

**TOWN OF SOMERS
EFFICIENCIES COMMITTEE
AGENDA – REGULAR MEETING
Thursday, April 15, 2010, 5:30 p.m.
Selectmen’s Conference Room**

- 1 Call to order – First Selectman Lisa Pellegrini called the meeting to order at 5:35 p.m.
- 2 Members present – Chet Ladd, Jim Radziewicz and Paul Salva. Also present was selectman Kathleen Devlin. Guest presenters were William Blitz, Director of the North Central District Health Department (NCDHD) and Pamela Kilbey-Fox, Chief, Local Health Administration Branch, CT. Dept. of Public Health.
- 3 Pledge of Allegiance

Item 5 on the agenda was discussed prior to the arrival of Mr. Blitz & Ms. Kilbey-Fox.

- 4 Data Gathering – discussions with potential vendor & state contact
 - 4.1 William H. Blitz M.P.H., M.U.P., R.S.,
Director, North Central District Health Department (NCDHD)
 - 4.2 Pamela Kilbey-Fox, MPH
Chief, Local Health Administration Branch, CT Dept. of Public HealthMr. Blitz and Ms. Kilbey-Fox presented information contained in the attached handout, and addressed the following topics: communicable disease, lead poisoning, septic system inspections, well water testing/supplies, citizen complaints regarding public health nuisances, day care center inspections, public pools/bathing beaches, beauty parlors/nail salons/barber shops, and tattoo parlors. They discussed a major area of focus currently lacking in Somers – health education – including active exercise programs; nutrition programs; childhood obesity prevention; asthma assessment programs/education; etc. They reviewed the district’s emergency response capabilities regarding pandemic disease management including emergency drills; planning meetings with area hospitals; volunteer involvement; medical supplies and emergency equipment; and the Technical Assistance Review Inspections, which are held annually and will review and examine all documentation under the Mass Dispensing Plan for area 34.

NCDHD currently has 4 offices located in Stafford, Windham, Vernon & Enfield. Mr. Blitz said that, should Somers decide to join the NCDHD, the district would hire the current Somers Sanitarian, Steve Jacobs, who could be housed here at the Somers town hall, and whose time would be 90% devoted to septic issues. The District would also allocate to Somers: a part-time staff (who currently resides in Somers) to handle food service inspections and complaints; and a part-time health educator. NCDHD has 9 vehicles ready and available for emergencies/ immediate responses. Based upon its population, Somers would have 2 seats on the NCDHD Board of Directors. If the Town joins NCDHD, district staff would immediately commence an assessment to determine the specific needs of our community.

The members of the committee voiced concerns regarding bad publicity, poor service received by contractors, timeliness of inspections, and lack of response. Contractors in the area have had these kinds of complaints about NCDHD and have expressed a high level of concern about joining the district for these reasons. Mr. Blitz shared the attached handout listing all of the actions identified to address these concerns. The committee members voiced additional concerns about the differences in the fees charged by the NCDHD from the current Somers fee structure. Mr. Blitz said he had reviewed the differences and would agree to transition the new fee structure in gradually over a few years so as not to shock the town. The committee members wanted information about the district’s philosophy on food service inspections; Mr. Blitz said that their overriding goal was to provide safety and education and that they did not employ a “gotcha” approach to food service inspections.

The members of the committee raised the issue of NCDHD having sufficient funding to sustain it through the current and projected economic difficulties in the state. In the same regard, the committee members want to understand how the state's economic difficulties might impact future increases in charges to the Town, should it join. Ms. Kilbey-Fox stated that federal funding for health districts is strong.

Other issues such as office space, secretarial support, new computers and car allowance for Mr. Jacobs were discussed. Mr. Blitz wanted the committee to know for the record that there is a 20-day approval process and if the town were to join before the end of the current fiscal year, the district would become eligible for additional state grant funding to support Somers that is not available directly to towns. The committee thanked Mr. Blitz and Ms. Kilbey-Fox for their presentation and the information provided.

- 5 Cost data comparison – The group reviewed and discussed cost data information provided in a memo from Marcia Mitchell dated 4/13/09 (also attached).
- 6 Open discussion – consider data provided to date – Committee members decided that another meeting should be scheduled to consider all the data received to date. The meeting was set for Saturday, April 17, 2010 at 12:00 p.m.
- 7 Other questions - none
- 8 Minutes approval – 3/10/10 & 3/18/10 meetings – postponed until 4/17/10 meeting
- 9 Adjournment – by unanimous agreement at 7:30 p.m.

Respectfully submitted,

Lisa Pellegrini
First Selectman
Recording

MINUTES ARE NOT OFFICIAL UNTIL APPROVAL AT A SUBSEQUENT MEETING

Most people do not know what their local Public Health Department does unless there is an outbreak or epidemic. Following are some of the daily activities of our department.

COMMUNICABLE DISEASE

The department daily receives reports from laboratories based on physician testing of their patients. These slips are reviewed to determine which ones need follow up. They may include TB in which case, if the case is a positive PPD, positive chest, an epidemiological study is done to make sure the case has not spread the disease to others. Other family members, close relatives and depending on circumstances, workers or friends are tested with positive tests referred for physician follow up and medication.

Other illnesses such as Hepatitis A, Giardiasis, Campylobacteriosis, Salmonellosis and the like, are also cause for health department investigation and follow up.

LEAD IN CHILDREN

In accordance with Section 19a-110 and 111 of the CT General Statutes and Section 19a-111-1 thru 11 of the CT Public Health Code, our department follows up on cases of children with elevated blood lead levels. Physicians are now required to have the blood lead levels of their patients under the age of 6 years old tested periodically. The laboratory reports must be sent to the State Health Department.

Our staff who are certified lead inspectors conduct epidemiological investigations and inspections of the child's environment as deemed appropriate. The staff utilize an x-ray fluorescence unit (XRF) to detect lead paint in the home and take samples of dust, soil and water in order to determine the degree of the hazard and to assess how to reduce the child's exposure to lead in their environment.

The department works with the child and parents/guardian, doctors, lead abatement contractors and the State Health Department to ensure that the child's blood lead level is reduced and that their daily exposure to lead is eliminated.

FOOD

The Public Health Code Sections 19-13-B42, B48 and B49 and District Sanitary Code require licensing of food service facilities and inspection by a registered sanitarian or certified food service inspector. Reinspections are done as necessary to achieve compliance with the Public Health Code.

In addition to inspection of restaurants, the Department inspects cafes, bakeries, cafeterias, food vendors at fairs and carnivals, itinerant food vendors, shellfish vendors, grocery stores, food facilities in rest homes and convalescent homes, clubs, fraternal groups, churches and other non-profit organizations where food or beverages are offered or sold to the public. The Health Department also inspects cafeterias and eating facilities in the public and private school systems.

The department is responsible for plan review for all proposed food service operations or additions to existing operations.

FOOD BORNE ILLNESS

It is the responsibility of the health department to investigate possible outbreaks of food borne illnesses. In such investigations, the health department's main concern is to stop such outbreaks, take samples and specimens to determine the source of the problem, and eliminate re-occurrence of such problems.

DAY CARE CENTERS

Day care centers are inspected once every two years at the request of the State Health Department to review environmental health and safety issues related to the building and grounds. Additionally, day care centers that serve meals are inspected approximately twice a year. The department reviews health records, food handling, water, sewer and the general physical condition of the facility.

ON-SITE SEWAGE DISPOSAL

In accordance with Section 19-13-B103 of the CT Public Health Code, our department is responsible for the issuance of permits for on-site sewage disposal systems. Location and method of installation are governed by the Public Health Code and are enforced by the Health Department.

Subsurface investigation requires preliminary site reviews, percolation tests, observation of deep test pits, review of plans, correspondence and consultation with engineers, builders and local officials and issuance of permits. The Department's activities are conducted to ensure proper operation of the septic systems installed.

CT Public Health Code Section 19-13-B100 requires our department to review building additions and change of uses for properties that are serviced by on-site septic systems.

WELL WATER SUPPLIES

In accordance with Section 19-13-B51 and B101 of the CT Public Health Code, our Department oversees issues with private well water supplies. The staff

consults with homeowners about their concerns regarding existing wells and their water quality. The Department tests well water with the assistance of the State Laboratory. We consult with the State Health Department and the Department of Environmental Protection where pollution is suspected. The Department reviews and approves applications and plans for drilling of new wells.

COMPLAINTS

The Health Department is responsible for the investigation of complaints with regard to public health hazards and nuisances in accordance with the CT Public Health Code Sections 19-13-B1, B2, B21 and related sections and the CT Housing Code Statutes. Complaints that are filed by the public dealing with housing, trash, animal waste, rodents and insects. The department also inspects complaints related to septic systems and wells, restaurants, and foodborne illnesses.

PUBLIC POOLS, BATHING BEACHES

Section 19-13-B33b of the CT Public Health Code requires the inspection of public swimming pools, and whirlpools at hotels, apartments and condominium complexes as well as public pools at schools or parks. The pools are checked for chlorine content, safety equipment and the operation of the pool filtration system.

The water at bathing beaches as well as the sanitary facilities are inspected. Beach water samples are sent to the State Laboratory on a weekly basis during the hot summer months. In cases where geese or excessive rain results in special concern in regard to human infections based on the quality of the water, beaches may be closed.

BEAUTY PARLORS, NAIL SALONS, BARBER SHOPS

All new facility plans are reviewed by staff. A state licensed cosmetologist sub-contractor does most yearly inspections for sanitation and infection prevention but the health department is involved in initial inspections and re-inspections. The department and representatives from the water companies have been training the sub-contractors on cross connections, back flow prevention and the contractor has been training staff in areas of their specialty as it relates to health. Ventilation related complaints involve the department working with each town's building department.

TATTOO PARLORS

All tattoo parlors must yearly register with the department and present to the department a letter from a physician with original signatures of the physician and

the people he has trained in proper sanitary practice and infection prevention in order to operate

HEALTH EDUCATION

The North Central District Health Department offers Health Education programs that are open to residents of the District.

EXERCISE PROGRAMS

Our exercise programs are very successful in attracting older participants that would probably not consider joining a gym. Exercise programs are held year round; Fall, Winter, Spring with Summer classes being held in accordance with the interest level. Most participants are exercising two or three times a week, while some participants exercise more frequently by choosing to participate in more than one exercise class each session. The variety of exercise programs which NCDHD have offered include: **ACTIVE**(Activity Class To Improve Vitality in Everyone) **Splashing Action** (a water fitness class) **Yoga/Pilates**, Relaxation Yoga with Pilates, Strength and Stretch Yoga, Beginning and intermediate Tai Chi, Beginning and Intermediate Line Dance.

NUTRITION

Each year the department offers multiple four week and six week Adult Nutrition Education and Weight Management Programs taught by a registered Dietitian. The programs are four / six weeks one class each week two hours in length . Class information emphasizes the Dietary Guidelines for Americans while focusing on behavior modification, portion control with calorie, fat, cholesterol and sodium management. Participants also engage in a two hour supermarket tour where they re able to practice reading food labels with the assistance of the dietitian. The program concludes with the opportunity to sample low fat, low calorie foods presented by the Lincoln Culinary Institute. Each participant also receives a recipe booklet comprised of various low calorie and low fat dishes. The six week program also includes a lipid profile and a one hour one-on-one consultation with the Registered Dietitian.

CHILDHOOD OBESITY PREVENTION PROGRAMS

Programs are held in elementary schools and teach about childhood nutrition and the tools needed to prevent or reverse childhood obesity. Classes meet once a week for four weeks with each class two hours in length. Classes are taught by a registered dietitian and attended by parents/caregivers that have children up to 12 years in age. Our focus is that habits begin at home. Educate the parents, and they in turn will pass on their good nutrition habits to their children. The first three classes deal with nutrition education while the fourth class involves the whole family for a night of interactive exercise activities and taste testing

delicious low fat recipes. These recipes are prepared for us by the Lincoln Culinary Institute in Suffield. Pre and post tests are used as an evaluation tool. An interesting aspect of the classes is to watch family members taste test the low fat recipes. Parents are amazed as they observe their children tasting healthy nutritious food and liking them.

We believe that it is vital to educate as many parents in nutrition as we can . One class at a time our goal is to promote healthier families in our district. Last year our department worked with a physician doing research on childhood obesity with the hopes of obtaining some suggestions that would help us bring obese parents and their children into our program. Currently parents must self select involvement and we need to get more obese parents involved. We await the results of the research and suggestions.

ASTHMA

Putting on Airs is an in-home asthma assessment and education program. The goal of this program is to reduce acute asthma episodes and improve asthma control through recognition and elimination/ reduction of environmental and other asthma triggers. The putting on airs program provides the client with a health education session focusing on patient education and asthma self management. A health educator conducts the education session, while a registered sanitarian conducts and environmental assessment of the home. Follow-up is conducted with the patient/ family at two week and three month intervals. The program is voluntary and referrals from the Emergency Department, Health Care Providers, School Nurses to the families are made. The family then must get in touch with us to participate. The program has been shown to decrease Asthma related adverse events with a goal or also reducing Emergency Room visits for uncontrolled events.

EMERGENCY RESPONSE RESPONSIBILITIES

The department is responsible for updating and revisions of the ***Mass Dispensing Plan for Area 34***. The population included in this plan is estimated to be 173,583. Some of the topics in the plan are Points of Dispensing (POD) for the Strategic National Stockpile which would facilitate the distribution of medications to the population in an emergency. This document must be updated and revised quarter by state standards.

A Pandemic Influenza Plans and H1N1 Plans. Real world events over the last five months have provided approximately 6,000 individuals with H1N1 vaccine. Numerous entities have played a role in the setup of these clinics including fire departments, nursing agencies, school nurses and state agencies.

Drills are required by the state for grant purposes and to keep staff prepared for large scale emergencies and real world events. Enfield will be hosting a drill on

May 18, 2010, which will test emergency communications to include: opening the local Emergency Operation Center, interacting with other local stakeholders, operating handheld radios based on set frequencies and utilizing web-based communications such as web EOC.

Planning Meetings are an integral part of the planning process for emergency response. Meetings are held quarterly to update local departments. Hospitals within the District have meetings to discuss such topics as ethical standards during limited resources, surge capacity and the handling of mass numbers of deceased bodies. Public Health committees held by the State such as ESF8 and the Capitol Region Emergency Planning Committee occur during each month. NCDHD falls within two regions, Regions 3 and 4, therefore attending numerous meetings that must be accomplished to stay abreast of new activities within each community.

Volunteer involvement. Data base updating must take place periodically. Currently we have two data bases for medical volunteers and non-medical volunteers. NCDHD currently has over 350 participants in the volunteer programs, many of whom are active and have been used in clinics and drills.

Medical supplies and emergency equipment are stored at secure locations throughout the District. Refrigeration capacity has also been increased. Other supplies consist of generators, medical supplies, office equipment, flashlights, paper goods and other needed items to run a functioning Dispensing site or Point of Dispensing site.

A Technical Assistance Review (TAR) Inspection will be held at the end of June, which will review and examine all documentation under the Mass Dispensing Plan for Area 34.

Handout #3

DRAFT - NCDHD Improvement Plan Activities
4/15/2010

Committee	Activity Identifier	Priority	Activity Description	Dependency	Expected Completion	Actual Completion	Activity Owner	Status
Process Analysis & Planning	PAP1	High	Inventory all key processes within the NCDHD		12/14/2009	12/14/2009		Complete.
Process Analysis & Planning	PAP2	Medium	Look externally to outside organizations for process best practices		4/15/2010		Process committee & Mike Caronna	Activity is started. Is dependent on internal resource availability and external entity receptiveness.
Process Analysis & Planning	PAP3	High	Analyze key processes, prioritize, and identify improvement opportunities	PAP1 & PAP2	4/15/2010		Process committee & Mike Caronna	In progress
Process Analysis & Planning	PAP4	High	Communicate process analysis discoveries to Board, employees and external constituents	PAP1 - PAP3	5/15/2010		Process committee & Mike Caronna	
Process Analysis & Planning	PAP5	High	Develop a plan of process work stream changes and deliverables	PAP4	5/22/2010		Process committee & Mike Caronna	
Process Analysis & Planning	PAP6	Medium	Develop a self assessment process to allow continuous review and improvement of processes	PAP1 - PAP4	6/1/2010		Process committee & Mike Caronna	This is an ongoing process with a dependency on the initial analysis work getting done first.
Process Changes	PC1		Develop a letter to which will go to engineers to explain when an application has to be returned for correction		12/18/2009	12/14/2009	Bill Blitz	Complete.
Process Changes	PC1.A		Send the letter outlining the new policy and process of informing engineers that previously worked with the NCDHD that they will be informed when a application has been returned for correction.	PC1	12/18/2009	12/14/2009	Bill Blitz	Complete.
Process Changes	PC2		Provide a state of CT checklist of items required for various applications		12/18/2009	12/14/2009	Bill Blitz	(Note: Licensed engineers to demonstrate understanding of these processes before they are granted a license.) Complete.
Process Changes	PC3		Set up a process in the NCDHD to review all applications when they are received to assess that all the appropriate information has been received.	PC4	12/18/2009	12/14/2009	Bill Blitz	Complete.
Process Changes	PC4		All applications with be time stamped upon receipt by the NCDHD .		12/7/2009	12/14/2009	Office Management	Complete.
Process Changes	PC5		All complaints will be entered into the NCDHD computer system upon receipt for assignment and tracking purposes.		12/7/2009	12/14/2009	Office Management	Complete.

DRAFT - NCDHD Improvement Plan Activities

4/15/2010

Committee	Activity Identifier	Priority	Activity Description	Dependency	Expected Completion	Actual Completion	Activity Owner	Status
Process Changes	PC6		All applications and complaints will be reviewed on a weekly basis by the NCDHD for compliance and progress review and will be shared monthly in a report format to the NCDHD Board of Directors.		mid-Mar.2010	mid-Feb, Initial review with BOD on 3/17	Blitz & Corona	Initial work will be done manually, an automated approach will require the new file maker solution to be up and running. Planned review with the NCDHD BOD on 3/17/2010. Complete.
Communications Analysis & Planning	CAP1		Inventory all key communication streams within the NCDHD		mid-Mar.2010	1/15/2010	Communications committee & Blitz	Complete.
Communications Analysis & Planning	CAP2		Develop a list of those individuals and entities that would benefit from the key communication streams		Mid - March	1/15/2010	Blitz & Corona	Complete.
Communications Analysis & Planning	CAP3		Look externally to similar organizations best practices		End of March 2010		Blitz & Corona	This work is dependent on internal resource availability and external entity receptiveness.
Communications Analysis & Planning	CAP4		Prioritize the communication streams based on the value/impact to the district and its constituents	CAP1	Mid April 2010		Communications committee & Blitz	Manual processes to improve communications will proceed as possible, automated approach will be dependent on the technology team work.
Communications Analysis & Planning	CAP5		Develop a plan of the communication streams and deliverables		End of April 2010		Communications committee & Blitz	
Communications Analysis & Planning	CAP6		Develop a self assessment process to allow continuous review and improvement of NCDHD communications		May. 2010		Communications committee & Blitz	This is a continuous improvement process that is highly dependent on automation to achieve increased productivity and reduced cost.
Communications Change	CP1		A letter will be sent from Bill Blitz to the NCDHD Directors/Town Council Members/Selectman encouraging them to set time for their NCDHD Board Member(s) to report on the district's progress, programs and issues at least on an annual basis.		1/30/2010	2/19/2010	Blitz - Golon	Complete.
Communications Change	CP2		A NCDHD electronic constituent list will be developed (listserv) including municipal partners, Board members, elected officials and health and commercial interests.		End of March 2010		Communications committee & Blitz	

DRAFT - NCDHD Improvement Plan Activities

4/15/2010

Committee	Activity Identifier	Priority	Activity Description	Dependency	Expected Completion	Actual Completion	Activity Owner	Status
Communications Change	CP3		Analyze the feasibility of developing a quarterly newsletter, to be made into a read-only document, attached to an email and sent via the listserv will be studied.		Jan. 2010	1/8/2010	Communications committee & Blitz	It was determined that an electronic newsletter is feasible and the use of the NCDHD web site would best facilitate this and keep the expenses manageable. Complete.
Communications Change	CP4		Set up a automated survey process to facilitate feedback from individuals working with the NCDHD	TC15	4/15/2010		Blitz, Office Management	Initially this will be done manually. Surveys will be sent out with the annual licensing process. A more permanent, automated process is dependent on technology changes
Communications Change	CP5		II. The feasibility of posting sanitarian field data on the internet to increase transparency of information will be analyzed.		End Mar.	1/15/2010	Technology Committee & Tony Lopez	The feasibility of this was determined to be possible but will be dependent on the technology work. Complete.
Technology Analysis & Planning	TAP1		Determine if the Filemaker upgrade can be adequate to meet the short and long term IT goals for customer service and transparency.	N/A	12/15/2009	12/15/2009	Technology Committee; Tony Lopez	Complete: Filemaker will meet short term IT goals and will need to be reevaluated on an ongoing basis to meet dynamic long term goals
Technology Analysis & Planning	TAP2		Work with Tony Lopez (NCDHD) to place a feedback mechanism onto the website as mentioned in Section IV above.	TAP1	6/15/2010		Technology Committee; Tony Lopez	Will be completed with the rollout of FP 10. FP10 will aid in creating a more robust website and will facilitate this feedback mechanism, in real time.
Technology Analysis & Planning	TAP3	High	Quantify and describe the comprehensive and precise requirements of an IT solution from a scalability and security to features and options.	TAP1	12/15/2009	12/15/2009	N/A	Complete. Filemaker will meet short term IT goals and will need to be reevaluated on an ongoing basis to meet dynamic long term goals
Technology Analysis & Planning	TAP4	High	Establish hard figures on several different technology options and the the associated benefits.	TAP1	End of Jan. 2010	12/15/2009	Technology Committee; Tony Lopez	Complete. Expenditures for FP10 were approved by the board, including necessary upgrades and infrastructure changes. FP10 will be the solution of choice to meet current goals.

DRAFT - NCDHD Improvement Plan Activities

4/15/2010

Committee	Activity Identifier	Priority	Activity Description	Dependency	Expected Completion	Actual Completion	Activity Owner	Status
Technology Analysis & Planning	TAP5	High	Establish what other similarly sized and funded Districts utilize to achieve these goals.	N/A	Mid- Jan. 2010	1/31/2010	Tony Lopez, Bill Blitz, NCDHD Staff	Complete. NCDHD staff meet with Eastern Highlands to partner on technology initiatives. *This should be done on an ongoing basis and with other appropriate districts
Technology Analysis & Planning	TAP6	High	After presenting the results of our committee's fact-finding activities to the Board of Directors create a timeline and budget for implementation or the reasons for not proceeding.	TAP1-TAP5	1/15/2010	1/31/2010	Technology Committee; Tony Lopez	Complete: A draft timeline, budget and chronology is complete and available but is dynamic and will change with time.
Technology Changes	TC1	High	Identify a transparent, secure, scalable, high-performing but affordable internet-based IT solution through a collaborative effort by the Technology Committee, member towns, NCDHD staff and IT partners.	N/A	1/15/2010	1/15/2010	Technology Committee; Tony Lopez	Complete. Filemaker will meet short term IT goals and will need to be reevaluated on an ongoing basis to meet dynamic long term goals
Technology Changes	TC2		1.The IT solution will likely be one of the following :i. Use of the latest version of Filemaker Pro by in-house IT (Tony Lopez)to allow posting of specific sanitarian activity, auto-notification emails, public access portals and disposition management. ii. At a minimum the Filemaker solution can be a tactical solution and may in fact be a long term solution. iii. Review member town use of QScend system to create a user profile for the Health District to achieve the technology goals 2. The purchase of QScend or equivalent software by NCDHD (if feasible) expressly for use by the District.	N/A	N/A	N/A	Technology Committee; Tony Lopez	Complete. At this time, FP10 should meet the short term goals of the organization. It is not thought that Qscend or a similar program will be needed now or in the future. If member towns should own and operate Qscend and want to enable it for NCDHD, that is a viable option.
Technology Changes	TC3		1.Any IT solution will be required to include reporting for the purpose of trending and quality assurance.	TC1	6/30/2010		Technology Committee; Tony Lopez	Forthcoming with the rollout of FP10
Technology Changes	TC4	High	1.The NCDHD website will have an active, user-friendly ability to provide email feedback. The balance of the website will be reviewed for elements to make it more robust for public use.	TAP1-TAP5 and TC1	End of June 2010		Technology Committee; Tony Lopez	Forthcoming with the rollout of FP10, high priority, enabled as soon as planning is complete and use is feasible.

DRAFT - NCDHD Improvement Plan Activities

4/15/2010

Committee	Activity Identifier	Priority	Activity Description	Dependency	Expected Completion	Actual Completion	Activity Owner	Status
Technology Changes	TC5	High	Obtain and install a T-1 line.	N/A	N/A	1/31/2010	Tony Lopez, Bill Blitz, NCDHD Staff	Complete.
Technology Changes	TC6	High	Purchase and upgrade to Filemaker Pro 10 (FP10).	N/A	N/A	1/31/2010	Technology Committee; Tony Lopez	Purchase complete. rollout in progress.
Technology Changes	TC7		Initiate automatic email functions of FP10.	TC5-TC6	4/15/2010		Technology Committee; Tony Lopez	High priority, enabled as soon as planning is complete and use is feasible.
Technology Changes	TC8		Initiate sanitary-related complaint (health code complaints) registry system of FP10.	TC1-TC7	4/15/2010		Technology Committee; Tony Lopez	High priority, enabled as soon as planning is complete and use is feasible.
Technology Changes	TC9	High	Move the website in-house and close external hosting.	N/A	4/1/2010		Tony Lopez, Bill Blitz, NCDHD Staff	Initial steps have been completed. Requires external audit and infrastructure changes
Technology Changes	TC10		Meet with Enfield Town Council for a first review of progress and relay this information to other member towns with an option for an in-person review.	Progress to this point	3/1/2010		Bill Blitz, John Golon, Enfield representatives	
Technology Changes	TC11		Obtain IT audit from Microsoft certified specialist (possibly provided by the Town of Enfield's IT department).	TC9	6/15/2010		Technology Committee and Enfield IT	In progress. Committee has had email exchanges with Enfield IT department and is working with Paul Russell
Technology Changes	TC12		Ensure compliance with use of laptops by sanitarians for inspections and the mandatory use of FP10 by appropriate NCDHD staff.	TC1-TC12	5/1/2010		Tony Lopez, Bill Blitz, NCDHD Staff	QA procedures should be instituted in-house by Bill and staff to ensure comprehensive use of IT systems. Compliance is started with 2 laptops current done
Technology Changes	TC13		Install a customer service feedback mechanism on the website.	TAP1-TAP5 and TC1	6/30/2010		Technology Committee; Tony Lopez	Forthcoming with the rollout of FP10, high priority, enabled as soon as planning is complete and use is feasible.
Technology Changes	TC14	High	Create a starter-set of trending and quality assurance reports from FP10, to be presented to the Board.	TC3	6/30/2010		Technology Committee; Tony Lopez	Forthcoming with the rollout of FP10
Technology Changes	TC15		Develop the ability to distribute an electronic survey via e-mail	TC1-TC3	6/30/2010		Technology Committee; Tony Lopez	Forthcoming with the rollout of FP10

**TOWN OF SOMERS
INTEROFFICE MEMORANDUM**

TO: EFFICIENCIES COMMITTEE
FROM: MARCIA L. MITCHELL
SUBJECT: HEALTH/SANITARIAN DEPARTMENT INFORMATION
DATE: 3/16/2010 – **AMENDED, 4/13/2010**

The information outlined below along with the attachments should fulfill the requests you made at last week's meeting.

Current costs and revenues for the Health/Sanitarian department

Current Year Item		Totals
Salary, FT Sanitarian+	\$67,715	
Benefits/taxes, sanitarian	\$9,747	
Mileage (partial yr-eliminated)	\$1,000	\$78,462
Salary, PT Health Dir.	\$3,600	
Benefits/taxes, health director*	0	\$3,600
Total Staff costs		\$82,062
Less: Projected full year permit revenue generated		(\$18,159)
Net staff costs		\$63,903
Proposed NCDHD costs		
\$4.05 per capita x population, 10,984**		\$44,485
Net savings**		\$19,418

+Mr. Jacobs presented a work breakdown at the 3/18 meeting of the Efficiencies Committee documenting that about 27% of his work is related to WPCA needs and 73% of his work is related to his Sanitarian job duties. He is paid a stipend by the WPCA and a salary by the town that equate to 9% and 91% of his total compensation, respectively.

****Data added since original memo released**

Benefits/taxes for the sanitarian include payroll taxes at 7.65%; \$2,000 annual health/dental insurance waiver; Life, STD/LTD premiums of \$1,213, and a 2% estimated pension contribution. The mileage was eliminated due to the availability of a town vehicle that has been provided for the Sanitarian to use for his daily activities; the vehicle remains at the town garage during non-work hours. Health Director benefits and taxes comprises payroll taxes at 7.65%. ***CORRECTION: There are no benefits/taxes paid on behalf of the part-time Health Director. He is paid as a consultant.**

Projected full-year permit revenue is an estimate based upon the average of the last seven year's collections (shown below).

You also wanted some background on Mr. Jacob's employment with the Town. His date of hire is 7/22/85, and he was hired as a full-time Sanitarian. He works 35 hours per week for the Town. The position became represented by the AFL-CIO under the Municipal Employees Union Independent, Local 506, SEIU in 1996. Mr. Jacobs is employed by the WPCA under an independent agreement with that body for a current annual salary of \$6,195. Hours worked under this separate agreement are above and beyond the sanitarian's regular 35-hour work week as required by the WPCA.

Average permits issued/Average annual permit revenue

A permit fee schedule is attached to this memo, as well as two charts showing individual permits issues and the associated linear regression trendlines for the numbers of permits issued since 1996. The source of the permits volume and information for the two charts and the tables below is the Town's annual reports from 1996 through 2009. The tables below show actual/average permits issued and permit revenues from 2003 through 2009, as well as year-to-date permits issued. I did not calculate averages back to 1996 because not all permits were reported going back that far.

Permit Volume	2003	2004	2005	2006	2007	2008	2009	Average	2010-YTD
Septic/Sewer Permits	76	71	58	65	69	71	58	67	36
Soil testing (lots)	35	71	64	89	28	51	29	52	19
Plan Reviews			30	37	27	43	13	30	13
Well Permits	41	34	15	34	16	19	15	25	7
Water Permits	1	4	5	7	18	24	13	10	1
Food Permits	23	24	27	27	30	31	34	28	29
Temp. Food Permits	33	40	49	58	40	53	52	46	37
Permit Fee Revenues \$s	2003	2004	2005	2006	2007	2008	2009	Average	YTD-2010
Septic/Sewer Permits	5,700	7,000	5,550	6,500	6,900	7,550	8,625	6,832	n/a
Soil testing (lots)	1,680	3,460	4,760	5,475	2,125	2,875	2,350	3,246	n/a
Plan Reviews			1,200	1,295	955	1,865	650	1,193	n/a
Well Permits	1,405	1,360	580	1,360	640	1,870	750	1,138	n/a
Water Permits	200	800	1,000	1,400	3,600	4,800	2,600	2,057	n/a
Food Permits	1,220	1,620	2,295	1,940	1,945	2,850	2,900	2,110	n/a
Temp. Food Permits	1,230	1,220	1,470	1,925	1,295	1,585	2,350	1,582	n/a
Total Average \$/year								18,159	

If you have further questions or need additional information, please contact me directly.

Somers Sanitarian/Health Department Fee Schedule as of March, 2010

FOOD SERVICE:

Restaurant:		
0-50 seats		\$ 100.00
Over 50 seats		\$ 150.00
Caterer/Vendor		\$ 100.00
Grocery/Convenience		\$ 100.00
Temporary(1-14 days)		\$ 50.00
Day Care w/ food serv.		\$ 100.00
School: Public		
Private		\$ 100.00
		NC
Food Service Plan Review		\$ 100.00

ENVIRONMENTAL HEALTH INSPECTIONS:

Day Care Center		\$ 50.00
Labor Camps		\$ 50.00
Group Homes		\$ 50.00

SITE DEVELOPMENT:

Soil Testing, (per lot)		\$ 100.00
or (per testpit)		\$ 50.00
for repair/alteration		\$ 50.00
Septic/Sewer Permit		\$ 150.00
Over 2,000 GPD		\$ 300.00
Tank Only		\$ 75.00
Plan Review		
		Included in Planning Fees
Subdivision, (per lot)		
Engineer/Surveyor Design		\$ 50.00
Well Permit		\$ 50.00
Water Service		\$ 200.00

LAGOON DISCHARGE: \$50.00/1000 gals.