Minutes
Coventry Town Council Meeting
September 6, 2016
Town Hall Annex

1. The meeting was called to order at 7:30 PM.
   Present: Hannah Pietrantonio, Lisa Thomas, Richard Williams, Julie Blanchard, Andy Brodersen, Thomas Pope, Matthew O'Brien
   Also present: John Elsesser, Town Manager

2. The Pledge of Allegiance was recited.

3. **Audience of Citizens:**
   a. Police Department CALEA accreditation: Chief Mark Palmer said he is pleased and honored to have one of the CALEA Commissioners, Cynthia Coyne here. He also acknowledged Police Department members present, including Sgt. McDonagh, Sgt. Fiore, Det. Spadjinske, Officer Dexter, Officer Iger, Officer Carpenter and Kevin Roberto, Executive Assistant, who was the accreditation manager. We work hard to make sure the Department meets accreditation standards. He introduced Commissioner Coyne, sharing her background as a member of the Rhode Island senate. She was a town councilor for Barrington, RI and a member of the state police for 20 years. She has been a CALEA assessor for over 10 years and managed the accreditation process at Johnson & Wales University. Ms. Coyne gave background on the mission of CALEA, which was developed through the recognized need for professional standards to enhance police services. CALEA standards cover a wide range of issues and are a modern management model to recognize professional excellence. She said that Coventry Police Department has worked hard to achieve and maintain their accreditation. It represents a commitment to do the right thing the right way and demonstrates ongoing dedication to ensuring the agency's resources are appropriately developed and utilized. On April 4-7, 2016 professional assessors visited Coventry and determined the police department was in compliance with all standards and that the agency's personnel were supportive of the process. Coventry Police Department also achieved 93% of a set of standards classified as other than mandatory. At a public hearing we got feedback from the community and from six representatives from other law enforcement organizations in the region, who spoke highly of Coventry Police Department. We also got feedback from other community leaders. At a Commission meeting held in Baltimore this summer, CALEA commissioners reviewed Coventry's reaccreditation application and gave unanimous approval. They also awarded Coventry with the coveted "Accreditation with Excellence" designation. Ms. Coyne presented the reaccreditation certificate to Chief Palmer and Kevin Roberto. Chief Palmer presented a department patch and challenge coin to the Commissioner, and a certificate of appreciation to Kevin Roberto for his efforts in coordinating the process. A representative from Congressman Joseph Courtney's office also presented commendation to the Department.

4. **Acceptance of Minutes, August 15, 2016:**
   Motion #16/17-22: Thomas Pope moved to accept the minutes of the Town Council meeting on August 15, 2016. The motion was seconded by Matthew O'Brien and carried with Lisa Thomas and Hannah Pietrantonio abstaining and all other

members in favor.

8. **New Business:**
Motion #16/17-23: Lisa Thomas made a motion to move up item 8A, 16/17-6: Update, Eastern Highlands Health District, as the next item of business. The motion was seconded by Richard Williams and carried on unanimous vote.

   A. **16/17-6: Update, Eastern Highlands Health District:**
   Robert Miller, EHHD Director, thanked the Council for the opportunity to speak. EHHD serves 10 municipalities and Coventry is one of the largest with a full time sanitarian. EHHD is governed by a Board of Directors which sets policy. There is a total of 14 voting members, with two from Coventry – John Elsesser and Deb Walsh. Mr. Miller presented a slide show outlining EHHD's current mission and future objectives. (*A copy of the presentation is attached to these minutes.*) He also distributed a copy of the organization's most recent annual report (*also attached to minutes*). The presentation gave an overview of 10 essential services which are summarized as follows:

   1) Monitor health status and understand health issues facing the community
   2) Protect people from health problems and health hazards
   3) Give people the information they need to make healthy choices
   4) Engage the community to identify and solve health problems
   5) Develop public health policies and plans
   6) Enforce public health laws and regulations
   7) Help people receive health services
   8) Maintain a competent public health workforce
   9) Evaluate and improve programs and interventions
   10) Use and contribute to the evidence base of public health

   Thomas Pope asked about item #4, which addresses substance abuse issues, and asked if there is a plan in place to address tainted opioids. Mr. Miller replied this is a relatively new issue for health districts and it has come to the forefront. The Health Department decided to take a lead role in bringing area partners together to address the fear and anxiety in our communities. We are in preliminary stages of identifying objectives and working toward meeting them. John Elsesser said we had the first meeting two weeks ago. He participated in a national webinar on this topic with several towns which is the start of the core of the work. We got some startling statistics on Fentanyl both here and in Tolland. Mr. Miller noted there have been 30-35 "saves" of overdose victims in the region over the recent past. John said we are on target to move forward with goals for a winter presentation. We are attempting to work collaboratively and not competitively with other stakeholders in the issue. Matthew O'Brien asked what kinds of objectives are being developed. Mr. Miller said the first was to plan and hold a public forum to advance community awareness. John said also to do research into treatment options. Mr. Miller said an outcome from the first workgroup showed there is opportunity for further networking, i.e. social services departments can make first responders aware of services. We hope to build on that.

   Julie Blanchard asked about the collection of data regarding road salts and what the Health District has learned. Mr. Miller replied we assisted the Town of Tolland in a public information campaign at the time they were transitioning away from sand to salt. We spent some time collecting literature and doing review, and

sharing data with the Council and citizenry. The Town agreed to do a basic survey of surface water quality to monitor environmental impact. They did it for a couple of seasons and identified key areas to sample. They collected data and determined that dilution plays an important factor in mitigating environmental concern.

Julie Blanchard asked if it had been a heavy tick season. Mr. Miller replied it has been relatively light. Flu season was also relatively light but we are coming up on another one. There were no lake closings this year. We met preliminarily with Dr. Kortmann to discuss ideas regarding water quality but the last couple years have been pretty good. John Elsesser mentioned a few lesser-known tick-borne illnesses, Babesiosis and Ehrlichiosis are occurring in our region. Mr. Miller said those diseases have been around for a while. Their morbidity is higher but the rate is lower. What we spend a lot of time on is rabies. He said if you see a wild creature during the day that doesn't appear to be afraid of you, don't go near it. Every day something is different. Nothing is routine from day to day. Our staff is cross trained so everybody participates in emergency preparedness and drills, as well as participation in fairs. John asked Mr. Miller to share how many vaccinations were given for bird flu. Mr. Miller replied we administered over 9,000 shots during the pandemic in 2009. Sixty percent of those were to school-aged children. John also noted challenges are anticipated with the upcoming State budget. Mr. Miller replied that local agencies are facing challenges with the severe budget projections. Matthew O'Brien asked how much funding EHHD receives from the State. Mr. Miller replied about 20%. It has gone down from $160,000 to $120,000. So far through the hard work of the Board of Directors we have been able to sustain quality services. We are very concerned about the next couple of budget cycles. John said there is theory that the State might try to solve the problem by creating larger health districts. We believe we are right-sized and will need Council support not to break district lines. Mr. Miller said he doesn't know how they can propose local public health services at the price they are paying today.

Julie Blanchard asked if historically there was ever a public health official in a non-regional position. Mr. Miller replied yes, he was the sanitarian in Coventry from 1992-1996. Prior to that he was at the Town of Tolland as sanitarian. John noted that we supported Mr. Miller's pursuit of his MPH degree while he was employed here. He got to know our contractors and builders quite well, including Julie's husband. He has been a resident of Coventry for 18 years. EHHD staff also has a contract position for a medical advisor who comes to all board meetings. It is of great value to have local medical knowledge to answer community questions. Julie asked if Mr. Miller helped set up the regional health district. Mr. Miller replied yes, it was the brain child of John Elsesser and other community leaders. We established an exploratory committee. John noted that each town that expresses interest in joining the Health District is chosen cautiously. We have never had any town leave. We are not actively pursuing additional growth. There is uniqueness from other health districts in that we have local offices – people don't have to go elsewhere to get permits. It provides a hometown touch although it can be a managerial challenge. Mr. Miller thanked the Council for the opportunity to present his information.

5. **Consent Agenda:**
Motion #16/17-24: Matthew O'Brien moved to accept the Consent Agenda, seconded by Thomas Pope. Matthew requested to remove item 6C. Lisa Thomas requested to remove item 6F7. The motion to accept the Consent Agenda as modified carried on unanimous vote.

6. **Reports:**
A. Council Chairwoman – Julie Blanchard: none.

B. Council members:

Hannah Pietrantonio said that this Saturday is the Coventry Arts Guild's first annual Arts in the Park festival. The event has been really well publicized. The event takes place in Patriots Park from 10-4 and is free. There will be music, art exhibits, performances, and more.

Lisa Thomas congratulated the Coventry Board of Education for an article that appeared in the *Chronicle* on Friday. They were recognized by CABE for effective leadership and the ability to work together with the Superintendent as a team. The article also recognized Jen Beausoleil and Mary Kortmann who both achieved certification levels by attending training on their own time. Lisa also noted that constituents still asking about costs incurred related to the library expansion and what the potential cost increases might be as we wait to go to referendum. John Elsesser replied that he will get that information. Lisa also mentioned that Officer Gail McDonnell's retirement event is during the work day and some cannot attend. She thanked Officer McDonnell for her for service, and appreciated the opportunity to go on a recent ride-along. Coventry's standards of community policing were really evident during the ride.

Hannah Pietrantonio said there was an article in the paper tonight about Gail McDonnell and Project Safe Return. Gail spearheaded that project and Hannah thinks it is great for our special education students.

C. Finance Committee – Matthew O'Brien:
Matthew has put out a preliminary Board of Education Management Report (*attached to minutes*) that we are continuing to work with until we receive the June 30, 2016 Board of Education financial reports. Plus there is a list of things he feels we will need going into the next budget season (*attached to minutes*). These are ongoing questions we have been asking. The Finance Committee will be meeting with the Board of Education Fiscal Committee next week and we hope to develop a better process going forward.

D. Steering Committee – Thomas Pope:
The Steering Committee discussed and considered the request to accept Avery Shores Road as a Town road. There are considerations we are working on and have yet to resolve in acceptable form such as the transfer of right-of-way and off-road drainage issues. The Committee has asked the Town Manager to further discuss the Town's needs with the Association.

Progress was made on the issue of tax relief for our senior citizens to provide an option and offer some tax relief that would not lien a taxpayer's property. The final draft has not yet been completed, reviewed or accepted by the Committee and we will continue to work on this issue.

The issue of reallocation of personnel expense from one budget to another without Council approval was discussed. It was agreed that Finance Director Beth Bauer would be asked to draft a policy for guidance and consideration on this matter for consideration at our next meeting.

There were two other items of discussion, the annual volunteer recognition initiative sponsored by the Town Council and the need to update the Town seal which has become worn and a bit blurry over time. Minutes of our meeting were attached to the agenda. They have not yet been corrected or approved.

D1. Reappointments:

A. Motion #16/17-25: Thomas Pope moved and Andy Brodersen seconded to reappoint Lori Mathieu to the Inland Wetlands Agency, term to expire 9/15/2019. The motion carried on unanimous vote.

D2. Appointments:

A. Motion #16/17-26: Thomas Pope moved and Matthew O'Brien seconded to appoint Katrina Weaver to the Coventry Farmers' Market Operating Committee, term to expire 12/27/2018. The motion carried on unanimous vote.

B. Motion #16/17-27: Thomas Pope moved and Lisa Thomas seconded to appoint Marjorie Liberati to the Conservation Commission, term to expire 11/1/2018. The motion carried on unanimous vote.

C. Motion #16/17-28: Thomas Pope moved and Richard Williams seconded to appoint Jesse Hayes to the Energy Conservation/Alternative Energy Advisory Committee, term to expire 3/1/2017. The motion carried on unanimous vote.

D. Motion #16/17-29: Thomas Pope moved and Lisa Thomas seconded to appoint David Rosa to the Inland Wetlands Agency to fill the Burokas vacancy, term to expire 9/15/2019. The motion carried on unanimous vote.

E. Thomas Pope said before he makes the next appointment it should be noted that the vacancy is a result of the resignation of Harvey Barrette due to his declining health. Mr. Barrette has been an active volunteer and participant in governance in Coventry for many years. His contribution to this community has been extensive and should be very much appreciated by the residents of Coventry. He wants to take this opportunity to say thank you to Harvey for his service. Coventry is a better place because of his contribution. **Motion #16/17-30: Thomas Pope moved and Lisa Thomas seconded to appoint Luke McNaboe to the Inland Wetlands Agency to fill the Barrette vacancy, term to expire 9/15/2019. The motion carried on unanimous vote.**

F. Motion #16/17-31: Thomas Pope moved and Lisa Thomas seconded to appoint Michael Chapman to the Cemetery Commission, term to expire 10/17/2017. The motion carried on unanimous vote.

G. Motion #16/17-32: Thomas Pope moved and Richard Williams seconded to

appoint Cory Parkinson as an alternate to the Parks & Recreation Commission, term to expire 1/1/2017. The motion carried on unanimous vote.

E. COVRRA – John A. Elsesser:
A draft of the transfer station study will be distributed ahead of and presented at the next Council meeting.

F. Town Manager – John A. Elsesser:

1. Projects update:

- We are holding off on chip sealing roads until spring. We are doing additional shimming to get ready for spring.
- At the CNG community meeting they indicated to residents of the neighborhood that they are looking at an April 2017 timeframe for implementation of the natural gas project. The Town was told we had to be ready by December 31, 2016 so we have asked CNG's representative to clarify. Their answer has been vague. It sounds like they will be willing to let us hook up in April. This information was conveyed to the building committee tonight and will be on the Finance Committee's agenda to discuss. Beth Bauer said the committee asked the project engineer if would change the project significantly enough to have concerns and he seemed to feel it would not. We will move forward with the understanding to contractors that CNG doesn't plan to be here until April. John noted this resolves a lot of our concerns about surplus oil. Andy Brodersen asked if CNG has received the permit for the train tracks yet. John replied no. They have to go into winter shutdown when the asphalt plants close. It is not impossible they will finish in December but it is not likely. We will talk about recommendations for configuration of boilers at the Fiscal Committee meeting of the Board of Education.
- We are opening bids on the lake gate project this week. We are going to start notifying the community of early lake lowering with the intent of an October first project start, which is about 5-6 weeks earlier for the winter lake level.
- The Town fall newsletter is up on the website for advance preview. Active links are available for quick access to information. The printed version should be in homes in a couple weeks.
- The second annual volunteer fire fighters recognition dinner is set for October 6.
- Coventry Farmers' Market has been named the #1 market in the state by *CT Magazine*.
- The judge will issue a ruling on the CCJEF vs. Rell case tomorrow. It will be streamed live on CTN at 11 AM. It has only been six weeks since final arguments which is fast. We are optimistic. There are two possible outcomes. One, that current education funding is unconstitutional per the State constitution and somebody has to come up with a remedy or two, the judge could come up with the remedy. The second scenario is more unlikely. The ruling is likely to be appealed either way but in his opinion it may protect us against deep cuts in ECS funding next year. That is an important source of funding that would be hard for us to make up.

Matthew O'Brien asked for an update on crumbling concrete foundations and where Coventry stands. John replied that CRCOG is taking the lead. They have 3 bids they

are ready to go out on for testing and repair services. They are still going ahead with how to help protect citizens. They are also working on a common assessment and methodology for how to reduce assessments that all assessors will agree to. They are making progress. Coventry has about 10-12 people who are waiting for that form to come out and we believe more will come forward after the law goes into effect. Hannah Pietrantonio asked if there is a time limit as to when people can apply. She had heard it was October. John said the law doesn't go into effect until October first – he doesn't remember what the deadline is. Ultimately the process would be to meet the Board of Assessment Appeals' timetable – which is February first. A lot of research has been done to come up with typical repair costs. Thomas Pope noted that people might as well go to the Assessor first. If you go to BoAA first you can't go back to the Assessor.

Julie Blanchard asked for details about the Lake Forum. John replied it will be held at the Lodge at Patriots Park at 7 PM on September 20th. Dr. Kortmann and a representative from Solitude will be there to present results of the hydrilla treatment. Initial indications from Dr. Kortmann from his visual survey are that it was better than he thought it might be in terms of impact to the lake. He is still gathering water analysis data.

Lisa Thomas asked for an update on the status of roadside mowing. Is it happening? It seems like heavy vegetation is encroaching into roads. John replied that the DPW stopped mowing for a while to concentrate on road work. They are out catching back up. If you have a specific complaint contact Public Works at 860-742-6588.

F2. Bid results:

1. Main Street Sidewalk Project: John Elsesser said that bids came in slightly below estimate. We are going through awarding issues to make sure we can award the bid. It has to go through the CHRO minority set-aside process. The low bidder's company affirmative action plan has to be accepted by CT DAS – they won't accept the CT DOT version. We are not sure when that will happen.

2. Boiler Replacement: Boiler bid results are being evaluated by the building committee. The bids appear to be in the ballpark of our estimates.

F3. CT DEEP: Permission to place markers for restricted area of Coventry Lake: John Elsesser indicated that boaters on Coventry Lake will see signs and buoy markers. The cove where hydrilla was treated is restricted to residents only. No kayaking or fishing are allowed subject to fines. They want to isolate hydrilla while it is being treated so doesn't it break off. Residents understand and have been given guidance for channels to navigate. An indefinite term is planned until CT DEEP is confident the hydrilla has been eradicated.

F4. Resignation, Senior Center Coordinator: Carried Concatelli has resigned and will be missed. She made some great progress at the Center. She is going to Bolton and the position is a promotion with commensurate wages. The position has been posted internally and one applicant met the deadline. We have to determine whether the applicant can meet job requirements within one year. We will have a decision soon on that. If not we will begin external recruitment. Julie asked if John would want to make any changes to the job description. John replied not at the present time. It was modified two years ago and we wouldn't want to make any suggestions that might make the pending applicant ineligible. Hannah asked about coverage at the Center. John replied

we are going to cover as best we can with Human Services staff and volunteers. The fastest process would be to go with the internal candidate but that will leave a vacancy in another department. The typical recruitment process is 6-8 weeks.

F7. Town newsletter: Lisa Thomas extended thanks for Laura Stone for the production of the newsletter, saying it is well done and has a lot of information. She encouraged people to read through it – it is a good source to get questions answered rather than relying on Facebook. She mentioned the article about the purchase of two new pieces of fire equipment- and gave thanks to the community for approving that budget. She also noted the statement about acquisition of over 200 acres of open space. There was no Council action on that – the State offered the land back to us. There is a lot of conversation in the community about whether we should be spending money on open space and she wanted to make sure the community knows that no tax dollars were spent on this. John Elsesser said we asked the State for the land – so he is taking a little bit of credit. Other people can take credit too.

Hannah Pietrantonio mentioned her concern with the wording of the Council Chairwoman's article in the newsletter. The statement about funding to our schools sounds skeptical and she wonders if this has a place on the cover of the newsletter. We are meeting with the Board of Education on Monday and she feels this adds a flavor of skepticism and she doesn't know if this is the place for it. Julie replied that it indicates her level of frustration. Hannah said as a member of Finance the article doesn't speak for her. We haven't resolved those things. Matthew said he thinks it is important for townspeople to understand we are not getting the level of information we are seeking. Hannah said we have bombarded the Board of Education with requests. Richard said he can't believe Hannah feels that way. We have sent over 30 requests and still haven't gotten the information we are seeking. Hannah said she thinks there is a lot of miscommunication and doesn't think this reflects well on the front page of our newsletter. Thomas said when we asked for information about grants they sent us grants about the zoo and about the Amistad. It was not a matter of getting information - they stonewalled. If townspeople don't know that then they should.

8. **New Business:**

B. 16/17-7: Discussion/possible action, additional fencing for Laidlaw Park:
John Elsesser said we took guesses on pricing based on re-using the donated fencing. We got pricing from four companies. It takes more time to re-use material so the price is the same to re-use vs. put up new. We will be able to use the poles and gates at significant savings but if the Council wants to do the whole field we don't have enough money. Using LOCIP money will get us part way there. There is no fencing along the back wood line – we put boulders there as part of the construction process as a deterrent to traffic. We could wait a year or we could try to look for some money in other LOCIP grants. We need at least another $9,000 to complete the project. Matthew asked whether Coventry Soccer did any fundraising. John replied he doesn't know. We will follow up. We finished up the fencing for the baseball field. Matthew said he would like to see the Laidlaw fence finished. Julie agreed, saying it was one of our Council goals. Thomas said we invested enough that we ought to protect it. Lisa asked where the funding would come from. John replied the Council 1.5% fund, which reduces fund balance but we had a good year. Matthew suggested using the CNREF. John said he would normally agree but he would like to see what we are doing with the boiler project first. **Motion #16/17-33: Matthew O'Brien moved to authorize an appropriation from the CNREF to cover the cost of additional fencing around Laidlaw**

Park. The motion was seconded by Richard Williams and carried on unanimous vote.

10. **Executive Session:**
    Motion #16/17-34: Matthew O'Brien moved to add an Executive Session item to the agenda for the purpose of discussing negotiations. The motion was seconded by Richard Williams and carried on unanimous vote.

    Motion #16/17-35: Matthew O'Brien moved that the Town Council enter into Executive Session at 9:16 PM pursuant to Connecticut General Statutes 1-200(6)(E)-discussion of any matter which would result in the disclosure of public records or the information therein contained described in sub-section (b) of Section 1-210 with the following people in attendance: Town Council members, John Elsesser and Beth Bauer. The motion was seconded by Thomas Pope and carried on unanimous vote.

    Motion #16/17-36: Lisa Thomas moved to leave Executive Session at 10:08 PM, seconded by Hannah Pietrantonio and unanimously approved.

11. **Adjournment:**
    Motion #16/17-37: Thomas Pope moved to adjourn the meeting at 10:09 PM, seconded by Matthew O'Brien and unanimously approved.

Respectfully submitted,

Laura Stone
Town Council Clerk

Note: These minutes are not official until acted on by the Town Council at its next regular meeting. Those meeting minutes will reflect approval or changes to these minutes.

Eastern Highlands Health District

Eastern Highlands Health District Programs, Services & Future Objectives

Using the 10 Essential Local Public Services Framework

Coventry Town Council
September 6, 2016

Eastern Highlands Health District

Vision

Healthy people, healthy communities...healthier future

Mission

EHHD 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

Essential Service #1 - Monitor health status and understand health issues facing the community

- Regular review of health district public health data provided by local, state, federal, and non-governmental agencies
- Completed 2014 community health needs assessment for Tolland County via CTG
- EHHD centric community health assessment– *Future objective*

Eastern Highlands Health District

Essential Service #2 - Protect people from health problems and health hazards

- Complaint investigation program
  - 120 – 160 complaints annually
  - Laboratory services
- Lead Agency for Local Public Health Emergency Planning and Preparedness
  - Develop plans (pandemic, Anthrax, smallpox, all Hazards), MRC, Local HAN, stockpiled supplies and equipment, staff/volunteer training
  - Provide 365/24/7 emergency response services (5 to 15 incidents annually)

Eastern Highlands Health District

#2 - Protect people from health problem and health hazards –cont.

- Communicable Disease Surveillance and Control
  - 900 to 1200 case reports reviewed annually for over 70 reportable diseases
  - 25 to 40 cases interviewed/investigated annually
  - 5 to 10 outbreaks investigated annually
  - Controls implemented when necessary, e.g. Ebola, goat farm Ecoli out break, restaurant closure
- Bathing Water Quality Monitoring Program
  - weekly sampling from 26 locations during swimming season
  - 300 to 350 samples grabbed
  - 2- 4 beach closures annually

Eastern Highlands Health District

#2 - Protect people from health problem and health hazards –cont.

- Special Environmental Monitoring Projects
  - Landfills, Road Salt, Farms, VOC's
- Respond to school and town PH concerns, providing consultation, and subject matter expertise.
  - IAQ, radon, lead, construction projects, regional water supply planning, individual water supplies, wastewater disposal, risk communication

Eastern Highlands Health District

Essential Service #3 - Give people the information they need to make healthy choices.

- Media point of contact
  - Monthly press releases
  - Cable TV interviews
  - Local HAN
  - Social media FB
- Child hood Lead Protection Education
  - 4 to 8 cases annually
  - Provide ed. material and consultation

Eastern Highlands Health District

#3 - Give people the information they need to make healthy choices – cont.

- Ongoing Website topics, e.g. School initiatives (95210, POW) tobacco free initiatives, sun safety, tick borne diseases, Asthma, Rabies, many others!
- EHHD responds to public's need for timely information, e.g. H1N1, Ebola, Zika, seasonal Influenza, localized responses
- Employee Wellness Program (contracted services)
- Local Public Health resource and repository for a broad scope of educational material, and links to reference material, e.g. print, & electronic
- Food safety classes – *future objective*

Eastern Highlands Health District

Essential Service #4 - Engage the community to identify and solve health problems

- Leader and hub of local public health system, with established relationships with multiple community partners and stakeholders
- Community Health Action Response Team (CHART)
- Substance abuse
  - Work group established (First responders, social services)
  - Planning public forum – *Future objective*
- Plan4Health Initiative
  - Planning/Public Health Partnership
  - Tool kit: www.healthyeasternct.com
- Other community committees/groups
  - Early Childhood Committees
  - Health and Safety Committees
  - UConn SHS Infection prevention committee
  - ESF 8

Eastern Highlands Health District

Essential Service #5 - Develop public health policies and plans

- Review and comments on local codes, ordinances, polices, plans
  - P&Z, housing, septic pumping, facilities plan, Plan of C&D, relocation plans, public school health policies (TB, lice, ILI), tobacco free campus
- Public Health Advocacy to state, local leaders, boards, commissions, general public
  - CADH, CEHA
- Board of Directors
  - Strategic Planning
  - Annual budget
  - EHHD Sanitary Code adoption
- Emergency Public Health Preparedness Plans
- Community Health Improvement Plan – *future objective*

Eastern Highlands Health District

Essential Service #6 - Enforce public health laws and regulations

- Food Protection Regulations
  - 600 to 700 inspection annually
  - Licensing program for approximately 250 establishments
  - Temp event permitting
    - 200 - 250 permits issued annually
    - 120 to 150 temp vendor inspections annually
- Subsurface septic system program
  - 220 to 250 permits/plan reviews annually
  - 500 to 600 building permit reviews annually
  - 1000 to 1500 test pits/perc tests annually

Eastern Highlands Health District

#6- Enforce public health laws and regulations – cont.

- Well drilling permits
  - 160 to 200 permits issues annually
  - 90 to 120 site inspections annually
- Other mandated inspections (pools, group homes, daycares, camp grounds)
  - 25 to 40 annually
- Lead Protection Regulations
  - 2 to 4 inspections annually
  - 3 to 6 cases managed (approx 40 man hours/case)

Eastern Highlands Health District

#6 - Enforce public health laws and regulations – cont.

- Planning and Zoning Commission referrals
  - 50 to 70 annually
- Legal Abatement Orders Issued
  - 5 to 15 annually
- Special Projects
  - town sewer projects, FOG, town/school building projects, others
  - ViewPoint online application, tracking, payments, complaints –*future objective*

Eastern Highlands Health District

Essential Service #7 - Help people receive health services

- Coordinate and promote area flu clinics with VNA's
- Promote other community based health services when available, e.g. health screenings, dental clinics, wellness clinics
- Established relationships and maintain listing of area healthcare providers
- Link individuals to personal healthcare services
- Tick testing program

Eastern Highlands Health District

Essential Service #8 - Maintain a competent public health workforce

- Environmental Field Staff (Sanitarians)
  - Certified Food Inspectors (CEUs required)
  - Certified Phase I & II subsurface sewage disposal
  - Qualified Lead Inspectors (CEUs required)
- Annual performance reviews/set performance goals
- Semi-monthly staff meetings – standardization/training
- Exercises and drills
- Professional development opportunities, e.g. customer service, code updates, best practices, etc.
- Implement Workforce Development Plan – *future objective*

Eastern Highlands Health District

Essential Service #9 - Evaluate and improve programs and interventions

- Productivity analysis environmental program areas
- Standardization of code enforcement/policy interpretation
- Evaluation protocols integrated in grant funded programs/initiatives
- Regulated Community Customer Service Survey
- ViewPoint/Workforce development plan – *future objectives*

Eastern Highlands Health District

Essential Service #10 - Use and contribute to the evidence base of public health

- Support Public Health Research and development of evidence based best practices
  - PBRN/CADH
  - Plan4Health
  - CHART mission
  - others
- Report/Present on experiences and practices at professional forums/events

Eastern Highlands Health District

Eastern Highlands Health District

Questions?

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Eastern Highlands Health District

2014-2015

ANNUAL REPORT

SERVING THE TOWNS OF:

ANDOVER, ASHFORD, BOLTON, CHAPLIN, COLUMBIA, COVENTRY, MANSFIELD, SCOTLAND, TOLLAND AND WILLINGTON

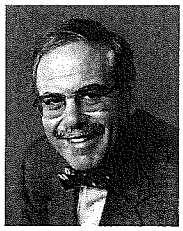
POPULATION: 81,002 SERVICE AREA: APPROXIMATELY 208 SQUARE MILES

Health District Staff

Robert L. Miller, MPH, RS.....Director of Health
Kenneth Dardick, MD.....Medical Advisor
Glenn Bagdoian, RS.....Sanitarian II
Millie Brosseau.....Administrative Assistant
John Degnan, MA.....Public Health Emergency Response Coordinator
Jordana Frost, MPH.....CPH Project Specialist
Holly Hood, MPH, RS .....Sanitarian II
Sherry McGann, RS.....Sanitarian II
Jeff Polhemus, RS .....Chief Sanitarian
Jody Schmidt, MS, RS .....Sanitarian II
Lynette Swanson .....Environmental Health Inspector
Ana Zeller, RD.....Community Health and Wellness Coordinator

Back: Rob Miller, Jordana Frost, Jeff Polhemus, Glenn Bagdoian, John Degnan, Holly Hood ***Front:*** Millie Brosseau, Ana Zeller, Sherry McGann, Jody Schmidt

Below: Medical Advisor Dr. Kenneth Dardick



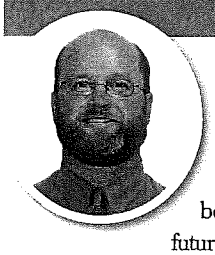
EHHD Board of Directors

Elizabeth Paterson (Chair)..... Town of Mansfield
John Elsesser (Vice Chair).....Town of Coventry
Joyce Stille (Assistant Treasurer).....Town of Bolton
Alisa Bray .....Town of Chaplin
Maria Capriola (Alternate).....Town of Mansfield
Rick Field ..... Town of Tolland
Matt Hart .....Town of Mansfield
Michael Kurland..... Town of Mansfield
Robert Morra (Alternate).....Town of Bolton
Natasha Nau ..... Town of Columbia
Christina Mailhos (Alternate)..... Town of Willington
Paul Schur .....Town of Willington
M. Deborah Walsh .....Town of Coventry
Steve Werbner ..... Town of Tolland
Mike Zambo .....Town of Ashford
Vacant ..... Town of Andover
Vacant .....Town of Scotland

Mission Statement -

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

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



Message from the Director

Central to the goals of the Eastern Highlands Health District is our missio to prevent illness and promote wellness. We do this by placing ou community members at the center of all we do. This, I believe, is illustrate best by our stated vision, "Healthy people, healthy communities...healthie future." It is our communities, comprised of every individual within, which ar the focus of all efforts here at the Eastern Highlands Health District. With every program w administer, every initiative we pursue, and every service we provide, our guiding principle i to minimize illness, and maximize wellness in **all** 80,000 individuals within our boundaries.

A lofty goal? Perhaps. However, it is this drive within our agency, and among our staff, wit the support of our board of directors that has helped sustain the high quality, dedicate service our communities continue to enjoy today.

I would like to take this opportunity to highlight just a few of the agency fiscal year 2014/201 activities that are supporting our efforts to achieve a healthier future for all individua community members:

Information Technology – Progress continues on our web-based application and permi tracking project. This initiative, when complete, will greatly improve the ease and efficienc of the permit application process, while improving staff productivity with real-time field table mobility. Be sure to look for the project launch in FY 15/16!

Community Health – The agency was awarded $100,000 from the American Plannin Association to spearhead the Plan4Health initiative within our boundaries. This initiativ seeks to engage local town planning officials in a public health planning partnership that wil promote place making as a strategy for promoting healthy behaviors.

Emergency Public Health Preparedness – The Eastern Highlands Health District wa very active in the response to the ebola scare. Countless staff hours were spent workin with local and school officials to address citizen and parent concerns. This response, in fac included active monitoring and surveillance activities.

As always, it is immensely important to recognize our community partners. Together w comprise a local public health network that continues to make great strides in protecting th communities we serve. I thank you for your dedication and commitment to local publi health.

My door is always open.

Yours in Health,

Robert L. Miller, MPH, R.S.
Director of Health

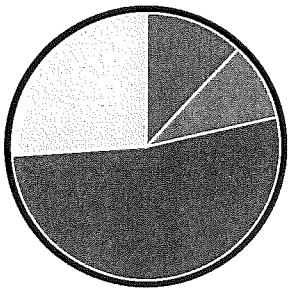
EHHD
Eastern Highlands Health District

Tel: (860)429-3325 • Email: ehhd@ehhd.org • www.ehhd.org

EHHD Budget Fiscal Year 2014/2015

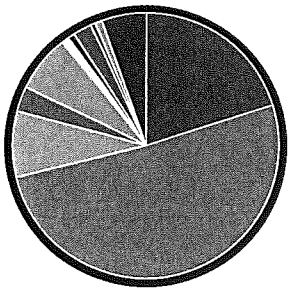
EHHD receives funds from a variety of sources including member town contributions, state and federal grants, and permit fees. Towns are charged on a per-capita basis, to support local public health services.

FY 2014/2015 Revenue



Licensure Fees	$110,479
Program Fees	$ 88,989
Local Funds	$ 484,085
State Funds	$ 240,578
Total Operating Revenues	**$ 924,131**

FY 2014/2015 Expenses



Personnel: Administrative/Management	$195,244
Personnel: Environmental Health	$500,075
Personnel: Community Health	$76,941
Personnel: Emergency Preparedness	$28,949
Contractual	$69,253
Legal	$1,635
Vehicles/Travel	$6,066
Insurance	$21,569
Communications	$4,682
Education/Training	$3,423
Other	$54,590
Total Operating Expenditures	**$962,428**

* Figures not audited at the time of this publication.

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	1	0	0	1	0	7	0	0	0	9
ANIMALS/ANIMAL WASTE	0	1	0	0	0	3	2	0	0	0	6
ACTIVITY WITHOUT PROPER PERMITS	0	0	0	0	1	0	1	0	0	0	2
FOOD PROTECTION	1	0	2	1	1	2	7	0	0	2	16
HOUSING ISSSUES	2	5	8	1	2	5	14	1	2	6	46
EMERGENCY RESPONSE	0	0	0	1	0	0	1	0	3	1	6
REFUSE/GARBAGE	0	1	0	0	4	1	1	1	3	2	13
RODENTS/INSECTS	0	0	0	0	1	0	2	0	1	1	5
SEPTIC/SEWAGE	0	8	2	1	5	1	2	0	5	1	25
OTHER	0	0	1	0	1	0	0	0	1	3	6
WATER QUALITY	0	0	1	0	1	0	3	0	0	1	6
TOTAL	3	16	14	4	17	12	40	2	15	17	140
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	2	1	0	0	0	3
DAY CARE	1	1	1	0	2	0	1	0	4	1	11
CAMPS	0	0	0	0	0	0	0	0	1	1	2
PUBLIC POOL	0	0	0	0	3	2	5	0	3	2	15
OTHER	0	0	0	0	0	0	0	0	0	3	3
SCHOOLS	0	0	0	0	0	0	1	0	0	0	1
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	1	1	0	5	4	8	0	8	7	35
ON-SITE SEWAGE DISPOSAL											
Site inspection -- all site visits	18	68	61	31	46	192	177	16	192	79	880
Deep hole tests -- number of holes	27	72	62	11	67	126	97	9	117	39	627
Percolation tests -- number of holes	8	17	9	2	9	23	27	1	26	11	133
Permits issued, new	1	2	8	1	4	17	8	0	10	4	55
Permits issued, repair	5	12	13	4	8	38	26	3	33	14	156
Site plans reviewed	7	12	16	5	16	55	29	2	50	18	210
B100a reviews	10	33	25	7	43	86	69	3	166	38	480
WELLS											
Well sites inspected	3	3	3	2	4	46	14	6	16	3	100
Well permits issued	3	1	15	1	7	39	32	6	27	9	140
LABORATORY ACTIVITIES (Samples Taken)											
Potable water	1	0	0	0	0	0	0	0	0	0	1
Surface water	32	19	43	0	47	184	37	0	56	47	465
Ground water	0	0	0	0	0	0	0	0	0	0	0
Rabies	0	0	0	1	0	0	0	0	0	0	1
Lead	0	0	4	0	0	0	0	0	0	0	4
Other	0	0	1	0	0	0	13	0	0	0	14
FOOD PROTECTION											
Inspections	30	47	36	27	25	83	207	3	79	42	579
Reinspections	9	6	5	3	1	6	33	0	6	7	76
Temporary permits	7	20	19	1	11	43	34	7	7	6	155
Temporary inspections	2	0	4	0	1	122	7	6	0	0	142
Plan reviews	0	0	0	0	1	2	12	0	0	2	17
Pre-operational inspections	0	1	3	0	0	6	9	0	3	0	22
LEAD ACTIVITIES											
Housing inspection	0	0	1	0	0	1	0	0	1	0	3
Abate plan reviewed	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS ACTIVITIES											
Planning and Zoning referrals	0	0	2	0	1	9	3	0	1	0	16
Subdivision reviewed (per lot)	0	0	4	0	2	13	7	0	4	0	30

EHHD'S PROGRAMS AND SERVICES

Eastern Highlands Health District works diligently to comply with all State of Connecticut mandates for district health departments. We provide the community with a range of programs and services to promote and protect environmental, personal, and community health.

Environmental Programs

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

Subsurface Sewage Disposal – EHHD sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and conduct site inspections during construction to verify compliance with codes and technical standards. The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by on-site subsurface sewage disposal systems.

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

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

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

Childhood Lead Poisoning Prevention – EHHD receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 5 μg/dL or above, and tracks these cases until the child's blood lead level is confirmed below this referencae level. The health district provides re-test reminder letters and educational packets to these families to help them understand the health risks associated with lead exposure and assists them in identifying and reducing lead hazards in their child's environment. Elevated blood lead levels can require additional intervention by the health district including property inspections and lead abatement enforcement.

Communicable Disease Control & Surveillance

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include hepatitis, rabies, and foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns. It is generally acknowledged that these diseases are underreported within the population.

Disease Control – Clinical laboratory and physician case reports are reviewed for possible follow-up and investigation. Outbreaks of disease are investigated and measures to prevent and control further spread of disease are implemented when necessary.

Community Health

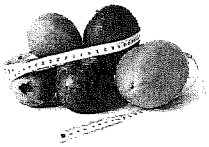
Health promotion initiatives in the Health District focus on sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our current focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees and visitors.

Tobacco Free Living - Focusing on policy, systems and environmental changes, EHHD continues to support tobacco free communities through their previously developed toolkits. These toolkits encourage towns in Tolland County to adopt smoke-free policies or ordinances to make their parks, public areas and multi-unit housing complexes free of hazardous second hand smoke. Both toolkits can be found at http://www.ehhd.org/Tobacco-Free-Living. Additionally, EHHD has developed a summary of smoking cessation resources. The resources include web, phone and in-person cessation methods and can be found at www.ehhd.org/tobaccocessation.

EHHD CHART COALITION – promotes healthy behaviors through sustainable policy, systems and environmental changes. Through funding from the American Planning Association, CHART has been able to be part of a 15-month project called Plan4Health. This project focuses on ways in which improvements can be made to the built environment to encourage active living within our communities. Find more information at www.ehhdchart.org.

Be Well- Developed by EHHD in 2006, this employee wellness program improves the overall health and wellbeing of participating employees in the town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland. Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include tobacco/smoke free campuses, monthly wellness newsletters, online wellness resources, onsite fitness and yoga classes, biometric health screenings, and onsite nutrition and wellness seminars and recipe demonstrations. Be Well is available to any employer in our 10 towns. You may learn more about the program at www.ehhd.org/be_well or by emailing Ana Zeller at zellerae@ehhd.org.

Health Education: EHHD provides its member towns and residents with an online web portal for health information and regular updates on health and wellness "hot topics." We focus our "hot topic" health updates on providing clear and concise information on wellness topics pertaining to a particular month or season (i.e. sun safety or Lyme disease.) Find more information at www.ehhd.org/healthpromotion and sign up for our "hot topic" health updates at www.ehhd.org.



Emergency Preparedness

EHHD participates fully in the Connecticut Division of Emergency Management and Homeland Security (DEMHS) regional planning process in Region 3 and Region 4, and continues to develop all-hazards plans for a robust public health response to all emergencies. The towns covered by the Northeast and Southeast Councils of Government constitute the DEMHS planning Region 4 and include seven of the ten Eastern Highlands Health District member towns. These include: Ashford, Chaplin, Columbia, Coventry, Mansfield, Scotland and Willington. The Capital Region Emergency Planning Committee (CREPC) encompasses DEMHS Region 3 and includes the remaining three of the EHHD member towns which include: Andover, Bolton and Tolland. Taken together, the total population of the EHHD – Mass Dispensing Area (MDA) is 82,398. The EHHD Emergency Preparedness staff is actively involved with other health districts and departments in the planning and coordination of effective regional approaches to public health and medical preparedness, and supports an all-hazards approach when responding to various emergencies. Both the Region 3 and Region 4 planning processes have been recognized for excellence by the National Association of County and City Health Officials (NACCHO) – Project Public Health Ready. The Public Health Emergency Response Coordinator has been appointed to serve on two national committees; one sponsored by NACCHO and another by the National Emergency Management Association (NEMA).

Community Volunteers also play a critical role in emergency response planning. An effective response to a public health or other emergency situation would be impossible without a dedicated corps of volunteers. EHHD continues to recruit a registry of local Public Health Reservists and Medical Reserve Corps volunteers from the community to fill medical and non-medical roles during an emergency. The Eastern Highlands Medical Reserve Corps Unit was recognized nationally earlier this year and consists of 28 members including nurses and doctors. MRC volunteers, in coordination with Community Emergency Response Team (CERT) volunteers staged a drill at E.O. Smith High School that included establishing a First Aid Station and planning for a medical station and emergency shelter at the school.

While medical volunteers will fill key roles in the emergency response team, additional non-medical volunteers will be needed to work in areas such as patient registration, clinical flow controllers, medical assistants, security personnel and medical materials management. Training and opportunities for practice continue to be offered to volunteers to improve their skill levels. District staff receive ongoing training and experience through exercises. This past year, District staff have been involved in a number of state-wide exercises, regional drills and local exercises. These included: regional communication drills to staff and volunteer; regional clinic operations drills, the DPH Statewide Regional Distribution Site exercise and the Governor's Statewide Winter Storm Exercise. Anyone interested in volunteering can get more information at ehhd.org/volunteer or by emailing John Degan at degnajh@ehhd.org.

Public Health
Prevent. Promote. Protect.

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

What is a Health District?

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

EHHD History

As one of 50 full time health departments in Connecticut, the Eastern Highlands Health District provides services to a little more than two percent of the state's population. The district was formed in June of 1997 when town leaders and residents of Bolton, Coventry and Mansfield realized that pooling resources could increase the scope and quality of public health services by providing a full-time public health staff while reducing expenses. In 2000, the Town of Tolland joined the District, and subsequently, the Towns of Willington (in 2001) and Ashford (in 2004). In June of 2005, four other contiguous towns (Andover, Chaplin, Columbia and Scotland) became part of the Health District. Each of these ten towns now has the benefits of full-time public health services, ensuring that the essential services of local public health are met for these communities.

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

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

10 Essential Services of Local Public Health:

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

Selected Reportable Diseases for Calendar Year 2014 by Town *

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	**District Totals**
Babesiosis	0	1	2	0	2	4	0	0	1	0	10
Campylobacter	0	2	2	0	0	2	1	1	4	1	13
Chlamydia	7	7	7	7	10	18	49	0	15	9	129
Cryptosporidium	0	0	0	0	0	1	1	0	2	0	4
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	0	0	0	0	0	0	0	1	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	1	0	1	1	0	0	0	0	0	3
Gonorrhea	2	0	2	0	0	3	7	0	0	1	15
Group A Streptococcus	1	0	0	0	1	0	0	0	2	0	4
Group B Streptococcus	0	0	0	0	2	0	1	0	1	3	7
Haemophilus Influenzae	1	0	0	0	0	0	0	0	0	0	1
Hepatitis A	0	0	0	0	0	0	1	0	0	0	1
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	1	2	5	3	5	3	10	0	2	4	35
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	5	2	1	3	5	6	1	1	5	29
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	1	0	0	0	1	1	0	3	0	6
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	13	15	4	11	15	25	34	4	23	11	155
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	1	0	2	0	2	1	2	1	2	2	13
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	1	0	0	0	0	1
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	0	2	0	1	2	0	0	3	0	8
Shigella	1	0	0	0	0	0	0	0	0	0	1
Streptococcus Pneumoniae	0	0	0	0	1	2	0	0	0	1	4
Syphilis	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis Cases (Active)	0	0	0	0	0	0	1	0	0	0	1
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

*The case numbers above are considered to be below actual figures due to under reporting.

EHHD
Eastern Highlands Health District

4 South Eagleville Road
Mansfield, CT 06268

Board of Education Management Report Information

	General Fund Surplus	Special Ed Tuition/Excess Cost	Total Surplus
1/31/16	$151,275.78	$94,199.04	$245,474.82
2/29/16	186,936.45	79,654.95	266,591.40
3/31/16	198,512.50	57,595.41	256,107.91
4/30/16	63,417.08	135,320.81	198,737.89
5/31/16	-104,998.12	218,890.06	113,891.94
6/30/16	-75,051.82	232,658.34	157,606.52
Change From 1/31/16	-$226,327.60	$138,459.30	$ 87,868.30

Board of Education Transfers

- Require more details – Board of Education transfers need to be incorporated into these numbers

Information needed from the Board of Education (9-6-16)

- Provide management notes to explain the changes from month to month in the monthly management reports throughout fiscal year 2015 - 2016
- Provide all of the approved transfers in the 2015 – 2016 fiscal year and include detailed reasons for the transfers
- Identify the total of all excess funds (surplus) realized in the 2015 – 2016 budget year
- Identify the reasons for the surplus funds generated
- Identify how all of the surplus funds were used / spent (What was the Board able to fund that did not appear in their approved budget?)
- Identify the amounts and the sources of all additions to the Board's budget (Medicaid, tuition, etc.)
- Provide a summary of all changes of employees during the 2015 – 2016 fiscal year and the budgetary impact of those changes
- Provide summary information to explain the changes in the Special Ed Tuition/Excess Cost reports during the 2015 – 2016 fiscal year. Provide information about the impact on the current year budget
- Provide information about the large over-expenditure in contracted services in the 2015 – 2016 fiscal year and how these charges impacted other accounts. How has this experience impacted how you budgeted for the current fiscal year?