

Eastern Highlands Health District  
Board of Directors Regular Meeting\*  
Agenda  
Thursday December 12, 2024, 4:30 PM  
1712 Main St, Coventry  
Town Hall Annex

Call to Order

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

Approval of Minutes (October 17, 2024)

Public Comments

Old Business - none

New Business

1. Proposed Fiscal Year 2025/2026 Operating Budget, Cost Recovery Fee Schedule, and CNR Budget - Set public hearing date

Subcommittee Reports

2. Finance Committee
  - a. Financial report for the period ending 9/30/24
  - b. Auditors Financial Statements Year Ending June 30, 2024 & Auditors Communications to the Board

Directors Report

3. Quarter Activity Report period ending 9/30/24
4. EHHD 2023/2024 Annual Report
5. Radon Testing Program
6. Strategic Plan – Update (no attachment)

Medical Advisors Report

Communications/Other

7. CT DPH re: Public Water System and Local Health Department Drought Preparedness
8. CT State Epidemiologist re: Increase in Mycoplasma pneumonia Infections
9. CT DPH re: SFY 2025 Per Capita Funding Application
10. Mansfield Community Center re: Main Pool Information
11. Town of Ashford re: EOP Declaration of State of Emergency
12. Lamar Advertising re: Proof of Performance
13. Governor Lamont re: Environmental Health Professionals Day
14. M Hart re: Revisions to the Technical Standards for SSSDS
15. CT State Epidemiologist re: Update on Marburg Virus Disease Outbreak in Rwanda

Town Reports

Adjournment

*Next Board Meeting – January 16, 2025*

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

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

Thursday, October 17, 2024

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

**Staff present:** R. Miller, M. Brosseau

**J. Elsesser called the meeting to order at 4:36pm**

**Approval of Minutes**

E. Anderson made a MOTION seconded by J. Elsesser to accept the minutes of the 7/17/2024 meeting as presented. MOTION passed unanimously.

E. Anderson made a MOTION seconded by M. Walter to accept the minutes of the 7/18/2024 meeting as modified by R Miller, changing the date from Wednesday to Thursday. MOTION passed unanimously.

E. Anderson made a MOTION seconded by M. Walter to accept the minutes of the 8/15/2024 meeting as presented. MOTION passed unanimously.

**Proposed 2025 Regular Meeting Schedule**

J. Rupert made a MOTION, seconded by E. Anderson to adopt the Eastern Highlands Health District Board of Directors 2025 regular meeting schedule as presented. R. Miller noted that the June 12<sup>th</sup> meeting is not the 3<sup>rd</sup> Thursday of the month so it doesn't coincide with Juneteenth, and the meeting scheduled April 17<sup>th</sup> which is Passover, is not considered a high holy day. MOTION passed unanimously.

**Public Health Preparedness Program Agreement Between Ledge Light Health District and EHHD - Ratification**

J. Rupert made a MOTION, seconded by E. Anderson to ratify the "Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2024-2029", as presented today at this meeting October 17, 2024. MOTION PASSED unanimously.

**Personnel Committee Report**

**Executive Session**

J. Rupert made a MOTION, seconded by E. Anderson to enter Executive Session at 4:38 PM to discuss personnel matters in accordance with GCS 1-200(6)(a), Director of Health Performance Review. MOTION PASSED unanimously. J. Drumm joined the meeting.

Executive Session ended at 5:02 PM.

Regular meeting resumed at 5:02 PM.

E. Anderson made a MOTION, seconded by J. Drumm to accept the Personnel Committees recommendation to award R. Miller a 3% increase in annual salary retroactive to July 1, 2024, and a one-time bonus of \$1000. MOTION passed unanimously.

### **Directors Report**

#### **Immunization Program Update**

R. Miller informed the board that EHHD is the midst of the "Get on Board, Stay on Track, Get Vaxed" campaign to support immunization for seasonal respiratory viruses. As of the end of September, 7 clinics have been held; 410 vaccines administered. These vaccines include RSV, pneumonia, COVID and flu. Additional clinics will be held.

#### **Hypertension Prevention Program Update**

R. Miller reported to the board the 15 blood pressure clinics have been held. 293 individuals attended these clinics, 24% were referred to their PCP for follow up. J. Elsesser suggested reaching out to towns with police departments. E. Anderson suggested reaching out to Public Works departments.

#### **New weekly Viral Respiratory Disease Summary**

R. Miller reported that he has resumed sending out a weekly report containing information on COVID-19, Influenza and RSV. R. Miller is hoping to further build out the report. R. Miller noted that if additional people would like to receive the report, they can email M. Brosseau (mbrosseau@ehhd.org).

#### **Strategic Plan Update**

R. Miller informed the board that a draft is almost complete. Once complete, the Strategic Planning Committee will be engaged to review and make refinements. It will then be brought to the full board.

#### **COVID-19 test kit distribution Program**

R. Miller noted that COVID-19 test kits are available in the EHHD main office. Additionally, the government is again offering free kits to households.

#### **Advocacy Update**

R. Miller reported that he has met with M. Hart of CROG regarding the NaCl issue and water softeners, and the private well data confidentiality. CROG will be sending a letter to the SSSD committee requesting a water test as part of the submittal for a water softener system to ensure that a water softener is needed. M. Hart has agreed to call the Public Health Committee Chair to see if she would meet to discuss issues related to private well data confidentiality.

#### **Communication/Other**

R. Miller called attention to the CT Suicidal Ideation and Self Harm ED Visit Report. R. Miller noted that no community is immune from this issue, and the rates for EHHD towns are relatively low in comparison

R. Miller noted the communications on EEE. Initially, mosquito isolates were detected at a high rate by CAES. Due to a dry fall, later summer the mosquito population has deadened.

## **Town Reports**

### **Andover**

E. Anderson reported:

- Andover has hired the first Community and Senior Center Director
- An E-Bike loaner program is in place to encourage people to get outside
- Oct 26<sup>th</sup>, a "Smart Start Adult Cycling Training" program will be held to encourage people to get back to biking
- A legislative request has been submitted to request the state to invest in trails
- The flu/COVID clinic was successful; 117 vaccines administered
- Suggested BP screening at public works

### **Bolton**

J. Rupert reported:

- The Recreation Director has been encouraged to do more outdoor recreation activities to utilize under used outdoor rec areas
- The Heritage Farm Trail is going to CROG for review
- The town is the recipient of a STEAP grant for upgrades at Herrick Park

### **Coventry**

J. Drumm reported:

- The town has received additional grant funding to cover 77% of the salt impacted homes on Plains Road
- Working with Connecticut Water to bring in a water tower
- A new Human Services Coordinator and a new Youth Services Coordinator has been hired
- Wasabi Restaurant has opened

### **Columbia**

M. Walter reported:

- Hop River Bridge is open to vehicle traffic ahead of schedule
- The rec department will be holding a 'Trick or Treat' event on Oct 23<sup>rd</sup> at Rec Park
- "Searching for Migratory Ducks on the Lake" will be held Oct 19<sup>th</sup> at the town beach
- A program on the History of the Moor's Charity school will be held on Oct 20<sup>th</sup>.
- Main Moose closed early this season due to difficulties finding employees

### **Mansfield**



R. Aylesworth reported:

- Mansfield continues to work on the water treatment system at MES
- Employee wellness fair being held 10/17/2024
- A draft of the Parks & Rec master plan was presented to the Town Council for review during the summer; the proposed final version will be presented this week.
- New eateries in town include Chipotle and Five Guys
- H. Evans note that she would like to get involved in any mental health offerings by the District

### **Adjournment**

E. Anderson made a MOTION, seconded by J. Rupert to adjourn the regular meeting at 5:33pm. MOTION PASSED unanimously.

**Next Board Meeting – December 12, 2024, 4:30 PM**

Respectfully submitted,

Robert Miller

Secretary




Eastern Highlands Health District

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

**Memorandum**

**To:** Board of Directors

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

**CC:** Amanda Backus, Chief Financial Officer

**Date:** 12/6/2024

**Re:** Proposed Operating Budget, Cost Recovery Fee Schedule, and CNR Budget

**Proposed Fiscal Year 2025/2026 Operating Budget**

Submitted herewith for your review is a proposed operating budget for fiscal year 2025/2026. The proposal incorporates an expenditure increase of \$61,814 or 6.1%. The total budget has increased from \$1,010,076 to \$1,071,890. The member town contribution rate increased by 3.36% from \$5.95 to \$6.15 per capita (The average FY24/25 member town contribution rate for contiguous health districts in the state is \$8.33).

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

**Primary Budget Drivers**

The primary issues driving the fiscal year 2025/2026 budget are a proposed increase in the staff salaries, increases in benefit expenses, and increases in operational expenses. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 0.9%. The increase in the account appropriation accommodates merit increases, an increase addressing Connecticut Paid Leave payroll tax for eligible staff, and an increase to accommodate a proposed position reclassification. The increases in this account are offset by shifting funds earmarked for a vacant part-time regular position to an account funding a contracted vendor.
2. A **Benefits** expenditure increase of 12.7%. The allocation accommodates corresponding increases in basic benefits associated with salary increases, and an increase in the number of employees enrolled in the agency medical insurance plan. No significant increase in the medical insurance premium rate is anticipated.
3. A decrease of 0.8% the appropriation from the adopted FY24/25 figure is anticipated for the **state grant – in - aid**. This is a result in a reduction in the total health district population. At this time, we are anticipating no change in the state funding *rate* into FY25/26 for local health departments.
4. A total member **town contribution** increase of 2.4% is proposed. This incorporates the population reduction, and a 3.36% increase in the member town per capita rate.

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

5. A **Cost Recovery Fee** revenue increase of 15.4%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year and extrapolates them into FY25/26. This also incorporates proposed fee rate increases in selected service fee categories.
6. An **appropriation from fund balance** of \$74,540 is proposed to balance the budget. This appropriation is an increase of \$11,134 as compared to the FY24/25 adopted budget.
7. No change in the **grant deductions** for regular staff salary and benefits is estimated.
8. An increase in **operational expenditures** of 20.4% is anticipated. This increase is driven by an anticipated increases in professional & technical services, auditing, contracted services, and fleet vehicle maintenance.
9. A reduction in the appropriation in **Transfers Out of CNR** of \$3,000.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY25/26	Adopted 24/25	Proposed 25/26	Change	Percent
<b>Revenues</b>				
State Grant in Aid	\$ 207,210	\$ 205,520	\$ (1,690)	-0.8%
Town contributions	\$ 474,660	\$ 486,130	\$ 11,470	2.4%
Cost Recovery Fees	\$ 264,800	\$ 305,700	\$ 40,900	15.4%
Appropriation of Fund Balance	\$ 63,406	\$ 74,540	\$ 11,134	17.6%
<b>Total</b>	<b>\$ 1,010,076</b>	<b>\$ 1,071,890</b>	<b>\$ 61,814</b>	<b>6.1%</b>
<b>Expenditures</b>				
Grant Deductions	\$ (71,369)	\$ (71,369)	\$ -	0.0%
Salaries	\$ 702,470	\$ 709,096	\$ 6,626	0.9%
Benefits	\$ 239,790	\$ 270,255	\$ 30,465	12.7%
Operations	\$ 136,185	\$ 163,908	\$ 27,723	20.4%
Transfers Out to CNR	\$ 3,000	\$ -	\$ (3,000)	
<b>Total</b>	<b>\$ 1,010,076</b>	<b>\$ 1,071,890</b>	<b>\$ 61,814</b>	<b>6.1%</b>

**Highlighted below is additional narrative for selected account proposals for FY25/26**

**Revenues**

- **State Grant – in – Aid.** There is a reduction in this revenue category due to a reduction in the Health District total population from 79,696 to 79,045 for a reduction of 651. This results in an anticipate appropriation of \$205,520. This is assuming no change in the per capita rate into the new state budget period. There is no information from DPH at this time regarding anticipated actual appropriations for FY25/26 at this time.

- **Town Contributions.** A total combined increase of \$11,470 or 2.4% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 3.36%. Proposed individual member town contribution changes can vary based on population changes for each town. Individual member town changes and contribution rate history can be found on pages 6, 7 & 13 of the budget presentation.
- **Cost Recovery Fees.** A combined total increase for all service fee categories is estimated at \$40,900, or 15.4%. This estimate is based on a number of factors. There are rate changes proposed to selected fee for service categories. Of note, a number of service fee rates have not changed for 7 to 8 years, with no changes having occurred in any category within the past 4 years. Furthermore, the rate changes proposed are at, or near the average current rate of our 4 contiguous sister health districts. The revenue estimates for FY25/26 can be found on page 10. Fee schedule history with the estimated revenue increase for each category can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.
- **General Fund Appropriation.** An appropriation of \$74,540 is proposed in this budget. This is an increase of \$11,134 from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2026 will be 35.8% of the FY25/26 operating expenditures. (See page 4 for the GF roll forward report for FY25/26.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during these periods, with the exception of authorized fund balance transfers.

## Expenditures

- **51050 Grant Deductions.** While grant funding is difficult to project due to its volatility, this proposed budget anticipates no change in grant deductions. This is based on the fact that we have secured grant awards in the areas Emergency Preparedness, and Work Force Development. (See page 15 for details on total grant revenue anticipated for FY26.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$6,626, or 0.9%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund an average 3.0% merit increase, and a 0.5% increase to offset the payroll tax mandated by the CT Paid Leave Act for eligible regular staff. Actual individual increases are determined by the availability of funds, and an annual performance evaluation. This increase also incorporates the reclassification of a Sanitarian II position to a combined role with a Assistant Director of Health position. *See page 17 of the budget document that provides the rationale for this reclassification.* Finally, this proposed appropriation reflects the shift of a part-time Environmental Health Inspector Position expenses away from the salary/benefit accounts to the Professional & Technical Services Account to fund a contracted vendor. This shift results in a saving of approximately \$11,175 and materially offsets the proposed increases detailed above in the account.
- **52105 Medical Insurance.** The total increase anticipated is \$27,275, or 21.9%. No increase in the premium rate is anticipated by the Mansfield Finance Department. This increase is the result of changes in the roster of enrolled employees.
- **53125 Professional & Technical Services.** A total increase of \$25,890 is anticipated, or 212%. This is due to an increase of \$20,000 to accommodate the shift of a regular part-time position to a contracted vendor. This shift results in a savings of \$11,175 in salary and benefits without a material reduction in services. This appropriation includes a \$5,000 increase in professional services to support new mandated services addressing childhood lead poisoning, and a \$550 increase in the stipend for our medical advisor. The full break down of service allocations for this account can be found on page 8 of the budget document.

- **53125 Audit Expense.** The total increase anticipated is 10.2%, or \$1,180. This is due to a rate increase imposed by our auditor, CliftonLarsonAllen, LLP.
- **53303 Vehicle Repair & Maintenance.** This total increase anticipated is \$1,000, or 25%. This is on based actual expenses from the previous fiscal years.
- **53960 Other Purchased Services.** A total anticipated increase of \$1,120, or 5.0 % is proposed. This increase is obligated under the service contract we have with our software vendor for our online permit application and payment platform.
- **54601 Gasoline.** An decrease of \$500, or 12.5% is anticipated. This is based on actual costs in previous fiscal year.
- **56302 Administrative Overhead.** A total increase \$845 or 2.4% is proposed. This is a contractual payment increase linked to the CPI to the Town of Mansfield for accounting, financial reporting, HR, and IT services.

**Proposed FY 25/26 Capital Nonrecurring Budget Narrative (See Page 14)**

**Revenues**

- **Transfer In – General Fund.** There is no planned transfer in from GF in this proposal

**Expenditures**

- **Web site update.** An expenditure of \$15,000 is proposed to fund an update to the agency website.
- **Office reorganization/relocation.** An expenditure of \$50,000 towards the phased in total cost of expanding the main office space.

**Recommended Motion**

The budget detailed herewith in incorporates changes provided by the Finance Committee at their December 5, 2024 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is in order: *Move, to set public hearing date of Thursday, January 16, 2025 at 4:30 PM to receive the public’s comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2025/2026 Operating Budget, Cost Recovery Fee Schedule, and Capital non-recurring budget, as presented on December 12, 2024.*

**Eastern Highlands Health District**

**Proposed Budget**

**Fiscal Year 2025 – 2026**

**December 12, 2024**

**Board of Directors Meeting**

<b>Table of Contents</b>	<b>Page #</b>
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
Proposed FY25/26 Cost Recovery Fee Schedule	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
Rationale for Reclassifying Sanitarian II to a Combined Role with Assist DOH	17

# Eastern Highlands Health District Budget Presentation FY 25/26

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

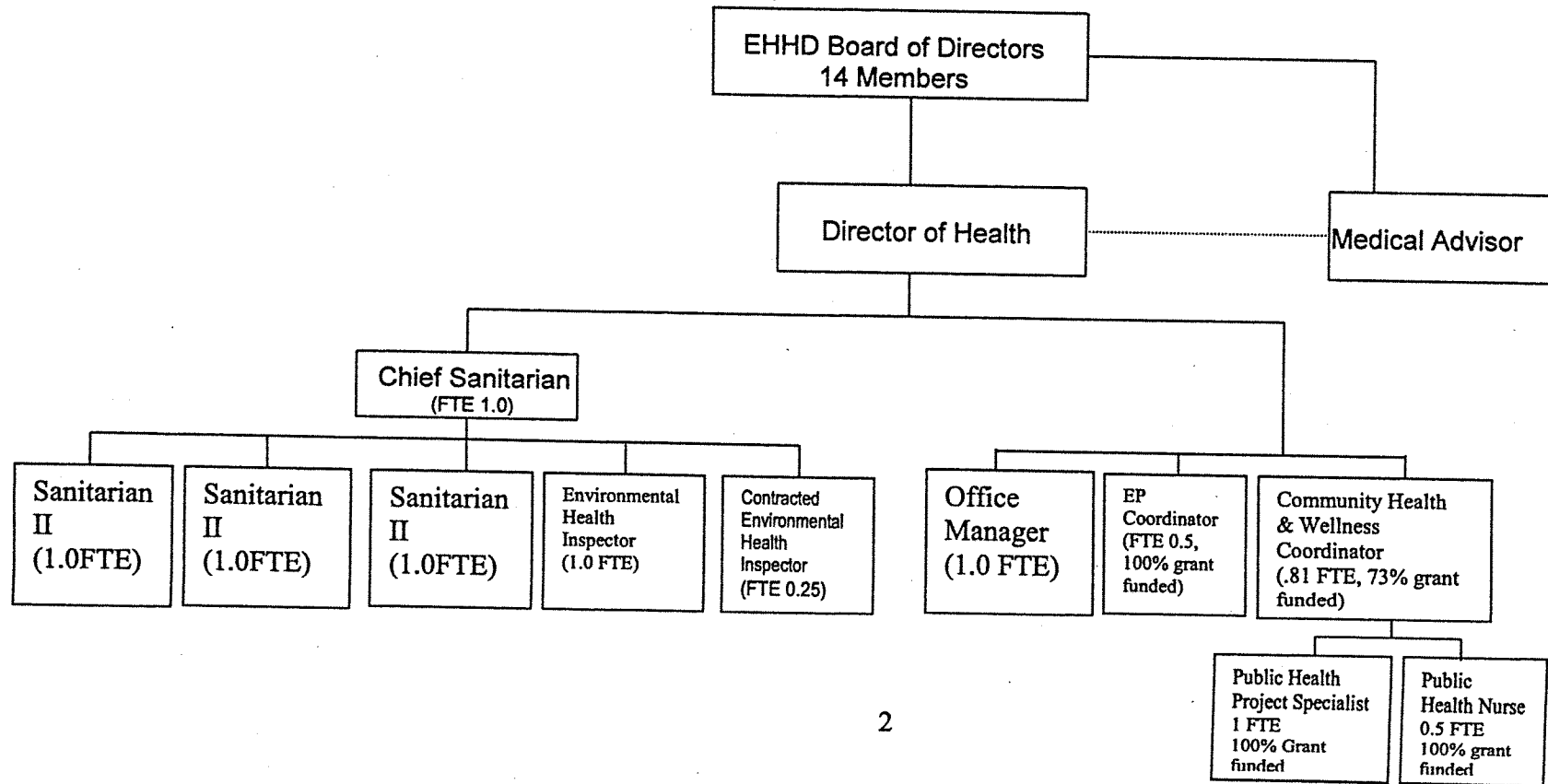
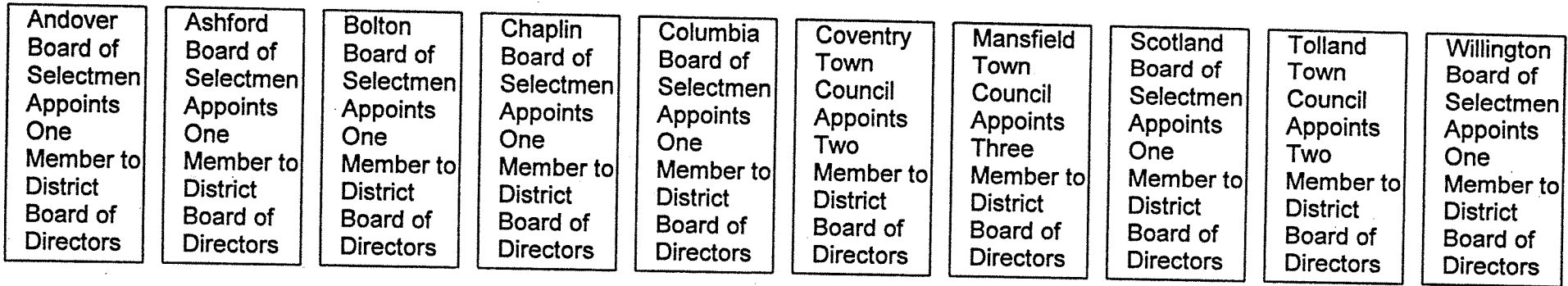
The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 79,045.

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 2025/2026 Eastern Highlands Health District Organizational Chart



### **Fiscal Year 2025/2026 Budget Calendar**

Finance Committee Budget Meeting	December 5, 2024
Finance Committee Budget Meeting	December 12, 2024 (If needed)
Budget Presentation to Board	December 12, 2024
Deadline for final budget estimates per By Laws	January 1, 2025
Fiscal Year 2025/2026 Budget Public Hearing	January 16, 2025 (Recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2025
Adoption of Budget	February 20, 2025 (If needed)

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

Roll Forward FY 2025/26

	Actual 21/22	Actual 22/23	Actual 23/24	Amended 24/25	Estimated 24/25	Proposed 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31
<b>Revenues:</b>											
Member Town Contributions	455,033	451,519	463,192	474,660	474,660	<b>486,130</b>	500,714	515,735	531,207	547,144	563,558
State Grant-in-Aid	208,107	206,500	207,210	207,210	207,210	<b>205,520</b>	205,520	205,520	205,520	205,520	205,520
Services Fees	283,453	268,298	264,772	264,800	264,800	<b>305,700</b>	316,400	327,473	338,935	350,798	363,076
<b>Total Revenues</b>	<b>946,593</b>	<b>926,317</b>	<b>935,174</b>	<b>946,670</b>	<b>946,670</b>	<b>997,350</b>	1,022,633	1,048,729	1,075,662	1,103,461	1,132,154
<b>Expenditures:</b>											
Salaries & Benefits	776,797	755,035	734,966	877,091	877,091	<b>912,980</b>	935,805	959,200	933,180	956,509	980,422
Insurance	14,115	14,001	15,390	15,050	15,050	<b>15,240</b>	15,316	15,393	15,470	15,547	15,625
Professional & Technical Services	32,450	27,673	30,522	26,720	26,720	<b>53,290</b>	53,556	53,824	54,093	54,364	54,636
Other Purchased Services & Supplies	54,007	72,061	76,185	83,315	83,315	<b>85,480</b>	85,907	86,337	86,769	87,202	87,638
Equipment	4,068	3,074	4,145	4,900	4,900	<b>4,900</b>	4,000	4,000	4,000	4,000	4,000
<b>Sub-total Expenditures</b>	<b>881,437</b>	<b>871,844</b>	<b>861,208</b>	<b>1,007,076</b>	<b>1,007,076</b>	<b>1,071,890</b>	1,094,585	1,118,754	1,093,511	1,117,622	1,142,321
Operating Transfers Out		3,000	3,000	3,000	3,000	-	5,000	9,000	12,000	15,000	18,000
<b>Total Expenditures and Operating Transfers Out</b>	<b>881,437</b>	<b>874,844</b>	<b>864,208</b>	<b>1,010,076</b>	<b>1,010,076</b>	<b>1,071,890</b>	1,099,585	1,127,754	1,105,511	1,132,622	1,160,321
<b>Excess/(Deficiency) of Revenues over Expenditures</b>	<b>65,156</b>	<b>51,473</b>	<b>70,966</b>	<b>(63,406)</b>	<b>(63,406)</b>	<b>(74,540)</b>	(76,951)	(79,025)	(29,849)	(29,161)	(28,167)
Equity Fund Transfer to Capital Nonrecurring Fund		(125,000)	(125,000)								
<b>Fund Balance, July 1</b>	<b>610,153</b>	<b>675,309</b>	<b>601,782</b>	<b>547,748</b>	<b>547,748</b>	<b>484,342</b>	409,802	332,851	253,826	223,977	194,816
<b>Fund Balance, June 30</b>	<b>\$675,309</b>	<b>601,782</b>	<b>547,748</b>	<b>484,342</b>	<b>484,342</b>	<b>409,802</b>	<b>\$332,851</b>	<b>\$253,826</b>	<b>\$223,977</b>	<b>\$194,816</b>	<b>\$166,649</b>
<b>Expenditures per Above</b>	<b>881,437</b>	<b>871,844</b>	<b>864,208</b>	<b>1,010,076</b>	<b>1,010,076</b>	<b>1,071,890</b>	1,099,585	1,127,754	1,105,511	1,132,622	1,160,321
Grant Deduction	88,105	108,356	96,722	71,369	71,369	<b>71,369</b>	71,369	96,722	96,722	96,722	96,722
<b>Total Expenditures</b>	<b>969,542</b>	<b>980,200</b>	<b>960,930</b>	<b>1,081,445</b>	<b>1,081,445</b>	<b>1,143,259</b>	1,170,954	1,224,476	1,202,233	1,229,344	1,257,043
<b>FB as a % of Total Exp</b>	<b>69.65%</b>	<b>61.39%</b>	<b>57.00%</b>	<b>44.79%</b>	<b>44.79%</b>	<b>35.85%</b>	28.43%	20.73%	18.63%	15.85%	13.26%

Assumptions:

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

**Eastern Highlands Health District  
Summary of Revenues and Expenditures for FY25/26**

**Fund: 634 Eastern Highlands Health District  
Org: 17120000**

Object	Description	Proposed			%	Dollar
		Amended	Estimated	Budget		
		24/25	24/25	25/26	change	change
<b>Revenues:</b>						
42220	Septic Permits	50,000	50,000	51,610	3.2	1,610
42221	Well Permits	13,000	13,000	15,300	17.7	2,300
43391	State Grant-In-Aid	207,210	207,210	205,520	(0.8)	(1,690)
44030	Health Inspec. Service Fees	3,500	3,500	3,500	-	-
48961	Health Services-Bolton	28,700	28,700	29,730	3.6	1,030
48962	Health Services-Coventry	72,690	72,690	75,690	4.1	3,000
48963	Health Services-Mansfield	156,980	156,980	156,220	(0.5)	(760)
44036	Soil Testing Service	41,000	41,000	49,600	21.0	8,600
44037	Food Protection Service	82,000	82,000	90,080	9.9	8,080
44038	B100a Review	26,000	26,000	35,200	35.4	9,200
44039	Engineered Plan Rev	32,000	32,000	41,000	28.1	9,000
48964	Health Services - Ashford	24,930	24,930	26,010	4.3	1,080
44044	Health Services - Willington	32,920	32,920	34,140	3.7	1,220
44046	GroupHome/Daycare inspection	1,200	1,200	1,410	17.5	210
44047	Subdivision Review	1,500	1,500	1,500	-	-
44048	Food Plan Review	3,000	3,000	3,900	30.0	900
48966	Health Services - Tolland	86,430	86,430	89,630	3.7	3,200
48967	Health Services - Chaplin	12,760	12,760	13,270	4.0	510
48968	Health Services - Andover	18,660	18,660	19,340	3.6	680
48969	Health Services - Columbia	31,250	31,250	32,400	3.7	1,150
48970	Health Services - Scotland	9,340	9,340	9,700	3.9	360
44725	Cosmotology Permits	6,600	6,600	6,600	-	-
44035	Vaccine administration	5,000	5,000	6,000	-	1,000
49999	Appropriation of Fund Balance	63,406	63,406	74,540	17.6	11,134
<b>Total Revenues</b>		<b>1,010,076</b>	<b>1,010,076</b>	<b>1,071,890</b>	<b>6.1</b>	<b>61,814</b>
<b>Expenditures:</b>						
51050	Grant deductions	(71,369)	(71,369)	(71,369)	-	-
51601	Regular Salaries - Non-Union	702,470	702,470	709,096	0.9	6,626
52001	Social Security	43,550	43,550	44,300	1.7	750
52002	Workers Compensation	9,400	9,400	9,400	-	-
52007	Medicare	10,185	10,185	10,360	1.7	175
52010	ICMA (Pension)	40,130	40,130	42,210	5.2	2,080
52103	Life Insurance	3,030	3,030	3,100	2.3	70
52105	Medical Insurance	124,725	124,725	152,000	21.9	27,275
52117	RHS	2,610	2,610	2,700	3.4	90
52112	LTD	760	760	783	3.0	23
52203	Dues & Subscriptions	2,100	2,100	2,100	-	-
52210	Training	3,500	3,500	2,500	(28.6)	(1,000)
52212	Mileage Reimbursement	600	600	400	(33.3)	(200)
52220	Vehicle allowance	5,400	5,400	5,400	-	-
53120	Professional & Tech	12,170	12,170	38,060	212.7	25,890
53122	Legal	3,000	3,000	2,500	(16.7)	(500)
53125	Audit Expense	11,550	11,550	12,730	10.2	1,180
54903	Vehicle Repair & Maintenance	4,000	4,000	5,000	25.0	1,000
55201	General Liability	15,050	15,050	15,240	1.3	190
55400	Advertising	1,000	1,000	1,000	-	-
55500	Printing & Binding	1,500	1,500	1,200	(20.0)	(300)
55301	Postage	1,500	1,500	1,500	-	-
55940	Copier maintenance	1,000	1,000	1,000	-	-
55960	Other Purchased Services	22,390	22,390	23,510	5.0	1,120
55964	Voice Communications	4,850	4,850	4,850	-	-
56110	Instructional Supplies	800	800	800	-	-
56400	Books & Periodicals	200	200	200	-	-
56001	Office Supplies	2,000	2,000	2,000	-	-
56919	Clinical Supplies	5,000	5,000	5,000	-	-
56260	Gasoline	4,000	4,000	3,500	(12.5)	(500)
57392	Office Equipment	4,000	4,000	4,000	-	-
57390	Equipment - Other	900	900	900	-	-
58902	Admin. Overhead	35,075	35,075	35,920	2.4	845
58903	Other General Expenditures	-	-	-	-	-
58912	Contingency	-	-	-	-	-
59730	Capital Nonrecurring Fund	3000	3000	0	-	(3,000)
<b>Total Expenditures</b>		<b>1,010,076</b>	<b>1,010,076</b>	<b>1,071,890</b>	<b>6.1</b>	<b>61,814</b>

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

42220 Septic Permits  
Proposed estimate: **\$51,610**

42221 Well Permits  
Proposed estimate: **\$15,300**

43391 State Grant-in-aid

	<u>Population 2023</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,144	2.60	8,174
Ashford	4,229	2.60	10,995
Bolton	4,834	2.60	12,568
Chaplin	2,157	2.60	5,608
Columbia	5,268	2.60	13,697
Coventry	12,308	2.60	32,001
Scotland	1,578	2.60	4,103
Tolland	14,574	2.60	37,892
Mansfield	25,401	2.60	66,043
Wilmington	5,552	2.60	14,435
<b>Total</b>	<b>79,045</b>		<b>\$205,516</b>

48961 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,834	\$ 6.150	<b>\$29,730</b>	<b>\$1,030</b>	<b>3.59</b>

48962 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,308	\$ 6.150	<b>\$75,690</b>	<b>\$3,000</b>	<b>4.13</b>

48963 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
25,401	\$ 6.150	<b>\$156,220</b>	<b>(\$760)</b>	<b>-0.48</b>

48964 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,229	\$ 6.150	<b>\$26,010</b>	<b>\$1,080</b>	<b>4.33</b>

48966 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,574	\$ 6.150	<b>\$89,630</b>	<b>\$3,200</b>	<b>3.70</b>

48965 Health Services - Wilmington

<u>Wilmington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,552	\$ 6.150	<b>\$34,140</b>	<b>\$1,220</b>	<b>3.71</b>

48967 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,157	\$ 6.150	<b>\$13,270</b>	<b>\$510</b>	<b>4.00</b>

48968 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,144	\$ 6.150	<b>\$19,340</b>	<b>\$680</b>	<b>3.64</b>

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

48969 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,268	\$ 6.150	<b>\$32,400</b>	<b>\$1,150</b>	<b>3.68</b>

48970 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,578	\$ 6.150	<b>\$9,700</b>	<b>\$360</b>	<b>3.85</b>

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

44036 Health Services - Soil Testing  
Proposed estimate: **\$49,600**

44037 Food Protection Service  
Proposed estimate: **\$90,080**

44038 B100a (Public Health Review)  
Proposed estimate: **\$35,200**

44039 Plan Review Engineered Design  
Proposed estimate: **\$41,000**

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

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

44047 Subdivision Review  
Proposed estimate: **\$1,500**

44048 Food Plan Review  
Proposed estimate: **\$3,900**

44725 Cosmetology Inspections **\$6,600**

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

49999 Appropriation of Fund Balance **\$ 74,540**

RATIONAL OF OBJECTS

BUDGET FIGURE IN **BOLD ITALICS**

Expenditures:

51601 Regular Salaries - Non-Union

	FY 24/25	FY 24/25	FTE
	Proposed	Appropr	Grant deduct
	707,496		7.86
Longevity/bonus	<b>\$1,600</b>		(64,686)
<b>Total Salaries</b>	<b>\$709,096</b>		0.91

	<b>Salary Deductions</b>	(64,686)
	<b>Benefit Deductions</b>	(6,683)
51050 Grant Deductions	<b>Total Grant Deductions</b>	<b>\$ (71,369)</b>

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
709,096	<b>\$43,555</b>

52002 Workers compensation

Estimated Premium **\$9,400**

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 709,096	<b>\$10,185</b>

52010 MissionSquare (Pension Plan)

Estimated Salaries of Full-time employees	703,496
Employer percent contribution	<u>0.06</u>
<b>Total estimated employer contribution</b>	<b>Total 42,210</b>

52103 Life Insurance

Proposed estimate: **\$3,102**

52105 Medical Insurance

Proposed estimate: **\$152,000** Place holder provided by Finance Dept

52117 RHS Contribution

Proposed estimate: **\$2,700**

52112 LTD

Proposed estimate: **\$783**

52203 Dues & Subscriptions

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

52210 Training

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

52212 Mileage Reimbursement

Proposed estimate: **\$400**

52220 Vehicle Allowance

**\$5,400**

53120 Professional and Technical Services

Contract FSE Inspector	20000
Medical advisor stipend	6050
website license/hosting	1470
Survey monkey	375
Lead XRF inspection	9000
Zoom	160
CLIA waiver annual fee	180
Transactrx	825
<b>Total</b>	<b>\$38,060</b>

53122 Legal Services

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

53125 Audit Expense

Proposed estimate: **\$12,730**

54903 Vehicle Maintenance and Repair

Proposed estimate: **\$5,000**

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

55201 General Liability Insurance

Coverage by CIRMA:

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

Estimated premium: **\$15,240**

55400 Advertising

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

55500 Printing and Binding

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

55301 Postage

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

55940 Copier Maintenance

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

55960 Other Purchased Services

Proposed estimate: **23,510** (OpenGov contract)

55964 Voice Communications

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

56110 Instructional Supplies

Proposed estimate: **\$800**

56400 Books and Periodicals

Proposed estimate: **\$200**

56001 Office supplies

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

56260 Gasoline

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

57392 Office equipment

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

56919 Clinic Supplies

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

57390 Equipment - Other

Field Equipment: **\$900**

58902 Administrative Overhead

Propose estimate: **\$35,920** (Sept 23 to Sept 24 -CPI, 2.4%)

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

58912 Contingency

**\$0**

59730 Capital Nonrecurring Fund

**\$0**



Analysis of Service Fee Revenues																		
REVENUE PERFORMANCE	Actual 2014-2015	Actual 2015-2016	Actual 2016-2017	Actual 2017-18	Actual 2018-2019	Actual 2019/2020	Actual 2020/2021	Actual 2021/2022	Actual 2022/2023	Actual 2023/2024	Adopted 24/25	Received 10/1/2021	Received 11/10/2022	Received 10/31/2023	Received 10/31/2024	Estimated Actuals 2024-25	Proposed 2025-2026	
<b>42220 Septic Permits (New and repair permits)</b>	31,655	31,285	34,400	43,880	51,145	49,133	61,170	60,822	55,770	51,377	50,000	15,060	23,940	19,685	14,535	28%	50,000	51,610
<b>42221 Well permits</b>	15,535	14,345	16,965	12,925	12,955	10,680	22,395	12,875	14,250	12,675	13,000	3,875	5,375	5,250	4,125	33%	13,000	15,300
<b>44030 Health Inspection Services ( Other Inspections &amp; services)</b>	3,318	5,375	13,716	3,993	3,210	9,151	5,244	2,411	3,991	2,637	3,500	188	580	319	130	12%	3,500	3,500
<b>44036 Health Services - Soil testing (Test Holes &amp; Perc Tests)</b>	32,965	39,710	33,585	41,775	40,960	49,490	46,388	51,980	36,125	41,665	41,000	13,950	14,350	16,030	14,010	34%	41,000	49,600
<b>44037 Food Protection Service (License fees)</b>	60,068	61,743	66,413	71,399	83,961	79,718	78,455	82,995	80,811	83,974	82,000	6,475	6,772	4,743	5,602	6%	82,000	90,080
<b>44038 B100a Review (Public health review)</b>	24,610	29,225	30,040	27,470	29,445	33,690	38,175	28,810	29,460	24,760	26,000	6,160	10,355	9,450	9,360	38%	26,000	35,200
<b>44039 Engineered Plan Review</b>	8,665	8,905	7,290	8,175	29,535	32,860	36,575	39,610	35,940	33,580	32,000	8,660	14,390	11,420	11,790	35%	32,000	41,000
<b>44045 Nonengineered Plan Review</b>	12,870	14,205	15,820	18,565	60			220									-	-
<b>44046 Group Home / Daycare Insp.</b>	1,190	1,255	1,230	1,470	1,210	1,430	880	1,650	770	1,540	1,200	330	330	440	220	14%	1,200	1,410
<b>44047 Subdivision Review</b>	3,680	3,105	2,360	2,070	1,170	1,375	2640	1,375	1,375	625	1,500	-	875	250		0%	1,500	1,500
<b>44048 Food Plan Review</b>	3,220	3,790	3,035	2,670	4,290	2,481	3,475	2,705	3,230	4,790	3,000	855	1,075	1,775	2,355	49%	3,000	3,900
<b>44725 Cosmetology (other)</b>					-				6,575	6,675	6,600		5,125	150	150	2%	6,600	6,600
<b>44035 Vaccine Administration</b>									342	5,000				500		0%	5,000	6,000
<b>Total</b>	<b>197,796</b>	<b>212,943</b>	<b>224,874</b>	<b>234,392</b>	<b>257,941</b>	<b>270,008</b>	<b>295,397</b>	<b>283,453</b>	<b>268,297</b>	<b>264,640</b>	<b>264,800</b>	<b>55,553</b>	<b>83,167</b>	<b>70,012</b>	<b>62,277</b>	<b>26%</b>	<b>264,800</b>	<b>305,700</b>

## Cost Recovery Fee Schedule FY 25/26

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY 18/19	Adopted FY 19/20	Adopted FY 20/21	Proposed FY 25/26	est revenue
<b>Food Service Fees*</b>								
Application Review**	\$85	\$90	\$95	\$95	\$95	\$95	no change	
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	\$175	\$200	\$300
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	\$245	\$275	\$240
Class I License	\$120	\$125	\$125	\$125	\$125	\$135	\$155	\$1,100
Class II License	\$160	\$165	\$165	\$255	\$255	\$255	\$260	\$400
Class III License	\$240	\$245	\$255	\$355	\$355	\$355	\$375	\$2,940
Class IV License	\$330	\$340	\$355	\$380	\$380	\$380	\$400	\$1,520
Grocery Store >10,000ft <sup>2</sup> - Class II&III				\$420	\$420	\$420	no change	
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	\$65	\$70	\$750
Temporary Permit - samples only		\$30	\$30	\$30	\$30	\$30	no change	
Expedited Temp food permit application review***				\$20	\$20	\$20	no change	
Late License renewal (plus app fee)/operating without License				\$200	\$200	\$200	no change	
CFM Process Fee (No CFM in place)				\$50	\$50	\$50	no change	
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	\$120	no change	
2 <sup>nd</sup> Re-inspection fee	\$115	\$120	\$135	\$135	\$135	\$135	no change	
<b>Subsurface Sewage Disposal</b>								
Permit - New	\$175	\$185	\$200	\$205	\$205	\$220	\$225	\$270
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	\$190	\$195	\$1,340
Permit - Construction by owner occupant				\$275	\$275	\$275	no change	
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	\$100	no change	
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	\$350	no change	
Design Flow ≥ 7500 GPD/ DEP system inspection	\$440	\$460	\$460	\$460	\$460	\$460	\$600	\$280
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130	\$150	\$4,800
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	\$60	no change	
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	\$40	no change	
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	\$60	no change	
<b>Soil Testing</b>								
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	\$90	\$100	\$1,500
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	\$110	\$120	\$2,500
Additional soil test site visit (fee includes 3 pits)							\$100	\$500
Each additional pit	\$30	\$30	\$30	\$30	\$30	\$30	no change	
<b>Public Health &amp; Subdivision Reviews</b>								
Public Health Review (accessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	\$50	\$65	\$3,300
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	\$70	\$85	\$3,300
Subdivision Plan Review (per lot)								
(Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	\$125	no change	
Subdivision Plan Revisions Reviewed (per lot)								
(Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	\$40	no change	
<b>Miscellaneous</b>								
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	\$115	no change	
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	\$130	\$140	\$80
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	\$110	no change	
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	\$80/hr	no change	
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	\$75	no change	
Pool Inspection	\$75	\$80	\$100	\$105	\$105	\$105	\$125	\$130
Private well Water Treatment Waste disposal plan review					\$50	\$50	\$75	\$1,000
Cosmotology Permit/Inspection - Independent contractor						\$25	no change	
Cosmotology Permit/Inspection - One or two chairs					\$80	\$100	no change	
Cosmotology Permit/Inspection - Three chairs or more					\$150	\$150	no change	
Well Permit	\$105	\$110	\$120	\$120	\$120	\$125	\$135	\$1,000
<b>Farmers Market Food Vendor Seasonal License Categories</b>								
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	\$40	no change	
Farmer Food Vendor License - Low Risk Food	\$30	\$30	\$30	\$40	\$60	\$60	\$70	\$150
<b>Non-farmer Food Vendor License - Cold samples only</b>								
One market location	\$30	\$35	\$35	\$40	\$75	\$75	\$85	\$150
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	\$90	\$105	\$20
<b>Non-farmer Food Vendor License - Low Risk Food</b>								
One market location	\$45	\$50	\$50	\$75	\$90	\$90	\$100	\$100
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	\$120	\$150	\$20
Farmer & Non-farmer Food Vendor License - High Risk Food	\$210	\$220	\$220	\$220	\$220	\$220	\$250	\$390
<b>Total</b>								<b>\$28,080</b>

\* 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

FY25 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

Food Protection(3)	EHHD Adopted FY2021	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct	Eastern Ct	ALL CT HD	ALL CT HD	5% Increase	10% Increase	15% Increase	20% Increase
		Median	Average	Median	Average	Median	Average	Median	Average				
<i>Class I License</i>	\$ 135	\$ 150	\$ 157	\$ 150	\$ 158	\$ 178	\$ 178	\$ 142	\$ 149	\$ 155	\$ 162		
<i>Class II License</i>	\$ 255	\$ 250	\$ 272	\$ 250	\$ 260	\$ 275	\$ 296	\$ 268	\$ 281	\$ 293	\$ 308		
<i>Class III License</i>	\$ 355	\$ 350	\$ 387	\$ 350	\$ 359	\$ 393	\$ 406	\$ 373	\$ 391	\$ 408	\$ 426		
<i>Class IV License</i>	\$ 380	\$ 380	\$ 449	\$ 380	\$ 405	\$ 433	\$ 442	\$ 399	\$ 418	\$ 437	\$ 456		
Temp event	\$ 65	\$ 150	\$ 234	\$ 150	\$ 66	\$ 75	\$ 77	\$ 68	\$ 45	\$ 75	\$ 78		
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	\$ 68	\$ 45	\$ 75	\$ 78		
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	\$ 128	\$ 132	\$ 138	\$ 144		
Plan review - Class I	\$ 175	\$ 190	\$ 213	\$ 200	\$ 231	\$ 200	\$ 219	\$ 142	\$ 149	\$ 155	\$ 162		
Plan review - Class II	\$ 175	\$ 200	\$ 233	\$ 200	\$ 245	\$ 258	\$ 280	\$ 184	\$ 193	\$ 201	\$ 210		
Plan review - Class III	\$ 245	\$ 245	\$ 264	\$ 250	\$ 267	\$ 300	\$ 344	\$ 184	\$ 193	\$ 201	\$ 210		
Plan review - Class IV	\$ 245	\$ 300	\$ 289	\$ 300	\$ 285	\$ 325	\$ 285	\$ 257	\$ 270	\$ 282	\$ 294		
Subsurface Sewage Disposal								\$ 257	\$ 270	\$ 282	\$ 294		
<i>Permit - new</i>	\$ 220	\$ 220	\$ 235	\$ 200	\$ 221	\$ 220	\$ 244	\$ 231	\$ 242	\$ 253	\$ 264		
<i>Permit - Major repair</i>	\$ 190	\$ 185	\$ 209	\$ 150	\$ 185	\$ 185	\$ 203	\$ 200	\$ 209	\$ 219	\$ 228		
Permit - Minor repair	\$ 100	\$ 100	\$ 117	\$ 100	\$ 108	\$ 150	\$ 144	\$ 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	\$ 194	\$ 160	\$ 181	\$ 200	\$ 195	\$ 210	\$ 220	\$ 230	\$ 240		
<i>Deep Hole Test</i>													
each additional pit	\$ 30	\$ 100	\$ 92	\$ 100	\$ 92	\$ 100	\$ 94	\$ 32	\$ 33	\$ 35	\$ 36		
Subdivision Plan Review (per lot)	\$ 125	\$ 65	\$ 152	\$ 150	\$ 148	\$ 150	\$ 146	\$ 131	\$ 138	\$ 144	\$ 150		
Subdivision Plan Revisions Reviewed (per lot)	\$ 40	\$ 150	NA	NA	NA	\$ 50	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48		
<i>Plan review (per plan)</i>	\$ 130	\$ 75	\$ 160	\$ 150	\$ 158	\$ 233	\$ 223	\$ 137	\$ 143	\$ 150	\$ 156		
Review plan revisions	\$ 40	\$ 150	NA	NA	NA	\$ 50	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48		
Plan review for minor repair	\$ 60	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72		
<i>B100a - assessorly structure</i>	\$ 50	\$ 75	\$ 71	\$ 75	\$ 76	\$ 80	\$ 84	\$ 53	\$ 55	\$ 58	\$ 60		
<i>B100a - addition/use change</i>	\$ 70	\$ 75	\$ 84	\$ 75	\$ 85	\$ 100	\$ 105	\$ 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	\$ 143	\$ 130	\$ 134	\$ 150	\$ 144	\$ 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	\$ 110	\$ 136	\$ 100	\$ 126	\$ 100	\$ 108	\$ 116	\$ 121	\$ 127	\$ 132		
Daycare inspection	\$ 110	\$ 110	\$ 137	\$ 110	\$ 134	\$ 150	\$ 144	\$ 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	\$ 143	\$ 148	\$ 150	\$ 148	\$ 150	\$ 124	\$ 137	\$ 143	\$ 150	\$ 156		
Pool Registration/inspection	\$ 105	\$ 150	\$ 138	\$ 110	\$ 127	\$ 155	\$ 182	\$ 110	\$ 116	\$ 121	\$ 128		
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		
<b>Fee total for single lot development(5)</b>	<b>\$ 675</b>	<b>\$ 700</b>	<b>\$ 722</b>	<b>\$ 655</b>	<b>\$ 699</b>	<b>\$ 803</b>	<b>\$ 810</b>						
<b>FY23 Health District Per Capita Rate</b>	<b>\$ 5.95</b>	<b>\$ 7.47</b>	<b>\$ 8.33</b>	<b>\$ 7.59</b>	<b>\$ 8.66</b>	<b>\$ 8.35</b>	<b>\$ 9.98</b>						

(1) Data obtained from attached documents titled, " Food Protection Program Fee Survey for All Connecticut Health Districts, FY 2023", and "Survey of Fees Selected Services FY22/23 - All Connecticut Health Districts"  
 (2) Categories in bold italics are high volume, high revenue generating service areas.  
 (3) Many Health Districts use a range of fees based on class and seating capacity.  
 (4) Most Health Districts use a single fee that includes both a perc and deep hole testing.  
 (5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

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

Fiscal Year	Town Contribution Increases		Town Contribution		Adopted Expenditures	State grant allocation per capita (\$)	
	Proposed %	Adopted % (or amended)	CPI (1)	Per Capita (\$)	Per Capita (4)	Pop. < 5000	Pop. > 5000
1999	NA	NA	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
<b>Total % change (3)</b>			<b>82</b>	<b>65</b>	<b>79</b>	<b>45</b>	<b>71</b>

(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 2025/26

	Actual 20/21	Actual 21/22	Actual 22/23	Actual 23/24	Adopted 24/25	Proposed 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31
<b>Revenues:</b>											
Transfer In - General Fund	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	5,372	5,000		5,000	5,000		5,000	
<b>Total Revenues</b>	<b>3,000</b>	<b>5,200</b>	<b>134,250</b>	<b>133,372</b>	<b>8,000</b>		<b>10,000</b>	<b>14,000</b>	<b>12,000</b>	<b>20,000</b>	<b>18,000</b>
<b>Expenditures by Project:</b>											
Automobiles			47,917	30,170	29,000		29,000	29,000		29,000	
Strategic Planning & CHA/CHIP				8,000	10,000						
IT Infrastructure Upgrade (Food Inspection Tracking)		1,068			15,000						
Websites						<b>15,000</b>					
Office Reorganizing Project						<b>50,000</b>	50,000	50,000			
Digitizing records											
<b>Total Expenditures</b>		<b>1,068</b>	<b>47,917</b>	<b>38,170</b>	<b>54,000</b>	<b>65,000</b>	<b>79,000</b>	<b>79,000</b>		<b>29,000</b>	
<b>Excess/(Deficiency) of Revenues over Expenditures</b>	<b>3,000</b>	<b>4,132</b>	<b>86,333</b>	<b>95,202</b>	<b>(46,000)</b>	<b>(65,000)</b>	<b>(69,000)</b>	<b>(65,000)</b>	<b>12,000</b>	<b>(9,000)</b>	<b>18,000</b>
Fund Balance, July 1	122,980	125,980	130,112	216,445	311,647	<b>280,647</b>	215,647	146,647	81,647	93,647	84,647
Fund Balance, June 30	<b>\$125,980</b>	<b>\$130,112</b>	<b>\$216,445</b>	<b>\$311,647</b>	<b>\$265,647</b>	<b>\$215,647</b>	<b>\$146,647</b>	<b>\$81,647</b>	<b>\$93,647</b>	<b>\$84,647</b>	<b>\$102,647</b>

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

Roll Forward FY 2025/26

	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Actual 22/23	Actual 23/24	Estimated 24/25	Projected 25/26
<b>Revenues:</b>									
State Support - Preventive Health Block	\$5,254	\$21,680	\$4,089	\$7,754	\$4,111		\$3,730	15,772	30,000
State Support - Bioterrorism Response-Base	55,456	56,011	54,478	54,478			52,250	34,919	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	13,604		11,288	1,845	14,990	24,901	5,992		
State Support - ELC				101,316					
State Support - ELC 2						148,691	184,960		
State Support - ELC BP-2				18,881	183,562	80,728			
Local Support - Be Well Program Mansfield	61,064	40,946					3,368		
Local Support - Be Well Program Tolland	7,579	8,307	7,911	7,833	7,970	7,827	7,656	7,500	7,500
Cooperative Grant - CT Chapter of American Planning									
State Support -Lead Poisoning								4,200	
Cooperative Grant - ACHIEVE	5,000	1,709	441	5,000		3,782		2,000	3,000
Cooperative Grant - CRI Cities Readiness Initiatives									
MRC Capacity Building Award									
MRC Region 4		2,344	1,470	6,844	4,525	399	128		
HHP/MRC			13,500	13,500					
Hospital Preparedness Program					12,003				
Public Health Emergency Response					51,711	52,250			
IOSPLL								5,000	5,000
Workforce Development							2,769	5,000	116,000
Immunization Grant							48,682	139,215	
Community Based Wellness Service									
	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>278,872</b>	<b>318,578</b>	<b>309,535</b>	<b>213,606</b>	<b>213,750</b>
<b>Expenditures by Project:</b>									
Salaries & Benefits	114,068	79,908	67,385	269,490	233,899	294,910	227,016	130,300	130,388
Professional & Technical Services	6,540	1,310	1,105	47,715	200	6,660	73,929	2,136	2,138
Other Purchased Services & Supplies	27,348	49,779	41,977	17,427	44,773	17,008	8,590	81,170	81,225
Equipment									
<b>Total Expenditures</b>	<b>147,956</b>	<b>130,997</b>	<b>110,467</b>	<b>334,632</b>	<b>278,872</b>	<b>318,578</b>	<b>309,535</b>	<b>213,606</b>	<b>213,750</b>

**EASTERN HIGHLANDS HEALTH DISTRICT  
FUND BALANCE ANALYSIS**

FY 20221/22 - Projected FY 2030/31

	Actual 21/22	Actual 22/23	Actual 23/24	Amended 24/25	Estimated 24/25	Proposed 25/26	Projected 26/27	Projected 27/28	Projected 28/29	Projected 29/30	Projected 30/31
<b>General Fund</b>											
Operating Expenditures	881,437	874,844	864,208	1,010,076	1,010,076	1,071,890	1,099,585	1,127,754	1,105,511	1,132,622	1,160,321
Grant Deduction	88,105	108,356	96,722	71,369	71,369	71,369	71,369	96,722	96,722	96,722	96,722
Total Expenditures	969,542	983,200	960,930	1,081,445	1,081,445	1,143,259	1,170,954	1,224,476	1,202,233	1,229,344	1,257,043
Fund Balance	675,309	601,782	547,748	484,342	484,342	409,802	332,851	253,826	223,977	194,816	166,649
FB as a % of Total Expenditures	69.65%	61.21%	57.00%	44.79%	44.79%	35.85%	28.43%	20.73%	18.63%	15.85%	13.26%
<b>Capital Non-Recurring Fund</b>											
Total Expenditures	1,068	47,917	38,170	54,000	54,000	65,000	79,000	79,000	-	29,000	-
Fund Balance	130,112	216,445	311,647	265,647	265,647	215,647	146,647	81,647	93,647	84,647	102,647
<b>All Funds</b>											
Total Expenditures	970,610	1,031,117	999,100	1,135,445	1,135,445	1,208,259	1,249,954	1,303,476	1,202,233	1,258,344	1,257,043
Fund Balance	805,421	818,227	859,395	749,989	749,989	625,449	479,498	335,473	317,624	279,463	269,296
FB as a % of Total Expenditures	82.98%	79.35%	86.02%	66.05%	66.05%	51.76%	38.36%	25.74%	26.42%	22.21%	21.42%
Service Fees & State Grant Revenue	491,560	474,798	471,982	472,010	472,010	511,220	521,920	532,993	544,455	556,318	568,596
Target Fund Balance - 50% of Service Fees & State Grant Revenue	245,780	237,399	235,991	236,005	236,005	255,610	260,960	266,497	272,228	278,159	284,298
General Fund - Fund Balance	675,309	601,782	547,748	484,342	484,342	409,802	332,851	253,826	223,977	194,816	166,649
Variance	429,529	364,383	311,757	248,337	248,337	154,192	71,891	(12,671)	(48,250)	(83,343)	(117,649)

## **Rationale for Reclassifying a Sanitarian II Position to a Combined Role with Assistant Director of Health Responsibilities**

### **Introduction**

This proposal recommends reclassifying the soon-to-be-vacant Senior Sanitarian II position into a dual role that combines Sanitarian II responsibilities with those of an Assistant Director of Health. This strategic adjustment addresses the imminent need to fill the role, ensures succession planning for the Director of Health position, and enhances the department's ability to attract and retain top talent in a challenging labor market.

---

### **1. Succession Planning for the Director of Health Position**

The Director of Health role is critical to the department's success, requiring specialized knowledge, leadership skills, and institutional familiarity. By incorporating Assistant Director of Health duties into the reclassified position, the department can actively develop a pipeline of qualified leadership candidates. This reclassification creates opportunities for mentorship, skill-building, and exposure to high-level administrative responsibilities, ensuring the department is well-prepared for future leadership transitions.

#### **Key Benefits:**

- Ensures continuity of leadership during transitions.
  - Provides a clear development pathway for future health department leaders.
  - Builds institutional knowledge and leadership capacity.
- 

### **2. Competitiveness in a Challenging Labor Market**

The public health workforce faces significant recruitment challenges, with qualified professionals in high demand. A dual-role position that combines technical fieldwork with leadership opportunities makes the position more appealing to potential candidates. Offering a clear career trajectory with growth potential positions the department as a desirable employer and increases the likelihood of attracting and retaining skilled professionals.

#### **Key Benefits:**

- Enhances the position's appeal in a competitive job market.
  - Broadens the candidate pool by offering leadership development opportunities.
  - Improves retention through a more engaging and rewarding career structure.
- 

### **3. Addressing a Pending Vacancy**

A current Sanitarian II position will soon become vacant due to an upcoming planned retirement. This presents a timely opportunity to restructure the role to better align with the department's long-term goals. Filling the position as a dual-role that includes Assistant Director responsibilities ensures continuity of field operations while addressing future leadership needs.



**Key Benefits:**

- Seamlessly integrates leadership succession planning into a critical role.
  - Avoids disruption to essential fieldwork during the transition.
  - Provides an opportunity to redefine the position without additional disruptions.
- 

**4. Enhanced Operational Efficiency**

The combined role ensures continuity of high-quality field services while simultaneously supporting the Director of Health in administrative and strategic functions. This dual responsibility strengthens the department's capacity to respond to immediate public health needs and engage in long-term planning, fostering greater overall efficiency.

**Key Benefits:**

- Maintains operational excellence in environmental health fieldwork.
  - Supports strategic initiatives through shared leadership responsibilities.
  - Balances technical expertise with administrative leadership.
- 

**Financial Impact**

Below is an estimated impact on the Proposed Fiscal Year 25/26 operating budget:

ITEM	Assistant DOH/San II	Sanitarian II	Net increase
Salary	\$105,000	\$89,409	\$15,591
Benefits	\$14,796	\$12,599	\$2,197
<b>TOTAL INCREASE</b>			<b>\$17,788</b>

The above budget impact assumes a 3.5% increase in the FY 25/26 Sanitarian II regular salary, and no changes in the health insurance benefit. Furthermore, the proposed salary for the reclassified position is based on a recent salary survey conducted by the Chatham Health District. The final salary would be determined by the amount negotiated with the appointed candidate.

**Recommendation**

If the budget is adopted to include funding as proposed above, this office will work with the Personnel Committee to establish a suitable salary pay range for board approval, and an appropriate job description.

Finally, reclassifying the soon-to-be-vacant Sanitarian II position to a combined Sanitarian II and Assistant Director of Health role is a proactive solution that aligns with the department's succession planning and workforce development needs. This adjustment will attract top talent in a competitive market, support a seamless transition of leadership, and enhance the department's operational capacity. This office respectfully recommends the Proposed FY25/26 Budget includes funding for this reclassification to secure the department's long-term stability and success.

**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**September 30, 2024**  
(with comparative totals for September 30, 2023)

	<b>Adopted</b>	<b>Amended</b>	<b>Percent of</b>		
	<b>Budget</b>	<b>Budget</b>	<b>2025</b>	<b>Adopted</b>	<b>2024</b>
	<b>2024/25</b>	<b>2024/25</b>		<b>Budget</b>	
<b>Revenues</b>					
Member Town Contributions	\$ 474,660	\$ 474,660	\$ 118,667	25.0%	\$ 115,798
State Grants	207,210	207,210	-	0.0%	207,210
Septic Permits	50,000	50,000	10,775	21.6%	15,995
Well Permits	13,000	13,000	3,375	26.0%	4,250
Soil Testing Service	41,000	41,000	11,260	27.5%	11,860
Food Protection Service	85,000	85,000	5,932	7.0%	4,703
B100a Reviews	26,000	26,000	6,740	25.9%	8,090
Septic Plan Reviews	33,500	33,500	8,870	26.5%	9,260
Other Health Services	9,700	9,700	221	2.3%	568
Cosm Insp	6,600	6,600	-	0.0%	150
Appropriation of Fund Balance	63,406	63,406	-	0.0%	-
<b>Total Revenues</b>	<b>1,010,076</b>	<b>1,010,076</b>	<b>165,840</b>	<b>16.4%</b>	<b>377,883</b>
<b>Expenditures</b>					
Salaries & Wages	702,470	702,470	151,981	21.6%	137,799
Grant Deductions	(71,369)	(71,369)	(28,373)	39.8%	(23,581)
Benefits	231,780	231,780	61,353	26.5%	60,942
Miscellaneous Benefits	14,210	14,210	1,956	13.8%	1,021
Insurance	15,050	15,050	7,926	52.7%	8,124
Professional & Technical Services	26,720	26,720	10,548	39.5%	7,500
Vehicle Repairs & Maintenance	4,000	4,000	2,020	50.5%	1,330
Health Reg*Admin Overhead	35,075	35,075	8,769	25.0%	8,473
Other Purchased Services	32,240	32,240	1,596	4.9%	1,638
Other Supplies	12,000	12,000	4,854	40.5%	810
Equipment - Minor	4,900	4,900	152	3.1%	1,977
<b>Total Expenditures</b>	<b>1,007,076</b>	<b>1,007,076</b>	<b>222,782</b>	<b>22.1%</b>	<b>206,032</b>
<b>Operating Transfers</b>					
Transfer to CNR Fund	3,000	3,000	3,580	0.0%	-
<b>Total Exp &amp; Oper Trans</b>	<b>1,010,076</b>	<b>1,010,076</b>	<b>226,362</b>	<b>22.4%</b>	<b>206,032</b>
Excess (Deficiency) of Revenues	-	-	(60,522)		171,851
Fund Balance, July 1	551,726	551,726	551,726		601,782
Fund Balance plus Cont. Capital, Sept.30	\$ 551,726	\$ 551,726	\$ 491,204		\$ 773,633

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Balance Sheet**  
**September 30, 2024**  
(with comparative totals for September 30, 2023)

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ <u>311,647</u>	\$ <u>216,445</u>
Total Assets	<u>311,647</u>	<u>216,445</u>
 <b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>311,647</u>	<u>216,445</u>
Total Liabilities and Fund Balance	<u>\$ 311,647</u>	<u>\$ 216,445</u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**September 30, 2024**  
(with comparative totals for September 30, 2023)

	<u>2025</u>	<u>2024</u>
<b>Revenues</b>		
General Fund	\$ -	\$ -
Total Revenues	<u>-</u>	<u>-</u>
<b>Operating Transfers</b>		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>-</u>	<u>-</u>
<b>Expenditures</b>		
Professional & Technical Services	-	-
Vehicles	-	-
Office Equipment	<u>-</u>	<u>-</u>
Total Expenditures	<u>-</u>	<u>-</u>
Excess (Deficiency) of Revenues	-	-
Fund Balance, July 1	<u>311,647</u>	<u>216,445</u>
Fund Balance plus Cont. Capital, Sept.30	<u>\$ 311,647</u>	<u>\$ 216,445</u>

**Eastern Highlands Health District**  
**General Fund**  
**Balance Sheet**  
**September 30, 2024**  
(with comparative totals for September 30, 2023)

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 491,204	\$ 773,880
Accounts Receivable	-	-
	<u>491,204</u>	<u>773,880</u>
Total Assets	<u><u>491,204</u></u>	<u><u>773,880</u></u>
<b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	-	246
	<u>-</u>	<u>246</u>
Total Liabilities	<u>-</u>	<u>246</u>
Fund Balance	<u>491,204</u>	<u>773,633</u>
Total Liabilities and Fund Balance	<u><u>\$ 491,204</u></u>	<u><u>\$ 773,880</u></u>



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Board of Directors  
Eastern Highlands Health District  
Mansfield, Connecticut

We have audited the financial statements of the governmental activities and each major fund of Eastern Highlands Health District as of and for the year ended June 30, 2024, and have issued our report thereon dated October 24, 2024. We have previously communicated to you information about our responsibilities 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* (Uniform Guidance), as well as certain information related to the planned scope and timing of our audit in our audit engagement agreement dated June 17, 2024. Professional standards also require that we communicate to you the following information related to our audit.

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

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

##### *Accounting policies*

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

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

##### *Accounting estimates*

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

- Management's estimate of the net other post-employment benefit (OPEB) liability is based on an actuarial valuation utilizing various assumptions and estimates approved by management. We evaluated the methods, assumptions, and data used to develop the net OPEB liability and related disclosures in determining that it is reasonable in relation to the financial statements taken as a whole
- Management's estimate of useful lives of governmental-activities capital assets, which is used in computing depreciation in the government-wide financial statements. We evaluated the methods, assumptions, and data used to develop the useful lives of governmental-activities capital assets, which is used in computing depreciation in the government-wide financial statements and related disclosures in determining that it is reasonable in relation to the financial statements taken as a whole

*Financial statement disclosures*

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

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

***Significant unusual transactions***

We identified no significant unusual transactions.

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

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

***Uncorrected misstatements***

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

***Corrected misstatements***

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

***Disagreements with management***

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

***Management representations***

We have requested certain representations from management that are included in the management representation letter dated October 24, 2024.

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

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

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

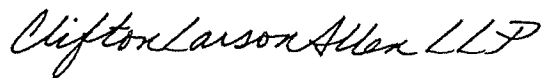
We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to engagement as the entity's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were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

**Required supplementary information**

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

\* \* \*

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



**CliftonLarsonAllen LLP**

West Hartford, Connecticut  
October 24, 2024





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

Board of Directors  
Eastern Highlands Health District  
Mansfield, Connecticut

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of Eastern Highlands Health District, as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements, and have issued our report thereon dated October 24, 2024.

**Report on Internal Control Over Financial Reporting**

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

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

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

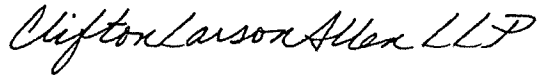
Board of Directors  
Eastern Highlands Health District

**Report on Compliance and Other Matters**

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

***Purpose of This Report***

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

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

**CliftonLarsonAllen LLP**

West Hartford, Connecticut  
October 24, 2024

**EASTERN HIGHLANDS HEALTH DISTRICT**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

**YEAR ENDED JUNE 30, 2024**



CPAs | CONSULTANTS | WEALTH ADVISORS

[CLAcconnect.com](http://CLAcconnect.com)

**EASTERN HIGHLANDS HEALTH DISTRICT  
TABLE OF CONTENTS  
YEAR ENDED JUNE 30, 2024**

<b>INDEPENDENT AUDITORS' REPORT</b>		<b>1</b>
<b>MANAGEMENT'S DISCUSSION AND ANALYSIS</b>		<b>4</b>
	<b>EXHIBIT</b>	
<b>BASIC FINANCIAL STATEMENTS – GOVERNMENT-WIDE</b>		
<b>STATEMENT OF NET POSITION</b>	<b>I</b>	<b>10</b>
<b>STATEMENT OF ACTIVITIES</b>	<b>II</b>	<b>11</b>
<b>FUND FINANCIAL STATEMENTS</b>		
<b>BALANCE SHEET – GOVERNMENTAL FUNDS</b>	<b>III</b>	<b>12</b>
<b>STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN     FUND BALANCES – GOVERNMENTAL FUNDS</b>	<b>IV</b>	<b>14</b>
<b>STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN     FUND BALANCES – BUDGET AND ACTUAL – GENERAL FUND</b>	<b>V</b>	<b>16</b>
<b>NOTES TO FINANCIAL STATEMENTS</b>		<b>18</b>
<b>REQUIRED SUPPLEMENTARY INFORMATION</b>		
<b>SCHEDULE OF CHANGES IN TOTAL OPEB LIABILITY AND     RELATED RATIOS</b>	<b>RSI-1</b>	<b>31</b>



## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Eastern Highlands Health District  
Mansfield, Connecticut

### Report on the Audit of the Financial Statements

#### *Opinions*

We have audited the accompanying financial statements of the governmental activities and each major fund of Eastern Highlands Health District, as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise Eastern Highlands Health District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of Eastern Highlands Health District, as of June 30, 2024, the respective changes in financial position and the respective budgetary comparison for the general fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Opinions*

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

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

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

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

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

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

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

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

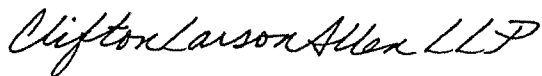
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

***Required Supplementary Information***

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

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

In accordance with *Government Auditing Standards*, we have also issued our report dated October 24, 2024, on our consideration of Eastern Highlands Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Eastern Highlands Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Eastern Highlands Health District's internal control over financial reporting and compliance.



**CliftonLarsonAllen LLP**

West Hartford, Connecticut  
October 24, 2024



## Eastern Highlands Health District

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

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### MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2024

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Management of the Eastern Highlands Health District (the District) offers readers of these financial statements this narrative overview and analysis of the financial activities of the District for the fiscal year ended June 30, 2024.

#### Financial Highlights

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by \$936,555 (*net position*). Of this amount, \$796,843 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position increased by \$42,644. The increase in net position is primarily due to the District's governmental funds increase of \$50,147, offset by a net increase in capital assets of \$6,688, and a decrease in compensated absences of \$10,099.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$797,232, an increase of \$50,147 in comparison with the prior year. Of combined fund balances, \$481,607 is *available for spending* at the District's discretion (*unassigned fund balance*).
- At the end of the current fiscal year, unassigned fund balance for the General Fund was \$547,748 or 53.7% of total General Fund expenditures and transfers out.

#### Overview of the Basic Financial Statements

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

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

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

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



## MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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

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

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

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

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

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

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

As noted earlier, net position may serve over time as a useful indicator of a district's financial position. In the case of District, assets exceeded liabilities by \$936,555 at the close of the most recent fiscal year.

Of the net position, \$139,712 reflects the District's investment in capital assets (e.g., office equipment and vehicles). These assets are not available for future spending.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT  
NET POSITION  
JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Current and other assets	\$ 1,150,056	\$ 886,303
Capital assets, net of accumulated depreciation and amortization	139,712	133,024
Total assets	<u>1,289,768</u>	<u>1,019,327</u>
Deferred outflows of resources	564	814
Long-term liabilities outstanding	63,802	53,015
Other liabilities	286,683	68,076
Total liabilities	<u>350,485</u>	<u>121,091</u>
Deferred inflows of resources	3,292	5,139
Net Position:		
Investment in Capital Assets	139,712	133,024
Unrestricted	796,843	760,887
Total Net Position	<u>\$ 936,555</u>	<u>\$ 893,911</u>

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

**Governmental Activities** - The District's net position increased by \$42,644 during the current fiscal year. The District had an increase in their governmental funds of \$50,147 based on current year operations. In addition, net capital assets increased \$6,688. These increases were offset by a net decrease in compensated absences of \$10,099.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT  
CHANGE IN NET POSITION  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Revenues:		
Program revenues:		
Charges for services	\$ 303,334	\$ 212,155
Operating grants and contributions	513,377	517,250
General revenues:		
Assessment to member towns	463,193	451,521
Sale of assets	4,099	9,250
Total revenues	<u>1,284,003</u>	<u>1,190,176</u>
Expenses:		
Health services	<u>1,241,359</u>	<u>1,139,976</u>
Change in net position	42,644	50,200
Net position - July 1	<u>893,911</u>	<u>843,711</u>
Net Position - June 30	<u><u>\$ 936,555</u></u>	<u><u>\$ 893,911</u></u>

- Charges for services increased from the prior year by \$91,179 or 43%, primarily due to an increase in septic permits (\$9,445), an increase in soil testing services (\$10,315) and an increase in retirement plan refunds (\$35,194).
- Operating grants and contributions decreased by \$3,873 or 0.7%.
- Assessment to member towns increased \$11,672 or 2.6% based on the budget approved by member towns.
- Health services expenditures increased by \$101,383, primarily due to the increased amount of grants received by the District.

## MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

---

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

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

### **Governmental Funds**

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

As of the end of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$797,232, an increase of \$50,147 in comparison with the prior year. Of the ending fund balances, \$481,607 constitutes unassigned fund balance, which is available for spending at the District's discretion.

The General Fund is the operating fund of the District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$547,748.

The fund balance of the District's General Fund decreased by \$50,056 during the current fiscal year. The key factors in this decrease is the transfer to the Capital Projects fund of \$128,000 offset by excess revenues received of \$43,739 and budgetary expenditure savings of \$92,446.

The Capital Projects Fund has a total fund balance of \$311,647, all of which is restricted for capital projects. Capital outlay was \$38,170 during the fiscal year due to the purchase of a new vehicle and strategic planning. This purchase was offset by a transfer in from the General Fund for future capital purposes.

### **General Fund Budgetary Highlights**

During the year, expenditures were less than budgetary estimates by \$96,424. The key factors are a reduction in salary and benefit costs of \$80,626 primarily due to unfilled vacancies and grant funding. This was offset by an increase in professional services and audit fees.

Of the budgeted use of fund balance of \$65,219, \$54,034 was actually spent based on the transfer of \$128,000 to the Capital Projects Fund.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

---

**Capital Assets**

**Capital Assets** - The District's investment in capital assets for its governmental activities as of June 30, 2024 amounts to \$139,712 (net of accumulated depreciation/amortization). This investment in capital assets includes office equipment and vehicles and subscription based information technology. Depreciation and Amortization expense was \$22,209 for the year. Vehicle asset disposals this year were a loss of \$1,273. There were two asset acquisition: a vehicle and capital costs related to strategic planning.

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

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	<u>2024</u>	<u>2023</u>
Office equipment	\$ 59,643	\$ 70,243
Vehicles	80,069	59,873
Subscription Based Information Technology	-	<u>2,908</u>
Total	<u>\$ 139,712</u>	<u>\$ 133,024</u>

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

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

The budget for fiscal year 2025 was passed by its Board of Directors on January 18, 2024 for \$1,010,076. We anticipate being able to operate according to the Board's Adopted Budget for fiscal year 24/25.

**Requests for Information**

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF NET POSITION  
JUNE 30, 2024**

	Governmental Activities
<b>ASSETS</b>	
<b>CURRENT ASSETS</b>	
Cash and Cash Equivalents	\$ 1,082,745
Accounts Receivable	67,311
Total Current Assets	1,150,056
<b>NONCURRENT ASSETS</b>	
Capital Assets Being Depreciated (Net of Accumulated Depreciation):	
Office Equipment	59,643
Vehicles	80,069
Total Noncurrent Assets	139,712
Total Assets	1,289,768
<b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred Outflows of Resources Related to OPEB	564
Total Deferred Outflows of Resources and Assets	\$ 1,290,332
<b>LIABILITIES</b>	
<b>CURRENT LIABILITIES</b>	
Accounts Payable	\$ 613
Accrued Liabilities	48,962
Unearned Revenue	237,108
Compensated Absences, Due Within One Year	10,290
Total Current Liabilities	296,973
<b>NONCURRENT LIABILITIES</b>	
Compensated Absences, Due in More Than One Year	41,161
Total OPEB Liability	12,351
Total Noncurrent Liabilities	53,512
Total Liabilities	350,485
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Deferred Inflows of Resources Related to OPEB	3,292
<b>NET POSITION</b>	
Investment in Capital Assets	139,712
Unrestricted	796,843
Total Net Position	936,555
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 1,290,332

See accompanying Notes to Financial Statements.

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF ACTIVITIES  
YEAR ENDED JUNE 30, 2024**

<b>FUNCTIONS/PROGRAMS</b>	<b>Expenses</b>	<b>Program Revenues</b>		<b>Net Revenues (Expenses) and Changes in Net Position</b>
		<b>Charges for Services</b>	<b>Operating Grants and Contributions</b>	<b>Total Governmental Activities</b>
Governmental Activities:				
Health Services	\$ 1,241,359	\$ 303,334	\$ 513,377	\$ (424,648)
Total Governmental Activities	\$ 1,241,359	\$ 303,334	\$ 513,377	
<b>GENERAL REVENUES</b>				
Assessment to Member Towns				463,193
Sale of Assets				4,099
Total General Revenues				467,292
<b>CHANGE IN NET POSITION</b>				42,644
Net Position - Beginning of Year				893,911
<b>NET POSITION - END OF YEAR</b>				<b>\$ 936,555</b>

See accompanying Notes to Financial Statements.

EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET – GOVERNMENTAL FUNDS  
JUNE 30, 2024

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
<b>ASSETS</b>				
Cash and Cash Equivalents	\$ 598,470	\$ 172,628	\$ 311,647	\$ 1,082,745
Accounts Receivable	1,170	66,141	-	67,311
Total Assets	<u>\$ 599,640</u>	<u>\$ 238,769</u>	<u>\$ 311,647</u>	<u>\$ 1,150,056</u>
<b>LIABILITIES AND FUND BALANCES</b>				
<b>LIABILITIES</b>				
Accounts and Other Payables	\$ 613	\$ -	\$ -	\$ 613
Accrued Liabilities	47,301	1,661	-	48,962
Unearned Revenue	-	237,108	-	237,108
Total Liabilities	<u>47,914</u>	<u>238,769</u>	<u>-</u>	<u>286,683</u>
<b>DEFERRED INFLOWS OF RESOURCES</b>				
Unavailable Revenue - Grants	-	66,141	-	66,141
<b>FUND BALANCES</b>				
Committed	-	-	311,647	311,647
Assigned	3,978	-	-	3,978
Unassigned	547,748	(66,141)	-	481,607
Total Fund Balances	<u>551,726</u>	<u>(66,141)</u>	<u>311,647</u>	<u>797,232</u>
Total Liabilities, Deferred Inflows of Resources, and Fund Balances	<u>\$ 599,640</u>	<u>\$ 238,769</u>	<u>\$ 311,647</u>	<u>\$ 1,150,056</u>

See accompanying Notes to Financial Statements.



EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET – GOVERNMENTAL FUNDS (CONTINUED)  
JUNE 30, 2024

Fund Balances - Total Governmental Funds \$ 797,232

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

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

Governmental Capital Assets	\$ 313,383	
Less: Accumulated Depreciation and Amortization	<u>(173,671)</u>	
Net Capital Assets		139,712

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

Deferred outflows of resources related to OPEB		564
Grant Receivables Greater than 60 Days		66,141

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

Compensated Absences		(51,451)
Deferred Inflows of Resources Related to OPEB		(3,292)
Total OPEB Liability		<u>(12,351)</u>

Net Position of Governmental Activities \$ 936,555

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
GOVERNMENTAL FUNDS  
YEAR ENDED JUNE 30, 2024**

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
<b>REVENUES</b>				
Member Town Contributions	\$ 463,193	\$ 11,024	\$ -	\$ 474,217
Intergovernmental	207,210	303,512	-	510,722
Septic Permits	51,377	-	-	51,377
Well Permits	12,675	-	-	12,675
B100a Building Permit Review	24,760	-	-	24,760
Soil Testing Service	41,665	-	-	41,665
Engineered Plan Review	33,580	-	-	33,580
Non-Engineered Plan Review	130	-	-	130
Food Protection Service	83,974	-	-	83,974
Other Health Services	2,638	-	-	2,638
Cosmetology Inspections	6,675	-	-	6,675
Group Home/Daycare Inspection	1,540	-	-	1,540
Subdivision Review	625	-	-	625
Food Plan Review	4,790	-	-	4,790
Vaccine Administration	343	-	-	343
OPEB Refund	35,194	-	-	35,194
Sales of Assets	-	-	5,372	5,372
Total Revenues	970,369	314,536	5,372	1,290,277
<b>EXPENDITURES</b>				
Current:				
Payroll and Benefits	759,572	216,818	-	976,390
Other Purchased Services	55,830	59,203	-	115,033
Liability Insurance	15,390	-	-	15,390
Supplies and Services	7,665	9,971	-	17,636
Repairs and Maintenance	5,433	-	-	5,433
Other	48,535	23,543	-	72,078
Capital Outlay	-	-	38,170	38,170
Total Expenditures	892,425	309,535	38,170	1,240,130
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>	77,944	5,001	(32,798)	50,147
<b>OTHER FINANCIAL SOURCES (USES)</b>				
Transfers In	-	-	128,000	128,000
Transfers Out	(128,000)	-	-	(128,000)
Total Other Financing Sources (Uses)	(128,000)	-	128,000	-
<b>NET CHANGE IN FUND BALANCES</b>	(50,056)	5,001	95,202	50,147
Fund Balance - Beginning of Year	601,782	(71,142)	216,445	747,085
<b>FUND BALANCE - END OF YEAR</b>	\$ 551,726	\$ (66,141)	\$ 311,647	\$ 797,232

See accompanying Notes to Financial Statements.

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
GOVERNMENTAL FUNDS (CONTINUED)  
YEAR ENDED JUNE 30, 2024**

Net Change in Fund Balances - Total Governmental Funds \$ 50,147

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

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

Capital Outlay	30,170
Depreciation and Amortization Expense	(22,209)
Loss on Disposal of Capital Assets	(1,273)

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

Change in deferred outflows of resources related to OPEB	(250)
Grant Receivables Greater than 60 Days	(5,001)

The issuance of long-term debt (e.g., bonds, leases) provides current financial resources to governmental funds, while the repayment of the principal of long-term debt consumes the current financial resources of governmental funds. Neither transaction has any effect on net position. Also, governmental funds report the effect of issuance costs, premiums, discounts and similar items when debt is first issued, whereas these amounts are amortized and deferred in the statement of activities. The details of these differences in the treatment of long-term debt and related items are as follows:

Some expenses reported in the statement of activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds:

Compensated Absences	(10,099)
Change in Deferred Inflows of Resources Related to OPEB	1,847
Change in Total OPEB Liability	(688)

Change in Net Position of Governmental Activities	\$ 42,644
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EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES –  
BUDGET AND ACTUAL – GENERAL FUND  
YEAR ENDED JUNE 30, 2024

	Original Budget	Final Budget	Actual	Variance with Final Budget
<b>REVENUES</b>				
Member Town Contributions	\$ 463,210	\$ 463,210	\$ 463,193	\$ (17)
Intergovernmental	207,210	207,210	207,210	-
Septic Permits	47,880	47,880	51,377	3,497
Well Permits	12,090	12,090	12,675	585
B100a Building Permit Review	20,710	20,710	24,760	4,050
Soil Testing Service	43,050	43,050	41,665	(1,385)
Engineered Plan Review	28,780	28,780	33,580	4,800
Non-Engineered Plan Review	-	-	130	130
Food Protection Services	81,000	81,000	83,974	2,974
Group Home/Daycare Inspection	1,200	1,200	1,540	340
Subdivision Review	1,500	1,500	625	(875)
Food Plan Review	2,500	2,500	4,790	2,290
Other Health Services	3,500	3,500	2,638	(862)
Cosmetology Inspections	5,500	5,500	6,675	1,175
Vaccine Administration	8,500	8,500	343	(8,157)
OPEB Refund	-	-	35,194	35,194
Total Revenues	926,630	926,630	970,369	43,739
<b>EXPENDITURES</b>				
Current:				
Regular Salaries - Nonunion	603,635	617,605	536,979	(80,626)
Social Security	41,670	42,203	45,974	3,771
Workers' Compensation	9,400	9,400	9,305	(95)
Unemployment Compensation	-	-	-	-
Medicare	9,746	9,870	10,752	882
Salary Related Benefits	-	-	(19,470)	(19,470)
ICMA	37,948	38,696	37,713	(983)
Life Insurance	2,920	2,920	2,124	(796)
Medical Insurance	135,360	135,360	135,460	100
Long-Term Disability Insurance	731	731	736	5
RHS Contribution	2,530	2,530	2,570	40
Dues and Subscriptions	2,100	2,100	1,981	(119)
Training	5,400	5,400	315	(5,085)
Mileage Reimbursement	3,500	3,500	114	(3,386)
Vehicle Allowance	600	600	5,607	5,007
Professional and Technical	11,345	11,345	19,114	7,769
Legal	3,000	3,000	408	(2,592)
Audit Expense	7,500	7,500	11,000	3,500
Vehicle Repair and Maintenance	2,500	2,500	5,433	2,933
General Liability	15,050	15,050	15,390	340
Advertising	1,000	1,000	702	(298)
Printing and Binding	1,200	1,200	1,121	(79)

See accompanying Notes to Financial Statements.

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES -  
BUDGET AND ACTUAL - GENERAL FUND (CONTINUED)  
YEAR ENDED JUNE 30, 2024**

	Original Budget	Final Budget	Actual	Variance with Final Budget
<b>EXPENDITURES (CONTINUED)</b>				
Postage	\$ 1,500	\$ 1,500	\$ 1,578	\$ 78
Copier Maintenance Fees	1,000	1,000	-	(1,000)
Contracted Services	21,499	21,499	21,343	(156)
Voice Communications	4,850	4,850	3,650	(1,200)
Instructional Supplies	800	800	170	(630)
Books and Periodicals	200	200	-	(200)
Supplies	2,000	2,000	1,365	(635)
Clinical Supplies	4,000	4,000	3,756	(244)
Gasoline	3,000	3,000	3,177	177
Office Equipment	3,000	3,000	1,597	(1,403)
Equipment - Other	600	600	2,549	1,949
Administrative Overhead	33,890	33,890	33,890	-
Total Expenditures	<u>973,474</u>	<u>988,849</u>	<u>896,403</u>	<u>(92,446)</u>
<b>EXCESS OF REVENUES OVER (UNDER) EXPENDITURES</b>	(46,844)	(62,219)	73,966	136,185
<b>OTHER FINANCIAL SOURCES (USES)</b>				
Appropriation of Fund Balance	49,844	65,219	-	(65,219)
Transfers Out	(3,000)	(3,000)	(128,000)	(125,000)
Total Other Financing Sources (Uses)	<u>46,844</u>	<u>62,219</u>	<u>(128,000)</u>	<u>(190,219)</u>
<b>NET CHANGE IN FUND BALANCES</b>	<u>\$ -</u>	<u>\$ -</u>	(54,034)	<u>\$ (54,034)</u>
Fund Balances at Beginning of Year			<u>601,782</u>	
<b>FUND BALANCE - END OF YEAR</b>			<u>\$ 547,748</u>	

See accompanying Notes to Financial Statements.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Reporting Entity**

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

**Basis of Presentation**

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

**Government-Wide and Fund Financial Statements**

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

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

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

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

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

**Basis of Presentation (Continued)**

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

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

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

The District reports the following major governmental funds:

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

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

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

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

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

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

**Cash Equivalents**

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

**Receivables**

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

**Capital Assets**

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

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

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

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

Office Equipment	5 to 10 Years
Vehicles	6 to 10 Years

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

**Compensated Absences**

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

**Long-Term Obligations**

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



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

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

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

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

**Deferred Outflows/Inflows of Resources**

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

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

**Interfund Transfers**

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

**Fund Equity and Net Position**

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

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

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

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

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

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

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

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

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

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

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

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

**Estimates**

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

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

**Budgets and Budgetary Accounting**

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

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

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

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

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

Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which the purchase order, contract, or other commitment is issued, and, accordingly, encumbrances outstanding at year-end are reported in budgetary reports as expenditures in the current year. Generally, all unencumbered appropriations lapse after a year, except those of the Capital Projects Fund. Encumbered appropriations are carried forward to the ensuing fiscal year, and as of June 30, 2024, the District had one outstanding encumbrance for \$3,978.

**Budget to GAAP Reconciliation**

A reconciliation of revenues and expenditures, between the accounting treatment required by GAAP (Exhibit IV) and budgetary requirements (Exhibit V), at June 30, 2024 is as follows:

	Revenues	Expenditures and Transfers	Fund Balance
Balance - Budgetary Basis, Exhibit V	\$ 970,369	\$ 1,024,403	\$ 547,748
Current Year Encumbrances Issued	-	(3,978)	3,978
Balance - GAAP Basis, Exhibit IV	<u>\$ 970,369</u>	<u>\$ 1,020,425</u>	<u>\$ 551,726</u>

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

**NOTE 3 DETAILED NOTES ON ALL FUNDS**

**Deposits**

At June 30, 2024, the carrying amount of the District's deposits was \$1,082,745 and is part of the Town of Mansfield, Connecticut's pooled cash account. Further information on the cash pool can be located and read as part of the Town of Mansfield, Connecticut's Financial Statements, which can be found at <https://www.mansfieldct.gov/>. The District does not have a deposit policy for custodial credit risk. Separate risk classification is not available.

**Capital Assets**

Capital asset activity for the year ended June 30, 2024 was as follows:

	Beginning Balance	Increases	Decreases	Ending Balance
Capital Assets Being Depreciated:				
Office Equipment	\$ 159,278	\$ -	\$ 3,569	\$ 155,709
Vehicles	148,734	30,170	21,230	157,674
Total Capital Assets Being Depreciated	308,012	30,170	24,799	313,383
Less: Accumulated Depreciation for:				
Office Equipment	89,035	9,539	2,508	96,066
Vehicles	88,861	9,762	21,018	77,605
Total Accumulated Depreciation	177,896	19,301	23,526	173,671
Total Capital Assets Being Depreciated, Net	130,116	10,869	1,273	139,712
 Total Capital Assets Being Depreciated and Amortized, Net	 \$ 130,116	 \$ 10,869	 \$ 1,273	 \$ 139,712
 Subscription Based Information Technology Assets:				
Subscription Based Information Technology	20,356	-	20,356	-
Less: Accumulated Amortization				
Subscription Based Information Technology	17,448	2,908	20,356	-
 Total Subscription Based Information Technology Arrangement Assets, Net	 2,908	 (2,908)	 -	 -
 Governmental Activities Capital Assets, Net	 \$ 133,024	 \$ 7,961	 \$ 1,273	 \$ 139,712

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

Governmental Activities:	
Health Services	\$ 22,209
Total Depreciation/Amortization - Governmental Activities	\$ 22,209

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

**NOTE 3 DETAILED NOTES ON ALL FUNDS (CONTINUED)**

**INTERFUND TRANSFERS**

Transfers are used to move General Fund revenues to finance various capital projects in accordance with budgetary authorizations. During the year ended June 30, 2024, the District transferred \$128,000 of General Fund resources to the Capital Projects fund to fund various capital projects.

**Long-Term Debt**

Long-term liability activity for the year ended June 30, 2024 was as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>Ending Balance</u>	<u>Due Within One Year</u>
Governmental Activities:					
Total OPEB Liability	\$ 11,663	\$ 688	\$ -	\$ 12,351	\$ -
Compensated Absences	41,352	50,319	40,220	51,451	10,290
Total Governmental Activities:					
Long-Term Liabilities	<u>\$ 53,015</u>	<u>\$ 51,007</u>	<u>\$ 40,220</u>	<u>\$ 63,802</u>	<u>\$ 10,290</u>

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

**NOTE 4 OTHER POST EMPLOYMENT BENEFITS PLAN**

**Plan Description**

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

The District currently pays for post-employment health care benefits on a pay-as-you-go basis. As of June 30, 2024, the District has not established a trust fund to irrevocably segregate assets to fund liability associated with the postemployment benefits, which would require the reporting of a trust fund in accordance with GASB guidelines. Administration costs are financed from current operations.

**Benefit Provided**

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

**Employees Covered by Benefit Terms**

Membership in the Plan consisted of the following at July 1, 2022:

Active Employees	9
Total	9

**Total OPEB Liability**

The District's total OPEB liability of \$12,351 was measured as of June 30, 2024 and was determined by an actuarial valuation as of July 1, 2022.

**Actuarial Assumptions and Other Inputs**

The total OPEB liability in the June 30, 2024 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement unless otherwise specified:

Inflation	2.40%
Salary increases	3.40%, average, including inflation
Discount Rate	3.93% (Prior 3.65%)
Health Care Cost Trend Rates	6.50% in 2022, reducing by 0.2% each year to an ultimate rate of 4.40% per year rate for 2034 and later, prior 6.50% in 2020, reducing by 0.2% each year to an ultimate rate of 4.40% per year rate for 2032 and later
Retirees' Share of Benefit-Related Costs	100% of projected health insurance premiums for retirees

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

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

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

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

The actuarial assumptions used in the July 1, 2022 valuation were based on standard tables modified for certain Plan features and input from the Plan Sponsor.

**Changes in the Total OPEB Liability**

	Total OPEB Liability
Balances as of July 1, 2023	\$ 11,663
Changes for the Year:	
Service Cost	870
Interest on Total OPEB Liability	458
Difference Between Expected and Actual Experience	(574)
Changes in Assumptions or Other Inputs	(66)
Net Changes	688
Balances as of June 30, 2024	\$ 12,351

Changes of assumptions and other inputs reflect a change in the discount rate from 3.65% in 2023 to 3.93% in 2024.

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

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (2.65%) or 1 percentage point higher (4.65%) than the current discount rate:

	1% Decrease	Current Discount Rate	1% Increase
Total OPEB Liability	\$ 12,583	\$ 12,351	\$ 12,115

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

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

	1% Decrease	Health Care Cost Trend Rates	1% Increase
Total OPEB Liability	\$ 11,725	\$ 12,351	\$ 13,022

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

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

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

For the year ended June 30, 2024, the District recognized OPEB expense of (\$909). At June 30, 2024, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences Between Expected and Actual Experience	\$ 138	\$ 3,182
Changes of Assumptions or Other Inputs	426	110
Total	\$ 564	\$ 3,292

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

Year Ending June 30,	Amount
2025	\$ (2,237)
2026	(316)
2027	(50)
2028	(100)
2029	(25)
Total	\$ (2,728)

**NOTE 5 OTHER INFORMATION**

**Risk Management**

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

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

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



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

**NOTE 5 OTHER INFORMATION (CONTINUED)**

**Related Party Transactions**

As disclosed in Note 1, the District's board of directors consists of appointed representatives from the member towns consisting of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. Revenues received from these member towns are as follows for the year ended June 30, 2024:

Andover	\$	18,209
Ashford		24,329
Bolton		28,008
Chaplin		12,455
Columbia		30,490
Coventry		70,935
Mansfield		153,187
Scotland		9,113
Tolland		84,338
Willington		32,129
Total	<u>\$</u>	<u>463,193</u>

No amounts were due to or from the member towns as of June 30, 2024.

**Contingent Liabilities**

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

**NOTE 6 DEFINED CONTRIBUTION PENSION PLAN**

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

Benefit terms, including contribution requirements, for the plan are established and may be amended by the District's board. For each employee in the pension plan, the District is required to contribute 6% of annual salary to an employee account. Employees are required to contribute 2% of annual salary. For the year ended June 30, 2024, employee contributions totaled \$12,552, and the District made contributions totaling \$37,655.

Employees are immediately vested in their own contributions and earnings on those contributions and become vested in District contributions and earnings on District contributions after completion of 7 years of creditable service with the District. Nonvested District contributions are forfeited upon termination of employment. Such forfeitures are used to cover a portion of the pension plan's administrative expenses. For the year ended June 30, 2024, forfeitures reduced the District's pension expense by \$35,194.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024**

**NOTE 7 SUBSEQUENT EVENTS**

On July 24, 2024 the District entered into a SBITA agreement that calls for payments of \$22,384, \$23,504, and \$24,679 which are due annually on October 1, through October 1, 2026.

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

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

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

Notes to Schedule:



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## Eastern Highlands Health District

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

# Activity Report July 1, 2024 – September 30, 2024

### Highlighted Accomplishments/Activities

- Followed up on the CADH Advocacy Committee efforts during period to advance local public health interests. Highlighted activities during this quarter include engaging local legislators and CRCOG on matters relating to NaCl, and private well data confidentiality.
- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to:
  1. Participated in bi-weekly status meetings on efforts to address Tolland NaCl challenges
  2. Providing additional technical and sampling support regarding the new well at 68 MT Spring Rd
- Attended and participated as an active member of the UConn Institutional Bio-safety Committee, community member at-large.
- Completed the summer bathing water monitoring program in August, sampling 22 sites district wide on a weekly basis.
- Participated in a key informant interview for the Hartford Healthcare Community Health Needs Assessment.
- Attended and participated in two Governors Opioid Settlement Advisory Committee meeting during this quarter.
- Active participation in the States response to the Eastern Equine Encephalitis increase in mosquito isolates. This included but was not limited to weekly meetings with state officials, press releases, and public health education.
- This office continues incremental progress the quarter towards enrolling and credentialing for 3<sup>rd</sup> party billing of vaccines and vaccinations. We recently executed enrollment agreement with ConnecticutCare. Aetna still in progress.
- Good progress on the Strategic Planning process was achieved during this period with retreats completed for both the staff and the Board. A community stakeholder survey was also administered during this period.
- Staff is currently managing 32 cases of Elevated Blood Lead Levels in children. Two of these case involved in depth investigations on the causes of their environmental lead exposures, and enforcement proceedings.
- Significant staff time involved in complaint responses in the Town of Mansfield (Farming odors), and illegal residential occupancy (Ashford).
- Conducted 9 infectious disease outbreak investigations were conducted during this period.
- Supported an emergency response to a water interruption at Bolton Center School.



## Eastern Highlands Health District

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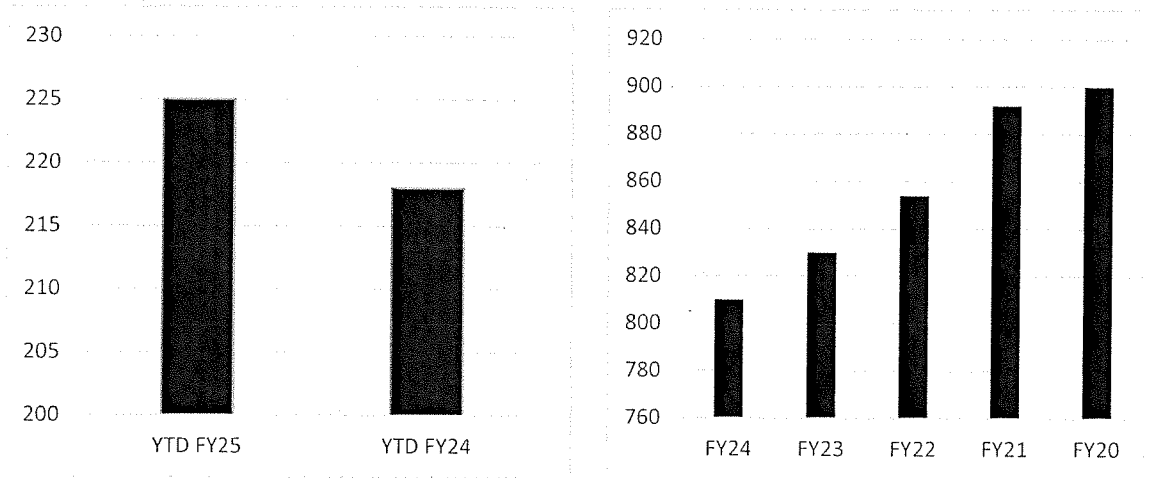
- The Health District engaged in a number of grant funded activities this quarter:
  1. The development and implantation of a comprehensive vaccine promotion campaign to address those barriers. This work is on-going.
  2. The coordination and scheduling of a number of blood pressure clinics in the district.
- *Community Health and Wellness Programs:* Host two vaccination clinics administering 59 vaccines shots; and, participated in the Coventry and Tolland Safety and Wellness committee meeting (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)
- *Emergency Preparedness Program:* Highlighted EP activities for this period include participating with MCM workgroup, work with R3 to identify two public health capabilities, and updating the addenda of the Mass Distribution Plan; participated in number of EP local and regional meetings to support EP (See separate EHHD PHPP report attached.)

### Plans for the Next Quarter

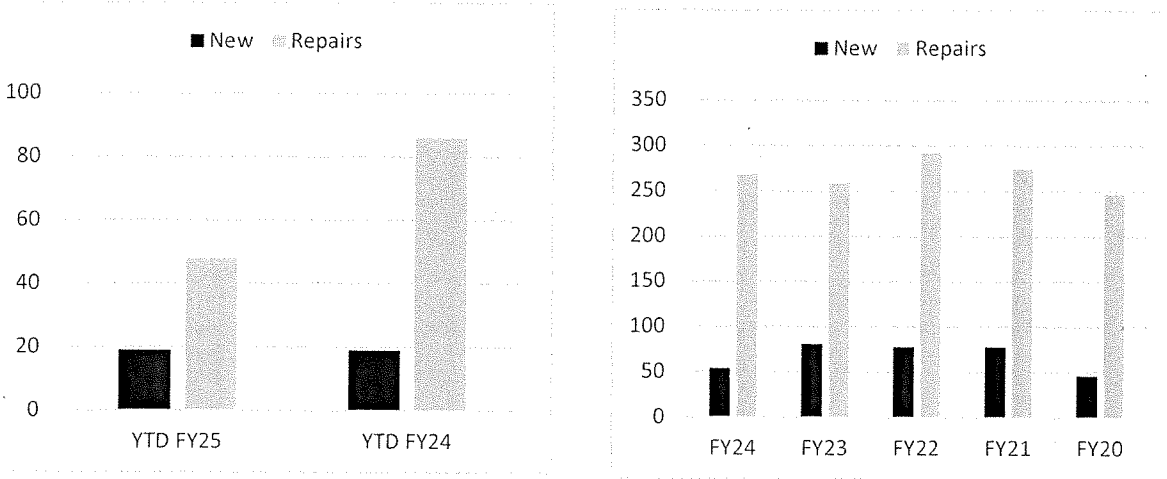
- Active support and participation the Windham Hospital Community Health Needs Assessment.
- Continue progress on the Strategic Plan updated is anticipated.
- Continue efforts to enroll and credential with 3<sup>rd</sup> party payers for vaccinations and vaccine.
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
- On-going work on the Preventive Health and Human Services Block Grant to prevent hypertension.
- On-going work on the Health District immunization promotion initiative funded by the newly awarded Immunization grant.
- Develop and propose the fiscal year 2025/2026 Budgets to the Board of Directors.

### Statistical Report (Attached)

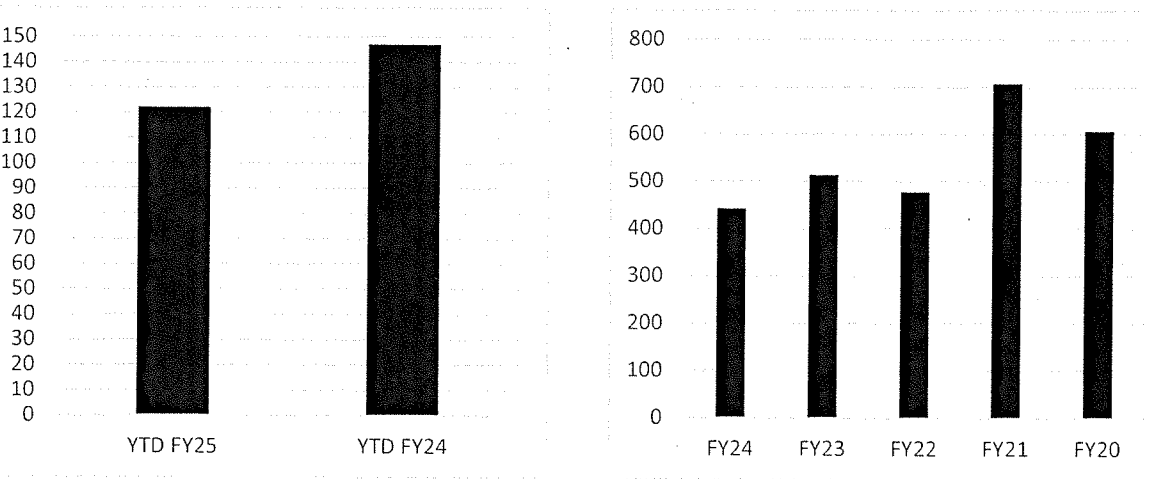
### Deep Test Holes



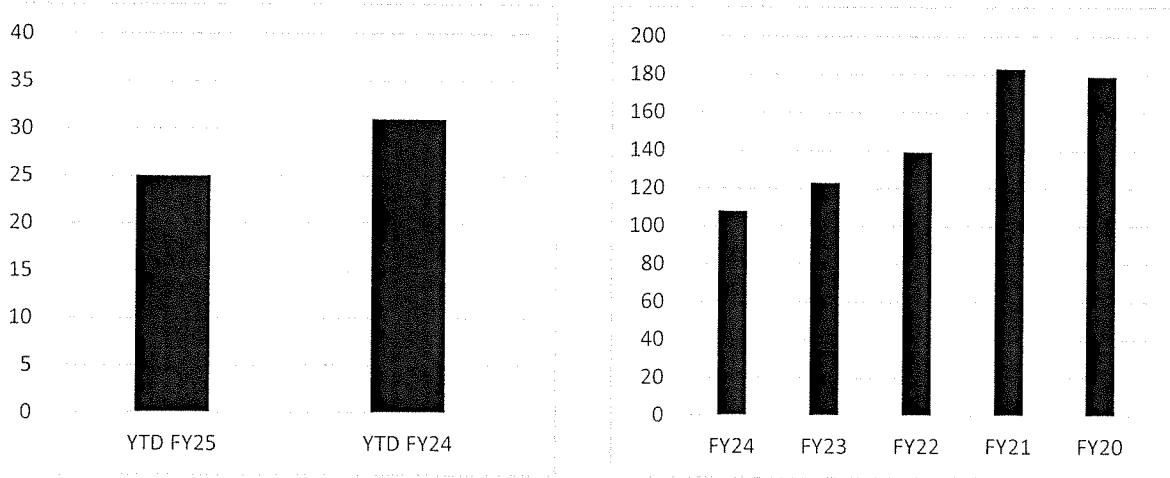
### Septic Permits



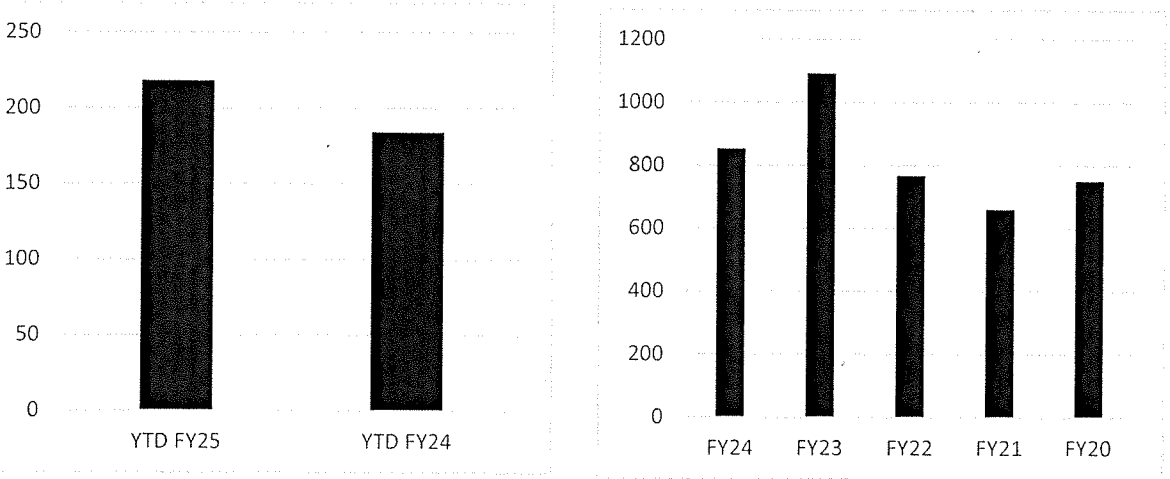
### Public Health Reviews



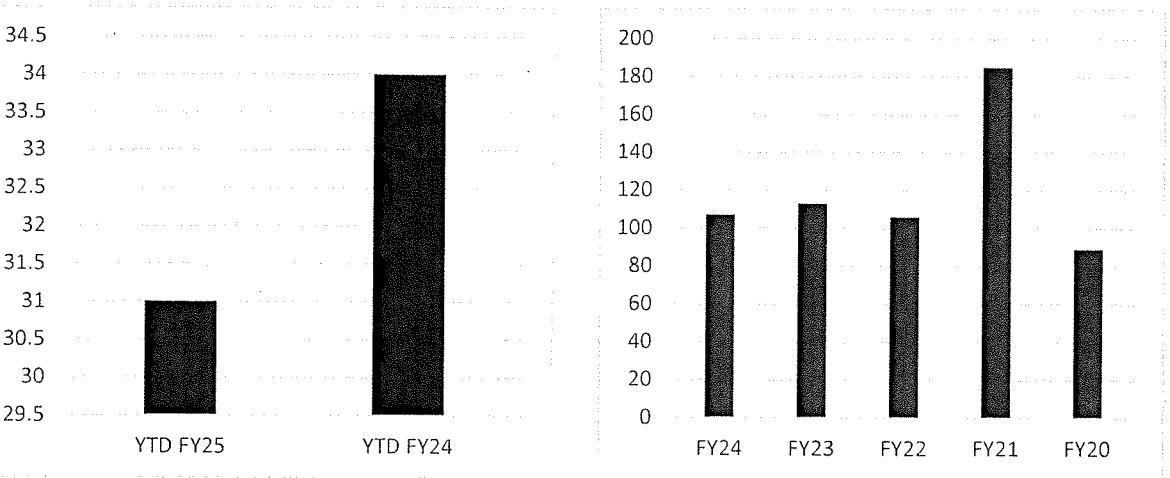
### Complaints



### Food Service Inspections



### Well Permits Issued





EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2024-2025							
July 1, 2024 - September 30, 2024							
ACTIVITY INDICATORS	MONTHS				Current	Previous	
COMMUNITY HEALTH ACTIVITIES	July	Aug	Sept	Total	YTD FY25	YTD FY24	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>							
<i>Complaints</i>							
Air Quality	0	0	2	2	2	0	
Animals/Animal Waste	1	0	0	1	1	2	
Activity Without Proper Permits	0	0	0	0	0	1	
Food Protection	0	0	0	0	0	0	
Housing Issues	0	1	3	4	4	4	
Emergency Response	0	0	1	1	1	2	
Refuse/Garbage	1	1	1	3	3	2	
Rodents/Insects	2	0	1	3	3	4	
Septic/Sewage	0	5	2	7	7	8	
Other	1	0	1	2	2	5	
Water Quality	1	0	1	2	2	3	
COVID-19	0	0	0	0	0	0	
Total	6	7	12	25	25	31	
<i>Health Inspection</i>							
Group homes	0	0	0	0	0	3	
Day Care	1	0	0	1	1	4	
Camps	1	0	0	1	1	2	
Public Pool	0	0	0	0	0	4	
Other	2	1	7	10	10	0	
Schools	0	0	1	1	1	0	
Mortgage, FHA, VA	0	0	0	0	0	0	
Bathing Areas	1	0	0	1	1	0	
Cosmetology	0	0	0	0	0	5	
Total	5	1	8	14	14	18	
<i>On-site Sewage Disposal</i>							
Site inspection	97	75	82	254	254	273	
Deep hole tests	60	77	88	225	225	218	
Percolation tests	20	17	17	54	54	51	
Permits issued, new	3	9	7	19	19	19	
Permits issued, repair	17	14	17	48	48	86	
Site Plans Reviewed	25	24	39	88	88	94	
Public Health Reviews	42	47	33	122	122	147	
<i>Wells</i>							
Well sites inspected	8	9	6	23	23	51	
Well permits issued	12	10	9	31	31	34	
<i>Laboratory Activities (samples taken)</i>							
Potable water	8	6	0	14	14	1	
Surface water	118	100	0	218	218	213	
Ground water	0	0	0	0	0	0	
Rabies	1	1	0	2	2	0	
Lead	0	21	50	71	71	0	
Other	2	1	1	4	4	10	
<i>Food Protection</i>							
Inspections	45	22	39	106	106	125	
On Site inspection violation follow up	8	7	2	17	17	14	
Documented inspection violation follow up	12	10	2	24	24	18	
Temporary Permits	13	23	18	54	54	88	
Temporary Inspections	39	5	14	58	58	24	
Plan review	5	6	2	13	13	8	
Pre-operational inspections	5	3	5	13	13	3	
<i>Lead Activities</i>							
Housing inspection	0	1	1	2	2	0	
Abate plan reviewed	1	0	0	1	1	0	
<b>MISCELLANEOUS ACTIVITIES</b>							
Planning and Zoning referrals	0	0	0	0	0	1	
Subdivision reviewed (# of lots)	0	0	0	0	0	1	

# ANDOVER QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

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

#### Complaints

Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	1
Refuse/Garbage				0	3
Rodents/Insects				0	3
Septic/Sewage				0	7
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25</b>

#### Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other			1	1	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>14</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	6	2	2	10	254
Deep hole tests -- number of holes	3	6	6	15	225
Percolation tests -- number of holes	2	1	2	5	54
Permits issued, new				0	19
Permits issued, repair	2			2	48
Site plans reviewed	1		1	2	88
Public Health Reviews*	6	2	1	9	122

#### Wells

Well sites inspected				0	23
Well permits issued				0	31

#### Laboratory Activities (samples taken)

Potable water				0	14
Surface water	5	5		10	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other	1			1	4

#### Food Protection

Inspections			3	3	106
On Site inspection violation follow up				0	17
Documented inspection violation follow up				0	24
Temporary permits		1	1	2	54
Temporary inspections				0	58
Plan reviews				0	13
Pre-operational inspections	1			1	13

#### Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	1

### MISCELLANEOUS ACTIVITIES

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

# ASHFORD QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues			1	1	4
Emergency Response				0	1
Refuse/Garbage				0	3
Rodents/Insects				0	3
Septic/Sewage		1	2	3	7
Other				0	2
Water Quality	1		1	2	2
COVID-19				0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>25</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other				0	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>
Site inspection -- all site visits	9	6	6	21	254
Deep hole tests -- number of holes		13	7	20	225
Percolation tests -- number of holes		3	2	5	54
Permits issued, new		1	1	2	19
Permits issued, repair				0	48
Site plans reviewed	2	1	4	7	88
Public Health Reviews*	1	5	1	7	122
<i>Wells</i>					
Well sites inspected		1	1	2	23
Well permits issued	2		1	3	31
<i>Laboratory Activities (samples taken)</i>					
Potable water		6		6	14
Surface water	6	7		13	218
Ground water				0	0
Rabies	1			1	2
Lead				0	71
Other				0	4
<i>Food Protection</i>					
Inspections	5	2	2	9	106
On Site inspection violation follow up	1			1	17
Documented inspection violation follow up	2	1		3	24
Temporary permits	3	1	5	9	54
Temporary inspections	1		6	7	58
Plan reviews				0	13
Pre-operational inspections	1	2		3	13
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	1
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

# BOLTON QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

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

### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response			1	1	1
Refuse/Garbage				0	3
Rodents/Insects				0	3
Septic/Sewage				0	7
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>25</b>

#### Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other				0	10
Schools			1	1	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>14</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	9	4	9	22	254
Deep hole tests -- number of holes		6	9	15	225
Percolation tests -- number of holes		1	4	5	54
Permits issued, new				0	19
Permits issued, repair	2	1	3	6	48
Site plans reviewed		1	5	6	88
Public Health Reviews	2	4	3	9	122

#### Wells

Well sites inspected	1		1	2	23
Well permits issued	1		1	2	31

#### Laboratory Activities (samples taken)

Potable water				0	14
Surface water	11	8		19	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other				0	4

#### Food Protection

Inspections			3	3	106
On Site inspection violation follow up			1	1	17
Documented inspection violation follow up				0	24
Temporary permits	2	4	1	7	54
Temporary inspections				0	58
Plan reviews		1		1	13
Pre-operational inspections				0	13

#### Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	1

### MISCELLANEOUS ACTIVITIES

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

# CHAPLIN QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

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

#### Complaints

Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues		1		1	4
Emergency Response				0	1
Refuse/Garbage				0	3
Rodents/Insects	1			1	3
Septic/Sewage				0	7
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>25</b>

#### Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other				0	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	1	2	2	5	254
Deep hole tests -- number of holes		12	3	15	225
Percolation tests -- number of holes		4		4	54
Permits issued, new	1		1	2	19
Permits issued, repair	1			1	48
Site plans reviewed	1			1	88
Public Health Reviews*	4	1		5	122

#### Wells

Well sites inspected	3	4	1	8	23
Well permits issued	2	3	1	6	31

#### Laboratory Activities (samples taken)

Potable water				0	14
Surface water				0	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other				0	4

#### Food Protection

Inspections	2	2	5	9	106
On Site inspection violation follow up				0	17
Documented inspection violation follow up	1		1	2	24
Temporary permits		1		1	54
Temporary inspections	1			1	58
Plan reviews	1	1		2	13
Pre-operational inspections	2			2	13

#### Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	1

### MISCELLANEOUS ACTIVITIES

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

# COLUMBIA QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	1
Refuse/Garbage				0	3
Rodents/Insects				0	3
Septic/Sewage				0	7
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other				0	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	13	6	11	30	254
Deep hole tests -- number of holes	15	10	6	31	225
Percolation tests -- number of holes	5	2	2	9	54
Permits issued, new		1	1	2	19
Permits issued, repair		1	1	2	48
Site plans reviewed		4	3	7	88
Public Health Reviews	2	1		3	122
<i>Wells</i>					
Well sites inspected	1		1	2	23
Well permits issued	1	2	1	4	31
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	14
Surface water	10	9		19	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other				0	4
<i>Food Protection</i>					
Inspections	2	1	2	5	106
On Site inspection violation follow up				0	17
Documented inspection violation follow up				0	24
Temporary permits		1		1	54
Temporary inspections				0	58
Plan reviews	1	1		2	13
Pre-operational inspections			1	1	13
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	1
<b>MISCELLANOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

# COVENTRY QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

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

#### Complaints

Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues			2	2	4
Emergency Response				0	1
Refuse/Garbage				0	3
Rodents/Insects	1			1	3
Septic/Sewage				0	7
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>25</b>

#### Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other				0	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	18	24	20	62	254
Deep hole tests -- number of holes	9	13	30	52	225
Percolation tests -- number of holes	3		3	6	54
Permits issued, new	1	4		5	19
Permits issued, repair	2	3	2	7	48
Site plans reviewed	2	5	6	13	88
Public Health Reviews*	8	10	8	26	122

Well sites inspected	1			1	23
Well permits issued	1	1	1	3	31

#### Laboratory Activities (samples taken)

Potable water				0	14
Surface water	57	41		98	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other				0	4

#### Food Protection

Inspections	8	6	2	16	106
On Site inspection violation follow up	1	2	1	4	17
Documented inspection violation follow up	1	1	1	3	24
Temporary permits	2	2	3	7	54
Temporary inspections	37	3		40	58
Plan reviews	1	1		2	13
Pre-operational inspections	1	1	2	4	13

#### Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	1

### MISCELLANEOUS ACTIVITIES

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

# MANSFIELD QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

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

#### Complaints

Air Quality			1	1	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	1
Refuse/Garbage		1		1	3
Rodents/Insects				0	3
Septic/Sewage				0	7
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	0	1	1	2	25

#### Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other	2	1	6	9	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas	1			1	1
Cosmetology				0	0
<b>Total</b>	3	1	6	10	14

#### On-site Sewage Disposal

Site inspection -- all site visits	16	7	15	38	254
Deep hole tests -- number of holes	18	6	9	33	225
Percolation tests -- number of holes	5	3	3	11	54
Permits issued, new	1	1	2	4	19
Permits issued, repair	3	2	5	10	48
Site plans reviewed	6	2	7	15	88
Public Health Reviews*	6	6	4	16	122

#### Wells

Well sites inspected	1	2	2	5	23
Well permits issued	2	2	2	6	31

#### Laboratory Activities (samples taken)

Potable water				0	14
Surface water	5	9		14	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other			1	1	4

#### Food Protection

Inspections	14	5	12	31	106
On Site inspection violation follow up	2	3		5	17
Documented inspection violation follow up	7			7	24
Temporary permits		3	4	7	54
Temporary inspections			6	6	58
Plan reviews	1	2	2	5	13
Pre-operational inspections			2	2	13

#### Lead Activities

Housing inspection				0	2
Abate plan reviewed	1			1	1

### MISCELLANEOUS ACTIVITIES

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



# SCOTLAND QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	1
Refuse/Garbage			1	1	3
Rodents/Insects				0	3
Septic/Sewage				0	7
Other				0	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>25</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps				0	1
Public Pool				0	0
Other				0	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits			4	4	254
Deep hole tests -- number of holes				0	225
Percolation tests -- number of holes				0	54
Permits issued, new				0	19
Permits issued, repair			1	1	48
Site plans reviewed			2	2	88
Public Health Reviews*		1	2	3	122
<i>Wells</i>					
Well sites inspected		1		1	23
Well permits issued		1	1	2	31
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	14
Surface water				0	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other				0	4
<i>Food Protection</i>					
Inspections			1	1	106
On Site inspection violation follow up				0	17
Documented inspection violation follow up				0	24
Temporary permits		2		2	54
Temporary inspections		2		2	58
Plan reviews				0	13
Pre-operational inspections				0	13
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	1
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

# TOLLAND QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

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

#### Complaints

Air Quality				0	2
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	1
Refuse/Garbage	1			1	3
Rodents/Insects				0	3
Septic/Sewage		4		4	7
Other	1			1	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>25</b>

#### Health Inspection

Group homes				0	0
Day Care	1			1	1
Camps				0	1
Public Pool				0	0
Other				0	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>14</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	17	15	10	42	254
Deep hole tests -- number of holes	9	11	7	27	225
Percolation tests -- number of holes	3	2	1	6	54
Permits issued, new		2	2	4	19
Permits issued, repair	4	3	5	12	48
Site plans reviewed	8	4	10	22	88
Public Health Reviews*	10	10	8	28	122

#### Wells

Well sites inspected	1	1		2	23
Well permits issued	2	1	1	4	31

#### Laboratory Activities (samples taken)

Potable water	8			8	14
Surface water	12	13		25	218
Ground water				0	0
Rabies				0	2
Lead				0	71
Other	1			1	4

#### Food Protection

Inspections	8	2	7	17	106
On Site inspection violation follow up	2	1		3	17
Documented inspection violation follow up	1	4		5	24
Temporary permits	4	6	3	13	54
Temporary inspections				0	58
Plan reviews	1			1	13
Pre-operational inspections				0	13

#### Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	1

### MISCELLANEOUS ACTIVITIES

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

# WILLINGTON QUARTERLY REPORT

July 1, 2024 - September 30, 2024

## ACTIVITY INDICATORS

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

#### Complaints

Air Quality			1	1	2
Animals/Animal Waste	1			1	1
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	1
Refuse/Garbage				0	3
Rodents/Insects			1	1	3
Septic/Sewage				0	7
Other			1	1	2
Water Quality				0	2
COVID-19				0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>25</b>

#### Health Inspection

Group homes				0	0
Day Care				0	1
Camps	1			1	1
Public Pool				0	0
Other				0	10
Schools				0	1
Mortgage, FHA, VA				0	0
Bathing Areas				0	1
Cosmetology				0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>14</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	8	9	3	20	254
Deep hole tests -- number of holes	6		11	17	225
Percolation tests -- number of holes	2	1		3	54
Permits issued, new				0	19
Permits issued, repair	3	4		7	48
Site plans reviewed	5	7	1	13	88
Public Health Reviews	3	7	6	16	122

Well sites inspected				0	23
Well permits issued	1			1	31

#### Laboratory Activities (samples taken)

Potable water				0	14
Surface water	12	8		20	218
Ground water				0	0
Rabies		1		1	2
Lead		21	50	71	71
Other		1		1	4

#### Food Protection

Inspections	6	4	2	12	106
On Site inspection violation follow up	2	1		3	17
Documented inspection violation follow up		4		4	24
Temporary permits	2	2	1	5	54
Temporary inspections			2	2	58
Plan reviews				0	13
Pre-operational inspections				0	13

#### Lead Activities

Housing inspection		1	1	2	2
Abate plan reviewed				0	1

### MISCELLANEOUS ACTIVITIES

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

**Eastern Highlands Health District  
Community Health and Wellness Coordinator  
1<sup>st</sup> Quarter Report July, 2024 –September 30, 2024**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 1,497 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
<p><b>1b (1)</b> Refine/update grant monitoring network</p>	<p>CHWC is working with staff on the Immunization grant and the Block Grant targeting hypertension</p>	<p><b>14 bp screenings were done in the this quarter</b> <b>281 people were screened.</b> <b>Blood pressure cuffs were distributed</b> 8 schools and libraries. The Immunization Promotion Campaign was launched and distributed at movie theaters, on TV, in print, on buses and gas station pump videos.</p>
<p><b>1g (1)</b> Explore and expand partnership opportunities</p>	<p>CHWC is part of the Immunization Coalition and attended 2 meetings The CHWC attended 1 quarterly meeting of the Coventry Worker’s Safety and Wellness meeting.</p>	<p>CHWC provided feedback to the meetings.</p>
<p><b>2a (2)</b> Effective communication of health district programs and news with staff and member towns officials</p>	<p>Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings.</p> <p>CHWC continues to produce quarterly newsletters.</p> <p>CHWC oversees the COVID-19 clinical staff and volunteers for vaccination clinics.</p> <p>CHWC is a voting member of the Chaplin School Readiness Committee.</p>	<p>Bulletin boards with health and safety messages were updated.</p> <p>Topics included: physical activity information, healthy snacks, respiratory illnesses and vaccination resources, and importance of being screened for breast cancer.</p> <p>Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents.</p>
<p><b>3c (1)</b> Engage in advocacy events and activities</p>	<p>CHWC is a source for the public on immunization information, including Covid-19. CHWC worked with</p>	<p>28 kits were distributed at Celebrate Mansfield and over</p>

	Perceptions Program to provide substance misuse information and regarding treatment and overdose prevention.	40 at the UConn Student Health and Wellness Fair.  CHWC will continue to explore ways to support community events
<b>Childhood Lead Activities</b>	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were <b>32 cases</b> followed in this reporting period. <b>5 events</b> were closed. <b>16 phone calls</b> were made to families and providers. <b>17 correspondences completed to families.</b> CHWC worked with the Chief Sanitarian on <b>2 investigations for elevated lead levels that included risk assessments or epidemiological investigations.</b>
<b>Communicable Disease Control</b>	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary.	please see chart below
<b>CHWC Training and Continued Education</b>	CHWC did not participate in any trainings during this time period.	CHWC will continue to look for look for opportunities to participate in continuing education that support the CHWC role.
<b>Vaccine Program</b>	CHWC attended 2 monthly meetings of the Immunization Coalition Annual flu conference, CHWC completed the annual training for the Connecticut Vaccine Program for Storage and Handling  Starting in September, EHHD has partnered with Beacon Pharmacy to provide vaccines that the EHHD does not. Beacon provided two clinics: Coventry and Columbia and some homebound residents.	<b>108 vaccine were provided by Beacon Pharmacy during this period and 59 vaccines provide by EHHD</b>

	EHHD also provided information about vaccine and provided vaccines at the Celebrate Mansfield event.	
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**Emergency Preparedness/Response**

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CT Responds system. In total, in this reporting period there are **128 volunteers**. Activities this reporting period: Volunteers supported 2 blood pressure screenings (Coventry Farmer’s market, Bolton Concert series) and one BP and vaccination event Celebrate Mansfield, during this period.

CHWC sends emails to MRC volunteers to staff the upcoming events and then assigns the volunteers to the events. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.

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

**Grants: Blood Pressure/ Immunizations**

During this quarter there were **14 bp screening events and 281 people were screened.**

**Be Well employee Wellness Programs**

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

**Tolland**

The CHWC conducted the 1st Quarterly Educational Event, for the Tolland Town employees: **Great Grains 14 people attended** in person and an online version was posted to the Be Well website for people unable to attend.

**Community Outreach**

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails.

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

Communicable disease*	July	August	September	Quarter
Number of reported cases	17	11	17	45
Interviews	5	2	0	7
Investigations	3	2	4	9

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

<b>Date</b>	<b>Description</b>	<b># served</b>	<b>Community</b>
Fall 2024	Employee Wellness Newsletter (UConn) 201	202	UConn
Fall 2024	Employee Wellness Newsletter 60	60	Andover
Fall 2024	Employee Wellness Newsletter 60	60	Ashford
Fall 2024	Employee Wellness Newsletter 200	200	Bolton
Fall 2024	Employee Wellness Newsletter 30	30	Chaplin
Fall 2024	Employee Wellness Newsletter 60	60	Columbia
Fall 2024	Employee Wellness Newsletter 60	60	Coventry
Fall 2024	Employee Wellness Newsletter 60	60	Scotland
Fall 2024	Employee Wellness Newsletter 435	435	Tolland
Fall 2024	Employee Wellness Newsletter 40	40	Willington
<b>Meetings/events</b>		<b>Number of meetings</b>	
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  CHWC was also part of the Planning Committee for the Annual Influenza Conference and attending the Conference on Sept 19	3	
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	





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

July – September 2024

- **PHEP Activities:**

- EHHD participated in DPH Medical Countermeasure(MCM) Workgroup. This will consist of a team of PHEP coordinator, where they will share lessons learned from the COVID-19 response and exchange best practices for the MCM plans.
  - July 31<sup>st</sup>: This meeting addressed key issues in emergency planning and response, including POD planning, security planning, and vaccine storage and distribution.
  - August 29<sup>th</sup>: Overview of the DPH CRI SharePoint site and the folders created within it, encouraging members to explore the site and upload information.
  - September 16<sup>th</sup>: Sub-workgroup meeting addressed the statutes, regulations and background info on the issue MCM dispensing planning assumptions.
  - September 26<sup>th</sup>: Addressed the challenges of obtaining comprehensive data for effective vaccine distribution, particularly regarding cold storage capabilities and the slow enrollment of COVID vaccine providers
- EHHD staff partnered with Beacon Pharmacy to support a Vaccine Clinic at the Coventry Senior Center. Flu shots were administered by Beacon and Blood pressure education was conducted by EHHD staff.
- Fulfilled PHEP/MRC deliverables for BP5:
  - BP5 Quarter 4 Progress Report was completed and submitted on 7/13/2024. This report gives an overview of all the planning, capabilities and exercises completed within the budget period.

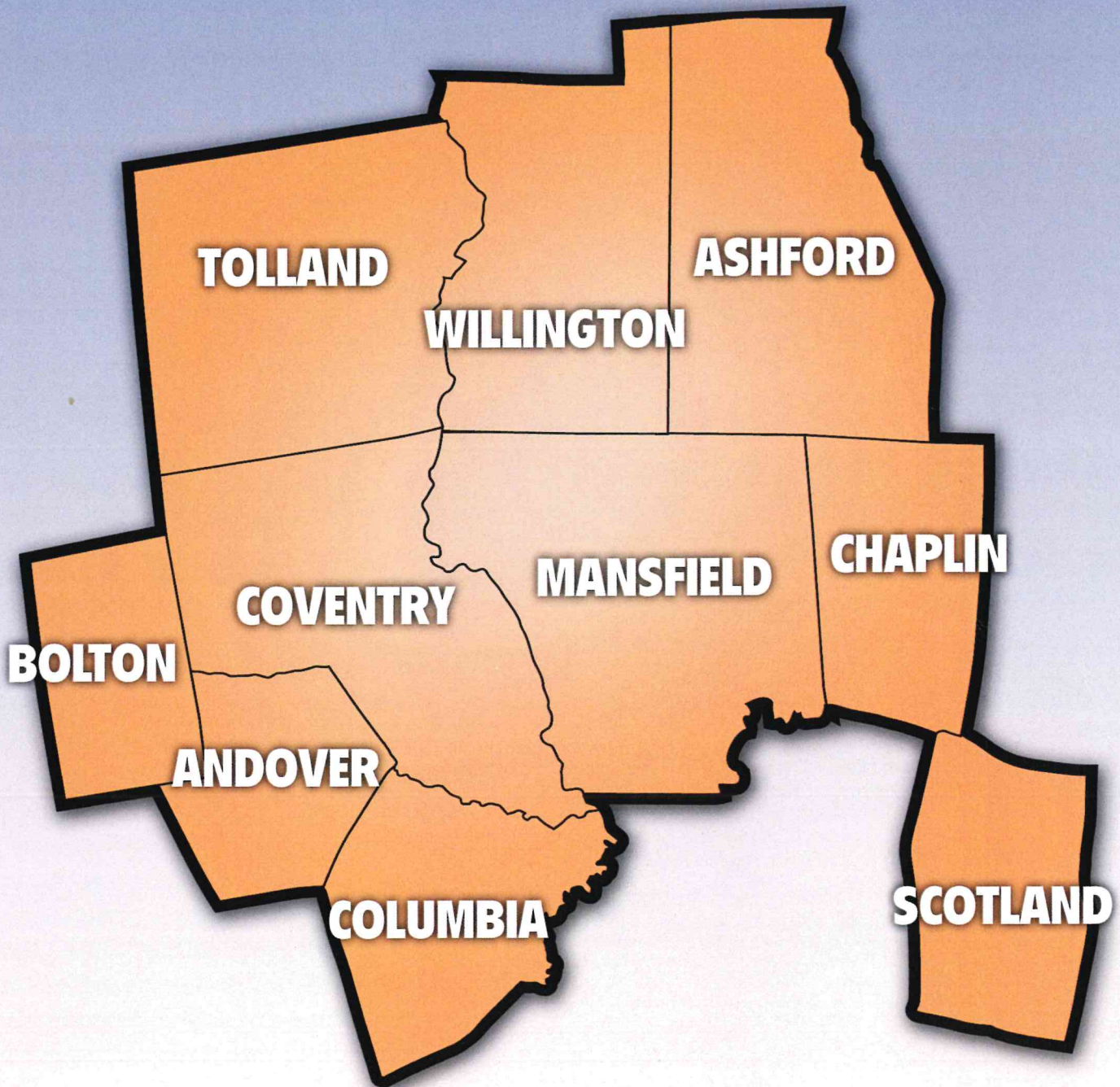
- **Regional Activities:**

- Participated Region4 & Region3 PHEP, MRC, and CRI monthly meetings:
  - Region 3:
    - August 2<sup>rd</sup>: This session we reviewed updates of the new regional sub-contracts and planned for the next steps following the PPHR application acceptance. We discussed the new updated deliverables and developed a plan to fulfill the requirements.
    - September 6<sup>th</sup>: This session two new public health capabilities were identified. A work plan for budget periods 1-5 was developed and put into place. Staff provided information regarding new everbridge updates.
  - Region 4:
    - July 8<sup>th</sup>: This session we discussed plans and updates for the new budget period. We reviewed two new Public Health Capabilities for budget period one. Addressed the concerns with updating previous High Consequence Disease Plans.
    - September 16<sup>th</sup>: This session we reviewed the first few pages of the POD plan. Discussed various ways to improve Security, Staffing, training and inventory management in the POD plan,

- Participated in Region 4 ESF-8 monthly meetings:
  - August 29<sup>th</sup>: This session was a brief check in to provide any updates from any agency. There were no significant updates at this time.
  - September 26<sup>th</sup>: Kevin McManus presented information regarding the Everbridge system updates.
- **Plans for Next Quarter:**
  - Continue with BP1 PHEP deliverables and any necessary new 5-year budget period requirements
  - Support CRI Region 4 partners to complete MCM action plan and ORR
  - Support DPH with MCM workgroup
  - Continue to Update local EHHD preparedness plans



**2023-2024**



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

Population: 79,045    Service Area: Approximately 208 Square Miles



## HEALTH DISTRICT STAFF

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



Front row left to right: Nishel Thompson, Christopher Buter, Millie Brosseau, Mia Mitoma  
 Back row left to right: Glenn Bagdoian, Thad King, Lynette Swanson, Cecile Serazo, 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
- James Drumm ..... Town of Coventry
- Ryan Aylesworth ..... Town of Mansfield
- Heather Evans ..... Town of Mansfield
- Maria Capriola ..... Town of Mansfield
- Vacant ..... Town of Scotland
- Brian Foley ..... Town of Tolland
- Katherine Stargardt ..... Town of Tolland
- Vacant ..... Town of Willington



Chairman John Elsesser with Deb Walsh as she retires after 27 years of service on the EHHD Board of Directors.

## MISSION STATEMENT -

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

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



### Message from the Director

### Another Year of Public Health Initiatives

I am delighted to present our local communities with the Eastern Highlands Health District Annual Report for the 2023-2024 Fiscal Year. This past year, the Health District has implemented several innovative programs and initiatives that have significantly benefited our community. I would like to take this opportunity to highlight a few of these accomplishments.

**Community Health** – The community health program was highly active this past year, supported by grant funding for two key initiatives. The first initiative focused on assessing barriers to vaccination uptake within the community. The findings from this assessment are now driving a comprehensive campaign to promote seasonal vaccinations. The second initiative is aimed at individuals at higher risk of hypertension, providing educational sessions and screening events. This five-year grant promises even more impactful programming in the coming years. Additionally, our community health staff hosted 14 pop-up vaccination clinics during the fall viral respiratory season and distributed over 7,500 COVID-19 test kits to schools, daycares, and the general public.

**Environmental Health** – This year saw a notable advancement in our environmental health efforts, marked by a workforce development grant that facilitated important training and professional development opportunities for our staff. Additionally, we participated in a statewide internship program for Master of Public Health candidates, further enriching the expertise of the labor market. A significant expansion of our childhood lead poisoning prevention program also took place this year. With the lowering of blood lead thresholds that trigger local health department intervention, our environmental health staff and public health nurse managed over 25 cases, providing educational and remediation support to affected parents and families.

**Public Health Emergency Preparedness and Response** – Our Medical Reserve Corps was exceptionally active this past year, with over 120 volunteers mobilized to support multiple clinics, drills, and training sessions. Staff participated in various drills and exercises, including measles and pandemic flu tabletop exercises, two communication call-down drills, and the support of DEMHS Region 3’s application to NACCHO for Project Public Health Ready designation.

These accomplishments reflect our ongoing commitment to enhancing public health and ensuring the well-being of our community. We look forward to continuing this vital work in the coming year

My door is always open.

Yours in Health,

Robert L. Miller, MPH, RS  
 Director of Health







# Public Health

Prevent. Promote. Protect.

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

## What is a Health District?

Health districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local public health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not have a full-time health department without district membership. Joining a health district is an attractive option for towns because they gain 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'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

A single agency cannot address all-hazards emergency preparedness. Eastern Highlands Health District (EHHD) continues to maintain partnerships to prepare for a successful community response to any emergency or disaster. EHHD is an active member of the CT DEMHS Region 4 ESF8 workgroup, which combines healthcare and community health in Eastern Connecticut. Regional activities this year included monthly meetings to discuss updating the regional medical countermeasures plan and prepare for a new budget period. EHHD provided support to Region 3 assisting with the Region 3 Project Public Health Ready (PPHR) application and served as an evaluator at their ESF-8 Flu Pandemic Tabletop exercise on September 23, 2023.

On April 23rd, 2024 EHHD attended the annual CT Emergency Management Symposium in Niantic, CT. This conference brought awareness to the different government levels and partners available for emergency management resources. May 10, 2024 EHHD staff attended the Region 3 Measles tabletop exercise; an infectious disease simulation to better prepare staff on how to mitigate possible outbreaks. May 15, 2024 EHHD staff participated in the Region 4 ESF-8 Social Media in Crisis Communication training. This training explored various ways to appropriately address the public during an emergency.



This year Eastern Highland Health District's Emergency Preparedness program continued its efforts to provide COVID-19 vaccinations and seasonal flu clinics at our office, farmers market, libraries and other 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. EHHD preparedness provided a Point of Dispensing (POD) training to the MRC on May 16, 2024. This training provided an overview of the logistics and operations of an EHHD dispensing exercises.

EHHD will continue to keep its partners and constituents informed of any necessary COVID-19 information. We are working with federal, state, and regional partners to re-strategize and improve planning. For continued information, announcements, and updates please visit our social media pages or website [www.ehhd.org](http://www.ehhd.org)

## Environmental Programs



**Water Quality** – EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns. The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to ensure compliance with water quality and health safety standards.

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

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

**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.



**The Opioid Epidemic:** EHHD partnered with North Central District Health Department and CT Harm Reduction Alliance to promote awareness about opioid overdose prevention, equipping individuals with the necessary knowledge and resources to save lives.

**Immunizations:** EHHD continued to promote the importance of keeping up-to-date on immunizations and provided COVID-19 vaccines to the community. EHHD conducted an Immunization Rapid Community assessment, to increase awareness of barriers to COVID-19 and influenza vaccines

**Healthy Homes:** 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.

**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 provides a fully contracted service to the Town of Tolland. 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 are not limited to, quarterly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at [www.ehhd.org/be\\_well](http://www.ehhd.org/be_well). Find more information about having Be Well as part of your business or organization by sending an email to [Be\\_well@ehhd.org](mailto:Be_well@ehhd.org).



**Health Education:** EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook and Twitter). We focus "hot topic" updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD participated in several educational workshops and health fairs throughout the year focusing on topics such as COVID-19 awareness and prevention, vaccines, air quality, opioid overdose prevention, planning for care as you age, and flu prevention and treatment. EHHD continued to provide information on the prevention of acquiring Lyme disease, and other tick-borne illness as the use of outdoor spaces increased.



**Plan4Health Initiative:** EHHD continues to market a Toolkit to implement strategies to increase physical activity and access to healthy food for our region to the planning and zoning boards and commissions of small and rural towns in Connecticut. 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 create this toolkit. The Toolkit is maintained and updated to provide current and accurate information. The toolkit is available online at [www.healthyeasternct.com](http://www.healthyeasternct.com)



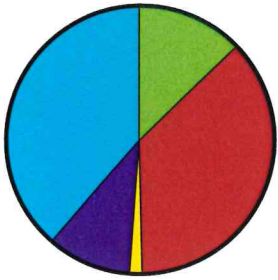
**Tobacco Free Living:** Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found on the EHHD website. A toolkit was developed to assist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



# EHHD

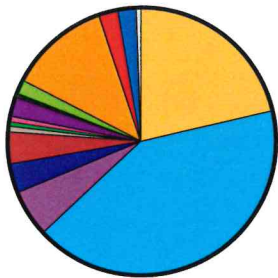
Budget Fiscal Year  
2023/2024\*

## FY24 TOTAL REVENUE



<span style="color: green;">●</span> Licensure Fees	\$159,491
<span style="color: red;">●</span> Local Funds	\$474,218
<span style="color: yellow;">●</span> Other	\$11,352
<span style="color: purple;">●</span> Program Fees	\$102,300
<span style="color: blue;">●</span> State	\$510,722
<b>Total:</b>	<b>\$1,258,083</b>

## FY24 TOTAL EXPENDITURE



<span style="color: yellow;">●</span> Personnel: Administrative/Management	\$289,663
<span style="color: blue;">●</span> Personnel: Environmental Health	\$558,807
<span style="color: purple;">●</span> Personnel: Community Health	\$92,726
<span style="color: darkblue;">●</span> Automobile	\$30,170
<span style="color: red;">●</span> Administrative Overhead	\$55,619
<span style="color: brown;">●</span> Communications	\$4,850
<span style="color: green;">●</span> Educational/Training	\$800
<span style="color: pink;">●</span> Equipment	\$4,145
<span style="color: purple;">●</span> Insurance	\$15,390
<span style="color: black;">●</span> Legal	\$408
<span style="color: lightgreen;">●</span> Other	\$3,000
<span style="color: orange;">●</span> Purchased Services	\$120,682
<span style="color: red;">●</span> Supplies & Materials	\$11,481
<span style="color: blue;">●</span> Vehicle&Travel	\$14,784
<span style="color: grey;">●</span> Miscellaneous	\$5,414
<b>Total:</b>	<b>\$1,207,939</b>

## EHHD Service And Activities Data By Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
<b>COMPLAINTS</b>											
AIR QUALITY	0	0	0	0	0	0	0	0	0	0	0
ANIMALS/ANIMAL WASTE	0	2	0	1	0	0	0	0	1	0	4
ACTIVITY WITHOUT PROPER PERMITS	0	1	0	0	0	0	1	1	1	1	5
FOOD PROTECTION	0	0	0	1	0	1	6	0	0	1	9
HOUSING ISSUES	0	7	2	1	0	3	6	0	2	3	24
EMERGENCY RESPONSE	0	1	0	1	0	0	3	0	0	1	6
REFUSE/GARBAGE	0	2	0	0	0	0	2	0	0	3	7
RODENTS/INSECTS	0	0	0	0	0	1	4	0	0	5	10
SEPTIC/SEWAGE	0	5	1	1	0	1	3	0	14	0	25
OTHER	0	1	1	0	0	0	2	0	4	3	11
WATER QUALITY	0	3	0	1	0	0	1	1	1	0	7
COVID-19	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>22</b>	<b>4</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>28</b>	<b>2</b>	<b>23</b>	<b>17</b>	<b>108</b>
<b>HEALTH INSPECTION</b>											
GROUP HOMES	0	0	0	0	0	1	0	0	0	3	4
DAY CARE	0	0	2	1	1	0	4	0	6	0	14
CAMPS	0	1	0	1	0	0	0	1	3	2	8
PUBLIC POOL	0	2	0	0	0	0	9	1	0	1	13
OTHER	2	0	1	0	0	0	11	0	0	0	14
SCHOOLS	0	0	0	0	0	0	0	0	0	0	0
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
COSMETOLOGY	0	5	4	0	7	8	36	0	32	6	98
<b>TOTAL</b>	<b>2</b>	<b>8</b>	<b>7</b>	<b>2</b>	<b>8</b>	<b>9</b>	<b>60</b>	<b>2</b>	<b>41</b>	<b>12</b>	<b>151</b>
<b>ON-SITE SEWAGE DISPOSAL</b>											
SITE INSPECTION - ALL SITE VISITS	68	65	61	28	107	156	131	18	99	77	810
DEEP HOLE TESTS - NUMBER OF HOLES	42	90	27	37	63	140	98	27	190	70	784
PERCOLATION TESTS - NUMBER OF HOLES	12	22	9	10	16	31	26	7	38	11	182
PERMITS ISSUED, NEW	4	3	4	2	3	11	5	4	14	4	54
PERMITS ISSUED, REPAIR	19	32	22	10	36	41	36	2	53	17	268
SITE PLANS REVIEWED	21	41	28	15	32	54	35	5	89	26	346
PUBLIC HEALTH REVIEWS	28	36	29	12	40	95	65	9	96	32	442
<b>WELLS</b>											
WELL SITES INSPECTED	2	6	1	6	5	11	9	11	32	25	108
WELL PERMITS ISSUED	2	8	7	3	10	17	27	5	19	9	107
<b>LABORATORY ACTIVITIES (SAMPLES TAKEN)</b>											
POTABLE WATER	0	0	0	0	0	1	2	0	40	0	43
SURFACE WATER	9	21	28	0	34	156	16	0	32	37	343
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	0	0	2	0	0	0	2
LEAD	0	16	0	0	22	15	107	0	0	0	160
OTHER	2	3	4	2	1	3	4	0	1	3	23
<b>FOOD PROTECTION</b>											
INSPECTIONS	8	29	27	24	38	66	171	7	78	51	499
ON SITE INSPECTION VIOLATION FOLLOW UP 3	3	1	0	6	1	5	36	0	22	15	89
DOCUMENTED INSPECTION VIOLATION FOLLOW UP 1	20	2	2	11	4	13	59	3	14	16	143
TEMPORARY PERMITS	6	19	32	4	2	74	40	16	37	12	242
TEMPORARY INSPECTIONS	0	5	0	0	0	54	25	8	4	3	99
PLAN REVIEWS	0	0	2	2	1	4	10	0	4	0	23
PRE-OPERATIONAL INSPECTIONS	0	2	1	2	2	3	10	0	3	2	25
<b>LEAD ACTIVITIES</b>											
HOUSING INSPECTION	0	1	1	0	1	2	4	0	0	0	9
ABATE PLAN REVIEWED	0	0	1	0	0	1	0	0	0	0	2
<b>MISCELLANEOUS ACTIVITIES</b>											
PLANNING AND ZONING REFERRALS	0	0	1	0	0	0	1	0	0	0	2
SUBDIVISION REVIEWED (PER LOT)	0	0	0	0	0	1	0	0	1	0	2

\* Figures not audited at the time of this publication.

## SELECTED REPORTABLE DISEASES BY TOWN\*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Wilmington	District Totals
Babesiosis	0	0	0	1	0	1	7	0	1	2	12
Campylobacter	1	0	1	1	0	2	1	0	3	1	10
COVID-19	58	49	89	24	71	190	202	13	196	61	953
Cryptosporidium	0	0	0	0	0	0	1	0	1	0	2
Cyclospora	0	0	0	0	0	1	0	0	0	0	1
E. Coli 0157/STEC	0	0	1	0	3	0	2	0	0	0	6
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	1	0	0	1	0	2
Giardia	0	1	0	0	0	0	1	0	1	0	3
Group A Streptococcus	1	0	0	0	0	1	0	0	0	1	3
Group B Streptococcus	0	0	0	0	1	1	2	0	2	0	6
Haemophilus Influenzae	0	0	0	0	0	0	1	0	1	0	2
Hepatitis A	0	0	0	0	0	1	0	0	0	0	1
Hepatitis B	0	0	0	1	2	0	2	0	1	1	7
Hepatitis C	0	0	0	0	0	1	1	0	0	0	2
Influenza	15	14	16	16	24	41	186	5	43	17	377
Lead-Elevated Blood Lead Levels in children up to age 6 (3.5-9.9 ug/dl)	1	1	3	1	1	1	1	0	1	1	11
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	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	5	15	6	11	16	27	25	5	16	10	136
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	1	3	1	3	1	5	0	4	3	21
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	1	0	0	0	0	1
Respiratory syncytial virus infection	2	16	6	10	12	26	29	1	13	9	124
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	1	0	0	1	1	2	0	4	0	9
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	1	0	0	0	3	0	0	2	0	6
Varicella	1	1	0	0	0	0	1	0	0	0	3
Vibrio	0	0	0	0	0	1	0	0	0	0	1
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	2	1	1	0	0	1	5

\* 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

5

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### Environmental Health Section

#### EHS Circular Letter # 2024-32

**To:** Local Health Directors

**From:** Amanda Parkins, Epidemiologist 3 *AP*  
Coordinator, Indoor Environments Unit

**Date:** October 25, 2024

**Subject:** Radon Tests Available to Local Health Departments/Districts with Partnership

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To assist your National Radon Action Month (NRAM) efforts, the Radon Program is offering short-term radon test devices as part of the 2024 - 2025 Radon Program Partnership. The radon tests will include postage paid envelopes for shipment to the analytical laboratory. Test kits will only be available to local health departments/districts (LHDs) participating in the partnership.

The Connecticut Department of Public Health Radon Program encourages all LHDs to conduct community-based activities to promote radon testing and mitigation (when elevated levels are found). It takes the coordinated efforts of federal, state, and local entities to spread the word about radon, its health effects, the need for testing, and the importance of mitigation. These efforts do not need to wait until January's NRAM campaign. Testing can be carried out throughout the year as part of Healthy Home visits or other special projects decided by the LHD. Winter is the most ideal time to conduct radon testing, but radon activities can be considered outside the preferred November 1<sup>st</sup> through March 31<sup>st</sup> testing season.

Our goal this year is to continue to expand the reach of the partnership program across the state, improve tracking, and to increase overall return rates to above 65%.

Partnership will require test kit tracking and follow-up correspondence. Correspondence such as a call, email, or text within a week of the test kit being given will provide the resident with a reminder to conduct the test and an opportunity for questions. This method was found to be helpful in ensuring fewer testing errors and a better return rate of test kits. The analytical laboratory will provide the radon report directly to



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410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

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please call (860) 509-7293.*

the community resident who received and conducted the radon test. Test results will be provided to the LHDs by the Radon Program monthly.

To assist with the development of effective project plans the Radon Program can provide eligible partners with historical data on radon testing/mitigation in their areas of jurisdiction upon request. Requests for project planning data should be submitted to [DPH.RadonReports@ct.gov](mailto:DPH.RadonReports@ct.gov), and must be received by November 8<sup>th</sup>.

To be eligible for this partnership, the Radon Program must receive the Radon Program Partnership Request form no later than **Monday, November 25<sup>th</sup>** via email to [DPH.RadonReports@ct.gov](mailto:DPH.RadonReports@ct.gov).

Availability of radon test kits will be determined based on number of local partners interested, previous partnership performance, and federal radon grant funding.

We look forward to working with past and new LHD partners.

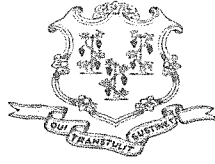
cc: Jenna Nicol, Chief, Environmental Health Section  
Carmen Chaparro, MS, Chief, Office of Local Health Administration  
Lisa Morrissey, MPH, Deputy Commissioner

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

7

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

DWS Circular Letter #2024-34

**TO:** Public Water Systems  
Local Health Departments

**FROM:** Lisa Michelle Morrissey, Acting Branch Chief *Lisa Michelle Morrissey*

**DATE:** November 19, 2024

**SUBJECT:** Public Water System and Local Health Department Drought Preparedness

A sustained period of below normal precipitation has led to rapid drying across the state. At the recommendation of the Interagency Drought Workgroup, Governor Lamont recently activated Stage 2 of the Connecticut Drought Preparedness and Response Plan on November 9, 2024. Stage 2 identifies an emerging drought event that has the potential to impact water supplies, agriculture, and natural ecosystems.

#### **FOR PUBLIC WATER SYSTEMS:**

Although many public water systems benefited from excellent recharge following a rainy summer, reservoir and groundwater levels are now trending sharply downward. The Connecticut Department of Public Health ("DPH") requests that all public water systems undertake the following preparedness measures should the drought worsen over the winter months:

- Review and evaluate your current emergency contingency plan to assess its timeliness and adequacy for responding to developing drought conditions. Assess your plan's drought triggers and associated conservation measures to determine if they remain suitable for sustaining water supplies in the event of a long-term drought event (use the drought of record as a preparedness baseline).
- Prepare and place on stand-by all emergency back-up sources and/or interconnections.
- Coordinate with appropriate local agencies and officials to communicate, monitor, and enforce any voluntary or mandatory water use restrictions.
- Conduct public outreach and communicate with customers to inform them of drought conditions and water conservation tips.



Phone: (860) 509-7333 • Fax: (860) 509-7359  
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- Pause or defer any non-essential system maintenance or upgrades that may consume large quantities of water or require sources or interconnections to be taken out of service.

Public water systems should also report the following to DPH and local health department(s):

- Groundwater and surface water measurements **at least weekly** using the attached forms to [DPHWaterSupplyCapacity@ct.gov](mailto:DPHWaterSupplyCapacity@ct.gov)
- Any drought-related water supply or quality issues
- Status of drought triggers, drought stage changes, and voluntary and/or mandatory conservation measures
- Activation of any emergency sources and/or interconnections
- Any use of licensed water haulers per CT General Statutes Section 20-278H is to be reported to DPH per RCSA § 19-13-B46.

**FOR LOCAL HEALTH DEPARTMENTS:**

Local health departments are encouraged to help circulate water conservation requests from public water suppliers and inform private well users of potential impacts to wells, particularly shallow and low-yield wells, and what to do if affected. DPH requests that each local health department **submit a weekly update** to [DPH.PrivateWellProgram@ct.gov](mailto:DPH.PrivateWellProgram@ct.gov) with the number of new well permits issued for new wells and the hydrofracking or deepening of existing wells for each town in its jurisdiction.

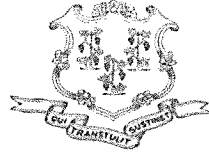
Please reach out to the DPH Drinking Water Section at [DWDcompliance@ct.gov](mailto:DWDcompliance@ct.gov) if you have any questions or require any assistance pertaining to the above requests.

c: Lisa Michelle Morrissey, Deputy Commissioner, DPH  
Emma Cimino, Deputy Commissioner, DEEP  
Jack Betkoski, Chairman, Water Planning Council  
Martin Heft, Chairman, Interagency Drought Workgroup  
Municipal Chief Elected Officials  
Municipal Drought Liaisons  
Regional Councils of Governments

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**To:** Clinicians, Laboratorians, Local Health Departments, School Nurses  
**From:** Lynn Sosa, MD, Director of Infectious Disease and State Epidemiologist  
**Date:** November 14, 2024  
**RE:** Increase in *Mycoplasma pneumoniae* Infections

**Background:** During 2024, the Centers for Disease Control and Prevention (CDC) have reported an increase in *Mycoplasma pneumoniae* infections, particularly among children. While most infections with *M. pneumoniae* are mild and will resolve without treatment, an increase in individuals seeking care in emergency departments for pneumonia and bronchitis has been noted over the past 6 months. Healthcare providers are encouraged to consider *M. pneumoniae* in individuals presenting with pneumonia and to test and treat, when clinically indicated. More information about the current situation is available on the [CDC's \*M. pneumoniae\* page](#).

**Transmission and Prevention:** *M. pneumoniae* bacteria are spread by respiratory transmission and [strategies to prevent respiratory viruses](#) also prevent these bacteria from spreading. Outbreaks occur mostly in crowded environments such as schools, college residence halls, and nursing homes, and may be prolonged in duration.

**Clinical Considerations:** The current increase in pneumonia is primarily being observed in young children, although disease can occur in all age groups and outbreaks have been reported in school settings. *M. pneumoniae* infections are generally mild and mostly present as a chest cold but may also present as pneumonia. Symptom onset is typically gradual and can include fever, cough, and a sore throat. When an *M. pneumoniae* infection progresses to pneumonia, it's typically a less severe form of bacterial pneumonia commonly referred to as "walking pneumonia." While uncommon, serious complications from infection can occur that require hospital care, including new or worsening asthma, severe pneumonia, and encephalitis.

**Reporting Requirements:** Individual cases of *M. pneumoniae* are not reportable in Connecticut. Institutional outbreaks for all conditions, including *M. pneumoniae*, are reportable to DPH and the local health department where the outbreak occurred. Both should be notified by telephone upon suspicion or confirmation of an outbreak.



Phone: (860) 509-7994 • Fax: (860) 509-7910  
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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Please contact the DPH Epidemiology and Emerging Infections Program at 860-509-7994 during business hours or 860-509-8000 during evenings/weekends if you have any questions or to report an outbreak.



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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

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Lt. Governor

Office of Local Health Administration

10/4/2024

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

RE: SFY 2025 Per Capita Funding Application

Dear Robert Miller,

The Office of Local Health Administration is in receipt of your Per Capita Application for SFY 2025. The application has been approved and the invoice payment of **\$207,209.60** is being processed. You should expect to receive payment in approximately two weeks.

Please contact OLHA at (860) 509-7660 or [OLHA.DPH@ct.gov](mailto:OLHA.DPH@ct.gov) if you have any questions regarding the Per Capita Application process.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Behuniak".

Jennifer Behuniak  
Health Program Supervisor, Office of Local Health Administration

CC: Carmen Chaparro, Section Chief  
Krista Veneziano, Epidemiologist 4



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**MANSFIELD**  
**COMMUNITY CENTER**  
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## Main Pool Information

November 7, 2024

Dear Members and Guests,

As you may be aware, we continue to address the challenges we are experiencing with algae in the main swimming pool. During this time, we have been in close communication with Eastern Highlands Health District (EHHD) as well as our external pool contractors to ensure your safety as we look to take care of the issue. Please know that we closely monitor water chemistry throughout the day to ensure that our pool water is within acceptable state health code standards. However, we understand the algae is visible in some areas of the pool and may raise concerns and questions. Therefore, we are providing a brief summary of the situation as



we continue to research and evaluate the next steps to further resolve the situation.

### Brief Summary of Main Pool Algae Issues

**October 4<sup>th</sup>** – Learned of algae in the main pool and closed the main pool. Our primary pool contractor was contacted and upon their guidance we super chlorinated the pool for 24 hours, rebalanced water, and re-opened the pool 10/6/at 1pm to public for swimming.

**October 23-** The main pool closed on 10/24/Re-opened 10/25 at 4:30 pm– Pool contractors hired by the Town of Mansfield completed scrubbing, disinfecting, and removing algae from the surge tank located on the far side of the pool deck not accessible to the public and sealed with an access door. The pool water was super chlorinated, recirculated, and reopened to the public after proper water circulation/turnover and acceptable pool water chemistry was reached. At the time of reopening, there was no visible algae in the surge tank or either pools, and the situation appeared to be resolved. The therapy pool was closed during this period out of an abundance of caution and so that work could be completed.

**November 3** – Algae was visible from a few areas of the main pool that previously had not been an issue/visible to us. Once we learned of the situation, staff were again in contact with our pool contractor and other professional resources to help determine causes and next steps to fully alleviate the issue. Staff has also been in communication with EHHD staff to ensure that we are maintaining acceptable pool water health codes. Should there be a need to close the pool, we would do so without hesitation to ensure the safety of the public and staff.

We have since increased pool water testing and slightly raised the levels of pool chemicals within the approved scale. We also continue to monitor the situation as we access the most practical steps to remedy the problem. Solutions can range from short-term shutdown of the main pool (24 hours) to longer-term temporary closure of one or more pools in the

near future. At this time, we have been reassured by EHHD and our pool contractor that as long as the pool water chemistry continues to test within acceptable state code ranges, there is no immediate need to close the pool.

Thank you for your understanding and patience as we work tirelessly through these challenges to provide you with a more pleasurable swimming experience.

Mansfield Parks & Recreation Staff



Parks & Recreation



Mansfield Community Center | 10 South Eagleville Road | Storrs, CT 06268 US

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**Town of Ashford**  
*Established 1714*

**Cathryn E Silver-Smith**  
**First Selectwoman**

**EMERGENCY OPERATIONS PLAN**  
**DECLARATION OF STATE OF EMERGENCY**


**WHEREAS**, the Chief Executive Officer does find:

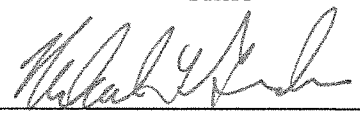
1. That due to the threat of extreme fire danger the Town of Ashford is facing dangerous conditions;
2. That due to the conditions caused by the unusually dry environment in the State of Connecticut and occurrences of multiple fires in Ashford, a condition of extreme peril to life and properties exists and thus necessitates the declaration of a State of Emergency;

**NOW, THEREFORE**, it is hereby declared that a State of Emergency now exists throughout said Town of Ashford and

**IT IS FURTHER DECLARED AND ORDERED** that during the existence of this State of Emergency the Chief Executive Officer shall exercise those powers, functions and duties prescribed by State law and the Town of Ashford Emergency Operations Plan in order to minimize the effects of said emergency.

November 2, 2024 2015 hours  
Dated Time

  
\_\_\_\_\_  
Chief Executive Officer  
Cathryn E. Silver-Smith

Attest:   
\_\_\_\_\_  
Deputy Emergency Management Director

**5 Town Hall Road, Ashford, Connecticut 06278**  
Phone: (860) 487-4400 Fax: (860) 487-4430  
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## TOWN OF ASHFORD

**Cathryn E. Silver-Smith**  
**First Selectwoman**

**WHEREAS**, the First Selectwoman, pursuant to her powers under C.G.S. 28-8a(a) has declared a public emergency arising from the threat of outdoor fires due to unusually dry conditions in the State of Connecticut and the Town of Ashford, and

**WHEREAS**, there have been multiple occurrences of open fires and open burning in the Town of Ashford, and

**WHEREAS**, there exists a condition of extreme peril to life and property,

**NOW THEREFORE**,

1. Notwithstanding any ordinance, rule or regulation to the contrary, no person shall have an open fire or conduct open burning on private property, nor shall any person have an open fire or conduct open burning on any municipal property.
2. Prohibited open fires and open burning shall include, but are not limited to:
  - Burning of leaves or brush
  - Use of fire pits, campfires, bonfires, chimineas or other similar devices
  - Charcoal/outdoor flame grilling (propane and natural gas grills are exempt)
  - Fireworks
  - Fireplace ashes should be properly disposed in approved containers
3. These prohibitions shall continue until the First Selectwoman has declared the public emergency to be over.
4. Any person violating this order may be subject to penalties as provided under Connecticut General Statutes 23-48 and 53a-114.

Adopted this 2<sup>nd</sup> day of November, 2024.

  
\_\_\_\_\_  
Chief Executive Officer  
Cathryn E. Silver-Smith

# PROOF OF PERFORMANCE

PANEL: 10132 | TAB#: 196294 | INSTALL DATE: 10/28/2024

<b>CONTRACT:</b> 4763372	<b>NAT'L CONTRACT</b>
<b>CUSTOMER:</b> EASTERN HIGHLANDS HEALTH DI...	<b>REPORT DATE:</b> 10/29/2024
<b>ADVERTISER:</b> EASTERN HIGHLANDS HEALTH DI...	

Location: RT66 300' E/O CARDS MILL RD SS, COL

Media: Poster | Copy Size: 10' X 22' | Wkly Impressions: 35940

Lamar Office: 272 - Hartford | Market: HARTFORD

Material Received:



**LAMAR**

# PROOF OF PERFORMANCE

PANEL: 10117 | TAB#: 196283 | INSTALL DATE: 10/28/2024

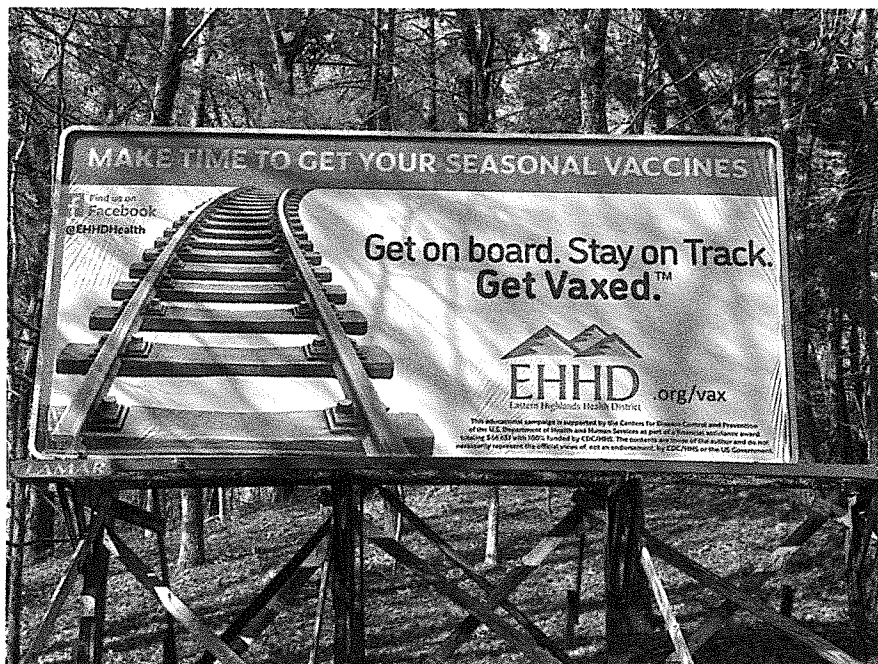
<b>CONTRACT:</b> 4763372	<b>NAT'L CONTRACT</b>
<b>CUSTOMER:</b> EASTERN HIGHLANDS HEALTH DI...	<b>REPORT DATE:</b> 10/29/2024
<b>ADVERTISER:</b> EASTERN HIGHLANDS HEALTH DI...	

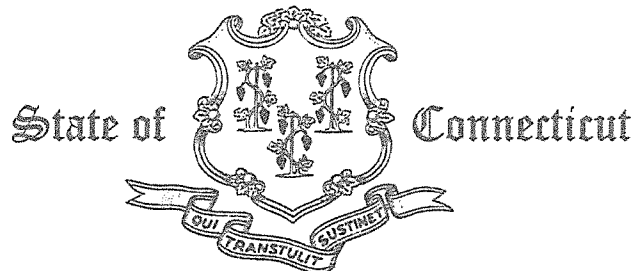
Location: RT6 NEW BOLTON RD 500'W/O CIDER MILL BOL

Media: Poster | Copy Size: 10' X 22' | Wkly Impressions: 54936

Lamar Office: 272 - Hartford | Market: HARTFORD

Material Received:





By His Excellency Ned Lamont, Governor: an  
**Official Statement**

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

*W*HEREAS, environmental health professionals understand the connection between public health and the management of the environment; and

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

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

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

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

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

*W*HEREAS, the environmental health workforce in Connecticut is recognized as vital to protecting the health and safety of the public – and in 2024, the Connecticut Environmental Health Association is recognized for an outstanding 70 years of Promoting Environmental Health in Connecticut; now

*T*HEREFORE, I, Ned Lamont, Governor of the State of Connecticut, do hereby officially proclaim the day of Friday, November 8, 2024, to be

**ENVIRONMENTAL HEALTH  
 PROFESSIONALS DAY**

in the State of Connecticut.



*Ned Lamont*

GOVERNOR

October 25, 2024

Mr. Matthew Pawlik  
Environmental Engineering Program Supervisor  
CT Department of Public Health  
Code Advisory Committee  
410 Capitol Avenue  
Hartford, Connecticut 06134

**Re: Revisions to the Technical Standards for Subsurface Sewage Disposal Systems**

Dear Mr. Pawlik:

The Capitol Region Council of Governments (CRCOG) works to enhance the quality of life, vibrancy, and vitality of the Greater Hartford region. CRCOG provides planning, programs, and services to our 38 member municipalities and we are the region's designated Metropolitan Planning Organization (MPO). CRCOG is a strong advocate for the region and regional solutions.

As the Code Advisory Committee determines potential revisions to the Technical Standards for Subsurface Sewage Disposal Systems, CRCOG urges the Committee to consider revisions to certain provisions related to ion exchange units.

We recognize the current revisions are focused on implementing recent legislative changes, but view this as an opportunity to address an emerging environmental and public health issue occurring in the Capitol Region. You may be aware of on-going well water contamination issues, potentially due to discharge from ion exchange units (water softener systems) in the town of Tolland and other localities around the state. While the Town, DPH, DEEP, and the affected residents continue to work on solutions for that particular situation, we see an opportunity to strengthen the technical standards for the systems to reduce the risk of future contamination to well water and sensitive water bodies.



Specifically, we suggest the following revisions to **Section X, Water Treatment Wastewater (WTW)**:

- **Section X.1** - Require the submittal of a water test with applications to the local health department as part of the review and approval process for WTW design plans. The Eastern Highlands Health District currently includes the submittal of a water test on its plan review application and has found in some cases the test results demonstrate no need for the use of an ion exchange unit. Reducing the installation of unnecessary water treat systems can reduce the risk of future contamination.
- **Section X.3** - This section allows for reductions in separating distances due to “site limitations.” We have heard from Health Directors in our region that some residents have sought reductions based on preferences, rather than site challenges. We would welcome stronger language since adequate separation distances play a critical role in reducing the potential for contamination. Stronger language also provides for more uniform interpretation among local health departments and for clearer guidance to applicants and installers.

We appreciate your consideration of our suggested revisions and would be happy to discuss this further with the Committee. I can be reached at [mhart@crcog.org](mailto:mhart@crcog.org).

Sincerely,



Matthew W. Hart  
Executive Director

CC: Robert Miller, Eastern Highlands Health District  
Jennifer Kertanis, Farmington Valley Health District  
Russell Melmed, Chatham Health District  
Brian Foley, Town of Tolland  
Donna Hamzy Carroccia, Kozak and Salina  
Heidi Samokar, CRCOG  
Cheryl Assis, CRCOG

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**MEMORANDUM**

**TO:** Local Directors of Health

**FROM:** Dr. Lynn Sosa, Director of Infectious Diseases and State Epidemiologist

**DATE:** October 1, 2024

**SUBJECT:** Update on Marburg Virus Disease Outbreak in Rwanda

**Background information:** Marburg virus, similar to Ebola virus, is a *filovirus* that can cause viral hemorrhagic fever (VHF). Symptoms include fever, headache, muscle/joint pain, rash, chest pain, gastrointestinal distress, and unexplained bleeding. Marburg has an incubation period of 2 to 21 days. Transmission is through direct contact with blood, bodily fluids, or contaminated objects from an infected person, including the recently deceased. Transmission is **not** airborne.

**Current outbreak situation:** There is currently an outbreak of Marburg Virus Disease (MVD) in the Republic of Rwanda. Cases in Rwanda as of October 15, 2024, include 62 ill and 15 deaths, with the first case reported on September 27, 2024. At this time, no cases have been reported in countries outside of Rwanda, including the United States.

**Public health action:** Effective October 16<sup>th</sup>, CDC is conducting public health entry screening of travelers (who have been in Rwanda in the prior 21 days) entering the United States. CDC will notify DPH of all travelers, and DPH will create a record in CTEDSS and notify the Local Health Department (LHD). Similar to previous VHF outbreaks, LHDs will be responsible for monitoring travelers according to [CDC recommendations](#).

**Categories for returning travelers with monitoring recommendations:**

Category of traveler	Risk assessment by CDC	Monitoring	Movement restrictions
US-based healthcare (HC) personnel who have been present in <i>any</i> healthcare facility in Rwanda*	Yes	Daily monitoring by LHD	No, as long as remain well. Avoid non-urgent HC interactions
Non-HC returning travelers who have been in a patient care area of a Rwanda healthcare facility in the previous 21 days (provided care, sought care, visitors)	Yes	Daily monitoring by LHD	No, as long as remain well. Avoid non-urgent HC interactions

Non-HC returning travelers with other potential exposures (Were present in a healthcare facility but not in patient care areas, attended a funeral or burial, performed burial work, performed clinical laboratory work associated with healthcare settings but did not enter patient care areas, were exposed to a person with acute febrile illness not known for suspected to be MVD)	Yes	Daily self-monitoring and intermittent monitoring by LHD	No, as long as remain well
Returning travelers without any exposures above	Yes	Daily self-monitoring, no regular LHD monitoring	No

\* Exception for certain US-based healthcare personnel

**We are expecting the number of returning travelers to Connecticut to be low with the vast majority being travelers that will not require regular LHD monitoring. DPH will be providing a webinar to LHDs to review the latest on this outbreak including tools for monitoring travelers. Questions prior to this webinar should be directed to the Epidemiology Program at 860-509-7994.**

**Webinar information: Wednesday, October 23<sup>rd</sup> at 9:00AM**

[Join the meeting now](#)

Meeting ID: 298 605 196 876

Passcode: 7tPkYB

**CDC is providing an update on the federal Marburg response on Monday, October 21<sup>st</sup> at 2pm. Please see information below to access that call:**

**Update from CDC's Division of State and Local Readiness: All-STLT Update Call for Marburg Response Updates that will be held on Monday, October 21, 2024, at 2 p.m. ET.**

<https://cdc.zoomgov.com/j/1616653135?pwd=QoUTLjK0tWPYuKrDoVkXk3X27R1Zfj.1>

Passcode: P\$%Y&9jV

**Resources:** For more information on Marburg, please visit [About Marburg Disease | Marburg virus disease | CDC](#). Additional information and resources are linked below.

- **HHS Factsheet:** [Fact Sheet: HHS Actions to Support Response to Marburg Outbreak in Rwanda | HHS.gov](#)
- **Initial Media Statement:** [CDC Statement on Marburg Cases in Rwanda | CDC Newsroom](#)
- **Situation Summary:** [Marburg virus disease \(Marburg\) Situation Summary | Marburg | CDC](#)
- **Rwanda country destination page:** [Rwanda - Traveler view | Travelers' Health | CDC](#)
- **Traveling to the United States from Rwanda:**
  - [English Version](#)
  - [Kinyarwanda Version](#)
- **For clinicians and health departments:**
  - **Health Alert Notice:** [Health Alert Network \(HAN\) - 00517 | First Marburg Virus Disease Outbreak in the Republic of Rwanda \(cdc.gov\)](#)
  - **Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda:** [Marburg Virus Disease: Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
  - **Public Health Management of People with Suspected or Confirmed Viral Hemorrhagic Fevers or High-Risk Exposures:** [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
  - **Interim Recommendations for Post-Arrival Public Health Management of Travelers from Rwanda:** [Interim Recommendations for Post-Arrival Public Health Management of Travelers from Rwanda | Marburg | CDC](#)
- **For organizations sending U.S.-based Personnel to Areas with Viral Hemorrhagic Fever Outbreaks:** [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)