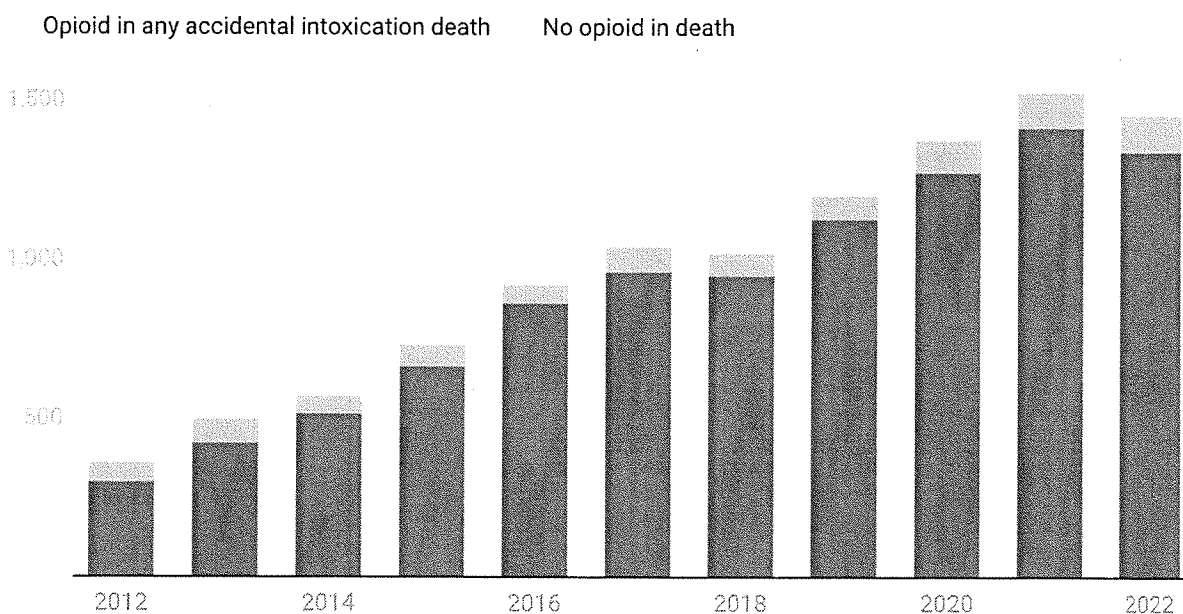


Chart: José Luis Martínez • Source: Connecticut Office of the Chief Medical Examiner • Created with Datawrapper

Data collected by the U.S. Centers for Disease Control for 2021, the most recent year available, shows Connecticut recorded nearly 40 overdose deaths for every 100,000 state residents. That placed Connecticut just behind states like Ohio, Maine and Kentucky.

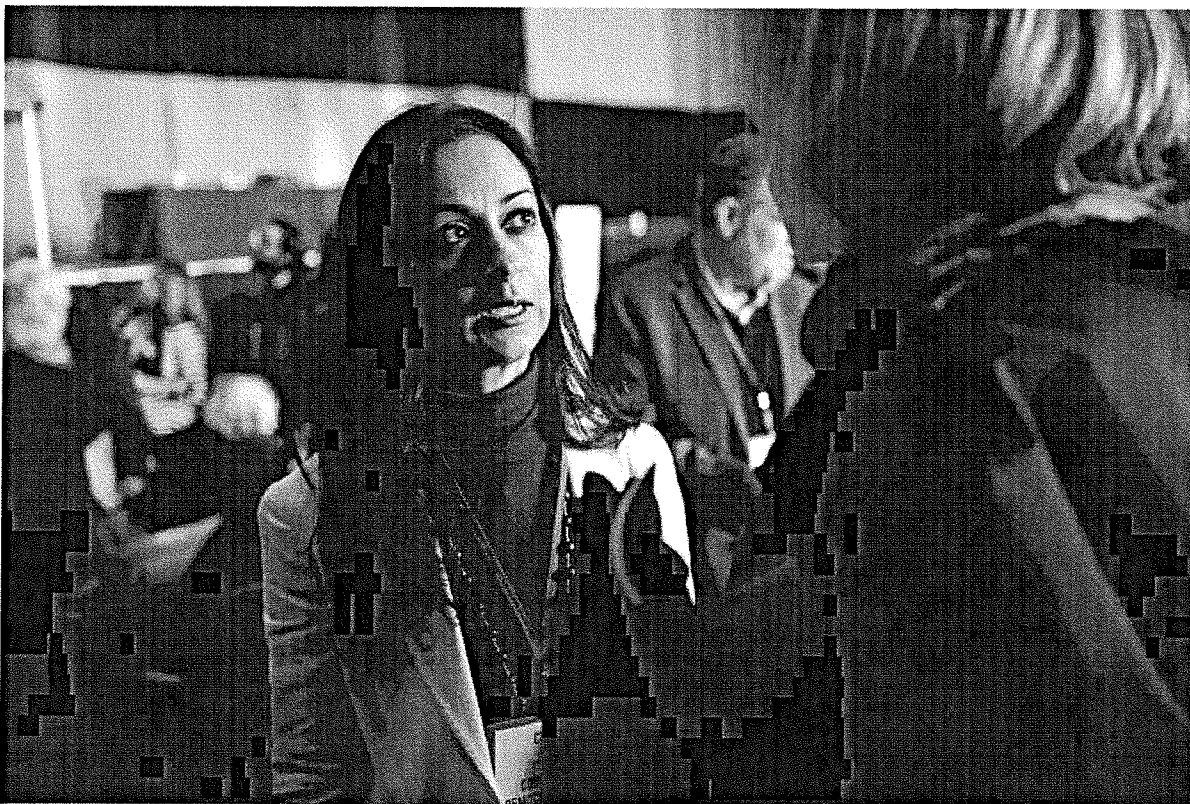
It's with that backdrop that state and local officials are deciding about how to put the new settlement money to use, and many people who lost family members and friends to the epidemic in recent decades are closely monitoring those decisions.

Dita Bhargava, whose son, Alec, died of overdose on his 26th birthday in 2018, said the settlement amounts may seem like a lot, but with the money stretched out over

more than a decade, she said it is only a “drop in the bucket” compared to what is needed to confront the ongoing crisis.

Bhargava, a former candidate for state treasurer and an ambassador for Shatterproof, a national organization working to end stigma around addiction, said that makes it essential for the pool of settlement money to be spent appropriately.

“This is not just a moral obligation, it’s a long-term existential crisis in our country,” she said. “It’s very important that every dollar from the settlement be used for prevention, treatment and recovery.”



Treasurer candidate Dita Bhargava speaks to a delegate at the Democratic convention in Hartford on May 7, 2022.
JOE AMON / CONNECTICUT PUBLIC

Confronting the crisis

Attorney General William Tong, whose office represented the state in the litigation against the opioid manufacturers, shippers and retailers, met with the members of the new state Opioid Settlement Advisory Committee in March, and he reminded them of the weight of the decisions they are being asked to make.

“We are here to confront the worst public health crisis in America,” Tong told the committee during its first meeting. “Your charge is to make sure this money is put to its most effective use.”

State lawmakers voted to establish the state opioid advisory committee in 2022 in order to provide a transparent and equitable process for spending the settlement money. They followed the advice of President Joe Biden’s administration by passing a bill that would ensure the settlement funds were not redirected away from their intended purpose of reducing opioid addiction and saving lives.

Those legislative measures were implemented largely to avoid the mistakes that were made with the tobacco settlements, which many states — including Connecticut — siphoned off to fill budget gaps, build roads and fund other programs.

The advisory committee, which is made up of state officials, public health experts, treatment providers, local elected leaders and people who have lost family and friends to the epidemic, has met three times this year, but the committee is still developing its priorities and laying out a process for how to allocate the money.

That process, according to state documents, could include a nine-step approval process before any money is actually allocated.

Pressing need

John Lally is one of the people who is working to set the agenda for the committee, and he is personally aware of the needs that persist in Connecticut.

Two of Lally’s sons coped with addiction in the past decade. His younger son is now in recovery after several years of treatment. But Lally’s eldest son, Tim, died of an overdose in 2016 five days before his 30th birthday.

Lally, who worked as a psychiatric nurse practitioner for 39 years, now runs a nonprofit called “Today I Matter,” which is focused on reducing the stigma

Related Stories

- [Connecticut to get \\$127M from CVS, Walgreens in opioid settlement](#)
- [As CT opioid overdose deaths rise, settlement funds begin arriving](#)
- [CHART: Number of opioid-related deaths in Connecticut, 2013-2022](#)

surrounding addiction and mental illness. He joined the state advisory committee, he said, in order to dedicate his time in memory of his son.

“It’s how I handle my grief and how I honor my son,” he said.

“

*This is happening to people that we know: our friends, our family,
our neighbors.*

— JOHN LALLY

The nearly 40 members of the state advisory committee, Lally said, are committed to setting up a process that will ensure the settlement money is spent on services and programs that are proven to work.

But the committee, he said, also recognizes the need to get some of the money out into the community in the near future, especially at a time when Connecticut is losing dozens of people every week to fatal overdoses

“This is happening to people that we know: our friends, our family, our neighbors,” Lally said.

The committee expects to launch a website in the coming months that will allow treatment centers, prevention programs and groups that are providing harm reduction services like needle exchanges to apply for portions of the settlement funding. The website could also allow members of the public to submit ideas for how the money could be used.

From there, the members of the committee will decide where the funds might do the most good.

The municipal share

There is a far less regulated and formalized process at the local level for spending the municipal share of the settlement money.

Connecticut's mayors, first selectmen, city councils and town representatives have discretion over how to spend those funds, as long as they stay within the broad terms of the settlement agreements.

It's unclear how much of the local settlement money has been spent to this point. And the public is unlikely to get a full picture of how that portion of the funding is being used until later this fall, when towns and cities are required to file an annual report with the state detailing their spending.

Members of the state advisory committee noted earlier this year that some municipalities were uncertain how to utilize the money, since drug treatment, prevention and recovery was not something that most local governments have frequently overseen.

Sen. Cathy Osten, a Democrat who is a member of the state advisory committee, said she was contacted earlier this year by the leaders of several small towns in Connecticut who wanted more information about how to manage the settlement money that was arriving in their bank accounts.

Osten, who represents Norwich and several smaller neighboring towns in eastern Connecticut, said the local leaders wanted guidance from the state on how to put the new financial resources to use. And she suggested the state advisory committee develop a handful of proven strategies they can recommend to municipal leaders.

Waterbury Mayor Neil O'Leary, who is helping to chair the state advisory committee, said he heard similar concerns from towns in his area of the state.

"Some of our smallest communities aren't really sure what to do with this money, because it is just so unique and odd that they are receiving this funding, and they are really anxious to make a difference," O'Leary said.

The CT Mirror contacted the 15 towns and cities in Connecticut with the highest overdose rates over the past five years to get a sense of how those municipalities are putting the first wave of settlement funding to use.

Some of them, including Chaplin and New Haven, said they don't plan to spend the money until they receive more information on best practices for using the funding. But other municipalities are already spending the settlement proceeds on life-saving drugs and new public programs focused on curbing addiction in their communities.

The city of Norwich, for instance, spent roughly \$30,000 on training for its city staff, advertising, and recovery-related assistance for community members.

New London, where 127 individuals have fatally overdosed on opioids over the past five years, spent all of the funding it received thus far on naloxone, the overdose-reversing medication also commonly known by its brand name Narcan. The city purchased 355 naloxone kits, which were distributed to city residents and emergency responders.

And in Hartford, the first wave of opioid settlement funds was directed toward a housing program for men returning to the city after prison. Community Partners in Action, which runs other programs for formerly incarcerated individuals, oversees that effort.

Beth Hines, the executive director, said the group is renting a building along a bus line, which could house up to nine formerly incarcerated men. The program, which launched in June, so far has eight residents.

The participants pay a monthly fee for rent and must attend relapse prevention groups on-site each week. They have up to two months to find employment, and a housing specialist will be available to help the men plan for an eventual transition into independent housing.

Hartford focused the first round of funding on formerly incarcerated individuals because many people leaving prison struggle with addiction, and that population makes up a significant portion of the overdose deaths every year.

The likelihood of many formerly incarcerated individuals overdosing in the first two weeks, Hines said, is “astronomical.”

“They may have used while they were in prison, but they get out ... and the stuff here on the street is pretty potent,” she said. “In our houses, we have Narcan hanging on the walls.”

Making the connections

Some smaller towns were also eager to put the settlement money to work assisting people who were slipping through the gaps.

Griswold, a small town located near the border with Rhode Island, used the first installments of its settlement money to create a new program to connect repeat drug users with recovery coaches and treatment programs.



The town of Griswold is spending part of the settlement funding from several large opioid lawsuits on care packages for people who overdose. The packages include naloxone and a pre-paid cell phone that will allow recovery coaches to reach people after they leave the emergency room. ANDREW BROWN / CT MIRROR

Dana Bennett, Griswold's first selectwoman, and the town's other elected leaders directed roughly \$37,000 from their settlement funds to Griswold PRIDE, a small organization that was already working in the community on issues surrounding substance abuse.

Miranda Mahoney, Griswold Pride's project coordinator, used the money to purchase naloxone and prepaid cell phones that will be handed out to people who overdose and are transported to a hospital by the local paramedics with American Ambulance Service.

The care packages, which Mahoney copied from a program in South Carolina, will give recovery coaches that work with Reliance Health a way to contact individuals once they leave the emergency room and help educate those individuals about the treatment options that are available to them.

"It's hard to reach people here who need the help," Mahoney said. "This has really changed what we can do."

Mahoney was able to pull together the plans so quickly, she said, because of her existing connections in town, where she has led prescription drug-take-back events and prevention programs in local schools.

“

We need to do more to address the opioid epidemic than Naloxone training and distributions.

— PAM MAUTTE, CT PREVENTION NETWORK

She said it will likely take towns without those pre-existing relationships a little more time to figure out what to do with their settlement money.

"If you don't have the infrastructure in place, like we do here in Griswold, you will be starting from nothing," she said.

There are resources already available for towns and cities that may not know where to direct their settlement funding.

In Connecticut, there are five different groups that are known as Regional Behavioral Health Action Organizations, or RBHAOs.

The organizations operate as arms of the state Department of Mental Health and Addiction Services, and coordinate planning, education and advocacy surrounding addiction and mental health in their regions.

Pam Mautte is the president of the CT Prevention Network, which represents all five regional organizations at the state level. Over the past year, Mautte said some of those organizations have fielded questions from municipal leaders about how they can use the settlement money to help in the fight against the opioid epidemic.

Mautte said she and the other leaders of the RBHAOs are willing to help towns and cities to develop local or regional plans to put the money to use. Those strategies, Mautte said, need to include a mix of prevention, intervention, treatment and harm reduction to be successful.

It would be easy, she said, for every municipality to spend the money arming local firefighters, police and first responders with naloxone to help counteract overdoses. But she said that, alone, won't make a dent in the addiction crisis in Connecticut.

“We need to do more to address the opioid epidemic than Naloxone training and distributions,” Mautte said. “That’s one piece of the puzzle, but we need to keep doing more.”

This story is part of an ongoing series on opioids in Connecticut. Want to share what you know? Send your tips and personal stories to tips@ctmirror.org

Working to limit opioids' huge toll

Methadone, other treatments have helped thousands

BY ANDREW BROWN CT MIRROR

By the time Belmarie Lugo stepped into the treatment clinic in January 2022, her body was malnourished.

Her connections to her family had fractured, and she estimates she had overdosed on heroin and fentanyl more than a dozen times.

Now, nearly two years later, Lugo is in recovery. She's mended her relationships with her parents and brother, and she is finally able to contemplate her future — something that was not possible in the past when she was under the influence of illicit opioids.

Lugo, a resident of East Hartford, attributes much of her turnaround to the methadone maintenance program she enrolled in at the Root Center, which is the largest provider of medication-assisted treatment services in Connecticut.

"I'm victorious because of this place," Lugo said, as she sat in one of the counseling rooms at the Root Center's Manchester office. "It's so easy to go backwards."

Methadone is one of several medications that are used to help people with opioid use disorders to lessen their dependence on lethal narcotics while limiting the pain and most severe symptoms that can accompany opioid withdrawal.

The precisely measured dosages of methadone that are prescribed to patients at places like the Root Center have been proven to lessen

people's chances of relapsing and dying from an overdose.

Even more, the health professionals who administer methadone — and another commonly used treatment drug called buprenorphine — say the medications enable people to find new jobs, to regain custody of their children and to more easily recover from the mind-altering effects of opioids.

Lugo is just one of the tens of thousands of people who benefited from a methadone treatment program in Connecticut in recent years, but state officials want to see that number increase even more to combat the state's ongoing epidemic.

A special advisory committee, set up to manage roughly \$600 million in opioid settlement funds for Connecticut, published a report earlier this year that laid out several key strategies for curtailing opioid overdoses in the state, and it argued that increasing the accessibility and use of methadone and buprenorphine would be the most effective approach to stemming the mounting death toll.

Evidence-based

That wasn't the first time that Connecticut officials received that advice.

A state report that was published in 2016 made the exact same recommendation, citing the mountain of medical evidence surrounding the two opioid treatment medications and the comparative success of those medications when compared to abstinence-based recovery programs.

“There is very strong evidence for treatment using medications. And I don't say ‘very strong’ lightly,” said Dr. Joshua Sharfstein, the vice dean of the Johns Hopkins University school of public health.

Sharfstein helped organize a coalition of more than 30 health organizations to create several basic principles that states and local governments can rely on when spending their settlement funds, which they are receiving through several lawsuits that were filed against major opioid manufacturers, distributors and retailers.

Two of those principles are that the settlement money should be used to save lives and that it should be directed toward efforts that are backed up

by medical evidence.

Sharfstein, who also co-wrote a book titled “The Opioid Epidemic: What Everyone Needs to Know,” said treatment programs that incorporate methadone and buprenorphine meet both of those principles.

The effectiveness of medication-assisted treatment, Sharfstein said, has been reviewed by the American Medical Association, the American Psychiatric Association and the National Academies of Sciences, Engineering, and Medicine.

And research has suggested that the use of methadone and buprenorphine in treating opioid use disorders can substantially reduce people’s chances of fatally overdosing — some studies suggest by up to 50%.

“For a disease that is killing many Americans, that is a significant reduction in mortality that you can get with appropriate treatment that includes medications,” Sharfstein said. “And that I think is just an incredibly important point to keep in mind as officials are thinking about expanding access to treatment.”

Loosening the regulations

Connecticut saw a significant increase in patients who were receiving methadone or buprenorphine over the past decade as part of their treatment for opioid use disorders.

The number of people receiving methadone at a federally regulated clinics in Connecticut jumped between 2012 and 2017 from roughly 14,000 to more than 21,000. And the number of people who were prescribed buprenorphine through a licensed medical provider grew from roughly 21,000 in 2015 to an estimated 30,000 in 2020.

But those numbers have largely plateaued since then.

The same cannot be said for the number of overdoses linked to heroin, fentanyl and prescription painkillers, which have claimed the lives of nearly 5,000 Connecticut residents since 2020.

The researchers who put together the report this year for the state’s Opioid Settlement Advisory Committee said that staggering loss of life is evidence enough that more needs to be done to connect people with

medication-assisted treatment and to retain those patients once they enroll in a program.

If there is any benefit of the COVID pandemic, it's that the federal government has allowed the relaxed policies to remain in place.

“There are no reliable estimates of the number of people in the state at risk for overdose who would benefit from treatment with medication for opioid use disorder,” the researchers wrote. “Nonetheless, the rising number of opioid overdoses indicates there is an unmet need for these treatments in the state.”

There have been several big changes in recent years to make it easier for people in Connecticut and the rest of the United States to access medications for opioid use disorders and to continue using those medications once they start.

Federal legislators passed a law late last year that removed a long-standing requirement for doctors to have a special waiver if they wanted to prescribe buprenorphine to patients with opioid use disorders.

That waiver requirement severely restricted the number of physicians who could legally administer buprenorphine to their patients in the past.

The federal government also lowered one of the biggest barriers that patients often encountered once they were enrolled in a methadone treatment program: how much methadone someone could take home with them from a clinic.

Prior to the coronavirus pandemic, most patients receiving methadone had to report to a federally licensed clinic nearly every day to receive their dose of the medication under the supervision of staff. It was part of a tightly regulated system that had been erected around methadone in the United States over decades.

The public health emergency in 2020, however, prompted the federal government to allow a larger number of people to take home up enough bottles of the liquid methadone to last them up to 28 days, and federal officials are now pushing for a permanent regulatory change that would allow patients to continue to benefit from that practice.

Dr. Robert Heimer, a professor at Yale University who has widely studied opioid addiction, said the loosening of the federal rules surrounding methadone and buprenorphine is likely to have a positive effect.

“We’re finally moving away from that. Thank goodness,” Heimer said of the federal regulations. “If there is any benefit of the COVID pandemic, it’s that the federal government has allowed the relaxed policies to remain in place.”

Unmet needs

Even so, Heimer and other medical professionals argue there are still barriers that limit how many people are utilizing methadone and buprenorphine in Connecticut.

The new report that Heimer helped to produce for Connecticut’s opioid settlement advisory committee listed several of those obstacles.

There is still an inadequate number of physicians willing to prescribe buprenorphine to their patients, the report noted, and some pharmacies don’t even stock it.

Adequate transportation to the state’s licensed methadone clinics, which are largely concentrated in the state’s urban centers, can still be a problem for newer patients who need to show up in-person on a daily basis at the beginning of their treatment.

Additionally, Heimer said, some of the methadone clinics in the state have operating hours that don’t accommodate patients who have jobs at odd hours, or other methadone providers don’t have physicians at all of their sites who are capable of performing the required physicals on patients who are starting methadone treatment.

Steven Zuckerman, the CEO of the Root Center, which operates more than 10 sites in Connecticut, said his organization has the capacity to treat more people.

Even though the Root Center already serves nearly 6,000 patients a day, Zuckerman said his staff is capable of administering the first dose of methadone to someone the same day they walk in.

Medicaid and Medicare, which insures more than 90% of the Root Center’s patients, covers the cost of that treatment, he said.

The bigger issue, Zuckerman said, is addressing all of the other related issues that many of the patients have.

People with opioid use disorders may be unemployed. They may be fighting to regain custody of their kids. They might be facing legal charges. Some have other mental health disorders that have gone untreated. And many don't have reliable housing.

Data collected by the state last year found that nearly 8% of the people who overdosed in 2022 in Connecticut were either homeless or struggling with housing instability.

Zuckerman argued that the nearly \$600 million in settlement funds that the state is expecting to receive over the next two decades could be used to help correct some of those issues for people entering treatment.

“Getting the medication-assisted treatment is the initial step. Obviously, that starts the whole ball rolling. But once sobriety comes for you, there's so much else that's needed to get you moving,” Zuckerman said.

The report produced for the state advisory committee this year suggested portions of Connecticut's opioid settlement funding could help by expanding the operating hours at existing methadone clinics or by financing new mobile methadone clinics, which federal and state regulators also recently approved.

The report also suggested that the settlement funds could be used on a variety of related services for patients with opioid use disorders, including improved transportation services, help with insurance enrollment, employment assistance program and subsidized child care services.

In Lugo's case, she was able to rely on her family members to help with many of her most basic needs once she entered treatment.

Her brother, who is also in recovery, provided her with a place to live above his barber shop in East Hartford. And her father was also available to support her.

“It takes an army just for one person to recover,” Lugo said.

Stopping stigma

The biggest impediment to people accessing methadone and buprenorphine, however, isn't caused by a government regulation, and it can't be solved solely by spending opioid settlement funding.

It's the public stigma that keeps many people from utilizing those treatment medications, several people told The Connecticut Mirror.

Heimer, the Yale professor, said there is still a misconception among large portions of the American population that taking methadone or buprenorphine to treat opioid use disorder is like trading one drug for another.

"The problem is that the 50 years of a very controlled, draconian approach to dispensing methadone has led to methadone being stigmatized," Heimer said. "So even though it's been easier to get, I don't think there has been a huge increase in the number of people taking advantage of it."

That stigmatization can persist even after people realize the benefits the treatment medications can have on someone who is struggling with an opioid use disorder.

Heimer recounted an interaction that he had a few years ago with a woman he met at a community event. The woman, who was in her twenties, was a strong advocate for methadone. She told Heimer that the medication allowed her to work through her opioid use disorder and to reconnect with her family and her child.

Eventually, she told him that she was doing so well on her treatment program that she was considering halting her use of methadone.

Heimer said he tried to persuade the woman not to do that, and he emphasized that if the treatment was working she should stay the course. He explained to her that using opioids for a significant period of time can change someone's brain chemistry.

Despite that warning, Heimer later learned the woman died of an overdose within six weeks of their conversation after she stopped utilizing methadone as part of her treatment.

"There's still this overwhelming belief — unsupported by data — that abstinence, not taking opioids, is the proper end goal for people with opioid use disorders," Heimer said.

He said that is like arguing that a diabetic needs to stop using insulin, or that someone with high cholesterol needs to stop taking their statin medication.

Some advocates don't even like to refer to methadone and buprenorphine as medication-assisted treatment for that very reason. They believe it makes those forms of treatment seem out of the ordinary, when, in fact, they are the gold standard for treating someone with an opioid use disorder.

Lugo said she's seen people voice those negative perceptions in the past, but she said she wouldn't have made it as far in her recovery without the methadone treatment she's received over the past two years.

"They don't see it as a disease," Lugo said.

This story is part of an ongoing series on opioids in Connecticut. Want to share what you know? Send your tips and personal stories to tips@ctmirror.org.

Andrew Brown is a reporter for The Connecticut Mirror. Copyright 2023 © The Connecticut Mirror.

Robert L. Miller

From: OLHA.DPH <OLHA.DPH@ct.gov>
Sent: Thursday, November 2, 2023 10:02 AM
To: Robert L. Miller
Subject: Eastern Highlands Health District 2022 Annual Survey Feedback Form

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

Hello Robert,

The DPH Office of Local Health Administration staff reviewed the documentation that was submitted for the SFY2022 Local Health Annual Report and developed feedback forms for each local health department and district to assist with developing and strengthening responses for subsequent reports. The feedback below indicates whether the submitted documentation for the 13 measures met the requirement (Met), did not meet the requirement (Not met), or partially met the requirement (Partially met).

Outcomes that are "Partially met" identify gaps and request submission of additional or modified documentation to be sent to OLHA.DPH@ct.gov by Friday, November 17, 2023.

If you have any specific questions, please contact us at OLHA.DPH@ct.gov or (860) 509-7660. For general guidance, please refer to the [2021 Best Practices folder](#) found in your MS Teams files (Local Directors of Health SharePoint).

Essential Service Measure	Essential Service - Category and Description	Essential Service Outcome	Requested Action by 11/17/23
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1.1.2-1	Community Health Assessment (CHA) - My department has participated in or conducted a local community health assessment (CHA) within the last five years.	Met	
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1.2.1-2	24/7 Surveillance Systems - 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.	Met	
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2.2.2-1	Implementation of the All Hazards Emergency Operations Plan (EOP) - My department has an infectious disease outbreak protocol that describes the process for determining when the EOP will be activated.	Met	
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2.2.2-2

Implementation of the All Hazards Emergency Operations Plan (EOP) - My department has protocols that specifically address environmental hazards and that describe the process of determining when the EOP will be activated. This includes Environmental Annexes to your EOP and environmental protocols, procedures, or plans such as an Environmental Surety Plan.

Partially met

Your LHD received a "Partially met" for this measure. Your Environmental Surety Plan does not specify who will activate the plan and when the plan will be activated. Updated documentation to suit your specific LHD at the Direction and Control section. The following wording will fulfill this requirement:

"The Director of Health or his Designee has the authority to activate direct response operations as it pertains to a health emergency. The coordination of information and resources to support emergency management usually takes place in an Emergency Coordination Center (EOC). This may differ in the case of a health district where one municipality may be involved. In a declared emergency, the Director of Health, will activate the local Public Health Emergency Operation Plan, and other relevant Plans and will work with the Emergency Management Director to activate the EOC(s) to identify the actions and materials needed for health and provide appropriate environmental health services. Needs will also be communicated to the CT Department of Health and the CT Department of Emergency Services and Management (DESPP) and Division of Emergency Management at the State (DEMHS)."

2.2.2-3

Implementation of the All Hazards Emergency Operations Plan (EOP) - My department has cluster evaluation protocols describing the process for determining when the EOP will be activated.

Met

2.3.2-3 24/7 Access to Public Health Resources - My department has a written policy or procedure to assure 24/7 access to laboratory services. Met

2.3.2-4	24/7 Access to Public Health Resources - My department has protocols for handling and submitting of specimens.	Not met	Your LHD received a "Not met" because no documents were submitted for this requirement. Please ensure that documentation is submitted for the next annual survey.
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2.4.1-1 Communications - My department has a 24/7 communication protocol to contact staff, health care providers, response partners, the media and others. Not met

Your LHD received a "Not met" because the documentation does not contain instructions on how to use a communication system to address the requirement on how to contact staff, health care partners, media and others 24/7. Please ensure that this requirement addresses these details for the next submission.

3.2.3-1	External Communications Procedures - My department has external communication procedures or protocols.	Partially met	Your LHD received a "Partially met" for this measure because the protocol does not address the process for disseminating timely and appropriate info for different audiences/partners' (e.g., UConn, Health Care Providers) contracts/protocol. This was missed in last year's review. Please provide documentation that includes these details.
3.2.4-1	Risk Communication Plan - My department has a risk communication plan, protocol or procedure.	Met	
5.2.2-1	Community Health Improvement Plan - My department has a community health improvement plan (CHIP) dated within the last five years.	Not met	Your LHD received a "Not met" because the documentation does not include your LHD as a partner/participant. Please ensure that your documentation for this requirement includes your LHD as a partner/participant for the next annual survey submission.

6.3.1-2	Written Procedures for Conducting Enforcement Actions - My department has a written procedure or protocol (e.g., decision tree) for enforcement program areas.	Partially met	Your LHD received a "Partially met" for this measur enforcement protocol submitted was affective afte in this report (7/1/21 through 6/30/22). Please sub protocol that aligns with this time period.
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10.1.1-1	Use of Evidence-based or Promising Practices - My department has incorporated an evidence based or promising practice in a process, program or intervention.	Met	
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Kind regards,

Office of Local Health Administration
 Public Health Preparedness and Local Health Section
 CT Department of Public Health
 410 Capitol Ave, Hartford, CT 06106
olha.dph@ct.gov | [OLHA Website](#)

Windham Hospital OK'd to end labor, delivery services

After gaining state's approval, a look at what comes next

BY KATY GOLVALA CT MIRROR

The state Office of Health Strategy has approved a plan to terminate labor and delivery services at Windham Hospital, bringing an end to a three-year saga that pitted community organizers against one of the state's largest health systems.

Under terms of the settlement, Windham Hospital, owned by Hartford HealthCare, must hire an independent third party to assess the need for and feasibility of establishing a birthing center in the area. If the study concludes that it is necessary and possible to do so, the hospital will have to either find a provider to operate a birthing center or operate it themselves.

"Together with Windham Hospital, we carefully crafted this settlement to ensure the healthcare of birthing parents is not compromised by the termination," said OHS executive director Deidre Gifford in a statement.

The hospital will also be required to provide both emergency and non-emergency transportation for the birthing parent, as well as any support people, to and from the hospital for pre-delivery exams, labor and delivery, and post-delivery visits. Windham Hospital will continue to provide prenatal and postpartum care.

"Windham Hospital's decision to end childbirth services has always been about providing safe and sustainable care for women and babies. The state Office of Health Strategy's settlement with the hospital underscores our commitment to a safe childbirth experience, while acknowledging the existing and enhanced pre- and post-natal programs and services we continue to provide," said president of Windham and Backus Hospitals Donna Handley in the same statement.

The decision marks the first of three applications currently under consideration by OHS to close labor and delivery units in rural areas of the state.

In addition to Windham Hospital, two other rural hospitals — Johnson Memorial in Stafford and Sharon Hospital — also have pending applications to terminate birthing services. If all three were to receive approval, Day Kimball Hospital in Putnam would be the only rural hospital in the state offering birthing services.

Windham Hospital stopped delivering babies in June 2020. Three months later, Hartford HealthCare applied for state approval — known as a “certificate of need” — to officially close the unit, pointing to patient safety concerns due to low birth volumes and difficulty recruiting health care providers.

Community organizers from Windham have sustained a fierce campaign opposing the closure for over three years, holding vigils and protests in Windham and Hartford to voice their concerns about the service cuts.

“This is how you kill a small city,” said Willimantic town council member Rodney Alexander on the steps of the state Capitol during a November evening vigil calling for the restoration of services. “How can you convince a young couple to move to Willimantic, raise a family, with no maternity ward?”

In July 2022, OHS issued an initial denial of the proposal to permanently close labor and delivery at Windham, finding that, among other potential negative outcomes, the move could exacerbate existing health inequities, diminish access, increase costs and limit patient choice in the region.

Per the approval process, Hartford HealthCare appealed the decision the following month, which gave the health system the opportunity to present additional evidence and conduct another round of oral arguments.

Among the new evidence Hartford HealthCare presented was the findings from a survey where hospital administrators reported “needing at least 200 annual births for safety and financial viability.” Hartford HealthCare noted that “Windham handled approximately 100 births in each of its last several years of operation.”

The survey’s authors also concluded that “many administrators indicated prioritizing local community needs for obstetric care over concerns about viability and staffing.”

The issue of low birth volumes at Windham has been one of the most contentious points of disagreement between Hartford HealthCare and community members opposed to the closure.

“It comes down to both sides saying it’s unsafe,” said John Brady in a November 2021 interview with the CT Mirror. Brady is a registered nurse and serves as the executive vice president of AFT CT, a union representing health care professionals, as well as teachers and public employees.

According to the statement, once both OHS and Windham sign the agreement, the parties will meet to establish a work plan for the study of the birthing center.

Katy Golvala is a reporter for The Connecticut Mirror Copyright 2023 © The Connecticut Mirror.

Robert L. Miller

From: Cecile C. Serazo
Sent: Wednesday, December 6, 2023 11:05 AM
Subject: Flu and Updated Covid-19 vaccine

Dear School Nurses,

I hope this email finds you well. As we approach the peak of respiratory illness season and continue our efforts to mitigate the impact of these diseases, we want to remind you that it's not too late to ensure the health and well-being of our communities.

Flu shots and updated COVID-19 vaccines are still available, and we encourage everyone to take advantage of this opportunity. Getting vaccinated is a crucial step in protecting ourselves and those around us, especially in a school setting where close contact is common.

The Eastern Health District (EHHD) is offering free flu shots for individuals aged 4 and older. We are also offering free Covid-19 vaccines for 5 years old through 18. These vaccinations are available on Thursdays from 4:00 PM to 6:00 PM by appointment. To schedule your appointment, please call EHHD at 860-429-3325. For alternative vaccination locations go to www.vaccines.gov

We appreciate the importance of your role in keeping our communities healthy and safe, and your proactive participation is highly valued. By getting vaccinated, we contribute to the overall well-being of our school environment and help ensure that we can continue providing a safe and supportive learning environment for all.

Please do not hesitate to reach out if you have any questions or need further information.

Wishing you a healthy and safe winter season.

Best regards,

Cecile C. Serazo

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