

Eastern Highlands Health District
Board of Directors Regular Meeting*
Agenda
Thursday January 16, 2025, 4:30 PM
1712 Main Street, Coventry
Town Hall, Annex

Scheduled Item: EHHD Public Hearing – Proposed FY25/26 Operating Budget, Cost Recovery Fee Schedule & Proposed FY 25/26 CNR Budget

Call to Order

Approval of Minutes (December 12, 2024)

Public Comments

Old Business

1. Proposed Fiscal Year 25/26 Operating Budget, Cost Recovery Fee Schedule & Proposed FY 25/26 CNR Budget
2. Proposed Eastern Highlands Health District Strategic Plan, FY2025 – FY2029

New Business - none

Medical Advisors Report

Directors Report

3. CT Foundation of Dental Out Reach
4. Vaccination program – update (no attachment)

Communications/Other

5. CT Dept of Ag re: HPAI H5N1 panzootic
6. HHS re: National Survey on Drug Use
7. Gov. Lamont re: Cold Weather Protocols
8. Guidehouse Inc. re: Windham Freestanding Birthing Center Assessment
9. CT DPH re: Feedback for District Board of Health Orientation
10. Governor Lamont re: Prospect Medical Holdings Bankruptcy

Town Reports

Adjournment

Next Board Meeting – February 20, 2025, 4:30PM

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

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT
Coventry Town Hall Annex
Thursday, December 12, 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), C. Silver-Smith (Ashford-Virtual), M. Walter (Columbia – Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick (Virtual), Director of Finance A. Backhaus (Virtual)

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

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

J. Elsesser called for nominations.

E. Anderson made a MOTION, seconded by J. Rupert to nominate and elect J. Elsesser for Chair. MOTION PASSED unanimously with J. Elsesser abstaining.

E. Anderson made a MOTION, seconded by J. Rupert to nominate and elect M. Walter for Vice Chair. MOTION PASSED unanimously.

M. Walter joined the meeting.

J. Rupert made a MOTION, seconded by J. Elsesser to nominate and elect E. Anderson for Assistant Treasurer. MOTION PASSED unanimously.

Approval of minutes

E. Anderson made a MOTION seconded by J. Rupert to approve the minutes of the 10/17/2024 meeting as presented. MOTION PASSED

Public Comments

No comments were received.

Proposed Fiscal Year 2025/2026 Operating Budget, Cost Recovery Fee Schedule and CNR Budget – set public hearing date

R. Miller reported that the finance committee met November 5, 2024 to review the budget. At that time, reductions were incorporated into the budget and the committee approved a motion to forward the amended budget to the full board.

R. Miller presented an overview of the 2025/2026 operating budget and CNR budget, noting the salient features of the budget. These included:

- \$1,071,890 Total spending which is a 6.1% increase

- Increase in member town contribution rate to \$6.15; a 3.36% increase
- Salaries expenditure increase of 0.9%
- Benefits expenditure increase of 12.7%
- Anticipated 0.8% decrease in state grant fund in aid
- Cost recovery fee revenue increase of 15.4%.
- \$75,540 appropriation from fund balance to balance the budget
- No changes in grant deductions for regular staff salary and benefits
- An anticipated increase in operation expenditures of 20.4%
- CNR budget total spending of \$65,000

J. Drumm joined the meeting

E. Anderson initiated discussion on the reclassification of a Sanitarian II position.

E. Anderson initiated discussion on the relocation/renovation of the health department office.

J. Rupert initiated the discussion regarding the .5% salary increase proposed.

R. Aylesworth left the meeting @ 5:14pm

E. Anderson made a MOTION seconded by J. Rupert 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. MOTION modified to include the location of Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut. Modified MOTION PASSED unanimously.

Subcommittee Reports

Finance Committee – Financial Report for the period ending 9/30/2024

R. Miller reported that the Finance Committee reviewed and accepted the financial statements as presented at the meeting of November 5, 2024.

Auditors Financial Statements Year Ending June 30, 2024 & Auditors Communications to the Board

A Backhaus provided a briefing on the communications from the Auditors and the financial statement. She noted that the district is in a good financial position and the audit was a clean audit.

M. Walter made a MOTION, seconded by E. Anderson to accept the audited financial statements for the year ending 6/30/2024 as presented. MOTION PASSED unanimously.

Medical Advisors Report

Dr. Dardick reported that his office is seeing many cases of "walking pneumonia". This is not a severe illness, but there is an increase in cases in the community.

In addition, he is still seeing COVID cases. Dr. Dardick informed the board that a PCR test can now be purchased for home use on Amazon.

Dr. Dardick noted that tick season seems to be over, although adult ticks are still active. He stated that overall it was a quiet season for tick borne diseases.

Very few flu cases have been seen yet. Dr. Dardick believe that the season has not ramped up yet. He noted that the weekly reports sent out by Ande Bloom are showing that statewide the cases are low.

Director's Report

Quarterly Activity Report period ending 9/30/2024

R. Miller reported that CADH has been engaged in advocacy work regarding confidentiality of well reports. As part of this effort CADH met with the Executive Director of CROG, Matt Hart. M. Hart has offered to attempt to set up a meeting between CADH and members of the Public Health Committee.

R. Miller reported that support of the groundwater NaCl contamination issue in Tolland continues.

R. Miller reported that a milestone has been reached in the efforts towards 3rd party billing of vaccines and vaccinations. The agency is starting to see revenue.

R. Miller reported that EHHD is currently monitoring 32 cases of elevated blood lead levels in children

R. Miller informed the Board that a draft of the strategic plan has been finalized. It is planned to be on the January meeting agenda. R. Miller thanked the committee members.

EHHD 2023/2024 Annual Report

R. Miller informed the board that the copies of the annual report have been distributed to all towns.

Radon Testing Program

R. Miller reported that EHHD will once again be participating in the annual radon testing program. Test will be distributed free to participants who must agree to participate in a state date collection program. Towns will be notified when test kits are received and ready for distribution.

Communications

R. Miller called attention to the memo by M. Hart regarding revisions to the Technical Standards for SSDS. The revisions would include the requirement of a water test when applying for a water treatment wastewater plan review.

Town Reports

Coventry

J Drumm reported that they are planning to take the preliminary engineering plan for the Plains Road Water extension to the town council on January 18th. R. Miller offered to attend the meeting if needed.

Columbia

M Walter reported that testing of the outflow water into Columbia Lake is being done. There has been e. coli reported. He is working with Glenn on this issue. R. Miller noted that the high e. coli could be due to the sampling being done after a significant rainfall following a drought.

Adjournment

MOTION made by E. Anderson, seconded by J. Rupert to adjourn at 5:50pm. MOTION PASSED unanimously.

Respectfully submitted,

Robert Miller

Secretary

PUBLIC NOTICES

Eastern Highlands Health District Public Hearing*
Proposed FY 25/26 Operating Budget, Cost Recovery Fee Schedule & CNR Budget

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 16, 2025, at 4:30p.m. at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2025-2026 District Operating, Cost Recovery Fee Schedule, and Capital Nonrecurring Budget. At his hearing interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets, and Fee Schedule are available in the Andover, Ashford, Bolton, Chapin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, T 06268

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

held at Mansfield, Connecticut, this 2nd day of January, 2025.

Robert L. Miller
Director of Health

PUBLIC NOTICES

PUBLIC NOTICE

The Ellington Zoning Board of Appeals will hold a public hearing on Monday, January 6, 2025, 7:00pm, in the Town Hall Annex Meeting Room at 57 Main Street, Ellington, CT, and remotely for the following:

V202413 - Michael and Nancy Hurlburt, owner/applicant, request for a variance of the Ellington Zoning Regulations Section 3.2.3-Minimum Yard Setbacks: to reduce the side yard setback from 10ft to 4ft for a garage addition at 21 Glenwood Road, APN 071-028-0000 in a Rural Agricultural Residential (RAR) zone.

V202414 - Timothy and Dana Schneider, owner/applicant, request for a variance of the Ellington Zoning Regulations Section 2.1.3(1)-Private Property Driveways: to reduce the 15ft wide driveway requirement to 12ft to install guidrails along the existing Abbey Brook crossing at property on Somers Road, APN 182-001-0002 in a Rural Agricultural Residential (RAR) zone.

V202415 - Andrew Johnson, owner/applicant, request for a variance of the Ellington Zoning Regulations Sections 2.1.10-Highway Clearance Setback & 3.2.3-Minimum Yard Setbacks: to reduce the front yard setback on Somers Rd (Route 83) from 60ft to 30ft for a shed at 12 Foster Drive, APN 105-007-0012 in a Rural Agricultural Residential (RAR) zone.

Details to attend provided on the agenda at www.ellington-ct.gov Agendas and Minutes or call 860-870-3120. Applications may be reviewed in the Ellington Town Planner's Office, 57 Main Street, Ellington, CT.
JOURNAL INQUIRER: 12/26/2024 and 1/02/2025

PUBLIC NOTICES

**LEGAL NOTICE
REQUEST FOR PROPOSALS
MANCHESTER PUBLIC SCHOOLS
TOWN OF MANCHESTER, CONNECTICUT**

**PROFESSIONAL DESIGN SERVICES FOR ILLING MIDDLE SCHOOL HVAC PROJECT
RFP #025-003**

Manchester Public Schools (MPS) is requesting proposals for Professional Design Services for the Illing Middle School HVAC Project. Specifications and forms are available on the MPS website using the following link: <https://www.mpspride.org/departments/business-office/rfps-bids> Sealed proposals are to be submitted to the Assistant Superintendent of Finance & Management, 45 North School Street, Manchester, CT 06042, by the date and time listed below:

Proposals will be accepted until Friday, January 17, 2025 at 10:00 AM

Scheduled Walkthrough Available Upon Request
Contact Lindsey Boutilier
(860) 647-5011

Please direct any questions about the RFP to the Office of Finance & Management, 45 North School Street, Manchester, CT. MPS reserves the right to reject any and all proposals. MPS is an equal opportunity employer and requires affirmative action policy for all its contractors and vendors as a condition of doing business with the school district, as per Federal Order 11246.

Date of Notice: Tuesday, December 31, 2024
Karen L. Clancy
Assistant Superintendent of Finance & Management
Manchester Public Schools

**Call Classified
203-333-4151
ASK ABOUT
OUR SPECIALS**

PROBATE NOTICES

NOTICE TO CREDITORS

**ESTATE OF
Lee Backman, AKA
Lee Hinda Backman
(24-00753)**

The Hon. Mary C. Deneen, Judge of the Court of Probate, District of Greater Windsor Probate Court, by decree dated December 12, 2024, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Jacob Marselli,
Assistant Clerk

The fiduciary is:

Robyne Brennan
c/o THOMAS
BABSON KANE,
KANE HARTLEY &
KANE, P.C.,
972 NEW LONDON
TPKE,
GLASTONBURY, CT
06033



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Did you know
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An assortment of varieties will dictate just how a home's siding will last including the amount of sun a home receives and the location of the home. The life expectancy of siding also will depend on the siding material. According to Sunshine Contracting, vinyl siding lasts between 20 and 40 years. It's a popular choice because of how long it lasts and the minimal upkeep it requires. Wood siding, another traditional favorite, is more expensive but it also boasts impressive longevity, according to Bob Vila. With proper maintenance which includes cleaning and refinishing, wood siding may last for decades. The coating on aluminum siding typically begins to fade after about 15 years. Fiber cement siding is affordable, durable and low maintenance, and may actually last as long as the home itself. It need be repainted occasionally. Sunshine Contracting's stone veneer siding will last between 20 and 75 years, depending on the stone that is used.

LEGAL NOTICE

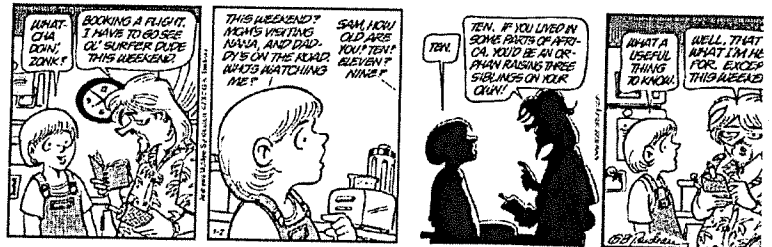
Enfield Inland Wetlands & Watercourses Agency will hold a Public Hearing at their regular meeting of Tuesday, January 7, 2025 at 9 p.m., in the Town Hall Council Chambers, 100 Enfield Street, Enfield, CT, concerning the following applications:

W# 714 - 20 Oliver Road - Application for Wetlands Permit for regulated activities in connection with the development of a horse riding facility; Seafood Delight Farm LLC, Applicant/Owner; Map 47/Lots 42; I-1 Zone

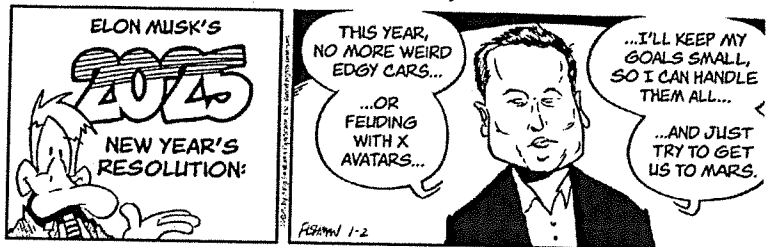
**How old is
"Take Me Out to
the Ball Game"?**

Baseball fans likely know its familiar refrain by heart, and even non-fans can probably identify it the moment it begins playing. "Take Me Out to the Ball Game" has long been part of the fabric of American culture, but even the most ardent fans of America's pastime may be surprised to learn just how long the song has been around. According to the Library of Congress, the United States Copyright Office first received two copies of "Take Me Out to the Ball Game" on May 2, 1908. The song has proven so influential and popular over the years that legendary broadcaster and journalist Walter Winchell once asserted that it embodied the very popularity of the sport by painting the ballpark as an "island of innocent excitement in a world of wild despair." The song is still routinely played at ballparks across the country, and perhaps no park has become more synonymous with the song than Wrigley Field, home of the Chicago Cubs. During the seventh inning stretch of each game at Wrigley, fans are led by a celebrity and join in singing the song. That nightly sing-along is widely considered one of the most festive traditions in North American professional sports.

DOONESBURY by Gary Trudeau



MALLARD FILLMORE By Bruce Tinsley



Did You Know?

Tea has been enjoyed as a beverage for thousands of years and has featured prominently in many cultures during that time. The cultural practice of drinking tea is believed to have originated in ancient China. Although there are many different types of tea, the World Tea Council says black tea is the most consumed tea across the globe, comprising around 75 percent of total tea consumption. The most popular type of black tea is Assam tea, which is grown in India. The second-most widely consumed tea is green tea, which accounts for approximately 20 percent of total tea consumption.

cost-cutting move after the 2022 season. appreciation for Zeke and in New England before wanting to provide him returning to the Cowboys

Dowdle has 1,007 yards going into the season finale for the Cowboys (7-9) against playoff-bound Washington (11-5) on Sunday. Elliott had just 74 carries for 226 yards with a 3.1-yard-per-carry average, all career lows.

Dallas or to a Sunday

Off-field drama marked Elliott's first two seasons with the Cowboys, including a six-game suspension in 2017 over domestic violence allegations. There was more this season, when he was left at home for a game at Atlanta for disciplinary reasons. He played the next eight games.

Elliott's titles in year in all when the 20 signifi extension r match contra The

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Legal Notices

Legal Notice

Eastern Highlands Health District Public Hearing*
Proposed FY 25/26 Operating Budget, Cost Recovery Fee Schedule & CNR Budget

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Dated at Mansfield, Connecticut; this 2nd day of January, 2025.

Robert L. Miller
Director of Health

Legal Notice

The Town of Hampton Inland Wetlands And Watercourses Agency will hold a public hearing on Tuesday, January 7, 2025 at 7:00 p.m. at the Hampton Town Hall, 164 Main Street, Hampton, CT for the following:
Present amendments to the Town of Hampton, Connecticut Inland Wetlands and Watercourses Regulations. The public may speak and submit written communications until the close of the public hearing. A copy of the Regulations may be viewed in the Town Clerk's Office.

Dated this 26th day of December, 2024

Peter Witkowski, Chairman

Help Wanted

WARNING

Readers are advised that some "work at home" ads or ads offering information on jobs, government homes or vehicles, may require an initial investment. We urge you to investigate the company's claims thoroughly with the Better Business Bureau of the state you are writing or calling before sending any money and proceed at your own risk. If you choose to call an 800 number, let the tape recorded message end before you hang up.

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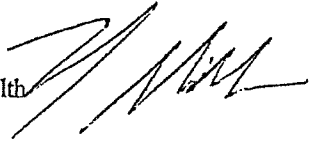


Eastern Highlands Health District

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

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
Revenues				
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%
Total	\$ 1,010,076	\$ 1,071,890	\$ 61,814	6.1%
Expenditures				
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)	
Total	\$ 1,010,076	\$ 1,071,890	\$ 61,814	6.1%

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 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 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

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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.

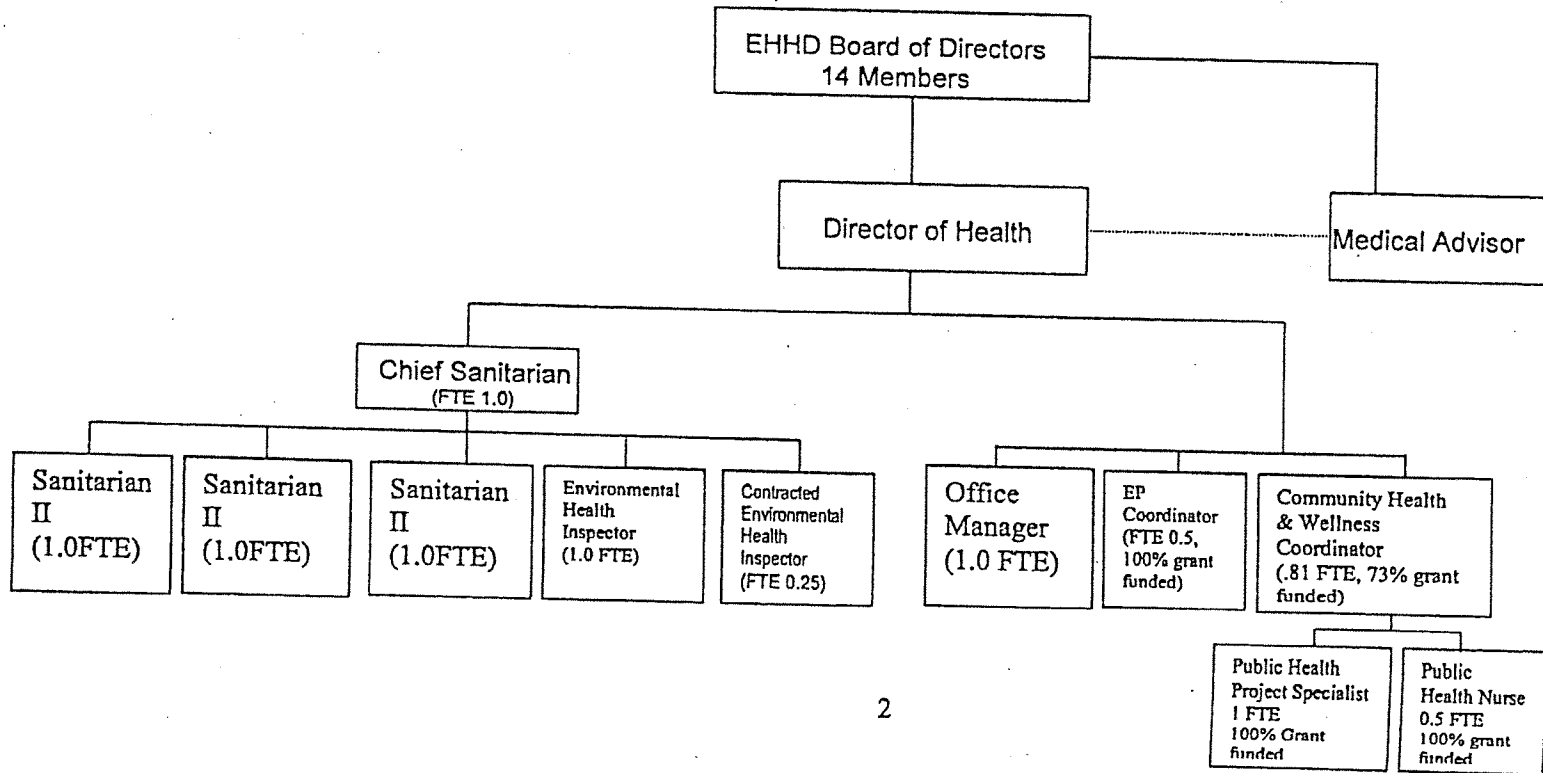
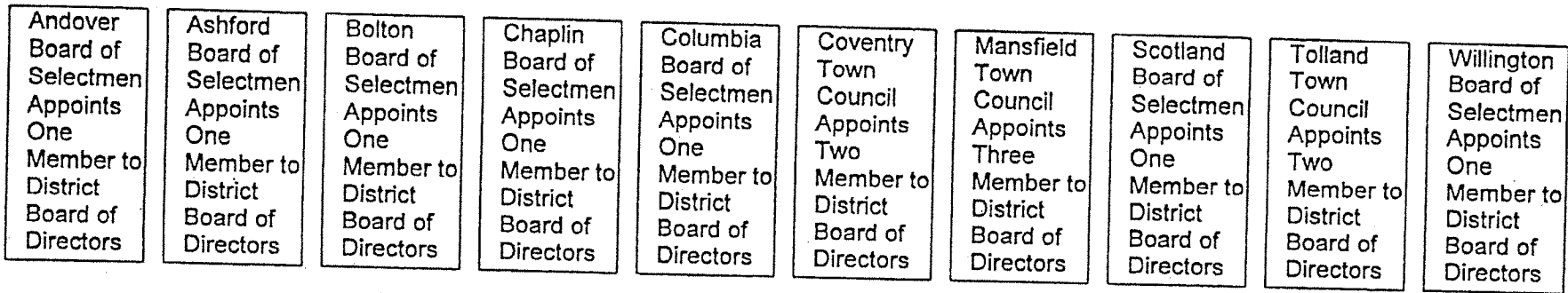
AGENCY SUMMARY AND AUTHORITY

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
Revenues:											
Member Town Contributions	455,033	451,519	463,192	474,660	474,660	486,130	500,714	515,735	531,207	547,144	563,558
State Grant-in-Aid	208,107	206,500	207,210	207,210	207,210	205,520	205,520	205,520	205,520	205,520	205,520
Services Fees	283,453	268,298	264,772	264,800	264,800	305,700	316,400	327,473	338,935	350,798	363,076
Total Revenues	946,593	926,317	935,174	946,670	946,670	997,350	1,022,633	1,048,729	1,075,662	1,103,461	1,132,154
Expenditures:											
Salaries & Benefits	776,797	755,035	734,966	877,091	877,091	912,980	935,805	959,200	933,180	956,509	980,422
Insurance	14,115	14,001	15,390	15,050	15,050	15,240	15,316	15,393	15,470	15,547	15,625
Professional & Technical Services	32,450	27,673	30,522	26,720	26,720	53,290	53,556	53,824	54,093	54,364	54,636
Other Purchased Services & Supplies	54,007	72,061	76,185	83,315	83,315	85,480	85,907	86,337	86,769	87,202	87,638
Equipment	4,068	3,074	4,145	4,900	4,900	4,900	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	881,437	871,844	861,208	1,007,076	1,007,076	1,071,890	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
Total Expenditures and Operating Transfers Out	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
Excess/(Deficiency) of Revenues over Expenditures	65,156	51,473	70,966	(63,406)	(63,406)	(74,540)	(76,951)	(79,025)	(29,849)	(29,161)	(28,167)
Equity Fund Transfer to Capital Nonrecurring Fund		(125,000)	(125,000)								
Fund Balance, July 1	610,153	675,309	601,782	547,748	547,748	484,342	409,802	332,851	253,826	223,977	194,816
Fund Balance, June 30	\$675,309	601,782	547,748	484,342	484,342	409,802	\$332,851	\$253,826	\$223,977	\$194,816	\$166,649
Expenditures per Above	881,437	871,844	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	980,200	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
FB as a % of Total Exp	69.65%	61.39%	57.00%	44.79%	44.79%	35.85%	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	Amended	Estimated	Proposed	%	Dollar
		24/25	24/25	Budget 25/26		
Revenues:						
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
Total Revenues		1,010,076	1,010,076	1,071,890	6.1	61,814
Expenditures:						
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)
Total Expenditures		1,010,076	1,010,076	1,071,890	6.1	61,814

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
Total	79,045		\$205,516

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	\$29,730	\$1,030	3.59

48962 Health Services - Coventry

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

48963 Health Services - Mansfield

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

48964 Health Services - Ashford

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

48966 Health Services - Tolland

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

48965 Health Services - Wilmington

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

48967 Health Services - Chaplin

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

48968 Health Services - Andover

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

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	\$32,400	\$1,150	3.68
48970 Health Services - Scotland					
	<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
	1,578	\$ 6.150	\$9,700	\$360	3.85
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		

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

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

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

52001 Social Security

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

52002 Workers compensation

Estimated Premium **\$9,400**

52007 Medicare

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

52010 MissionSquare (Pension Plan)

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

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	<u>825</u>

Total \$38,060

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	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Adopted	Received	Received	Received	Received	Estimated	Proposed
	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	24/25	10/1/2021	11/10/2022	10/31/2023	10/31/2024	2024-25	2025-2026	
42220 Septic Permits (New and repair permits)	31,555	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
42221 Well permits	15,535	14,345	16,985	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
44030 Health Inspection Services (Other Inspections & services)	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
44035 Health Services - Soil testing (Test Holes & Perc Tests)	32,965	39,710	33,585	41,775	40,960	49,490	46,368	51,980	36,125	41,665	41,000	13,950	14,350	16,030	14,010	34%	41,000	49,600
44037 Food Protection Service (License fees)	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
44038 B100a Review (Public health review)	24,610	29,225	30,040	27,470	29,445	33,890	38,175	28,810	29,460	24,760	26,000	6,160	10,355	9,450	9,360	38%	26,000	35,200
44039 Engineered Plan Review	8,685	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
44045 Nonengineered Plan Review	12,870	14,205	15,820	18,565	60			220										
44046 Group Home / Daycare insp.	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
44047 Subdivision Review	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
44048 Food Plan Review	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
44725 Cosmetology (other)									6,575	6,675	6,600		5,125	150	150	2%	6,600	6,600
44035 Vaccine Administration										342	5,000			500		0%	5,000	6,000
Total	197,796	212,943	224,874	234,392	257,941	270,008	295,397	283,453	268,297	264,640	264,800	55,553	83,167	70,012	62,277	26%	264,800	305,700



Cost Recovery Fee Schedule
FY 25/26

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY18/19	Adopted FY 19/20	Adopted Fy 20/21	Proposed FY25/26	est revenue
Food Service Fees*								
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	\$180	\$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 ² - Class II&III				\$420	\$420	\$420	no change	
Temporary Food Event Permit	\$55	\$55	\$80	\$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 nd Re-inspection fee	\$115	\$120	\$135	\$135	\$135	\$135	no change	
Subsurface Sewage Disposal								
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	\$480	\$460	\$460	\$460	\$460	\$800	\$280
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130	\$150	\$4,600
Septic Tank/System Abandonment	\$80	\$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	
Soil Testing								
Percolation (perc) Test	\$85	\$85	\$85	\$80	\$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	
Public Health & Subdivision Reviews								
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	\$50	\$65	\$3,300
Public Health Review (building addition/ change of use)	\$80	\$85	\$85	\$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	
Miscellaneous								
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	\$80	\$80	\$80	\$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
Farmers Market Food Vendor Seasonal License Categories								
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	\$80	\$60	\$70	\$150
Non-farmer Food Vendor License - Cold samples only								
One market location	\$30	\$35	\$35	\$40	\$75	\$75	\$85	\$150
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	\$90	\$105	\$20
Non-farmer Food Vendor License - Low Risk Food								
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
Total								\$28,080

* 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)

	EHHD Adopted FY2021	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct		ALL CT HD		5% Increase	10% Increase	15% Increase	20% Increase
		Median	Average	Median	Average	Median	Average	Median	Average				
Food Protection(3)													
<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	\$ 288	\$ 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	\$ 68	\$ 75	\$ 77	\$ 88	\$ 45	\$ 75	\$ 78		
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	\$ 128	\$ 132	\$ 138	\$ 144		
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162		
Plan review - Class I	\$ 175	\$ 190	\$ 213	\$ 200	\$ 231	\$ 200	\$ 219	\$ 184	\$ 193	\$ 201	\$ 210		
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	\$ 257	\$ 270	\$ 282	\$ 294		
Plan review - Class IV	\$ 245	\$ 300	\$ 289	\$ 300	\$ 285	\$ 325	\$ 285	\$ 257	\$ 270	\$ 282	\$ 294		
Subsurface Sewage Disposal													
<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		
<i>Permit - Minor repair</i>	\$ 100	\$ 100	\$ 117	\$ 100	\$ 108	\$ 150	\$ 144	\$ 105	\$ 110	\$ 115	\$ 120		
<i>Permit - Design flow >2000GPD</i>	\$ 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	\$ 80	NA	NA	NA	NA	NA	NA	\$ 63	\$ 68	\$ 69	\$ 72		
<i>B100a - accessory structure</i>	\$ 50	\$ 75	\$ 71	\$ 75	\$ 76	\$ 80	\$ 84	\$ 53	\$ 55	\$ 58	\$ 60		
<i>B100a - addition/uso 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	\$ 88	\$ 90		
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138		
Group Home Inspection	\$ 110	\$ 110	\$ 138	\$ 100	\$ 128	\$ 100	\$ 108	\$ 119	\$ 121	\$ 127	\$ 132		
Daycare Inspection	\$ 110	\$ 110	\$ 137	\$ 110	\$ 134	\$ 150	\$ 144	\$ 116	\$ 121	\$ 127	\$ 132		
Lead Inspection per Inspector per hour	\$ 85	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	\$ 126		
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96		
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180		
Fee total for single lot development(5)	\$ 675	\$ 700	\$ 722	\$ 655	\$ 699	\$ 803	\$ 810						
FY23 Health District Per Capita Rate	\$ 5.95	\$ 7.47	\$ 8.33	\$ 7.59	\$ 8.66	\$ 8.35	\$ 9.98						

(1) Data obtained from attached documents titled, "Food Protection Program Fee Survey for All Connecticut Health Districts, FY 2023", and "Survey of Fees Selected Services FY2023 - All Connecticut Health Districts".
 (2) Categories in bold italics are high volume, high revenue generating service areas.
 (3) Many Health Districts use a range of fees based on class and seating capacity.
 (4) Most Health Districts use a single fee that includes both a perc and deep hole testing.
 (5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

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

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

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

(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
Revenues:											
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	
Total Revenues	3,000	5,200	134,250	133,372	8,000		10,000	14,000	12,000	20,000	18,000
Expenditures by Project:											
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						15,000					
Office Reorganizing Project						50,000	50,000	50,000			
Digitizing records											
Total Expenditures		1,068	47,917	38,170	54,000	65,000	79,000	79,000		29,000	
Excess/(Deficiency) of Revenues over Expenditures	3,000	4,132	86,333	95,202	(46,000)	(65,000)	(69,000)	(65,000)	12,000	(9,000)	18,000
Fund Balance, July 1	122,980	125,980	130,112	216,445	311,647	280,647	215,647	146,647	81,647	93,647	84,647
Fund Balance, June 30	\$125,980	\$130,112	\$216,445	\$311,647	\$265,647	\$215,647	\$146,647	\$81,647	\$93,647	\$84,647	\$102,647

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
Revenues:									
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	116,000
Immunization Grant							48,682	139,215	
Community Based Wellness Service									
	147,956	130,997	110,467	334,632	278,872	318,578	309,535	213,606	213,750
Expenditures by Project:									
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									
Total Expenditures	147,956	130,997	110,467	334,632	278,872	318,578	309,535	213,606	213,750

**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
General Fund											
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%
Capital Non-Recurring Fund											
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
All Funds											
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	\$100,260	\$89,409	\$10,851
Benefits	\$14,128	\$12,599	\$1,529
TOTAL INCREASE			\$12,380*

*This assumes a start date of 10/1/25, if needed to stay within FY appropriation.

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

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

Memo

To: Board of Directors

From: Robert Miller, Director of Health

CC: EHHD Strategic Planning Committee

Date: 1/13/2025

Re: Proposed Eastern Highlands Health District Strategic Plan

Attached for your review and consideration is the “Eastern Highlands Health District, Strategic Plan, FY 2025 – 2029, Proposed”.

Background

You will recall that the Eastern Highlands Health District has been engaged in a strategic planning process since the Board authorized the appointment of the Strategic Planning Committee at their April 18, 2024 regular meeting. The process has included employing a number of data collection methods to inform the environmental scan, which includes but is not limited to engaging staff in two retreats, engaging the Board during both meeting presentations and a separate board strategic planning session, and administering a survey of community partners. Furthermore, the Strategic Planning Committee after a plan review proposed a number of changes, mostly to the activities, which have been incorporated into the final proposed document. A more detailed summary of the process can be found on page 2 of the attached document. The Vision, Mission, and Values are on page 3. An overview of the plan itself can be found on page 12, with the full plan located on pages 13 to 18.

Recommendation

There are many benefits provided by the Strategic Plan. The plan updates and clearly and plainly defines the mission and vision of the agency. It identifies goals that are consistent with that mission/vision, and establishes reasonable objectives within each goal. The plan, and the supporting information, provides a clearer focus for our organization moving forward, thereby producing more agency efficiency and effectiveness. Communication of the agency goals and objectives will be easier to agency stakeholders, and community partners as a result of the plan. From this base, it will be easier to measure agency progress and establish a mechanism for informed change when needed. For these reasons and others, I respectfully recommend the adoption of the Eastern Highlands Strategic Plan, FY2025 to FY2029.

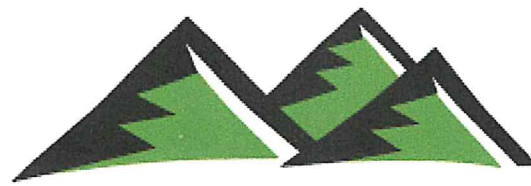


Eastern Highlands Health District

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

It is important to note that there is a next step to take to assure progress on the goals and objectives of the strategic plan can be measured and tracked, accordingly. Towards that end, once the strategic plan is adopted staff, with support from the Strategic Planning Committee, will develop an implementation plan. The board will act on the final approval of the implementation plan at a later regular meeting date to be determined.

If the board is so inclined the following motion is recommended: *Move, to adopted the document titled, "Eastern Highlands Health District, Strategic Plan FY 2025 – FY 2029", as presented on January 16, 2025 in Coventry CT.*



EHHD
Eastern Highlands Health District

EASTERN HIGHLANDS HEALTH DISTRICT

Strategic Plan FY 2025 – FY 2029

Proposed

***Our Vision**...Promoting healthy people, healthy communities... healthier future.*

***Our Mission** The Eastern Highlands Health District provides professional, people focused and community driven services, dedicated to enhancing the quality of life in our communities by preventing illness, promoting wellness, and protecting our environment.*

Equitable · Responsive · Integrity · Knowledgeable · Professional · Resourceful · Respect

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Summary of Process

The Eastern Highlands Health District (EHHD) hired Emily Melnick Consulting, LLC to facilitate two four-hour retreats with staff, June 27th and July 15th, 2024 and one four-hour retreat with EHHD board members on July 18th, 2024. During these three sessions, staff and board discussed, revised, and recommitted to the EHHD's vision, values and guiding principles. Two internal staff workgroups worked between sessions to review and update the Mission Statement, and establish agency Guiding Principles.

Retreat participants also discussed strengths, weaknesses, opportunities, and threats (SWOT); and relevancy of previously charted strategic directions. Participants also engaged in a prioritization process to identify goals and objectives going forward. Several external resources and data sources were reviewed as part of the environmental scan which advised the planning process, including existing Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans (CHIP), as well as DataHaven Community Wellbeing and Town Equity Reports. In addition, a survey of 102 Key Stakeholders was implemented in August 2024 via SurveyMonkey.

The EHHD Strategic Planning Committee finalized the Plan on November 6, 2024.

Strategic Plan Participants

EHHD Staff Participants: Robert Miller, Director of Health; Millie CW Brosseau, Ande Bloom, Cecile C. Serazo, Christopher Buter, Glenn H. Bagdoian, Lynette S. Swanson, Mia A. Mitoma, Thad D. King

EHHD Board Participants: John Elsesser (Coventry), Ryan Aylesworth (Mansfield), Jim Rupert (Bolton), Brian Foley (Tolland), Cathryn Silver-Smith (Ashford), Maria Capriola (Mansfield), Mark Walter (Columbia), Eric Anderson (Andover), James Drumm (Coventry)

Vision, Mission, and Values



Vision: *Promoting healthy people, healthy communities...healthier future...*

Mission: *The Eastern Highlands Health District provides professional, people focused and community driven services, dedicated to enhancing the quality of life in our communities by preventing illness, promoting wellness, and protecting our environment.*

Values: *Equitable, Integrity, Knowledgeable, Professional, Resourceful, Respect, Responsive*

Strengths, Weaknesses, Opportunities, & Threat Analysis (SWOT)

<u>INTERNAL (WITHIN EHHD CONTROL)</u>	
<u>STRENGTHS</u>	<u>WEAKNESSES</u>
<ul style="list-style-type: none"> • What does EHHD do well? • What are EHHD'S unique resources & role in community? What do others see as EHHD'S strengths? 	<ul style="list-style-type: none"> • What can be improved? • What new or additional resources/activities do we need? • What do others see as EHHD'S weaknesses? • Where are EHHD'S resources less than others (e.g., What do we do that perhaps we shouldn't)?
ACTIONS: PRESERVE, PREVENT, PROTECT	ACTIONS: MITIGATE, OVERCOME
<u>STAFF</u> <ul style="list-style-type: none"> • Experienced/well trained workforce/Staff competence <ul style="list-style-type: none"> ○ Environmental health ○ Public health nursing • Experts – applying science; trouble solving; problem solving • Interpersonal skills <ul style="list-style-type: none"> ○ Empathetic, Trustworthy, Responsive, Capable, pragmatic, professional ○ Positive, hardworking • Good camaraderie/collaboration/team approach/support among staff/Function well together • Good leadership management/admin <ul style="list-style-type: none"> ○ Not micro-managed • Internal communication • Help people • Physically in the community • Accessible • Customer service/community interactions: 	<u>STAFF</u> <ul style="list-style-type: none"> • Turn-over/lack of retainment /RETIREMENTS • Loss of experienced staff due to retirement/attrition • Insufficient Workforce Development • Decentralized – remote office • Management • Uniform standards among employees • QIP • computer data entry for customers <p>§</p> <ul style="list-style-type: none"> • Insufficient funding • Grant driven • staff compensation <ul style="list-style-type: none"> ○ flexibility & amount <u>SERVICES/PROGRAMS</u> <ul style="list-style-type: none"> • Food service program so we can track information • No travel vaccines

<u>INTERNAL (WITHIN EHHD CONTROL)</u>	
<u>STRENGTHS (cont.)</u>	<u>WEAKNESSES (cont.)</u>
<ul style="list-style-type: none"> ○ Quick turnaround ○ Responsive ● Positive community impact – promote wellness/prevention ● Communication <ul style="list-style-type: none"> ○ with stakeholders ○ Inspection communication with individuals/entities <p><u>SERVICES</u></p> <ul style="list-style-type: none"> ● Diversity of services/activities offered ● Public Education/community health programs <ul style="list-style-type: none"> ○ HD promotion ○ Regulatory info ○ Environmental Health Enforcement – educational approach ● Online applications ● Flu clinics/vaccine outreach ● Emergency – COVID ● Crisis Management ● Water – Issues ● Lead paint issues <p><u>ORGANIZATION</u></p> <ul style="list-style-type: none"> ● Learning environment <ul style="list-style-type: none"> ○ Interesting/Variety ○ Flexible, challenging, diversity, changing ● Decentralized structure ● Presence in member town ● Integrated with other town staff <ul style="list-style-type: none"> ○ Provide expertise to towns ● Accessible to community members 	<ul style="list-style-type: none"> ● Limited array due to small size ● Harm Reduction Services/Activities ● Hoarding remediation ● “Rural” Health issues ● Education re: water access- (new arrivals) <p><u>ORGANIZATION/ADMIN</u></p> <ul style="list-style-type: none"> ● Spatial constraints/Office Space ● Lack of central office facilities ● Staffing structure <ul style="list-style-type: none"> ○ Understaffed ○ decentralized/external ○ Collab/info sharing ○ Staff level – Admin – middle management ● SOPs ● QI/CHN plan ● Employee procedure manual ● Workforce development plan <ul style="list-style-type: none"> ○ Training program for new (environmental) staff ● Succession plan ● Specific performance or productivity measures to support resource needs ● Evaluation metrics for each program ● Progress toward agency accreditation <p><u>TECHNOLOGY</u></p> <ul style="list-style-type: none"> ● Can’t search documents online

<u>INTERNAL (WITHIN EHHD CONTROL)</u>	
<u>STRENGTHS (cont.)</u>	<u>WEAKNESSES (cont.)</u>
<ul style="list-style-type: none"> ○ Decentralized service provided in the community ○ Interaction with community at events ● Centralized online application process <ul style="list-style-type: none"> ○ Good communication with applicants <p><u>Collaboration</u></p> <ul style="list-style-type: none"> ● Strong external community partnerships /team approach with: <ul style="list-style-type: none"> ○ Towns ○ Schools ○ UConn ● Community Outreach ● Good relationships with contractors <p><u>OTHER</u></p> <ul style="list-style-type: none"> ● Use of MRC to assist with emergencies and support public health <ul style="list-style-type: none"> ○ Volunteer recruitment & retention (MRC) ● Funding level <ul style="list-style-type: none"> ○ Well resourced (equipment) ● Equipment available for job ● Cost-effective to all communities leveraging resources 	<ul style="list-style-type: none"> ● Social media ● Website ● Online applications need to be more user-friendly Better network service on phones/hot spots ● Updated computers ● Technology – need newer/have gaps <ul style="list-style-type: none"> ○ Health inspections <ul style="list-style-type: none"> ▪ new inspection software ○ Tablet in field ○ Communication gap ○ Filemaker Pro software <p><u>Collaboration</u></p> <ul style="list-style-type: none"> ● Lack of access to town officials ● Need for consistency through the district (multi district approvals) ● Town goals not aligned with EHHD goals ● Lack of collaboration/referral with behavioral health serv. ● improve partnerships with other HD ● Linkages with human services agencies – Children’ Health ● Communication with towns on Education/issues <p><u>Marketing</u></p> <ul style="list-style-type: none"> ● Lack of community awareness <p><u>OTHER</u></p> <ul style="list-style-type: none"> ● Staff safety in community

EXTERNAL (OUTSIDE EHHD CONTROL)

<p align="center"><u>OPPORTUNITIES</u></p> <ul style="list-style-type: none"> • What opportunities are open? • What trends can be taken advantage of? • How can we turn EHHD'S strengths into opportunities? 	<p align="center"><u>THREATS</u></p> <ul style="list-style-type: none"> • What threats could harm EHHD? • What threats do EHHD'S weaknesses expose us to? • What external events are taking place that could hurt us and undermine our strengths and opportunities?
<p>ACTIONS: CAPITALIZE, ENHANCE</p>	<p>ACTIONS: PREVENT, ISOLATE</p>
<p><u>STAFF</u></p> <ul style="list-style-type: none"> • Medical Reserve Corps (more community events) <p><u>Programs</u></p> <ul style="list-style-type: none"> • Cannabis use education • Driving accidents • PFAS – fire suits <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Build off of “Good will” of pandemic response/existing good relationships with partners <ul style="list-style-type: none"> ○ UConn ○ Committee on Health care ○ School BP monitoring ○ Libraries <ul style="list-style-type: none"> ▪ STRATEGY: Encourage outside agencies to share public health messaging ○ Sister HDs ○ RBHAO_LPC ○ Municipal 	<p><u>\$</u></p> <ul style="list-style-type: none"> • Reduced Funding levels from State • CTDPH per capita funding limits on use • Accreditation <ul style="list-style-type: none"> ○ state policies re:\$ CTDPH • Unfunded mandates • Special constraints • Lack of MH \$ • Inflation – rising operating expenses • State grant requirements <p><u>Politics</u></p> <ul style="list-style-type: none"> • Local <ul style="list-style-type: none"> ○ Changes in selectman ○ Alignment of EHHD & towns’ goals <p><u>OTHER</u></p> <ul style="list-style-type: none"> • Climate change/Global Warming <ul style="list-style-type: none"> ○ lack of cooling centers avail • Cyber threats • Bad publicity • Another pandemic • Lack of public trust

EXTERNAL (OUTSIDE EHHD CONTROL)

<u>OPPORTUNITIES (cont.)</u>	<u>THREATS (cont.)</u>
<ul style="list-style-type: none"> ○ State police ○ fire ● Outreach – re: resources (B.H) ● Experts/educators in Pub. Health ● Promote Education of the public – role of sanitarians – promote public health, workforce opportunities ● Regional promotion of Eastern CT <p><u>Marketing/Visibility/Awareness</u></p> <ul style="list-style-type: none"> ● Staffing w/ partners – e.g., UCONN school -> grants (libraries) <ul style="list-style-type: none"> ○ STRATEGY: promote EHHD ● Branded material ● Interacting at Comm events <ul style="list-style-type: none"> ○ STRATEGY: increasing sharing information with public ● Use of social media <ul style="list-style-type: none"> ○ QR code promotion of website <p>§</p> <ul style="list-style-type: none"> ● grant funds ● 3rd party billing ● Opioid § leadership ● Transportation – state grant <p><u>ORGANIZATION</u></p> <ul style="list-style-type: none"> ● Strategic planning process ● FDA food code <p>Supports evaluation of program</p>	<ul style="list-style-type: none"> ● Staff morale - workforce retention ● Hospital closures ● Group Homes use ● Hospital system ● Lack of state suicide data ● Use of salt – roads <ul style="list-style-type: none"> ○ Competition re: town roads ● Regional agencies don't overlap with EHHD boundaries ● Climate change and migration <p>State forced consolidation</p>

Key Informant Survey Results

In August 2024, 170 key stakeholders were asked to complete a ten-minute online survey via Survey Monkey. Survey respondents (n=102, 60%) represented stakeholders from all EHHD towns. Individual respondents fulfill a wide variety of community roles including town administrators and town board members (30%), local school and college personnel (19%), healthcare providers (14%), volunteers (13%), and community group members, faith based and private citizens (13%).

91% percent of key informant respondents rated the overall health of their community as healthy or very healthy!

Stakeholder Communication

In the past year, most respondents communicated with EHHD via email (82%) or face to face (44%). Overall, 29% communicated via the EHHD website. Over half of these website users (52%) reported accessing the site 2 to 5 times during that period, while an additional (37%) accessed it 6 or more times. Website users found it “easy” or “very easy” to access information (96%), communicate with EHHD staff (92%) and complete required documentation (62%).

Top 5 EHHD Priorities of Key Informant Survey Respondents (N= 102, percent indicating priority):

- 1. Informing, educating, and empowering people about health issues (60%)**
- 2. Monitoring health status to identify community health problems (47%)**
- 3. Linking people to needed personal health services and ensuring the provision of healthcare when otherwise unavailable (38%)**
- 4. Mobilizing community partnerships to identify and solve health problems (27%)**
- 5. Diagnosing and investigating health problems and health hazards in the community (27%)**

EHHD Staff Priority Identification Process Results

TOPIC	Food Code	Staffing	Workforce Development	Behavioral Health	SOP	Evaluation	Technology	Marketing	Collaboration/ Partnerships
Staff Member 1	106	142	129	104	127	130	105	100	123
S2	134	133	122	117	117	103	121	114	126
S3	100	97	118	0	127	0	140	116	95
S4	133	130	129	126	111	0	109	109	113
S5	134	139	133	101	109	108	124	109	132
S6	131	119	104	0	132	0	98	119	85
S7	127	86	110	129	74	111	61	79	57
TOTAL SCORE	123.57	120.86	120.71	115.4	113.86	113.00	108.29	106.57	104.43
RANK	1	2	3	4	5	6	7	8	9

Board Goals/Priorities

The EHHD Board of Directors engaged in a priority identification process during their strategic planning retreat resulting in the following 4 areas to be highlighted and integrated into the FY25-29 Strategic Plan.:

- 1) Increase Community Education
 - Including enhanced use of social media
- 2) Increase Public Sector Confidence and Trust
 - Including efforts to address the current Political Climate & its Impact on Health and mitigate the threat to: public health expertise/legitimacy
 - Vaccine hesitancy
- 3) Ensure Growth and Sustainability of Health District through:
 - Advocacy focused on protecting our interests & financial resources
- 4) Impact/Address Environmental Contamination
 - water quality

DRAFT

Strategic Plan FY 2025-29 Overview

GOALS	1. Strengthen Organizational Capacity	2. Ensure Strong Governance & Fiscal Stability	3. Promote Workforce Development	4. Maintain Delivery of High-Quality Programs & Services	5. Increase public awareness of EHHD
OBJECTIVES	<p>1.1 Upgrade Technology</p> <p>1.2 Expand Office/meeting Space</p> <p>1.3 Strengthen and Increase Community partnerships</p>	<p>2.1 Strengthen Board Governance</p> <p>2.2 Monitor Grant Opportunities & Alternative Revenue Streams</p> <p>2.3 Sustain Advocacy Efforts</p>	<p>3.1 Improve Staff Communication</p> <p>3.2 Strengthen Staffing Model</p> <p>3.3 Support State-wide Workforce Development</p>	<p>4.1 Enhance External Communication</p> <p>4.2 Enhance Evaluation Capacity</p> <p>4.3 Enhance Staffing &/ or Productivity</p> <p>4.4 Increase Support for CHA/CHIP</p> <p>4.5 Increase Efforts Addressing Environmental Problems</p> <p>4.6 Explore Opportunities to Address Behavioral Health Challenges</p> <p>4.7 Promote Health Equity</p>	<p>5.1 Develop Marketing Plan</p> <p>5.2 Enhance Public Trust in Public Health</p>

Strategic Plan Goals, Objectives & Activities

Goal #1: Strengthen Organizational Capacity

- **Objective 1.1:** Upgrade technological infrastructure to enhance operations and service delivery.
 - **Activities:**
 - Upgrade the EHHD's website platform.
 - Update field inspection and tracking software to align with FDA food codes.
 - Continue OpenGov build out, and look for other opportunities for software enhancements
- **Objective 1.2:** Expand office/meeting space or relocate as needed to support operational needs.
 - **Activities:**
 - Engage in the Town of Mansfield's facility planning process where appropriate.
 - Secure additional office/meeting space for the main office.
- **Objective 1.3:** Strengthen existing and increase new community partnerships.
 - **Activities:**
 - Continue participation in existing partnerships (e.g., Safety Committees, Emergency Planning, Schools, Towns, Healthcare, UConn).
 - Explore new partnerships with businesses, community organizations, council of governments, faith-based organizations, and higher education institutions.

Goal #2: Ensure Strong Governance and Financial Stability

- **Objective 2.1:** Strengthen board governance, including composition and committee assignments.
 - **Activities:**
 - Encourage board participation from member towns, and leverage technology to support participation
 - Fully utilize standing committees and/or establish ad hoc committees to address specific issues .
 - Update Board Training Plan including:
 - Orientation for new board and ongoing education.
 - Incorporate brief training sessions into regular board meetings.
- **Objective 2.2:** Monitor grant opportunities and explore alternative revenue streams.
 - **Activities:**
 - Expand the roster of private insurance payers.
 - Regularly review public and private grant opportunities and submit proposals where applicable.
 - Consider other possible revenue sources.
- **Objective 2.3:** Sustain advocacy efforts for state and local public health initiatives.
 - **Activities:**
 - Actively engage in state and local public health policy discussions.
 - Advocate for increased state funding for Local Health Departments (LHDs).

Goal #3: Promote Workforce Development

- **Objective 3.1:** Improve internal staff communication across programs and services.
 - **Activities:**
 - Research and identify gaps in communication strategies.
 - Establish internal department communication plan. Establish related standard operating procedures (SOP) as needed.
 - Update and ensure compliance with department communication plan(s). Update related SOPs as needed.
 - Hold regular staff meetings with program updates and share time-sensitive information.
- **Objective 3.2:** Strengthen the staffing model.
 - **Activities:**
 - Develop a succession plan for key leadership positions.
 - Review and enhance the agency's compensation package.
 - Improve the format and content of job postings.
 - Update the workforce development plan.
 - Establish Standard Operating Procedures for all positions
 - Identify opportunities to improve agency efficiency
 - Update the performance management system to reflective agency goals and objectives.
- **Objective 3.3:** Support state-wide workforce development initiatives.
 - **Activities:**
 - Participate in internship programs and state-sponsored orientation programs.

- Collaborate with higher education institutions to recruit interns and staff.

Goal #4: Maintain Delivery of High-Quality Programs and Services to Meet Public Health Needs

- **Objective 4.1:** Enhance communication between the Health District, municipalities, and partners.
 - **Activities:**
 - Identify key city departments/agencies that interact with (or may need to interact with) EHHD.
 - Establish external department communication/ Collaboration/ Plan
 - Establish Communication related SOPs
- **Objective 4.2:** Enhance program evaluation capabilities.
 - **Activities:**
 - Develop and implement a methodology for program evaluation and quality improvement aligned with PHAB standards.
- **Objective 4.3:** Address additional public health mandates with enhanced staffing or productivity.
 - **Activities:**
 - Identify opportunities to improve agency efficiency.
 - Develop a plan to transition CHWC/PHN programs off soft funding.
- **Objective 4.4:** Increase support for Community Health Assessment and Improvement Planning (CHA/CHIP).
 - **Activities:**
 - Participate in focus groups and key stakeholder interviews.
 - Maintain updated CHNA/CHIP information on the agency website and share findings with community stakeholders.
- **Objective 4.5:** Increase efforts addressing Environmental Health Problems and Hazards

- **Activities:**
 - Track existing and identify emerging threats
 - Establish and Maintain SOP for investigation and mitigation of Environmental health hazards
 - Maintain a public health emergency operations plan
- **Objective 4.6: Explore opportunities to address behavioral health (BH) challenges**
 - **Activities:**
 - Identify BH related initiatives/programs
 - Identify BH Partners and Collaboration opportunities
- **Objective 4.7: Promote health equity in programming and service delivery.**
 - **Activities:**
 - Identify and implement tools to address health inequities in the community.
 - Align agency services with the National CLAS Standards

Goal #5: Increase Public Awareness of the Health District

- **Objective 5.1: Develop and implement a comprehensive marketing plan**
 - **Activities:**
 - Seek input from town officials, committees, and partners.
 - Research and identify gaps in communication strategies.
 - Implement customer surveys (to evaluate how the public learns about EHHD programs, services, (and general) health information)
 - Increased use of social media to promote activities

- **Objective 5.2:** Enhance public trust in governmental public health.
 - **Activities:**
 - Explore the feasibility of posting food service establishment (FSE) inspection results online.
 - Continue providing weekly viral respiratory surveillance reports during peak seasons.
 - Implement/Increase vaccine hesitancy-reduction focused initiatives

DRAFT

Connecticut
Mission of Mercy
Free Dental Clinic



Making CT Smiles Healthier

Giving Smiles – Giving Hope

The Connecticut Mission of Mercy Free Dental Clinic (CTMOM) is a program that provides free dental care for the underserved and uninsured in Connecticut through patient-centered teams of volunteer dental and medical professionals and community volunteers. Each team member and the patient have a valued role and voice in ensuring optimal care and improved health for those who would otherwise go without. Among these individuals, it is common to find progressive and cumulative dental disease. As these symptoms become more complex, they affect the ability to eat, and even how a person looks and lives. Oral health is inseparable from general health and can affect a person's self-esteem and compromise their ability to work, attend school and lead normal lives.

The need for charitable dental care in Connecticut is no different than in any other state. Each CTMOM project will provide quality oral health care through an integrated team of dental, medical and community volunteers for those who have no hope of receiving care through our present health care system. The numbers of adults and children are staggering, and it is the desire of the Connecticut Foundation for Dental Outreach (CFDO) to help those in need of oral health care.

There is no provision to open public access to dental care for adults on the horizon. Ironically, hundreds of thousands of Connecticut residents have difficulty accessing dental care for the same reasons faced by others in less affluent states. To help our community, the foundation hosted 17 CTMOM clinics in different areas of the state. During these clinics, CTMOM treated more than **23,354** individuals and provided a staggering **\$15,958,207** in donated dental care to those who need it most.

In spring of 2025, CTMOM will run an 80-chair clinic able to treat up to 1,100 patients in two days at New Britain High School in New Britain. Funded entirely through **corporate, foundation and individual donations**, and staffed by approximately **800 dental professional and civilian volunteers**, the program is the largest temporary dental office created in Connecticut.

Following the MOM model in other states, patients will begin lining up many hours prior to the clinic opening as the clinic is run on a first-come, first-served basis in an environment operated, organized, and staffed to provide quality care, safety, and comfort. Patients arrive on-site, where a team of volunteer dental and medical professionals and community volunteers lead patients through a coordinated plan to meet patients' urgent oral health care needs. First, patients are asked to register for services. Teams of medical profession primarily physicians, nurses, nurse practitioners and physician assistants, obtain vital signs and fill out a medical history, which includes a medication list, allergies, significant cardiac history, history of cancer and other pertinent medical conditions. The team of community and clinical volunteers educate each patient about

the benefit of a medical home and provide those patients without medical homes with referrals to the Community Health Center or FQHCs nearest their home. Literature regarding smoking cessation programs, AA, NA, hypertension, diabetes, and nutrition are provided when appropriate. All patients receive comprehensive oral health instructions, oral health education literature, toothbrushes, toothpaste, and floss to engage patients as partners in improving long-term oral health. Particular attention is paid to the strong parallel between healthy nutrition and optimal oral and overall health. Patients are then escorted to Dental Triage where patients receive an initial screening. The volunteer dentist leads a team of clinical professionals in consultation with the patient in determining what procedures would most benefit the patient's health and well-being. At that point, with respect to the patients' needs, the patients are channeled either to the hygiene, restorative, oral surgery, root canal, or prosthetic area for their dental work. Unfortunately, due to the sheer volume of patients and time constraints, the dental team is not able to address every dental problem at the clinic but can arrange for follow up care with area dentists. Volunteer dental professionals are required to fill out treatment forms for each patient served, recording the number of procedures performed. If a patient needs operative care, he or she receives a post-operative form that includes a telephone number and contact name. Should the individual experience complications in the days immediately following the clinic, the contact can refer him or her to a local dentist who has agreed to see CTMOM patients for emergency follow-up care. Statewide Community Health Centers will have representatives onsite to assist patients who need insurance information and referrals to state agencies. If needed, they will also assist them in finding a dental home. Access Health CT will also be onsite for open enrollment for all individuals that qualify for state medical and dental benefits. In addition, the Connecticut Foundation for Dental Outreach, the nonprofit that hosts CTMOM is partnering with CT Dental Health Partnership and Connecticut Oral Health Initiative (COHI) to track patients with HUSKY insurance and those without insurance to ensure they are getting the additional help they need.

In addition to the large-scale CTMOM Free Dental Clinic in New Britain, the CFDO is partnering with the UCONN School of Dental Medicine to host a **Veteran's only**, appointment-based clinic in the fall of 2025. The clinic will take place at the UCONN School for Dental Medicine in Farmington, CT. Dates are to be determined based on funding capabilities for both the CFDO and UCONN. Patients will be pre-screened in advance at Stand Down in September of 2025 and at UCONN prior to receiving appointment dates and times for their treatment. Follow-up care will be provided for any treatment received on clinic days. Veterans will also receive information for FQHCs if they need a dental or medical home as well as information to apply for insurance through the state of Connecticut when eligible. Promotions for the clinic will be limited to the Connecticut Department of Veterans Affairs and local Veteran organizations. It is estimated that we will treat between 100-150 Veterans based on the screening process and overall clinic and volunteer capacity.

The Scope of MOM in Connecticut

Service Assumptions 2025

Location

Dates

New Britain High School
110 Mill St.
New Britain, CT 06051

June 20-21, 2025

Set up of the clinic will take place on a Thursday. Treatment days are Friday and Saturday. Breakdown of the clinic will take place on Saturday evening and Sunday morning if needed.

Specific Expectations for the 2025 CTMOM Free Dental Clinic Include:

Oral exams: **1,100**
Oral Cancer Screenings: **1,100**
Prophys (cleanings): **300**
Oral Hygiene Instructions: **1,100**
Fluoride Treatments: **350**
Full Mouth Debridements: **100**
Periapical X-rays: **800**
Bitewing X-rays: **300**
Panoramic X-rays: **160**
Sealants: **50**
Restorative Procedures (fillings, ss crowns, re-cement crowns, core buildups, pulp caps): **800**
Root canals/pulpotomies: **50**
Extractions/surgical procedures: **600**
Partial dentures/relines/repairs: **70**
Crowns: **30**

Publicity

The following is a listing of some of the ways CTMOM is publicized throughout the state.

- Newspapers
- Television/radio spots
- Local schools
- Local Community Health Centers
- Hospitals
- Veterans Administration
- Store front posters
- CT Department of Public Health
- Newsletters
- WIC programs
- Food Banks
- Homeless Shelters
- Info 211
- Houses of Worship

Equipment/Supply Requirements

- Dental operatory equipment (80 chairs, dental units, lights, instruments, and related mechanical units)
- Digital radiography equipment
- Dental materials
- Disposable supplies

Staffing Requirements

- Dental volunteers (includes licensed dentists, dental residents, dental students, dental school faculty, dental assistants and assisting students, hygienists, and hygiene students), dental administrators
- Physicians, physician assistants, nurses, nurse practitioners, nursing assistants, nursing students, pharmacists and pharmacy students, emergency medical technicians, paramedics
- Police, security
- Electricians, plumbers, carpenters, forklift operators
- Non-dental/general volunteers

Logistical Support

- Large facility
- Marketing and public relations
- Transportation services
- Financial support
- Accommodations and meals for staff and volunteers
- Clean up (before and after)
- Biohazard waste disposal

Financial

CTMOM is dependent on contributions and welcomes financial and in-kind donations. CTMOM is a Program of the Connecticut Foundation for Dental Outreach, a 501 (c) 3 organization. All donations are tax deductible.

Fundraising efforts are underway to secure the necessary support to cover the cost of running successful missions. Individuals, as well as foundations, organizations, and corporations statewide, are being approached for both financial and in-kind contributions. To realize our budgetary objectives, CTMOM needs contributions to cover all planned costs of not only the 2025 event, but future events as well.

The benefits of sponsoring the CTMOM project are numerous. Most importantly, the results of the CTMOM program will be the improved health of patients who might not otherwise receive care. Participation gives dental/medical professionals, students, and general/lay volunteers a chance to give to the community. In addition, CTMOM's collaborative approach allows different levels of health care providers to work together as valued members of a patient-centered team to ensure a patient's optimal care and improved health.

Budget

Cash expenditures for the 2025 CTMOM Free Dental Clinic and operations total \$432,825 for the following areas:

- Patient Care Related
- Event Support
- Publicity
- Administrative Support
- Volunteer Support
- Operations
- Equipment
- Parking
- Cleaning Services
- Security

Projected in-kind event donations, which includes use of venue, dental services, dental supplies, promotions, food, and technical service are estimated at \$1,853,275.

Acknowledgments

Corporate sponsors, bronze level and above are acknowledged through signage onsite at the clinic, in newsletters, as well as mentions in press releases, television interviews before, during and after the event when possible. Social media dental tip posts specific to the sponsor are part of the sponsorship package. Sponsors are also listed on the Connecticut Foundation for Dental Outreach's website, in the Annual Report and in the credits on the CTMOM video. Please contact Lisa Perry-Swain, Executive Director, lswain@cfdo.org regarding details of the Sponsorship Package.

Management Structure

The Connecticut Foundation for Dental Outreach is organizing and administering the clinic in the state. Details of organization and project management are as follows:

Dr. Robert Schreiber, a retired dentist, provided services to the community for over 40 years. He was the Founder and past Chair of the CT Foundation for Dental Outreach and Consultant to the CT Mission of Mercy Free Dental Clinic. He was involved in Mission of Mercy clinics for 16 years. Dr. Schreiber recently passed away, but his memory will live on as we continue to host our dental clinics each year.

Dr. Ernest Spira, a retired dentist, provided services to the community for over 40 years. He is past Vice-Chair of the CT Foundation for Dental Outreach and Consultant to CTMOM. He has been involved in MOM projects for 16 years.

Dr. Laurence Levy, Co-Chair of the CT Foundation for Dental Outreach and Co-Chair of CTMOM has been in private practice for over 30 years. He has been involved in MOM projects for 14 years.

Dr. Michael Perl, a retired dentist, provided services to the community for over 40 years. He is the Co-founder and Treasurer of the CT Foundation for Dental Outreach and Co-Chair of CTMOM. He has been involved in MOM projects for 16 years.

Dr. Eric Whidden, Director of Clinical Operations and Co-Chair of CTMOM has been in private practice for 15 years. He has been involved in MOM projects for 16 years.

Dr. Bruce Tandy, Co-Chair of CTMOM, a retired dentist, provided services to the community for over 30 years. He has been involved in MOM projects for 16 years.

Dr. Brad Heim, Co-Chair of CTMOM, has been in private practice for over 30 years. He has been involved in MOM projects for 14 years.

Dr. Kevin Norige, Co-Chair of CTMOM, has been in private practice for over 30 years. He has been involved in MOM projects for 14 years.

Ms. Lisa Perry-Swain, Executive Director, has over 20 years of service in the dental field. She has been involved in MOM projects for 11 years.

Ms. Courtney Tyler, Program and Communications Coordinator, has many years of volunteer experience. She has been involved in MOM projects for 1 year.

They are supported in this effort by a dedicated Steering Committee and a cadre of volunteers.

Other information regarding the Foundation and the CT Mission of Mercy Free Dental Clinic can be found on our website www.cfdo.org.

For additional information please contact:

Lisa Perry-Swain, Executive Director
Connecticut Foundation for Dental Outreach
835 West Queen Street Suite 2
Southington, CT 06489
860-863-5940 lswain@cfdo.org



January 10, 2025

Dear Veterinary Colleagues,

This is an important message from the Connecticut Department of Agriculture (DoAg) and Connecticut Department of Public Health (DPH) to all licensed veterinarians in the state of Connecticut. We are sending this message to update you on the current highly pathogenic avian influenza (HPAI) A(H5N1) situation and share resources. We ask that you share this information with your support staff and use these resources to assist you with questions from your clients regarding H5N1.

Background

As you are likely aware, the panzootic of H5N1 viruses in wild birds has resulted in outbreaks among commercial poultry and backyard bird flocks and has spread to infect wild terrestrial and marine mammals, as well as domesticated animals.

Since the spring of 2024, human infections have been reported in the United States, associated with poultry exposures or with dairy cattle exposures associated with the ongoing multi-state outbreaks of H5N1 virus among dairy cattle and poultry. To date, most of these poultry and dairy-associated outbreaks during 2024 are occurring in western and mid-western states, but all 50 states have had detections either in wild birds, commercial, or backyard poultry since January 2022. More information on human cases in the United States is available here.

Connecticut had two poultry outbreaks during 2022 in non-commercial “backyard” poultry flocks (note that one of the two flocks had 160 birds), and the last wild bird detection was in February 2024. However, positive H5N1 detections continue to occur in both backyard flocks and wild birds in the Northeast. Most recently, a poultry flock in Vermont was confirmed in December 2024.

No additional H5N1 virus detections have been confirmed in wild birds, poultry, livestock, or domestic animals in Connecticut. Surveillance remains ongoing throughout the state.

Communications with poultry and livestock producers in Connecticut remain ongoing to educate and inform the agriculture community of proper biosecurity measures and resources available. Those interested in these communications may sign up here. More information about detections of HPAI in animals in the United States is available here.

New Developments

On Monday, January 6, 2025, the first death in the United States was reported by the state of Louisiana in a person who was infected with H5N1. The patient had exposure to both wild birds and a backyard flock. The patient had underlying health conditions and was over age 65. It appears the virus underwent mutations in the individual after infection. More information about the virus sequence can be found here. As in other recent cases, no person to person spread has been detected, and the Centers for Disease Control and Prevention (CDC) continues to assess the risk to the general public as low.

Also, during the past month, H5N1 infections have occurred in domestic cats that were fed raw diets and in domestic cats fed raw milk. Clinical signs in the cats were variable but progressive. They included fever, lethargy, dehydration, anorexia, icterus, respiratory distress, and neurologic signs (primarily seizures, although one had nystagmus). Consumption of H5N1 infected raw milk has been shown to cause severe

illness and death in mammals, especially cats. There have been multiple reports of deaths in barn cats living at dairy farms in impacted states with H5N1 outbreaks.

While these cases linked to raw food and raw milk have occurred in California and Oregon, raw dairy products marketed for pets, including frozen raw dairy products, may be sold across state lines, and are regulated differently than raw dairy products for humans. There are also unregulated products that may be obtained from unlicensed farms or individuals. It is strongly recommended not to feed any raw dairy products to pets. Freezing does not kill viruses and does not kill most bacteria. Frozen raw dairy products should be considered to carry the same level of risk for infectious disease exposure as refrigerated raw dairy products.

Actions Requested

As a veterinarian, you and your support staff may provide healthcare for poultry, either in a backyard or commercial setting, or you may provide healthcare for companion animals whose owners also have backyard flocks. You may provide care for companion animals whose owners feed raw milk or raw diets. We want you to be in a position to protect yourself and your staff and to provide risk information for pet owners.

Please consider the following:

- Counsel pet owners about the risks to both human and pet health when feeding raw dairy, raw poultry and raw meat diets.
- Ask clients and staff to report wild dead birds to the Department of Energy and Environmental Protection (DEEP). Information on reporting and FAQs from DEEP are available here.
- Ask clients and staff to report sick or dead domestic birds to the Department of Agriculture (DoAg). Information on reporting and FAQs from DoAg are available here.
- Identify potential cases of H5N1 in pets, especially cats, and report to DoAg. Consider H5N1 in any pet that had exposure to recalled raw milk or wild birds, especially in cats with fever, severe lethargy, icterus, hepatopathy, tachypnea, uveitis, or neurologic signs such as seizures, nystagmus, or blindness.
- Information for employers providing personal protective equipment (PPE) to reduce exposure to novel influenza A from the CDC is available here.
- Veterinarians, veterinary staff, and animal health workers should wear appropriate PPE when having contact with sick pets that have history of exposure to raw milk/milk products or that are suspected or confirmed to have H5N1. Considerations for Veterinarians: Evaluating and Handling of Cats Potentially Exposed to Highly Pathogenic Avian Influenza A(H5N1) Virus.
- Do not handle sick or dead birds without appropriate PPE.
- Veterinary facilities should be prepared to discuss reported cases with the CT Department of Public Health, provide medical records, and provide information about staff exposed to sick animals to facilitate monitoring and protection of employee health.
- If you are seeing a potential case of H5N1 in an animal:
 - Place the animal in isolation.
 - Limit the number of staff handling the animal as much as possible.
 - Instruct staff that handle the animal to wear appropriate PPE, which includes an N95 mask, gloves, eye protection, shoe protection, and a gown, at minimum.
 - Collect detailed information about the potential exposure to H5N1, including a detailed dietary history and any exposure to wild birds or other animals.

- Contact and report the suspected case to the State Veterinarian at 860-713-2505 or ctstate.vet@ct.gov.

As always, we are here for your questions and concerns. Misinformation is already out there, please rely on DPH, DoAg, DEEP, CDC, and United States Department of Agriculture to provide you with accurate and up-to-date information, which we will continue to share with you as this situation evolves.

Dr. Thamus Morgan, the State Veterinarian at the Department of Agriculture, may be reached at 860-713-2505 or ctstate.vet@ct.gov.

Dr. Kathy Kudish, the State Public Health Veterinarian at the Department of Public Health, may be reached at 860-509-7994 or Kathy.kudish@ct.gov.

Sincerely,

Thamus J Morgan, DVM, MPH, DACVPM

Kathy Kudish, DVM, MSPH





DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
Health Services Administration

Rockville, MD 20857

January 6, 2025

Manisha Juthani
Commissioner, Connecticut Department of Public Health
410 Capitol Avenue, MS 13 COM
Hartford, CT 06106

Dear Commissioner Juthani:

We are writing to inform you that the National Survey on Drug Use and Health (NSDUH) will be conducted in your state in 2025. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS) and is being conducted by RTI International, an independent, nonprofit research organization¹. Note, this study is authorized by Section 505 of the Public Health Service Act (42 USC 290aa4).

Since your office, as well as local health departments, may receive inquiries from the public about the legitimacy of this nationwide study, SAMHSA seeks your cooperation in disseminating information about NSDUH to the appropriate personnel in Connecticut who may receive inquiries.

Conducted annually, NSDUH is a scientific, national survey of the U.S. civilian non-institutionalized population aged 12 and older that provides up-to-date information on alcohol, tobacco, and other substances, as well as mental health and other health-related topics. Since 1971, local, state, and national agencies have used the study findings to develop education, prevention, and treatment programs.

More information on NSDUH can be found in the attached enclosures. Here are a few important points to note:

- Addresses from across the country are randomly chosen for this study, through scientific methods, and cannot be replaced. Residents of selected addresses will be sent a letter explaining the study.
- First, an adult household member will answer general questions to determine if any residents are eligible for the interview. Then, zero, one, or two residents aged 12 and older will be randomly selected to complete the NSDUH interview. Each person who completes the full interview will receive \$30.
- All information collected for this study will be kept confidential and protected under federal law (the Confidential Information Protection and Statistical Efficiency section of the E-Government Act of 2002, PL 107-347).

Thank you in advance for sharing NSDUH information with all pertinent public health officials in your state. These efforts will help increase the accuracy and reliability of the data results, and we at SAMHSA greatly appreciate your assistance.

If you have any questions, please contact me at (240) 276-1269.

Sincerely,

Jennifer Hoenic, Ph.D., MPH
National Study Director
Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration

¹Additional information about NSDUH, SAMHSA and RTI International can be obtained at nsduhweb.rti.org, samhsa.gov and rti.org.

From: Cingranelli, Josh <Josh.Cingranelli@ct.gov>
Sent: Monday, January 6, 2025 1:35 PM
To: Cingranelli, Josh <Josh.Cingranelli@ct.gov>
Cc: Hein, Emily <Emily.Hein@ct.gov>
Subject: Severe Cold Weather Protocol Activation - Starting at 6PM Today
Importance: High

EXTERNAL email from Outside HHC! Do NOT open attachments or click links from unknown senders.

To:
 Region 3 EMDs
 Region 3 CEOs
 Region 3 REPTs
 Region 3 Partners

Good afternoon

Severe Cold Weather Protocol will be activated from Monday, January 6th at 6:00 PM to Thursday, January 9th at 12:00 PM.

A reminder to please utilize WebEOC to update you warming shelter status. This will alert 2-1-1.

PRESS RELEASE FROM GOVERNOR LAMONT



STATE OF CONNECTICUT

GOVERNOR NED LAMONT

**GOVERNOR LAMONT ACTIVATES CONNECTICUT'S SEVERE COLD WEATHER
 PROTOCOL EFFECTIVE MONDAY EVENING**

Anyone in Need of Shelter Is Urged To Call 2-1-1 or Visit 211ct.org For a List of Locations

(HARTFORD, CT) – Governor Ned Lamont today announced that due to a weather forecast indicating that Connecticut will experience a period of particularly frigid conditions over the next several days, he is directing the state's severe cold weather protocol to go into effect beginning at 6:00 p.m. on Monday, January 6, 2025, and remaining in effect through 12:00 p.m. on Thursday, January 9, 2025.

High temperatures during this period are forecast to be in the mid to upper twenties, and overnight lows are expected to be in the single digits and teens. Winds are expected to be out of the northwest at 10 to 15 miles per hour with gusts potentially reaching 40 miles per hour.

Anyone in need of shelter is urged to call 2-1-1 to get connected to these services or visit 211ct.org to view a list of locations. Transportation can be provided if necessary.

“Over the next couple of days, cold temperatures combined with gusty winds will result in wind chill values remaining in the single digits and at times dropping below zero, particularly during the overnight hours,” **Governor Lamont** said. “Being outdoors for extended periods during these extreme conditions can be fatal, and we want to get the word out that shelters and warming centers are available across Connecticut. Anyone in need of a place to stay warm is strongly urged to call 2-1-1 or visit 211ct.org to locate available options.”

The purpose of the state’s severe cold weather protocol is to ensure that the most vulnerable populations receive protection from the severe cold, which could be life threatening if exposed to the elements for extended periods of time. While enacted, a system is set up for state agencies and municipalities to coordinate with United Way 2-1-1 and Connecticut’s network of shelters to make sure that anyone in need can receive shelter from the outdoors, including transportation to shelters.

The following actions are implemented while the protocol is enacted:

- The Connecticut Department of Emergency Services and Public Protection’s Division of Emergency Management and Homeland Security uses its WebEOC communications network, which is an internet-based system that enables local, regional, and state emergency management officials and first responders to share up-to-date information about a variety of situations and conditions. The system is used to monitor capacity at shelters across the state, enabling 2-1-1 to act as a clearinghouse to assist in finding shelter space for those who need it. Local officials, working through WebEOC, can alert 2-1-1 and the state when they open temporary shelters or warming centers.
- The Connecticut Department of Social Services, Connecticut Department of Housing, and Connecticut Department of Mental Health and Addiction Services coordinate with 2-1-1 and the Connecticut Coalition to End Homelessness, along with community-based providers, to provide transportation for people seeking shelter.

For emergency management news and resources, visit the state’s *CTPrepares* website at ct.gov/ctprepares.

###

For Immediate Release: January 6, 2025

Contact: David Bednarz

David.Bednarz@ct.gov

860-770-9792 (cell)

ct.gov/governor



Josh Cingranelli

Emergency Management Area Coordinator, Region 3

Connecticut Department of Emergency Services & Public Protection

Division of Emergency Management & Homeland Security

Cell: 860-250-2548

24-Hr. Pager: 860-708-0749

STATE OF CONNECTICUT SEVERE COLD WEATHER PROTOCOL

Winter 2024-2025

Activation triggers: National Weather Service forecast that includes watch or warning language indicating life-threatening temperatures or wind-chills OR sustained multi-day single digit or below zero temperatures or wind chill.

Initiating documentation:

1. Press Release with broad overview (possible recommendation to towns to open warming centers during the day);
2. Severe Cold Weather Alert to shelter providers from Department of Housing (DOH) and Division of Emergency Management and Homeland Security (DEMHS);
3. Severe Cold Weather Alert from DOH/DEMHS/Department of Social Services (DSS) to DEMHS Regional Coordinators, Emergency Management Directors (EMDs), Police Chiefs, Fire Chiefs, Local First Responders.

All three of the above documents will describe, in varying degrees of detail, the following plan:

- Upon activation of the protocol, DEMHS will utilize and direct users to its **Daily Operations incident** in WebEOC, which will track WARMING CENTERS AND OVERFLOW OR TEMPORARY emergency shelters opened by towns.
- Through DEMHS Regional Coordinators, notify local EMDs to report on Web EOC if town opens a warming or overnight shelter.
- Through the DOH/DEMHS/DSS Severe Cold Weather Alerts described above, notify shelter operators and town officials, including first responders, to contact/advise client to contact 211 if in need of shelter. 211 staff will be available 24/7 during the duration of the activation.
- DOH and DEMHS coordinate with Connecticut Coalition to End Homelessness (CCEH) to notify shelter operators of severe cold weather protocol and related issues.
- Department of Mental Health and Addiction Services (DMHAS) will notify homeless outreach teams regarding issues related to sheltering/care for homeless mentally ill. Outreach teams may evaluate needs of clients.
- DSS will make arrangements with DSS contract transportation broker to provide transportation to shelter.
- DOH will authorize 211 to make hotel arrangements and to arrange transportation through ride share services as a last resort if a local Coordinated Access Network (CAN) is not able to accommodate that person or family.
- For those individuals who contact 211 needing shelter, 211 will work with CANs according to each CAN's specific protocol to ensure that all those in need secure appropriate shelter.
- If individual needs transportation, 211 will call DSS transportation broker to arrange ride to shelter or use ride share services as a last resort if time sensitive travel is required.
- If individual is in immediate medical danger, 911 will be called.
- In accordance with a system established in advance, each CAN will determine how and where to place those in need, including through hotel accommodations and/or transportation to hotel or another shelter, after referral from 211 or when a person or family presents at a shelter.
- DEMHS, DSS, DOH, DMHAS, United Way 211, and/or CCEH will hold phone conferences with partners as necessary to brief on protocol and specific preparations for a particular severe weather event.

Robert L. Miller

From: Windham FBC Assessment <windham.fbc.assessment@guidehouse.com>
Sent: Thursday, January 2, 2025 6:21 PM
Cc: Windham FBC Assessment
Subject: RE: Freestanding Birthing Center Assessment | January 2025 Focus Groups

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

Hello Windham Community Members,

We wanted to follow-up on our email below and see if you're interested in participating in our focus groups. We, the Guidehouse team, will be conducting a series of in-person focus group meetings **January 2025** to solicit input from community members and partners on their perspective on the current need for and feasibility of a Freestanding Birthing Center.

If you're interested in participating in our focus groups, we kindly ask that you please complete [this short survey](#) by January 8th, 2025 to ensure you meet eligibility requirements for the focus groups.

We thank you in advance for your participation!

Guidehouse Team

From: Windham FBC Assessment <windham.fbc.assessment@guidehouse.com>
Sent: Monday, December 16, 2024 3:53 PM
Cc: Windham FBC Assessment <windham.fbc.assessment@guidehouse.com>
Subject: Freestanding Birthing Center Assessment | January 2025 Focus Groups

Greetings Windham Community Members,

In June 2020, Windham Hospital received regulatory approval from the State of Connecticut Office of Health Strategy to discontinue its labor and delivery service. As a condition to this approval, Windham Hospital has engaged [Guidehouse, a global healthcare consulting firm](#), to complete and publicly issue an independent assessment and report of the need for, and the feasibility of a freestanding birth center (FBC) in the Windham Community. This assessment will help understand the current need for a FBC and the operational and financial requirements to safely operate a FBC within the Windham Community.

The Guidehouse team will be conducting a series of in-person focus group meetings **January 2025** to solicit input from Windham Community partners and the Windham Community at large. The composition of these focus groups has been approved by the State and the focus groups will be used to seek meaningful input from stakeholders, including Windham residents, community partners, and providers, on their perspective on the current need for and feasibility of a FBC. Each focus group meeting, summarized below, will last approximately 1 hour.

Focus Groups Overview

- Focus Group 1 | Windham Community Women of Childbearing Age with Children [3 focus groups]
- Focus Group 2 | Windham Community Women of Childbearing Age without Children [3 focus groups]
- Focus Group 3 | Windham Community Healthcare Providers [2 focus groups]

- Focus Group 4 | Windham Community Partners [2 focus groups]

Guidehouse will be recruiting **up to 10 community members** to participate in each focus group. There will be three (3) sessions offered for Focus Groups 1 and 2 and two (2) sessions offered for Focus Groups 3 and 4. To ensure an independent and unbiased environment, Windham Hospital leadership will not be present during the focus group meetings and recording will not be permitted. All feedback received in the focus group meetings will be anonymized in the final report to Windham Hospital and the community.

If any of the focus groups are of interest to you, please email windham.fbc.assessment@guidehouse.com. You will be instructed to complete a short survey to verify that you meet the eligibility requirements for the focus group and to indicate which date and time work best for you.

Please do not hesitate to reach out to the Guidehouse team (windham.fbc.assessment@guidehouse.com) if you have any questions. We thank you in advance for your participation!

Guidehouse Team

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Robert L. Miller

To: 'Andover Town Manager'; 'Ashford First Selectman'; 'Chaplin First Selectman (firstselectman@chaplinct.org)'; 'Heather Evans'; 'Jacob Marie'; 'Jennifer Lavoie'; 'Jim Drumm'; 'Jim Rupert (jrupert@boltonct.gov)'; 'John A. Elsesser (johnelsesser@gmail.com)'; 'Kenneth Dardick'; Kim Kowalyshyn; Maria Capriola; 'millerrl@mansfieldct.org'; 'Peter Tanaka - Willington First Selectman (ptanaka@willingtonct.gov)'; Ryan J. Aylesworth; 'SaraBeth Nivison'; 'Scotland First Selectman'; 'Tolland Town Manager'; 'Town Administrator (townadministrator@columbiact.org)'

Cc: Millie C. Brosseau

Subject: FW: (EXTERNAL MESSAGE)[EXTERNAL] Feedback for District Board of Health Orientation topics

Attachments: image003.png

Hello Everyone – Chairman Elsesser asked that I forward the below email to you for your consideration. If you have any feedback, please let me know and I will forward it on to DPH.

Of note, many of the below outlined items are covered in the current EHHD orientation manual. Please feel free to add any items.

Respectfully,
Rob

Robert L. Miller, MPH, RS

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



Preventing Illness and Promoting Wellness in the Communities We Serve

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From: Thornton, Rachel <Rachel.Thornton@ct.gov>

Sent: Thursday, January 2, 2025 12:13:34 PM

To: Thornton, Rachel <Rachel.Thornton@ct.gov>

Cc: Vacca, Laura <Laura.Vacca@ct.gov>

Subject: (EXTERNAL MESSAGE)[EXTERNAL] Feedback for District Board of Health Orientation topics

You don't often get email from rachel.thornton@ct.gov. [Learn why this is important](#)

Good afternoon Board Chairs and Vice-Chairs,

The Office of Local Health Administration is putting together a web-based orientation for new district board of health members. Below are the main topics for each module. Please let us know of anything else you think should be included.

As of January 10th, Laura Vacca (cc'd) will be taking over this project, so please be sure to include her in your communication. Also, if you prefer to jump on a call with me to discuss any ideas or feedback on topics, I would be happy to do so before Jan. 10th-just let me know and I will set something up!

Module 1 (Introduction to the CT public health system)

- Current Public Health infrastructure in CT
- Core functions of health departments (and staffing)
- Overview of Department of Public Health
- Overview of Health Districts and Boards

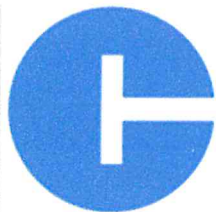
Module 2 (Function of a Director of Health)

- Role and responsibilities of a Director of Health
- 10 Essential Public Health Services
- Provision of a Basic Health Program

Module 3 (Function of a District Board of Health)

- Scope of responsibilities of a District Board of Health
- Statutes and Public Health code
- Role and responsibilities of a board member
- Authority for administering public health services
- Information about surety bonds
- Tips for effectiveness

Thanks so much,



RACHEL THORNTON, MPH (she, her)

Health Program Associate

Office of Local Health Administration

Connecticut Public Health

860-509-7168

Rachel.Thornton@ct.gov

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Sunday, January 12, 2025 9:14 AM
To: Robert L. Miller
Subject: Statements From Governor Lamont and Attorney General Tong Regarding Prospect Medical Holdings

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Web Version



STATE OF CONNECTICUT

GOVERNOR NED LAMONT

Statements From Governor Lamont and Attorney General Tong Regarding Prospect Medical Holdings

Posted on January 12, 2025

(HARTFORD, CT) – Governor Ned Lamont and Attorney General William Tong released the following statements regarding the announcement made late last night by Prospect Medical Holdings, Inc.:

Governor Lamont said, “The administration has been preparing for the possibility that Prospect Medical Holdings would file for Chapter 11 bankruptcy. The three hospitals remain open, and we will continue to hold Prospect accountable to provide quality care to the communities that rely on these institutions.

“We have a cross-agency team in place to ensure hospital operations continue uninterrupted and that employees and vendors continue to be compensated, as required by court orders. As part of this response, we are in touch with management at these local hospitals, representatives for hospital staff, and local elected officials.

“Our number one priority remains maintaining safety and quality of care at Prospect’s three Connecticut hospitals. We currently have an independent monitor overseeing operations at

Waterbury Hospital and will increase oversight at Manchester Hospital. We will continue to work to evaluate opportunities to transfer these institutions to a new operator.

"The state will be monitoring the situation closely and intends to participate in court proceedings to the extent necessary to protect the interests of patients, employees and creditors."

Attorney General Tong said, "I am disappointed that Prospect Medical Holdings has decided to file for bankruptcy. However, this changes nothing with regards to their obligations to patient care and safety. My office is watching this matter closely and I intend to actively participate in the proceeding to protect the interests of the state, Prospect's patients, employees, and the communities that rely on its services."

[Read on CT.gov](#)

State Capitol
210 Capitol Avenue
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