

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Coventry Town Hall Annex
Thursday August 15, 2019, 4:30 PM

Call to Order – Welcome John Carrington

Approval of Minutes (June 20, 2019)

Public Comments

Old Business - none

New Business

1. Ratify State DPH per capita grant application FY19/20

Subcommittee Reports

2. Finance Committee - Quarterly financial report, period ending 6/30/19
3. Personnel Committee – DOH performance review process and timeline

Town Reports

Directors Report

4. Substance Abuse in Our Communities Workgroup - Activity Update
5. Quarterly activity reports – period ending 6/30/19
6. 34 Old Farms Road, Willington, Makuch Property - update
7. Staff recruitment – update

Communications/other

8. BlumShapiro re: Communication with Those Charged with Governance
9. DPH Food Protection Program re: MOU with DCP
10. E Paterson re: R Miller Appointment to CT Water Advisory Committee
11. DPH re: Connecticut Cyber Security Incident Reporting
12. DPH re: Emergency Notification Protocol
13. DPH EMS re: ODMAP
14. DPH EMS re: SWORD
15. DPH Water Supply Section re: Evaluation of Source Water for PFAS
16. R Miller re: Opioid mini grant
17. Town of Mansfield re: John Carrington appointment to board
18. E Paterson re: John Carrington appointment to finance committee

Next Board Meeting – October 17, 2019, Coventry Town Hall Annex at 4:30PM

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes DRAFT
Coventry Town Hall Annex
Thursday, June 20, 2019

Members present: R. Devito (Ashford), J. Elsesser (Coventry), D. Kennedy (Mansfield), E. Paterson (Mansfield), J. Stille (Bolton), B. Syme (Scotland), M. Walter (Columbia), D. Walsh (Coventry), S. Werbner (Tolland)

Staff present: R. Miller, K. Dardick, M. Brosseau, J. Russell

Call to Order: E. Paterson called the meeting to order at 4:30 pm.

Approval of minutes of April 11, 2019 J. Stille made a MOTION, seconded by D. Walsh to approve the minutes of the April 11, 2019 meeting as presented. MOTION PASSED with J. Stille abstaining

Public Comments

M. Makuch, of 34 Old Farms Road in Willington, spoke to the board about an issue concerning water for his property. M. Makuch has been denied a well permit to drill a new well, due to the fact that he is within 200 feet of a public water system. And the town of Willington has denied connection to the public water system. M. Makuch provided written information to R. Miller and requested that the information be reviewed and that the board make a decision regarding the issue and forward that decision to the Selectman of Willington and the State Department of Health.

J. Elsesser made a MOTION, seconded by J. Stille to add this item to the agenda for discussion purposes only. MOTION passed unanimously. Item added to the agenda as number 4.

New Business

ViewPoint Cloud – permit tracking software upgrade

R. Miller reported to the board that the current version of Viewpermit that the district is utilizing will be sunsetted in June of 2020. As a result, R. Miller is recommending that the district move forward with upgrading to ViewPoint Cloud. R. Miller outlined alternatives to the upgrade.

R. Miller reported that the financial implications were presented to the Finance committee and the Finance Committee made a motion to recommend the board fund this upgrade.

J. Stille noted that the towns were faced with the same issue.

J. Russell, Director of IT for the town of Mansfield, Mansfield Board of Education and Region 19, was introduced. J. Russell supports technology needs for the Health District. J. Russell echoed R. Miller's reasoning for the upgrade. He stated that this is the best option given the available options.

R. Devito expressed concerns about ease of use and user-friendliness.

It was noted that the proposed upgrade would be funded with \$12,000 from the Capital Non Recurring fund and up to \$4600 of the general fund.

S. Werbner asked if the district was being charged to transfer the existing data. R. Miller confirmed that the district is not being charged for that service. S. Werbner requested that a goal be set for when the new software would be online and available for public use. R. Miller noted that staffing issues will make it difficult to commit to a time.

D. Walsh made a MOTION, seconded by J. Stille to authorize the Director of Health to negotiate and execute contracts with ViewPoint Government Solutions to upgrade from ViewPermit to ViewPoint Cloud; the Director is further authorized to expend up to \$12,000 from the CNR fund for the implementation, and up to \$4,600 from the general fund in FY 19/20 for increases in operating costs. MOTION PASSED unanimously.

Ratify Town of Tolland Employee wellness contract FY19-20

R. Miller informed the board that this agreement with Tolland is to provide wellness services to Tolland Town employees. J. Elsesser made a MOTION seconded by J. Stille to ratify the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented June 20, 2019. MOTION PASSED unanimously.

Agreement for Local Public Health Emergency Preparedness Services By and Between the EHHD and NDDH for FY 19/20

R. Miller presented the background on this agreement noting that there is an increase in the rate of pay for the Emergency Preparedness Coordinator that will be funded by the PHEP grant.

D. Walsh made a MOTION, seconded by J. Stille to authorize execution of the "Agreement for Local Public Health Emergency Preparedness Services by and between the Eastern Highlands Health District and the Northeast District Department of Health" as presented on June 20, 2019. MOTION PASSED unanimously.

M. Makuch Water Connection Issue

J. Elsesser requested that R. Miller speak with the town of Willington. S. Werbner inquired about the districts' legal role in this situation. He suggested that this role be stated to M. Makuch. It was agreed that R. Miller would draft a response to M. Makuch.

Town Reports

Bolton – R. Miller presented J. Stille with a plaque and thanked her for her 22 years of dedicated service. All board members wished her well on her new adventures.

Tolland – S. Werbner reported that the town is still working to resolve the crumbling foundation issue at the elementary school. S. Werbner also reported that they have been an increase in the number of complaints about contaminated wells.

R. Miller reported that the health district is involved in the investigation of these complaints.

Coventry – D. Walsh raised the issue of an article that appeared in the local newspaper related to bringing chocolate milk back into schools. D. Walsh is concerned due to the sugar

content of chocolate milk. D. Walsh was part of a committee that was involved with the removal of flavored milks, soda and sugary beverages from schools years ago. D. Walsh requested that the health district take a stand on this.

Medical Advisor Dr. Dardick reported that there are no major public health concerns at this time. The flu season is over and the shingles vaccine is still unavailable.

Bolton – J. Stille reported that the lake is greet, but not toxic. And, they are waiting for a final report on the Nathan Hale Greenway.

Coventry – J. Elsesser reported that they are still waiting for a date for the hydrilla treatment of the lake. J. Elsesser noted that Reids was purchased at auction by the owner of Lakeview Restaurant. J. Elsesser stated that Pizza on Main had a soft opening and the feedback has been good. The town of Coventry continues to work on the sewer project with Bolton. J. Elsesser also noted that Wicked Slice should be opening within the next 2 weeks.

Columbia – M. Walter reported that the Main Moose has opened.

Subcommittee Reports

Finance Committee – Quarterly financial reports for the period ending 3/31/2019

R. Miller presented to the board a brief over view of the quarterly financial report for the period ending 3/31/19, and reported that the finance committee met, reviewed and accepted the report as presented. R. Miller reported that the 20% cut from the state for next year's budget has been restored by 10%.

Directors Report

Substance Abuse in Our Communities Workgroup – Activity Update

R. Miller reported that the workgroup met and is involved in many preventative activities. R. Miller noted that the health district worked with Mansfield Youth Services to develop a policy for pre-staging Narcan in public buildings. This policy will be shared with other towns for adoption consideration.

J. Elsesser noted that he would like to see the workgroup expanded to include vaping and e-cigarettes. There has been an increase in the vaping of THC in the schools, especially the middle schools.

EHHD Schools MMR vaccination information

R. Miller informed the board that a number of the schools in the district to not meet the 95% vaccination threshold. EHHD developed and distributed educational materials to the schools for distribution to parents. Dr. Dardick suggested that R. Miller reach out to the medical directors of these schools to see if they need assistance in educating parents.

Advocacy – Legislative Report by CADH

Staff Changes & recruitment update

R. Miller informed the board of the staff vacancy and reported that he is hiring 3 contractors who are sanitarians to help back fill the gaps until a permanent solution is in place. Active recruitment is underway and interviews are planned for early July.

Advocacy Legislative Update – End of Session

R. Miller reported on several bills:

- HB6742 An act concerning standards for the inspection of salons and a scope of practice preview for estheticians, nail technicians and eyelash technicians.
R. Miller noted that development of standards at the local level will be delayed because the state will be developing standards.
- HP7133 This bill was defeated
- Bills related to the increase in the age of purchasing vaping products to 21 has passed.
- SB608 did not pass

Quarterly activity report – period ending 3/31/2018

R. Miller noted that restaurant inspections are down due to staffing issues. R. Miller expressed his concern because other districts and health departments are being targeted by media.

Adjournment

S. Webner made a MOTION seconded by M. Walter to adjourn the meeting at 6:36 pm.
MOTION PASSED unanimously.

Next Board Meeting, August 15, 2019, 4:30 PM at Coventry Town Hall Annex

Respectfully submitted,

Robert Miller
Secretary



Eastern Highlands Health District

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

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 8/6/2019

Re: FY 2019/2020 State Per Capita Grant Application

Attached for your review is a copy of the fiscal year 2019/2020 per capita grant application. As you may recall, this grant represents the state's primary funding mechanism supporting local full-time health departments and health districts. The State Fiscal Year 2020 budget resulted in a 10.0% reduction in the per capita rate from \$1.85 to \$1.66, placing our FY19/20 award at \$134,428.78. (A 20% funding reduction from the state was anticipated as part of the Adopted FY19/20 Operating Budget. Consequently, there is *no* adverse impact to our FY19/20 budgeted revenues.)

We use this award to fund the salary and benefits of Sanitarian II positions (1.3 FTE). You will find the details for this proposed budget on Page 4 in the attached application document.

In response to the DPH deadline, the completed application was submitted in late July.

I respectfully recommend the Board ratify the grant application.

Recommended motion: *Move, to ratify the Eastern Highlands Health District's Fiscal Year 2019/2020 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 15, 2019.*

APPLICATION CHECKLIST

Please make sure the following items are submitted with your application:

- ☒ Signed and completed Per Capita Application
- ☒ Signed invoice
- ☒ Organizational chart for the District Health Department
- ☒ Job descriptions for any positions to be funded on this grant
- ☒ Copy of Health District Budget for SFY 2020
- ☒ Copy of Health District Budget Narrative for SFY2020 and a copy of the most current Health District Annual Report prepared for the Chief Elected Official and/or community
- ☒ Copies of checks from member towns
- ☒ Copy of written agreement between the Director of Health and Health District Board if written agreement is expired or has been revised during the period of July 1, 2018-June 30, 2019

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Sue Walden
CT Department of Public Health
Public Health Preparedness & Local Health Section
410 Capitol Avenue, MS #13LOC
P.O. Box 340308
Hartford, CT 06134-0308

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

SFY 2020 PER CAPITA FUNDING APPLICATION FOR:

Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

SFY 2020 Per Capita Allocation **\$134,428.78** Population (2017) **80,738**

This application certifies that Eastern Highlands Health District is in compliance with the following terms of the State Aid to Full-time Health Departments/Districts Program:

1. The Health District board employs a duly authorized full-time Director of Health as defined in **C.G.S. Section 19a-242 and 19a-244**, "No director shall, during such director's term of office, have any financial interest in or engage in any employment, transaction or professional activity that is in substantial conflict with the proper discharge of the duties required of directors of health by the general statutes or the Public Health Code or specified by the board in its written agreement with such director."
2. The Health District shall provide a copy of the written agreement between the Director of Health and the Health District, only if such agreement is expired or has been revised during the period July 1, 2019 through June 30, 2020.
3. The Health District shall provide the services of a sanitarian certified under Chapter 395 as defined in **C.G.S. Section 19a-242(c)**.

Name of Sanitarian Lynette Swanson License # 647

4. The Health District shall receive \$1.85 per capita based on the most recent population figures as defined in **C.G.S. Section 19a-245**, "...each health district that has a total population of fifty thousand or more, or serves three or more municipalities irrespective of the combined total population of such municipalities,..."
5. The Health District shall use per capita funding that directly relates to the overall public health programs required of each local health department/district as defined in **C.G.S. Section 19a-207a**.
6. Each town in the Health District expends at least \$1.00 per capita per fiscal year from annual local tax receipts for health district services as defined in **C.G.S. Section 19a-245**.
7. The Health District must complete an annual report as defined in **C.G.S. Section 19a-200**.

SFY 2020 Per Capita Application
Eastern Highlands Health District

8. If this grant application is approved, monies granted will not be used to substitute for funds budgeted for the district health department under the normal budgetary process.
9. The information provided on behalf of the Health District in this application and attachments is true and correct.

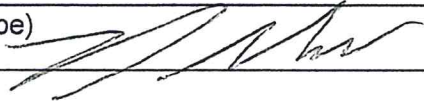
Name of Individual

Completing the Application:

Robert Miller

(Please print or type)

Signature:



Director of Health:

Robert Miller

(Please print or type)

Signature:



**Chairperson of the
Board of Directors:**

Elizabeth Paterson

(Please print or type)

Signature:



INDICATORS OF STATUTORY COMPLIANCE (Sec. 19a-245 to 19a-246, C.G.S.)

1. List Member Municipalities/Number of Board Members/Municipal Per Capita Contribution to District
Per Capita Rate \$5.42

Name of District Member Municipalities	Name of Board Member(s)	Municipal Per Capita Contribution \$
Ashford	Mike Zambo, Robert DeVito (Alternate)	\$23,000
Bolton	Joyce Stille, Robert Morra (Alternate)	\$26,640
Coventry	John Elsesser, M. Deborah Walsh	\$67,420
Mansfield	Elizabeth Paterson, Paul Shapiro, Derrik Kennedy	\$140,440
Tolland	Steve Werbner, Tammy Nuccio	\$79,790
Willington	Vacant	\$32,090
Andover	Vacant	\$17,600
Columbia	Mark Walter	\$29,370
Chaplin	Vacant	\$12,150
Scotland	Barbara Syme	\$9,090

1. A public hearing on the SFY 2020 budget was held on (date) 1/3/19 at
(location) 1712 Main St, Coventry. Public notice of the hearing and
minutes of hearing are attached. Total Health District operating budget is
\$836,382.

**TOTAL OPERATING/EXPENSES FOR PRIOR FISCAL
YEAR \$812,237**

3. Board meetings are held 7 times per year. (Please attach the schedule of dates for this
fiscal year.)
4. Attach copies of first quarter checks for each member town. (At least \$1.00 per capita per fiscal
year from annual local tax receipts to support health district services.)
5. All district services are provided to each member town

_____yes

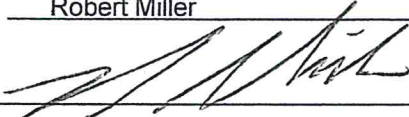
____X____no

If no, please explain:

We provide public sector employee wellness services on a contractual basis.

PER CAPITA GRANT IN AID BUDGET PROPOSAL
SFY 2020
July 1, 2019 – June 30, 2020

DIRECTOR OF HEALTH Robert Miller POPULATION (2017) **80,738**

SIGNATURE of DOH  ALLOCATION (2020) **\$134,428.78**

BUDGET LINE ITEMS	SFY 2020 Per Capita Allocation	Carryover Funding from Prior Years	Total Per Capita Funding 2020
1. Salary and Wages*	94005	0	94005
2. Fringe Benefits* 43 %	40423.78	0	40423.78
3. Office Supplies			
4. Contractual **			
5. Equipment			
6. Other			
a.			
b.			
c.			
d.			
e.			
f.			
TOTALS	134428.78		134428.78

*Complete the salary/fringe position schedule.

**Complete the Subcontractor detail information for each subcontractor

PROPOSED USE OF PER CAPITA FUNDS

Provide a **budget justification** for each line in your budget describing how your health district intends to use the per capita funding and the essential service(s) supported in CGS 19a-207a:

- (1) Monitoring of health status to identify and solve community health problems;
- (2) Investigating and diagnosing health problems and health hazards in the community;
- (3) Informing, educating and empowering persons in the community concerning health issues;
- (4) Mobilizing community partnerships and action to identify and solve health problems for persons in the community;
- (5) Developing policies and plans that support individual and community health efforts;
- (6) Enforcing laws and regulations that protect health and ensure safety;
- (7) Connecting persons in the community to needed health care services when appropriate;
- (8) Assuring a competent public health and personal care workforce;
- (9) Evaluating effectiveness, accessibility and quality of personal and population-based health services; and
- (10) Researching to find innovative solutions to health problems.

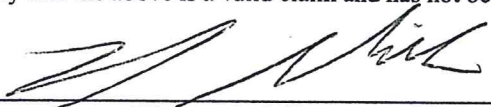
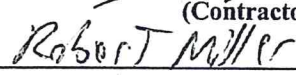
If funds are used to support a position, please provide a justification of staff activities and the program(s) supported for each position and complete the salary detail and fringe position schedule. If your health department is subcontracting services or using a consultant, please provide a justification for services, complete the subcontractor detail form indicating the name of consultant/agency, rate of pay and/or funding detail for the services.

Use additional pages as needed.

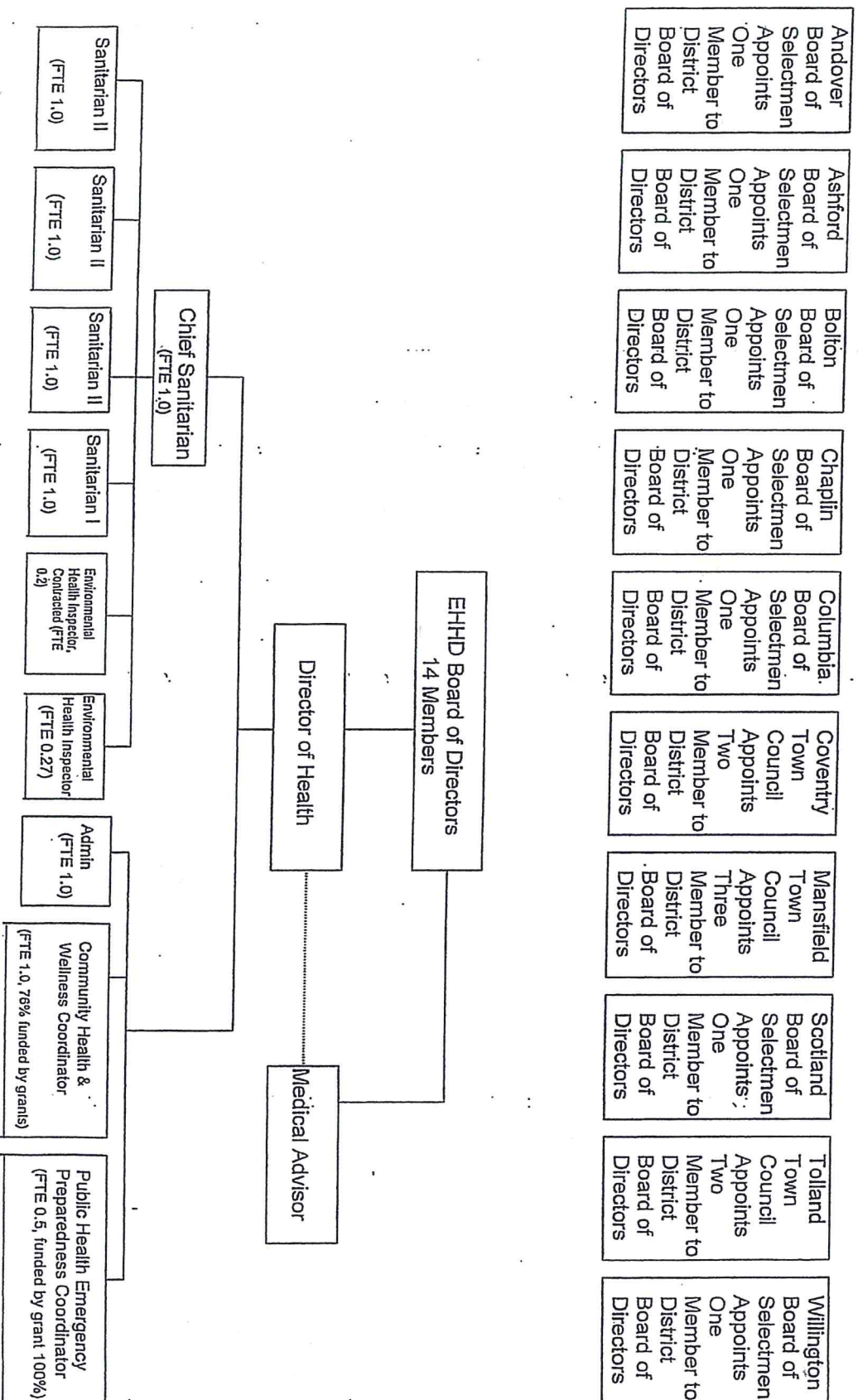
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Per Capita Grant Salary/Fringe Position Schedule

Position Detail	Site Location	Hours wk/wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Sanitarian II Name: Holly Hood	EHHD	1924hrs/ year	\$39.89	\$76,748	43%	\$33,002
2.Position: Sanitarian II Name: Glenn Bagdoian	EHHD	440hrs/ year	\$39.22	\$17,257	43%	\$7,421.78
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
16.Position: Name:		/			%	
Totals				\$94,005.00		\$40,423.78

VENDOR INVOICE FOR GOODS OR SERVICES RENDERED TO THE STATE OF CONNECTICUT CO-17 Rev 7/03 VENDOR: Please complete this form and send it to the DEPARTMENT BILLING ADDRESS SHOWN ON PURCHASE ORDER						STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER CENTRAL ACCOUNTS PAYABLE DIVISION					
(1) Business Unit Name		(1) Business Unit Number		(2) Invoice Number		(3) Invoice Amount \$134,428.78					
(4) Document Date		(5) Invoice Date 7/1/18		(6) Accounting Date		(7) Rpt. Type T		(8) VENDOR FEIN/SSN - SUFFIX 000-000-418			
VENDOR/PAYEE: FIELDS 9, 10 14 and 18 ARE MANDATORY FOR PAYMENT											
(9) PAYEE: Eastern Highlands Health District ADDRESS: 4 South Eagleville Road, Mansfield, CT 06268							(10) Voucher Number (11) Voucher Date: _____ Prepared by: _____				
(12) VENDOR BILLING COMMENTS SFY 2020 Per Capita Grant											
(13) Give a full description of goods or services completed				(14) Quantity		(15) Units		(16) Unit Price		(17) Amount	
SFY 2020 State Aid pursuant to the SFY 2020 Governor's Resource Allocation Plan and Section 19a-245 of the Connecticut General Statutes. For the period 7/1/19 - 6/30/20 I certify that the above is a valid claim and has not been paid XX 										\$134,428.78	
(Contractor) Signature of Authorized Person  <i>Director of Health</i> (Name & Title)											
BUSINESS UNIT USE ONLY											
REQUIRED							OPTIONAL		REQR		
Amount	FUND	Department	SID	Program	Account	Project	Activity	Agency Chart	Budget Ref		
\$134,428.78	11000	DPH48558	17009	14000	55070	DPH17009LOC	N/A	N/A	2020		
(32) DEPARTMENT NAME AND ADDRESS: STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVENUE, MS# 13LOC PO BOX 340308 HARTFORD, CT. 06134-0308			(32) PO NO.		(33) COMMODITIES RECEIVED or SERVICES RENDERED- Signature <div style="text-align: center;">(DPH AUTHORIZED SIGNATURE)</div>						
			(34) PO BUS UNIT		(35) Receiving Report No.			(36) Date of Receipt			
SHIPPING INFORMATION											
(37) Date shipped			(38) From City/State			(39) Via Carrier			(40) F.O.B.		

Proposed Fiscal Year 2019/2020 Eastern Highlands Health District Organizational Chart



SANITARIAN II

GENERAL DESCRIPTION

This is responsible professional sanitary inspection work at the full performance level involving enforcement of the public health code.

Work involves responsibility for maintaining environmentally safe Town conditions through the enforcement of the Public Health Code and Statutes and local ordinances pertaining to environmental health. Duties include inspections; investigations, surveying and report preparation. This position also has the responsibility for making difficult health and safety decisions. The work requires that the employee understand the laws, rules and regulations governing the enforcement of environmental health codes for which they are responsible.

SUPERVISION RECEIVED:

Works under the direction of the Director of Health.

ESSENTIAL FUNCTIONS OF WORK:

Reviews plans and inspects sites for septic system installation including consultation with owners and contractors, and soil testing. Issues septic permits.

Reviews plans and makes necessary inspection for approval of new restaurants, food stores, day care centers and other businesses, as provided by statute.

Regulates new water supply wells including site inspections of property, issuing permits to well drillers and reviewing water sample analysis reports. Issues well permits.

Investigates environmental complaints such as garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, obnoxious weeds and unsanitary environmental conditions.

Educates food handlers, promotes training programs, gives advice to food service personnel on proper food sanitation techniques, and investigates food-borne illnesses.

Responds by telephone, in person, or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements, and other environmental health problems.

Prepares reports of inspections and investigations.

Prepares reports for Supervisor as requested

Performs related work as required.

Participates in public health programming as required

SANITARIAN II

ADDITIONAL DUTIES:

Participates in professional education/training.

May be required to attend night meetings of commissions and boards.

May provide supervision and guidance to Sanitarian I as well as other staff.

PHYSICAL AND MENTAL REQUIREMENTS/WORK ENVIRONMENT:

(Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act; This list is not all inclusive and may be supplemented as necessary).

Must be mobile with the ability to get from one location in the office or work site(s) to other locations in and outside from the primary office or work site(s). Ability to sit and/or stand for prolonged periods of time.

Ability to reach and bend, and push/pull or lift objects less than twenty pounds.

Mobility to inspect sites which may include walking over rough terrain and climbing and crawling in the examination of test pits.

Ability to perform manipulative skills such as writing, using a keyboard and/or calculator with accuracy.

Ability to see and read objects closely as in reading/proof reading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away as in driving. Ability to discriminate between colors.

Ability to hear normal sounds with background noise as in hearing using a telephone. Ability to distinguish verbal communication and communicate through speech.

Ability to communicate effectively in oral and written form.

Ability to maintain files and records. Makes mathematical calculations using a calculator.

Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.

Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.

Ability to use knowledge and reasoning to solve complex problems.

SANITARIAN II

Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.

Works in typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations and performs outside inspections which includes exposure to fluctuations in temperature and seasonal weather. May be exposed to dust and electromagnetic radiation from computer monitors. May be exposed to body fluids, hazardous wastes material, toxins and/or poisonous substances.

QUALIFICATIONS:

Graduation from a four year college or university or university course work of study with major course work in environmental health, bacteriology or a closely related field, plus three years of experience in environmental health, laboratory work or related field.

SPECIAL REQUIREMENTS

Must have a valid Connecticut Class 3 driver's license. Must be a Connecticut Registered Sanitarian.

Phase I and II Subsurface sewage disposal certification from the State of Connecticut. Certification as a Food Establishment Inspector from the Connecticut Department of Public Health.

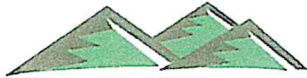
Must have completed and passed "Qualified Lead Inspector" Training Program.

Adopted August 21, 1997

Eastern Highlands Health District
Summary of Revenues and Expenditures for FY19/20

Fund: 634 Eastern Highlands Health District
Activity: 41200
Adopted/Amended 3-21-19

		Adopted/Amended				
Object	Description	Adopted 18/19	Estimated 18/19	Budget 19/20	% change	Dollar change
Revenues:						
40220	Septic Permits	40,080	40,080	52,840	31.8	12,760
40221	Well Permits	15,960	15,960	13,890	(13.0)	(2,070)
40491	State Grant-In-Aid	123,280	133,327	119,990	(2.7)	(3,290)
40630	Health Inspec. Service Fees	4,980	4,980	3,301	(33.7)	(1,679)
40633	Health Services-Bolton	26,180	26,180	26,640	1.8	460
40634	Health Services-Coventry	66,020	66,020	67,420	2.1	1,400
40635	Health Services-Mansfield	137,900	137,900	140,440	1.8	2,540
40636	Soil Testing Service	32,550	32,550	35,610	9.4	3,060
40637	Food Protection Service	73,400	73,400	74,900	2.0	1,500
40638	B100a Review	30,700	30,700	29,680	(3.3)	(1,020)
40639	Engineered Plan Rev	9,190	9,190	30,700	234.1	21,510
40642	Health Services - Ashford	22,490	22,490	23,000	2.3	510
40643	Health Services - Willington	31,180	31,180	32,090	2.9	910
40645	Nonengineered Rev	15,340	15,340	-	(100.0)	(15,340)
40646	GroupHome/Daycare inspection	1,320	1,320	1,380	4.5	60
40647	Subdivision Review	1,940	1,940	1,050	(45.9)	(890)
40648	Food Plan Review	2,820	2,820	2,440	(13.5)	(380)
40649	Health Services - Tolland	78,540	78,540	79,790	1.6	1,250
40685	Health Services - Chaplin	11,930	11,930	12,150	1.8	220
40686	Health Services - Andover	17,270	17,270	17,600	1.9	330
40687	Health Services - Columbia	28,850	28,850	29,370	1.8	520
40688	Health Services - Scotland	8,910	8,910	9,090	2.0	180
	Cosmotology Inspections			6,800		6,800
40999	Appropriation of Fund Balance	31,407	48,360	26,211	(16.5)	(5,196.0)
Total Revenues		812,237	839,237	836,382	3.0	24,145
Expenditures:						
51050	Grant deductions	(82,542)	(82,542)	(40,938)	(50.4)	41,604
51601	Regular Salaries - Non-Union	584,555	584,555	585,660	0.2	1,105
52001	Social Security	36,240	36,240	36,320	0.2	80
52002	Workers Compensation	10,150	10,150	10,160	0.1	10
52007	Medicare	8,430	8,430	8,500	0.8	70
52010	ICMA (Pension)	33,980	33,980	31,260	(8.0)	(2,720)
52103	Life Insurance	2,450	2,450	2,250	(8.2)	(200)
52105	Medical Insurance	116,220	116,220	98,130	(15.6)	(18,090)
52117	RHS	2,210	2,210	2,260	2.3	50
52112	LTD	640	640	650	1.6	10
52203	Dues & Subscriptions	2,000	2,000	2,000	-	-
52210	Training	2,000	2,000	3,500	75.0	1,500
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,120	7,120	7,120	-	-
53122	Legal	2,000	9,000	2,000	-	-
53125	Audit Expense	6,800	6,800	6,900	1.5	100
53303	Vehicle Repair & Maintenance	3,200	3,200	3,200	-	-
53801	General Liability	15,800	15,800	15,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,000	1,000	1,000	-	-
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	11,340	11,340	11,340	-	-
53964	Voice Communications	3,800	3,800	3,800	-	-
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,600	2,600	2,600	-	-
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	28,544	28,544	29,170	2.2	626
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	3,000	23,000	3,000	na	-
Total Expenditures		812,237	839,237	836,382	3.0	24,145



Eastern Highlands Health District

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

Memorandum

To: Board of Directors

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

CC: Finance Committee

Cherie Trahan, Chief Financial Officer

Date: 12/12/2018

Re: Proposed Operating Budget, CNR Budget, and Fee Schedule for Fiscal Year 2019/2020

Proposed Fiscal Year 2019/2020 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2019/2020. The proposal incorporates an expenditure increase of \$28,367, or 3.5%. The total budget has increased from \$812,237 to \$840,604. The member town contribution rate increased by 2.0% from \$5.31 to \$5.42 per capita (The average FY18/19 contribution rate for contiguous health districts is \$6.45).

Primary Budget Drivers

The primary issues driving the fiscal year 2019/2020 budget are a proposed increase in the staff salary account appropriation, an increase in other contracted purchased services, and an increase in training/professional development line. The following salient factors are incorporated into this budget proposal.

1. Level funding from the adopted FY18/19 figure is proposed for the state grant – in - aid. The EHHD FY18/19 budget already includes a 20% reduction in funding from FY16/17 statutory levels. The state appropriated; and, we have received 108% of the FY18/19 budget.
2. A total member town contribution increase of 1.9%. This includes the 2.0% rate increase, plus changes in the population estimates.
3. A fee for service revenue increase of 10.6%. This aggregate increase incorporates estimated projections for the current fiscal year, extrapolates them into FY20, adds both proposed rate increases for selected service fee categories, and adds revenue from two (2) new service fee categories.
4. An appropriation from fund balance of \$27,293 is proposed to balance the budget. This appropriation is a 13.1% reduction compared to the FY18/19 adopted budget.
5. An increase of 7.9% in grant offsets for regular staff salary and benefits is anticipated.

6. A salary line item increase of 3.0%. This increase accommodates proposed merit wage increases pursuant to our personnel policies.
7. A benefit expenditure increase of 0.7%. The increase is due primarily to increases in salary rates offset by a modest reduction in health insurance rates.
8. An increase in operational expenditures of 16.2%. This increase is due primarily to purchased contractor environmental inspector services to address material increases in mandated service demands.
9. Transfers Out to CNR remains at \$3,000. This is a planned appropriation to our CNR fund.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY19/20					
	Adopted 18/19	Proposed 19/20		Change	Percent
Revenues					
State Grant in Aid	\$ 123,280	\$ 123,140	\$ (140)		-0.1%
Town contributions	\$ 429,270	\$ 437,590	\$ 8,320		1.9%
Fees for Service	\$ 228,280	\$ 252,581	\$ 24,301		10.6%
Appropriation of Fund Balance	\$ 31,407	\$ 27,293	\$ (4,114)		-13.1%
Total	\$ 812,237	\$ 840,604	\$ 28,367		3.5%
Expenditures					
Grant Deductions	\$ (82,542)	\$ (89,056)	\$ (6,514)		7.9%
Salaries	\$ 584,555	\$ 602,270	\$ 17,715		3.0%
Benefits	\$ 210,320	\$ 211,760	\$ 1,440		0.7%
Operations	\$ 96,904	\$ 112,630	\$ 15,726		16.2%
Transfers Out to CNR	\$ 3,000	\$ 3,000	\$ -		0.0%
Total	\$ 812,237	\$ 840,604	\$ 28,367		3.5%

Highlighted below is additional narrative for selected account appropriations proposed for FY19/20

Revenues

- **State Grant – in – Aid.** This line item is essentially level funded with a total proposed appropriation of \$123,130. This is based on a conservative review of the state adopted biennium documents. There is no information from DPH regarding anticipated appropriations for FY19/20 at this time. Consequently, the actual impact on the local health grant-in-aid remains uncertain.
- **Town Contributions.** A total combined increase of \$8,320, or 1.9% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.0%, plus changes in the population estimates provided by DPH. Overall population estimates have slightly declined. Individual town increases can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.

Proposed FY 19/20 Capital Nonrecurring Budget Narrative (See Page 14)

Revenues

- **Transfer In – General Fund.** This is a planned transfer of \$3,000 from the general fund.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$3,000 from the surplus sale of one fleet vehicle.

Expenditures

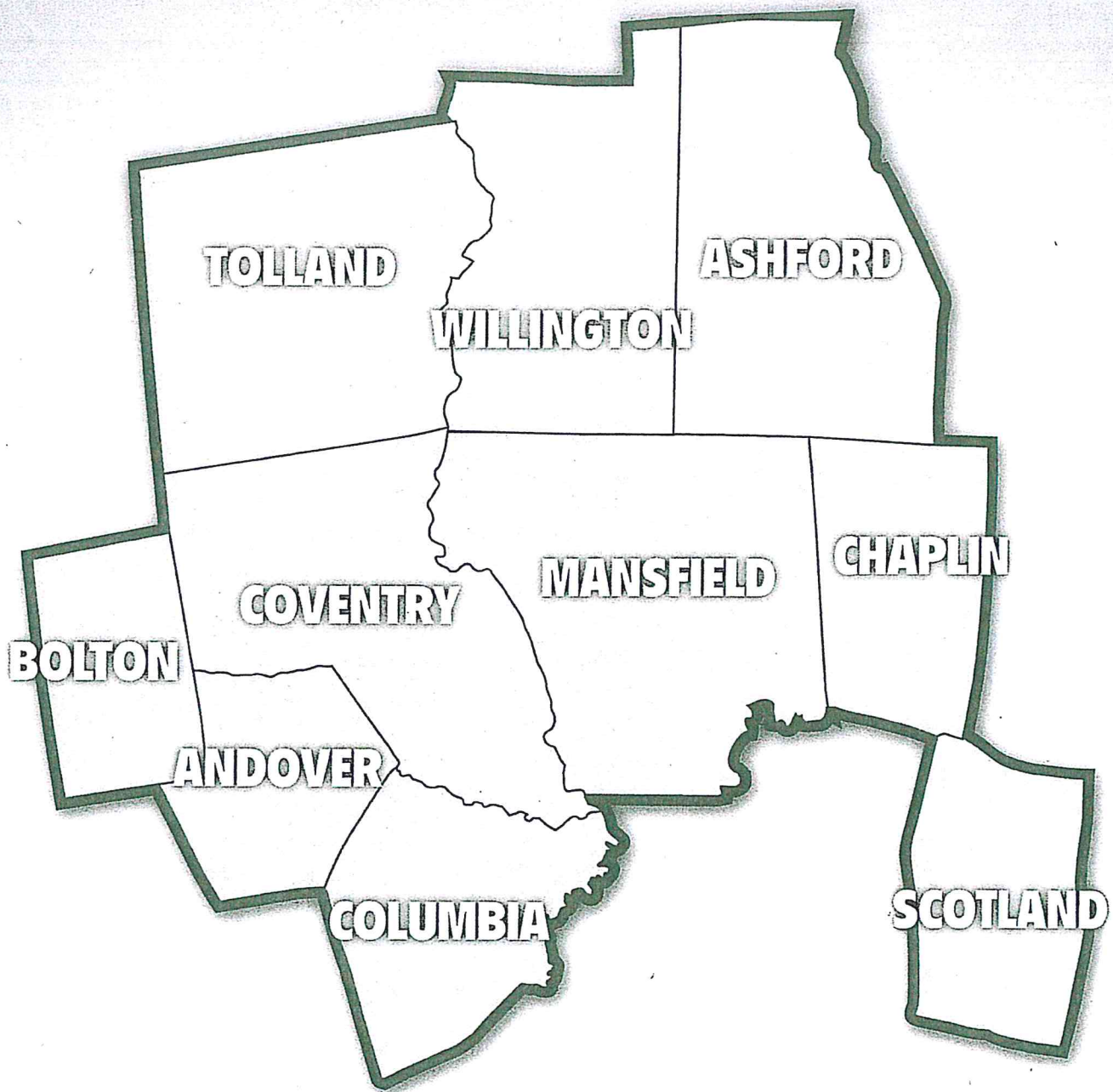
- **Automobiles.** An expenditure of \$17,000 is proposed for the purpose of replacing on fleet vehicle in accordance with our fleet replacement schedule.
- **Strategic Planning & CHA/CHIP.** An expenditure of \$10,000 is proposed to provide funding for a consultant to support an *update* of our existing agency strategic plan; and, phase in funding for a community health assessment/community health improvement plan in the out years.
- **IT Infrastructure Upgrade.** An expenditure of \$6,000 is proposed to provide funding for internet kiosks at each of the agency satellite offices to accommodate online permitting and payments.

Recommendation

The budget detailed here within incorporates direction provided by the Finance Committee at their November 27, 2018 special meeting. The Finance Committee will be reviewing this proposal one final time just prior to the regular board meeting on December 13, 2018. Assuming the Finance Committee concurs, the following motion is recommended: *Move, to set public hearing date of Thursday, January 17, 2019 at 4:30 PM, Coventry Town Hall Annex, 1712 Main Street, Coventry Connecticut to hear the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2019/2020 Operating Budget, Capital non-recurring budget, and fee schedule as presented on December 13, 2018.*



2017-2018 ANNUAL REPORT



SERVING THE TOWNS OF:
ANDOVER, ASHFORD, BOLTON, CHAPLIN, COLUMBIA, COVENTRY,
MANSFIELD, SCOTLAND, TOLLAND AND WILLINGTON

POPULATION: 80,840 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
 Diane Collelo, RS Sanitarian I
 Holly Hood, MPH, RS Sanitarian II
 Derek May Public Health Emergency
 Preparedness Coordinator
 Sherry McGann, RS Sanitarian II
 Jeff Polhemus, RS Chief Sanitarian
 Lynette Swanson Environmental Health Inspector
 Brian Clinton, MA, MCHES Community Health and
 Wellness Coordinator

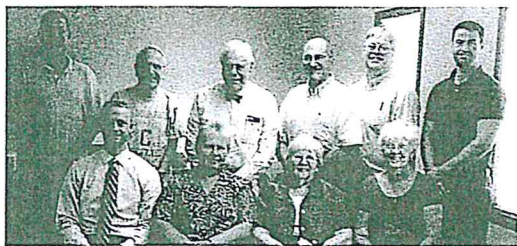


Back left to Right: Jeff Polhemus, Rob Miller, Brian Clinton, Glenn Bagdoian
 Front left to Right: Holly Hood, Sherry McGann, Diane Collelo, Millie Brosseau

EHHD Board of Directors

Elizabeth Paterson (Chair) Town of Mansfield
 John Elsesser (Vice Chair) Town of Coventry
 Joyce Stille (Assistant Treasurer) Town of Bolton

Maria Capriola (Alternate) Town of Mansfield
 Robert DeVito Town of Ashford
 Matt Hart Town of Mansfield
 D. Kenndy Town of Mansfield
 Robert Morra (Alternate) Town of Bolton
 Tammy Nuccio Town of Tolland
 Paul Schur Town of Willington
 Paul Shapiro Town of Mansfield
 Barbara Syme Town of Scotland
 M. Deborah Walsh Town of Coventry
 Mark Walter Town of Columbia
 Steve Werbner Town of Tolland
 Mike Zambo Town of Ashford
 Joseph Higgins Town of Andover
 Vacant Town of Chaplin



Back: R. DeVito, P. Shapiro, K. Dardick, M. Walter, J. Elsesser, J. Higgins
 Front: D. Kennedy, J. Stille, E. Paterson, D. Walsh

Mission Statement -

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

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



Message from the Director

Once again another year has passed with Eastern Highlands Health District, and its community partners working hard to make our communities a healthier, safer place to work, play, and live! I have the great pleasure of presenting the Eastern Highlands Health District Annual Report for the 2017 - 2018 Fiscal Year. Below is a rundown of highlighted activities and initiatives that have occurred over the past year.

Environmental Health - With the passing of new legislation this past year, the State of Connecticut has adopted the FDA Food Code. Parts of the Code went into effect this past year, and eventually the entire code will apply to all restaurants state-wide. Over the year much has gone into preparing for this transition. This includes retraining field staff, informing and educating food service establishments, and revising local policies. We look forward to continuing the important partnership we have with our area restaurants as we work together to implement this important change.

Community Health - This year our community health program participated in the state sponsored Influenza Vaccination Day, hosting two flu clinics in response to the severe flu outbreak this past season. Residents were also invited to participate in free radon testing as part of the statewide program in partnership with the state health department. The Substance Abuse in Our Communities Workgroup was very active this year. They hosted a train the trainer program targeting first responders on NARCAN administration. They also developed a tri-fold brochure listing all drug treatment programs and service options in the region, which was then distributed health district wide.

Emergency Public Health Preparedness - I am pleased to announce a partnership with our sister agency the Northeast District Department of Health in an initiative to share an emergency public health program coordinator. In just a short time, our new coordinator has successfully re-engaged and expanded our Medical Reserve Corps unit by providing training opportunities, staffing MRC events, and promoting recruitment.

In closing, I cannot forget to recognize our community partners. Their support in our efforts to prevent illness and promote wellness in the citizens we serve cannot be overstated. Together we comprise a local public health network that continues to make great strides in protecting the communities we serve. I thank you for your dedication and commitment to local public health.

My door is always open.

Yours in Health,

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





Public Health

Prevent. Promote. Protect.

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

What is a Health District?

Health districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local public health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not 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.

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

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

10 Essential Services of Local Public Health:

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

EHHD'S PROGRAMS AND SERVICES

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

Emergency Preparedness

All-hazards emergency preparedness cannot be addressed by one agency working alone. Eastern Highlands Health District (EHHD) continues to build partnerships and link services to prepare for a successful community response to any emergency or disaster.

EHHD is a supportive partner in the ongoing development of Connecticut's Healthcare Coalitions (HCC). These coalitions engage representatives from disciplines including public health, hospitals, long term care, behavioral health, emergency medical services (EMS), emergency management, and health centers to formalize cooperative planning. EHHD is an active participant in the CT DEMHS Region 4 HCC steering committee and on several HCC workgroups. Although linked to Region 4 for grant deliverables and fiduciary reporting, EHHD also continues to support preparedness work in Region 3 and assisted with the Region 3 Project Public Health Ready (PPHR) application.



Over the past year EHHD staff has attended a wide range of trainings on topics including Mass Dispensing, Incident Command, biological agent security, and infectious disease mitigation. EHHD actively participated in the planning and conducting of several regional and statewide exercises. EHHD began sharing a Public Health Emergency Preparedness Coordinator with Northeast District Department of Health (NDDH) and has supported the shared position with additional staff. As part of an actual emergency response, EHHD provided two seasonal flu clinics within the district in response to an active flu season.

Utilizing community volunteers will be vital to a successful response to any large-scale emergency. To this end EHHD is in the process of re-engaging its Medical Reserve Corps (MRC) program. Working closely with other MRCs we hope to recruit and organize medical and non-medical volunteers from the district. During the past year EHHD MRC participated in a regional MRC appreciation event, supported a town blood pressure clinic, and delivered the FEMA "Until Help Arrives" bystander first aid program. EHHD will continue to use the MRC as a mechanism to recruit and engage community volunteers. Anyone with interest in becoming an MRC member can go to www.EHHD.org and find the link under the Emergency Preparedness tab.

Environmental Programs

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

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



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

Campground/Daycare/Youth Camp Inspections – EHHD conducts annual family campground inspections, biennial

daycare inspections, and assists the State of Connecticut with youth camp kitchen inspections.

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

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

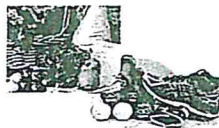
Communicable Disease Surveillance & Control

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: 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 developing 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. In the summer months EHHD worked diligently to mitigate the spread of disease from mosquitos and ticks. Informational signs and larvicides were provided to member towns. The plaques provide information on the prevention of acquiring Lyme disease, and were placed in parks and near trails. Educational workshops on these diseases were presented in Tolland. During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary. In response to the wide-spread flu activity this year EHHD conducted two flu clinics and created a flu prevention flyer. Over 200 adults and children were vaccinated at these clinics. The flyer was distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD staff worked with several school districts to create model school health and wellness policies.



Tobacco Free Living – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found at www.ehhd.org/Tobacco-Free-Living. EHHD continues to assist the town of Mansfield in implementing its smoke free workplaces policy. A toolkit was developed to assist other organizations/communities to implement similar policies. This toolkit can be found at: www.ehhd.org/tobacco. In addition, EHHD has



developed a summary of smoking cessation resources. The resources include web, phone, and in-person based cessation methods and can be found at www.ehhd.org/tobaccocessation

Substance Abuse In Our Community Workgroup – In



response to the opioid and substance use epidemic affecting our towns, EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The workgroup initiated several projects this year. A Community Naloxone (Narcan®) Training Program for first responders was conducted in December. This workshop showed first responders what over-the-counter Naloxone looked like, and provided instruction to victims and families on how to administer the life-saving drug. Additionally, the workgroup created and printed the Substance Abuse Treatment Resources brochure. This brochure provides information on treatment options, resources and walk-in services and emergency care information and can be found at www.ehhd.org/opioidepidemic. The brochures have been distributed to town leadership, libraries and social service departments.

Be Well – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this



employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program is provided as a full contracted service to four employers in health district towns (Town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland). Basic Be Well initiatives are also provided to member town, school employees and private sector businesses through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, monthly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be_well. If you're interested in having Be Well part of your business or organization please email Be Well at Be_well@ehhd.org.

Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook: www.facebook.com/EHHDCHART and Twitter: <https://twitter.com/EHHDHealth>) with information about health, wellness and safety issues. We focus our "hot topic" health updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD staff participated in several educational workshops and health fairs throughout the year focusing on topics such as hurricane/emergency preparedness, childhood vaccines, healthy snacks for kids, planning for care as you age, and flu prevention and treatment.

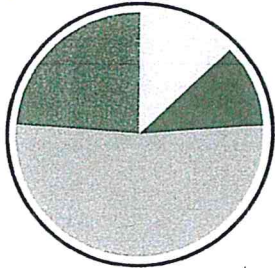
Plan4Health Initiative: **PLAN4Health**
An American Planning Association Project

Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning and zoning boards and commissions of small and rural town in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced this year was a survey to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit is available online at www.healthyeasternct.com

EHHD

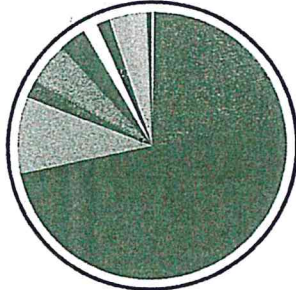
Budget Fiscal Year
2017/2018*

FY 2017/2018 Revenue (see table below)



Licensure Fees	\$130,874
Program Fees	\$103,520
Local Funds	\$553,380
State Funds	\$173,843
Total Operating Revenues	\$961,616.29

FY 2017/2018 Expenses (see table below)



Personnel: Administrative/Management	\$213,369
Personnel: Environmental Health	\$472,389
Personnel: Community Health	\$86,997
Personnel: Emergency Preparedness	\$21,683
Purchased Services	\$47,266
Administrative Overhead	\$31,618
Insurance	\$15,599
Supplies & Materials	\$11,819
Other	\$5,560
Equipment	\$20,315
Vehicles/Travel	\$20,941
Communications	\$4,870
Education/Training	\$1,633
Legal	\$163
Total Operating Expenditures	\$954,491.84

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	1	1	0	0	0	3	0	1	0	6
ANIMALS/ANIMAL WASTE	0	2	0	0	0	0	2	1	2	0	7
ACTIVITY WITHOUT PROPER PERMITS	0	0	0	1	0	0	0	0	0	0	1
FOOD PROTECTION	0	3	0	1	1	0	12	0	3	0	20
HOUSING ISSUES	1	1	2	3	1	3	11	1	2	3	28
EMERGENCY RESPONSE	0	0	0	0	0	1	2	0	1	1	5
REFUSE/GARBAGE	0	4	0	1	0	0	1	0	0	1	7
RODENTS/INSECTS	1	2	0	1	0	1	4	0	0	0	9
SEPTIC/SEWAGE	1	2	2	1	2	0	4	0	4	0	16
OTHER	0	3	3	0	2	0	5	0	2	1	16
WATER QUALITY	0	0	1	1	1	1	5	0	9	0	18
TOTAL	3	18	9	9	7	6	49	2	24	6	133
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	0	0	0	0	0	0
DAY CARE	0	1	0	2	0	2	4	0	7	2	18
CAMPS	0	1	0	0	0	0	0	0	2	1	4
PUBLIC POOL	0	2	0	0	1	1	5	0	4	1	14
OTHER	0	0	0	0	0	0	0	0	0	0	0
SCHOOLS	0	0	0	0	0	0	4	0	0	0	4
MORTGAGE, FHA, VA	0	1	0	0	0	0	0	0	0	0	1
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	5	0	2	1	3	13	0	13	4	41
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION - ALL SITE VISITS	27	113	23	67	95	177	155	16	119	39	831
DEEP HOLE TESTS - NUMBER OF HOLES	66	51	79	36	90	150	92	9	109	41	723
PERCOLATION TESTS - NUMBER OF HOLES	10	17	18	12	18	31	27	3	35	11	182
PERMITS ISSUED, NEW	2	7	5	2	9	20	6	0	9	3	63
PERMITS ISSUED, REPAIR	15	16	15	6	22	39	31	3	45	6	198
SITE PLANS REVIEWED	16	24	16	9	20	65	36	4	55	8	253
B100A REVIEWS	28	24	34	10	42	88	84	4	139	36	489
WELLS											
WELL SITES INSPECTED	1	4	0	3	18	29	10	4	9	3	81
WELL PERMITS ISSUED	4	11	9	1	10	24	14	3	18	7	101
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	3	0	0	0	0	2	0	8	0	13
SURFACE WATER	14	14	27	0	29	119	16	0	31	26	276
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	0	0	0	0	0	0	0
LEAD	0	0	0	0	0	0	11	0	0	0	11
OTHER	0	0	1	0	2	3	8	0	2	0	16
FOOD PROTECTION											
INSPECTIONS	22	43	36	26	25	65	250	11	74	43	595
REINSPECTIONS	6	3	4	2	5	25	39	0	6	5	95
TEMPORARY PERMITS	4	19	20	10	4	88	50	13	23	14	245
TEMPORARY INSPECTIONS	0	0	6	0	0	114	9	0	0	0	129
PLAN REVIEWS	2	3	0	1	1	12	6	0	0	3	28
PRE-OPERATIONAL INSPECTIONS	7	4	0	3	2	3	24	0	5	2	50
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	0	0	0	0	1	0	0	0	1
ABATE PLAN REVIEWED	1	0	0	0	0	0	0	0	0	0	1
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	0	0	1	1	2	0	0	0	4
SUBDIVISION REVIEWED (PER LOT)	0	0	4	0	9	8	2	0	1	0	24

* Figures not audited at the time of this publication.

Selected Reportable Diseases by Town*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	1	1	1	0	2	0	4	0	1	1	11
Campylobacter	1	0	0	0	1	2	0	0	2	1	7
Chlamydia	4	3	3	3	4	9	37	0	13	1	77
Cryptosporidium	0	0	0	0	0	0	0	0	0	0	0
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	1	0	0	0	0	0	0	0	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	2	0	0	1	0	0	1	1	5
Gonorrhea	2	0	3	0	0	4	22	0	3	3	37
Group A Streptococcus	0	0	0	0	0	1	0	0	0	0	1
Group B Streptococcus	1	0	0	0	0	1	0	0	1	0	3
Haemophilus Influenzae	0	0	0	0	0	0	1	0	0	0	1
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	1	0	1	0	2	0	2	0	6
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	2	1	2	2	1	3	10	0	1	10	32
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	0	1	0	4	0	0	1	6
Lead-Elevated Blood Lead Levels in children up to age 6 >20 ug/dl	0	0	0	0	0	0	1	0	0	0	1
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	3	5	5	7	3	13	20	1	8	8	73
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	0	0	0	0	0	0	0	1	0	1
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	1	0	0	0	0	2	2	0	2	0	7
Shigella	0	0	0	0	0	0	0	0	1	0	1
Streptococcus Pneumoniae	0	0	0	0	0	0	0	0	0	0	0
Syphilis	0	0	0	0	1	0	1	0	0	0	2
Tuberculosis Cases (Active)	0	0	0	0	0	0	0	0	0	0	0
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

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



4 South Eagleville Road
Mansfield, CT 06268



Eastern Highlands Health District

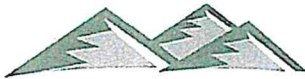
4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

**Eastern Highlands Health District
Public Hearing
Proposed FY 19/20 Operating Budget & CNR Budget, and Fee Schedule**

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 17, 2019, at 4:30 p.m. at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2019-2020 District Operating, Capital Nonrecurring Budget, and Fee Schedule. At this hearing interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets and Fee Schedule are available in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, CT 06268

Dated at Mansfield, Connecticut, this 3rd day of January, 2019.

Robert L. Miller
Director of Health



Eastern Highlands Health District

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

Memo

To: General Public
From: Robert L Miller, Director of Health
Date: 10/23/2018
Re: Adopted 2019 Regular Meeting Schedule

Adopted regular meeting schedule for 2019 calendar year:

January 17 (Typically, Budget Public Hearing)

February 21

April 11

June 20

August 15

October 17

December 12

Location and time of each meeting will be the Coventry Town Hall, Annex at 4:30 pm, unless otherwise indicated. (With the exceptions of April 11 & December 12, all dates fall on the third Thursday of the Month.)

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30th, 2019
(with comparative totals for June 30, 2018)

	Adopted Budget 2018/19	Amended Budget 2018/19		Percent of Adopted Budget	
Revenues			2019		2018
Member Town Contributions	\$ 429,270	\$ 429,270	\$ 429,260	100.0%	\$ 429,282
State Grants	123,280	123,280	133,327	108.2%	149,985
Septic Permits	40,080	40,080	51,145	127.6%	43,880
Well Permits	15,960	15,960	12,955	81.2%	12,925
Soil Testing Service	32,550	32,550	40,960	125.8%	41,776
Food Protection Service	76,220	76,220	88,251	115.8%	74,069
B100a Reviews	30,700	30,700	29,445	95.9%	27,470
Septic Plan Reviews	26,470	26,470	30,765	116.2%	28,810
Other Health Services	6,300	6,300	4,416	70.1%	5,464
Appropriation of Fund Balance	31,407	31,407	-	0.0%	-
Total Revenues	812,237	812,237	820,525	101.0%	813,660
Expenditures					
Salaries & Wages	584,555	584,555	539,594	92.3%	555,064
Grant Deductions	(82,542)	(82,542)	(80,234)	97.2%	(91,253)
Benefits	208,110	208,110	196,871	94.6%	221,589
Miscellaneous Benefits	6,810	6,810	4,642	68.2%	6,397
Insurance	15,800	15,800	14,351	90.8%	15,599
Professional & Technical Services	15,920	15,920	14,231	89.4%	17,085
Vehicle Repairs & Maintenance	3,200	3,200	2,663	83.2%	2,028
Health Reg*Admin Overhead	28,544	28,544	28,120	98.5%	27,840
Other Purchased Services	19,640	19,640	15,028	76.5%	11,376
Other Supplies	5,600	5,600	6,644	118.6%	4,503
Equipment - Minor	3,600	3,600	1,401	38.9%	1,612
Total Expenditures	809,237	809,237	743,311	91.9%	771,840
Operating Transfers					
Transfer to CNR Fund	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	812,237	812,237	743,311	91.5%	771,840
Excess (Deficiency) of Revenues	-	-	77,214		41,820
Fund Balance, July 1	358,081	358,081	358,081		316,261
Fund Balance plus Cont. Capital, Jun 30	\$ 358,081	\$ 358,081	\$ 435,295		\$ 358,081

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
June 30, 2019
(with comparative totals for June 30, 2018)

	<u>2019</u>	<u>2018</u>
Assets		
Cash and Cash Equivalents	\$ <u>128,780</u>	\$ <u>126,870</u>
Total Assets	<u><u>128,780</u></u>	<u><u>126,870</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>128,780</u>	<u>126,870</u>
Total Liabilities and Fund Balance	\$ <u><u>128,780</u></u>	\$ <u><u>126,870</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2019
(with comparative totals for June 30, 2018)

	<u>2019</u>	<u>2018</u>
Revenues		
General Fund	\$ 1,910	\$ -
Total Revenues	<u>1,910</u>	<u>-</u>
Operating Transfers		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>1,910</u>	<u>-</u>
Expenditures		
Professional & Technical Services	-	-
Vehicles	-	15,992
Office Equipment	<u>-</u>	<u>18,703</u>
Total Expenditures	<u>-</u>	<u>34,695</u>
Excess (Deficiency) of Revenues	1,910	(34,695)
Fund Balance, July 1	<u>126,870</u>	<u>161,565</u>
Fund Balance plus Cont. Capital, Jun 30	<u>\$ 128,780</u>	<u>\$ 126,870</u>

Eastern Highlands Health District
General Fund
Balance Sheet
June 30, 2019
(with comparative totals for June 30, 2018)

	<u>2019</u>	<u>2018</u>
Assets		
Cash and Cash Equivalents	\$ 453,467	\$ 394,295
Accounts Receivable	<u>3,222</u>	<u>-</u>
Total Assets	<u><u>456,690</u></u>	<u><u>394,295</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>21,395</u>	<u>36,213</u>
Total Liabilities	<u>21,395</u>	<u>36,213</u>
Fund Balance	<u>435,295</u>	<u>358,081</u>
Total Liabilities and Fund Balance	<u><u>\$ 456,690</u></u>	<u><u>\$ 394,295</u></u>

MEMORANDUM

Town of Mansfield
Town Manager's Office
4 So. Eagleville Rd., Mansfield, CT 06268
860-429-3339



To: EHHD Board of Directors

cc: Robert Miller, Director of Health

From: Mansfield HR

Date: 8/8/19

Re: Timeline – EHHD Executive Director Performance Review Process

Below please find the timeline for the Director of Health's performance review for Fiscal Year 2018/2019.

Task	Date	Person/People Responsible
Survey Instrument and contacts updated	8/10/2018	Millie Brosseau/Mansfield HR
Self-evaluation submitted to Board	8/16/2018	Rob Miller/Mansfield HR
Board members complete performance Review online via Survey Monkey	8/16/2018 - 9/11/2018	Board Members
Personnel Committee prepares draft Evaluation (Committee Meeting scheduled For 9/12/19)	9/11/2018-9/20/2018	Personnel Committee
Board meets in Executive Session to discuss performance review and conduct performance review with Director	10/17/2018 (at Board meeting)	Board Members/Rob Miller
Board adopts review and makes changes to compensation plan, if any	10/17/2018 (after executive session)	Board Members

All Board members are encouraged to participate and complete the assessment. Thank you.

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, August 6, 2019 12:16 PM
To: 'swerbner@tolland.org'; joyce.stille@boltonct.org; jelsesser@coventryct.org; 'Erika Wiecenski 1st Selectman Willington'; Town Administrator (townadministrator@columbiact.org); 'Robert Burbank (andoverselectman1@comcast.net)'; scotlandselect1@yahoo.com; Matthew Cunningham (firstselectman@chaplinct.org); Michael Zambo, Ashford First Selectman (firstselectman@ashfordtownhall.org)
Cc: Ken Dardick (kdardick@gmail.com); 'Vickie Meyer'; 'Melisa Luginbuhl'; 'Mark Palmer'; 'Nancy Dunn'; bbellody@tolland.org; cchan@coventryct.org; 'Sneha L'heureux'; Patricia R. Schneider; Katherine J. Bell; 'jarpin@willingtonct.org'; 'cconcatelli@boltonct.org'; 'socialservices@ashfordtownhall.org'; Cecile Serazo (SerazoCC@ehhd.org); Robert L. Miller; 'kristie.scott@perceptionprograms.org'
Subject: NARCAN Municipal Building Policy - Model
Attachments: 4-25 REVISED DRAFT Town of Mansfield Naloxone Protocol and Procedures 2....docx; DRAFT - Revised Town of Mansfield Naloxone Policy and Procedures.docx; DRAFT Town of Mansfield Naloxone Standing Order 2019.docx
Importance: Low

Hello EHHD Member Town CEO's – The Eastern Highlands Health District in collaboration with the Town of Mansfield Youth Services Bureau, and Office of Emergency Management, developed draft policy documents that can be a model for any Connecticut municipality to implement a program to pre-stage NARCAN kits within designated AED cabinets in municipal buildings. Attached for your information and consideration are the following three documents:

- Protocol and Procedures, Administration of Naloxone (NARCAN)
- Opioid Overdoes Reversal Policy
- Standing Order, Municipal Buildings, Nasal Naloxone (NARCAN)

The other important components of an effective program to pre-stage NARCAN in town buildings includes the training of town staff on the administration of NARCAN, and the procurement of the NARCAN kits. There are a number of community organizations serving our area that will provide training, and the kits to participating individuals free of charge. These organizations include your Regional Action Council (www.seracct.org), and other organizations such the Perception Program (www.perceptionprograms.org), and Greater Hartford Harm Reduction (www.ghhrc.org). Also if you are interested, please feel free to give me a call regarding affordable procurement options for NARCAN kits.

Move over, these documents have been reviewed by the Mansfield Town attorney, CIRMA, and the EHHD Medical Advisor. The EHHD Medical Advisor is willing and able to sign standing medical orders for any member town that chooses to move forward with this program.

The Eastern Highlands Health District encourages our member towns to consider exploring the implementation of these policies. A few of the public schools in our jurisdiction, and around the state have already established policies to store NARCAN on site. This is a reasonable, meaningful step towards harm reduction in our local communities.

Please let me know if you have any questions.

Yours in Health,
 Rob

Robert L. Miller, MPH, RS

Director of Health

Eastern Highlands Health District

4 South Eagleville Road

Storrs, CT 06268

860-429-3325

860-429-3321 (Fax)

Twitter: @RobMillerMPH

www.ehhd.org



EHHD

Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

Got Drugs?

PRESCRIPTION DRUG TAKE BACK EVENT



100 lbs in 20 days!

Help us reach that goal!

August 1st - 20th

Coventry Police Department

No forms. No questions.

Just place them in the drop box.

No Needles or Liquids will be accepted.

**DROP OFF ANYTIME! DROP
BOX IN CPD LOBBY**

The majority of abused Rx drugs are obtained from family and friends, including from the home medicine cabinet.

Rid your home of expired or unused prescription pills!

Be environmentally friendly.

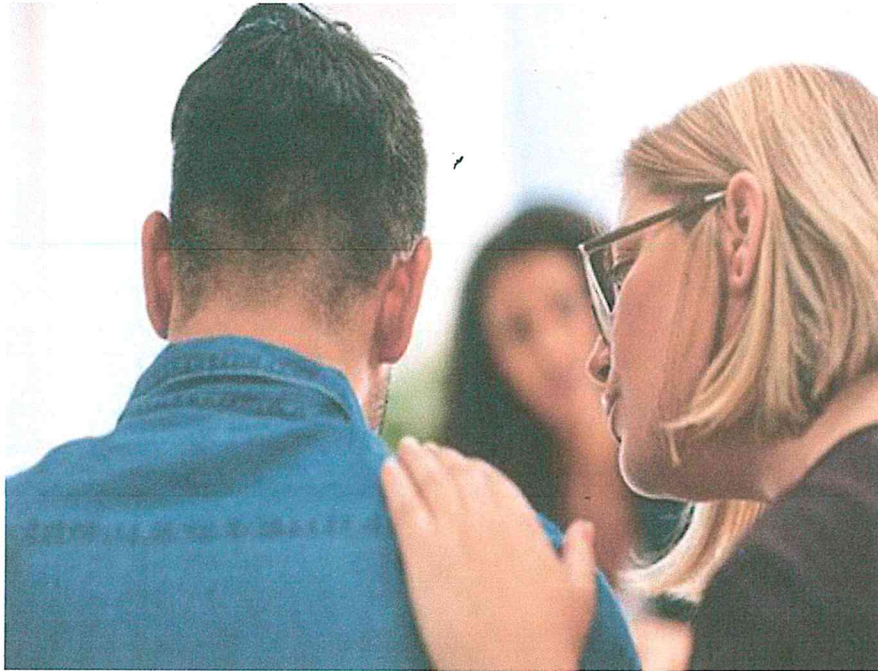
Do not flush any medication down the drain.

Accepting All Prescription Medication and Pet Medication as well.

The service is free.
No questions asked.

Sponsored by
Coventry Police Department
Coventry Human Services
Eastern Highland Health District

Opioid Misuse, Abuse and Overdose



Source: Google images

Come and learn about an important health issue that is affecting our nation and our community.

When: August 16th, 2019 at 10:30 am.

Where: Beckish Senior Center, Columbia, CT

If you have any questions please contact the Beckish Senior Center at 860-228-0759

Information for local communities provided by



EHHD
Eastern Highlands Health District

Come join us for a presentation
about
Opioid Misuse, Abuse and Overdose



Source: Google images

**The Opioid Epidemic:
Our Communities, Our Concern**

Monday, August 19, 2019

At 6pm

Tolland Public Library

21 Tolland Green, Tolland, CT

Provided by: Eastern Highlands Health
District.





Eastern Highlands Health District

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

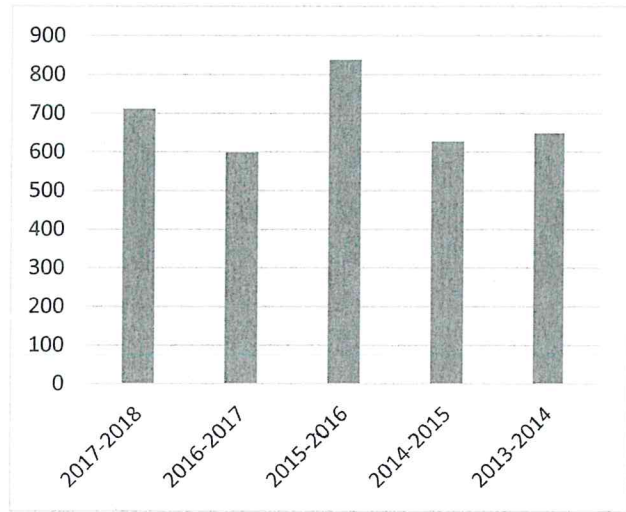
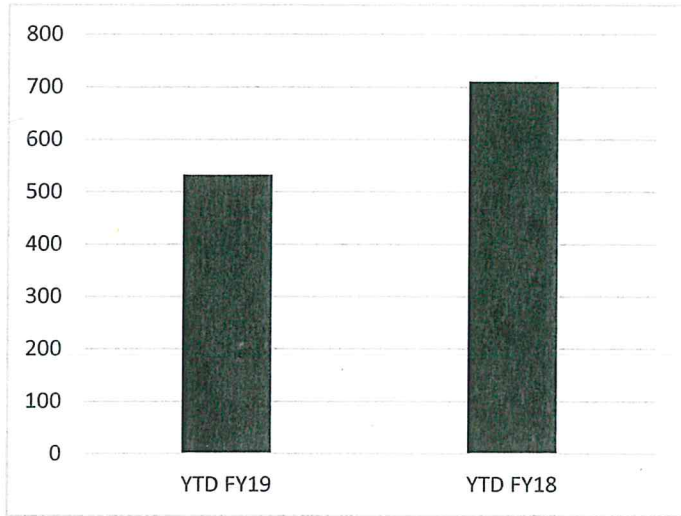
Quarterly Activity Report April 1, 2019 – June 30, 2019

Highlighted Accomplishments/Activities

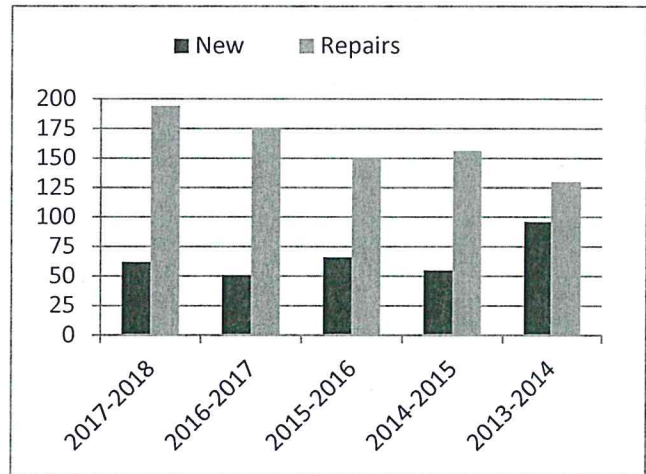
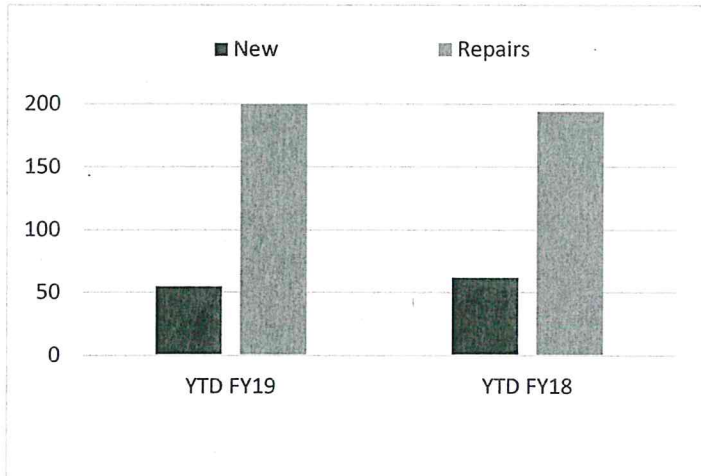
- The Substance Abuse in our Communities Workgroup members have been active over this quarter. The workgroup met this June. These activities include but are not limited to: Letters to area prescribers regarding participation in state-wide prescription tracking database; active support of opioid mini grant activities for Mansfield youth services with development of municipal building NARCAN policy; \$8,750 mini grant award from DPH for prevention activities.
- Continue to work cooperatively with DEEP on behalf of Tolland providing information and technical support regarding an environmental investigation into sodium chloride contamination in ground water in the Old Post road area. This includes completing spring monitoring in June, and responding to inquiries and concerns from property owners during this period. Initiating site investigations in response to four additional property owner complaints.
- Supported Town of Coventry as part of DEEP investigation to NaCl contamination in private drinking water well.
- Recruited, interviewed, and hired a new Community Health Wellness Coordinator. Initiated and in the process of recruitment for two new sanitarians, and a new environmental health inspector.
- Recruited, and engaged to two environmental health contractors to backfill staffing gaps during this period.
- Continued support of the Town of Mansfield as active member of the Connecticut Water Regional Advisory Committee.
- Supported update of DPH state-wide Blue/Green Algae Bloom Response Guidelines as active member of DPH Advisory Committee.
- *Emergency Preparedness Program:* Highlighted activities during this period include: (1) participated in UConn/Mansfield Host Community Exercise (2) sponsored Medical Aid Station Training in Scotland (3) participated in statewide MRC reorganization discussions (4) conducted orientation for one new EHHD MRC unit volunteers (5) participated in Mansfield local emergency preparedness committee meeting. (See attached EHHD Public Health Preparedness program report at the end of this packet for more details, and activities.)

Quarterly Report April 1, 2019 - June 30, 2019
 Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

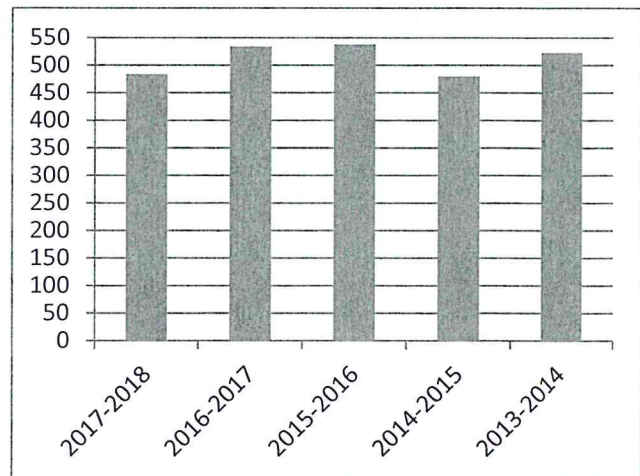
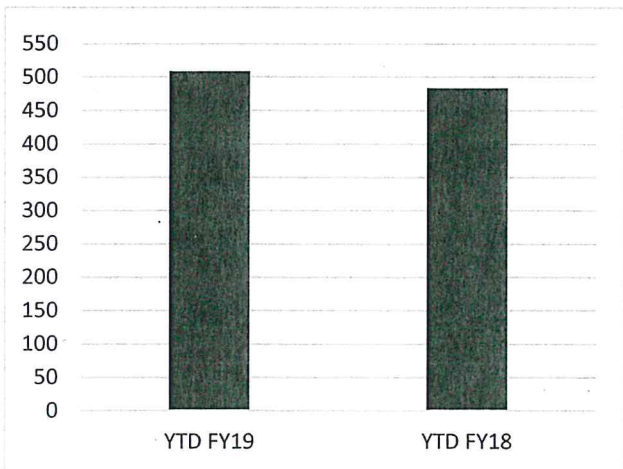
Deep Test Holes



Septic Permits Issued

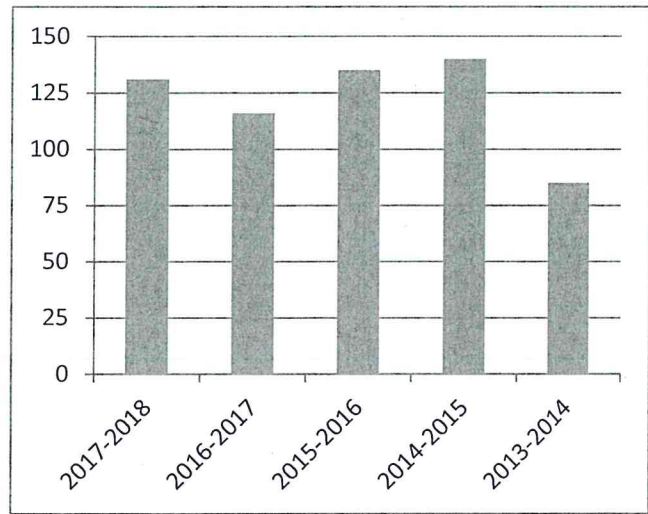
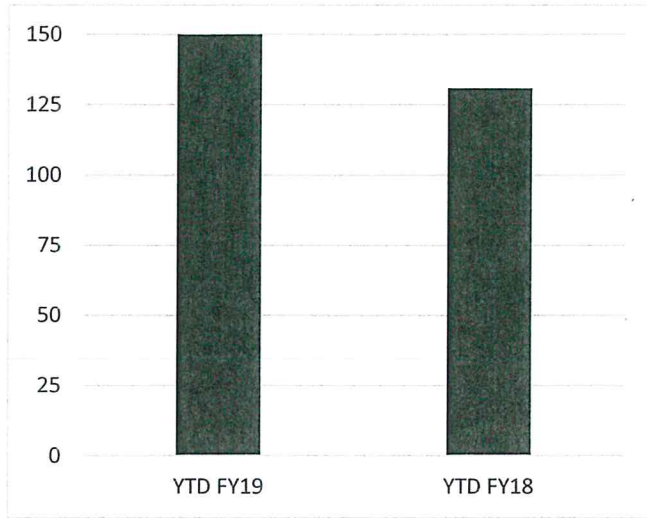


Public HealthReviews

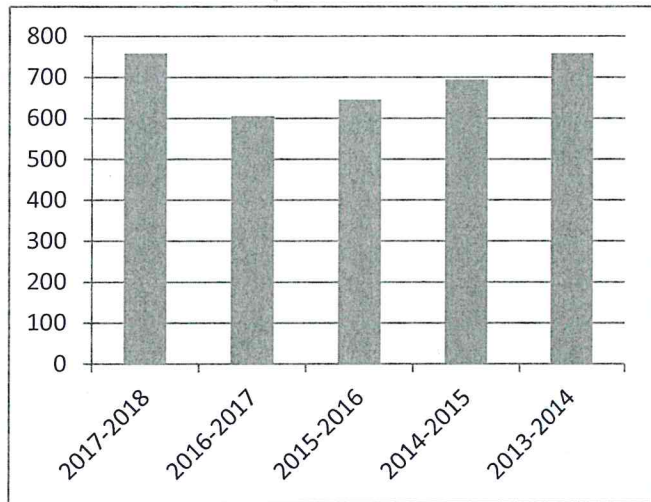
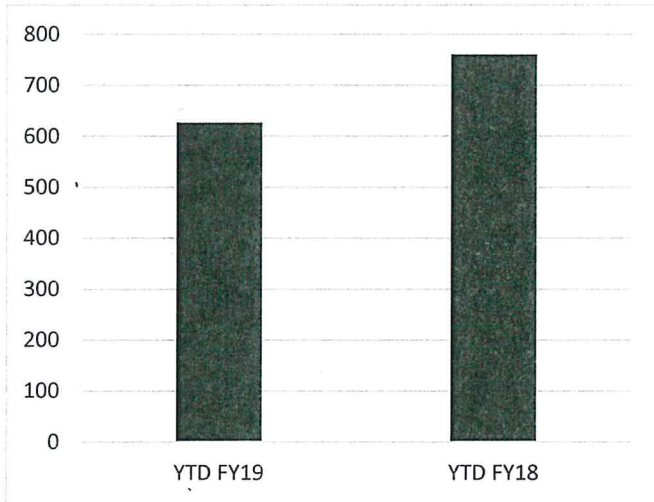


Quarterly Report April 1, 2019 - June 30, 2019
 Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

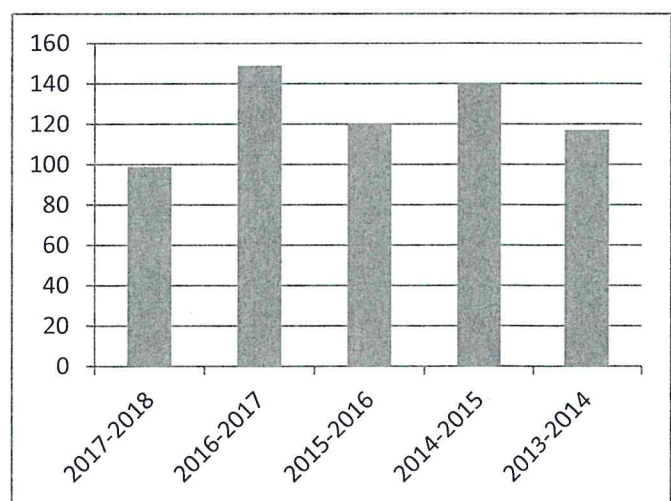
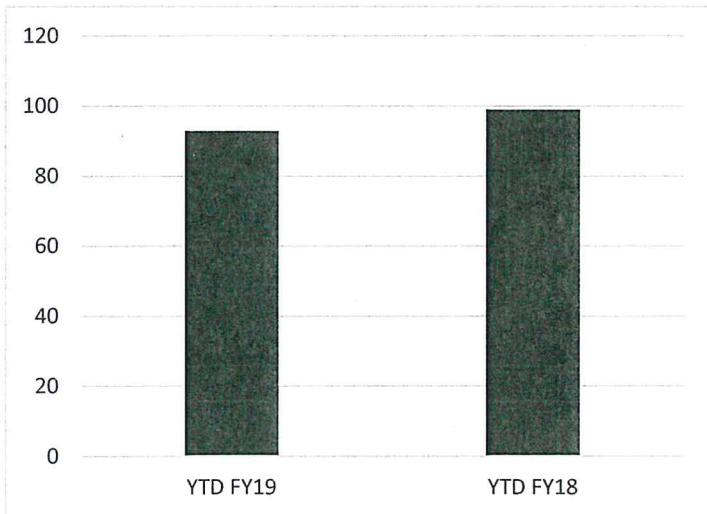
Complaints



Food Service Inspections



Well Permits



EASTERN HIGHLANDS HEALTH DISTRICT FOURTH QUARTER FISCAL YEAR 2018-2019							
April 1, 2019 - June 30, 2019							
Activity Indicators		MONTHS					
COMMUNITY HEALTH ACTIVITIES		April	May	June	Total	YTD FY19	YTD FY18
Communicable Disease Control							
	Case reports reviewed	116	106	63	285	1036	1404
	Preliminary follow ups	0	1	1	2	12	15
	Investigations	0	1	0	1	10	8
Public Health Education							
	Programs	(see narrative for program description)					
ENVIRONMENTAL HEALTH ACTIVITIES							
Complaints							
	Air Quality	0	0	1	1	3	6
	Animals/Animal Waste	0	2	1	3	6	7
*	Activity without Permit	0	0	0	0	0	1
	Food Protection	3	2	1	6	21	20
	Housing Issues	4	8	1	13	59	28
	Emergency Response	1	0	0	1	9	5
	Refuse/Garbage	0	0	0	0	4	7
	Rodents/Insects	1	1	0	2	5	9
	Septic/Sewage	3	3	1	7	21	16
	Other	0	0	0	0	8	16
	Water Quality	3	1	1	5	19	18
	Total	15	17	6	38	155	133
Health Inspection							
	Group homes	0	0	0	0	1	0
	Day Care	0	2	1	3	6	18
	Camps	0	0	1	1	8	4
	Public Pool	0	0	4	4	9	14
	Other	0	0	2	2	2	0
	Schools	0	0	0	0	4	4
	Mortgage, FHA, VA	0	0	0	0	0	1
	Bathing Areas	0	0	0	0	0	0
	Total	0	2	8	10	30	41
On-site Sewage Disposal							
	Site inspection	73	77	66	216	976	831
	Deep hole tests	33	32	47	112	533	723
	Percolation tests	8	9	8	25	143	182
	Permits issued, new	3	5	6	14	55	63
	Permits issued, repair	13	18	12	43	200	198
	Site Plans Reviewed	15	22	16	53	246	253
	Public Health Reviews	36	65	47	148	509	489
Wells							
	Well sites inspected	0	0	2	2	54	82
	Well permits issued	1	5	8	14	93	101
Laboratory Activities (samples taken)							
	Potable water	7	8	6	21	26	13
	Surface water	0	38	81	119	300	276
	Ground water	0	0	0	0	0	0
	Rabies	0	0	0	0	1	0
	Lead	0	0	0	0	8	11
	Other	7	8	6	21	26	21
Food Protection							
	Inspections	49	39	22	110	413	595
	Reinspections	1	5	7	13	66	95
	Temporary permits	5	13	63	81	239	245
	Temporary inspections*	0	0	46	46	118	129
	Plan review	2	4	2	8	23	28
	Pre-operational inspections	2	2	5	9	31	50
	Total Inspections	52	46	80	178	628	761
Lead Activities							
	Housing inspection	0	0	0	0	3	1
	Abate plan reviewed	0	0	0	0	0	1
MISCELLANEOUS ACTIVITIES							
	Planning and Zoning referrals	0	0	0	0	2	4
	Subdivision reviewed (# of lots)	0	0	2	2	6	24

ANDOVER QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage				0	7
Other				0	0
Water Quality				0	5
Total	0	0	0	0	38

Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	1
Public Pool				0	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	10

On-site Sewage Disposal

Site inspection -- all site visits	7	5	2	14	216
Deep hole tests -- number of holes				0	112
Percolation tests -- number of holes				0	25
Permits issued, new		1	1	2	14
Permits issued, repair				0	43
Site plans reviewed	1	1		2	53
Public Health Reviews		5	1	6	148

Wells

Well sites inspected				0	2
Well permits issued				0	14

Laboratory Activities (samples taken)

Potable water				0	21
Surface water		2	4	6	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other		2		2	21

Food Protection

Inspections	4	2		6	110
Reinspections			2	2	13
Temporary permits			2	2	81
Temporary inspections				0	46
Plan reviews				0	8
Pre-operational inspections				0	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

ASHFORD QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection		1		1	6
Housing Issues		2		2	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage	2	1		3	7
Other				0	0
Water Quality	1			1	5
Total	3	4	0	7	38

Health Inspection

Group homes				0	0
Day Care				0	3
Camps			1	1	1
Public Pool			1	1	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	2	2	10

On-site Sewage Disposal

Site inspection -- all site visits	14	12	3	29	216
Deep hole tests -- number of holes	3	3	15	21	112
Percolation tests -- number of holes			2	2	25
Permits issued, new				0	14
Permits issued, repair	2	2	2	6	43
Site plans reviewed	2	3	3	8	53
Public Health Reviews	5	4	5	14	148

Wells

Well sites inspected				0	2
Well permits issued		3		3	14

Laboratory Activities (samples taken)

Potable water				0	21
Surface water		2	4	6	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other		1		1	21

Food Protection

Inspections	2	7	1	10	110
Reinspections		1		1	13
Temporary permits	2		1	3	81
Temporary inspections				0	46
Plan reviews	1			1	8
Pre-operational inspections		1		1	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

BOLTON QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues			1	1	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects	1			1	2
Septic/Sewage			1	1	7
Other				0	0
Water Quality				0	5
Total	1	0	2	3	38

Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	1
Public Pool				0	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	10

On-site Sewage Disposal

Site inspection -- all site visits	6	3		9	216
Deep hole tests -- number of holes	2	3	6	11	112
Percolation tests -- number of holes	1	1		2	25
Permits issued, new	1	1		2	14
Permits issued, repair	4		1	5	43
Site plans reviewed	2	1	2	5	53
Public Health Reviews	3	5	2	10	148

Wells

Well sites inspected				0	2
Well permits issued			2	2	14

Laboratory Activities (samples taken)

Potable water				0	21
Surface water		4	8	12	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	3			3	21

Food Protection

Inspections	5	1	3	9	110
Reinspections		1	1	2	13
Temporary permits	2	1		3	81
Temporary inspections				0	46
Plan reviews		1		1	8
Pre-operational inspections				0	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

CHAPLIN QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste			1	1	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues	2	1		3	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage		1		1	7
Other				0	0
Water Quality		1	1	2	5
Total	2	3	2	7	38
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	3
Camps				0	1
Public Pool				0	4
Other			1	1	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	1	1	10
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	2	7	4	13	216
Deep hole tests -- number of holes	9	1		10	112
Percolation tests -- number of holes	3	2		5	25
Permits issued, new		1		1	14
Permits issued, repair	1	2	1	4	43
Site plans reviewed	1	1		2	53
Public Health Reviews	2	1		3	148
<i>Wells</i>					
Well sites inspected			1	1	2
Well permits issued			1	1	14
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	21
Surface water				0	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other			2	2	21
<i>Food Protection</i>					
Inspections	3	1	2	6	110
Reinspections				0	13
Temporary permits			2	2	81
Temporary inspections			1	1	46
Plan reviews		1	1	2	8
Pre-operational inspections			1	1	9
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

COLUMBIA QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage				0	7
Other				0	0
Water Quality				0	5
Total	0	0	0	0	38
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	3
Camps				0	1
Public Pool				0	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	10
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	7	14	8	29	216
Deep hole tests -- number of holes	3	12		15	112
Percolation tests -- number of holes		3		3	25
Permits issued, new			1	1	14
Permits issued, repair	2	6	2	10	43
Site plans reviewed	3	3	2	8	53
Public Health Reviews	7	8	2	17	148
<i>Wells</i>					
Well sites inspected				0	2
Well permits issued		1	1	2	14
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	21
Surface water		4	9	13	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other		1	1	2	21
<i>Food Protection</i>					
Inspections	1	3	2	6	110
Reinspections				0	13
Temporary permits		2		2	81
Temporary inspections				0	46
Plan reviews				0	8
Pre-operational inspections			2	2	9
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				1	1
Subdivision reviewed (per lot)				0	2

COVENTRY QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage				0	7
Other				0	0
Water Quality				0	5
Total	0	0	0	0	38

Health Inspection

Group homes				0	0
Day Care		1		1	3
Camps				0	1
Public Pool				0	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	1	0	1	10

On-site Sewage Disposal

Site inspection -- all site visits	9	16	15	40	216
Deep hole tests -- number of holes	7	2	8	17	112
Percolation tests -- number of holes			1	1	25
Permits issued, new	2	1	3	6	14
Permits issued, repair	1	3	2	6	43
Site plans reviewed	4	6	5	15	53
Public Health Reviews	2	11	9	22	148

Wells

Well sites inspected				0	2
Well permits issued	1	1	2	4	14

Laboratory Activities (samples taken)

Potable water				0	21
Surface water		16	36	52	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1		1	2	21

Food Protection

Inspections	6	5	3	14	110
Reinspections		1	1	2	13
Temporary permits		1	53	54	81
Temporary inspections			45	45	46
Plan reviews		2		2	8
Pre-operational inspections			1	1	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

MANSFIELD QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste		2		2	3
Activity Without Proper Permits				0	0
Food Protection	2			2	6
Housing Issues		5		5	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage				0	7
Other				0	0
Water Quality				0	5
Total	2	7	0	9	38

Health Inspection

Group homes				0	0
Day Care		1		1	3
Camps				0	1
Public Pool			2	2	4
Other			1	1	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	1	3	4	10

On-site Sewage Disposal

Site inspection -- all site visits	14	13	13	40	216
Deep hole tests -- number of holes	6	3	2	11	112
Percolation tests -- number of holes	3	2	1	6	25
Permits issued, new				0	14
Permits issued, repair	2	3	1	6	43
Site plans reviewed		3	1	4	53
Public Health Reviews	6	8	14	28	148

Wells

Well sites inspected			1	1	2
Well permits issued			1	1	14

Laboratory Activities (samples taken)

Potable water	2			2	21
Surface water		2	4	6	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1	1	2	4	21

Food Protection

Inspections	22	9	4	35	110
Reinspections	1	2	1	4	13
Temporary permits	1	2	3	6	81
Temporary inspections				0	46
Plan reviews				0	8
Pre-operational inspections	2			2	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

SCOTLAND QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage				0	7
Other				0	0
Water Quality				0	5
Total	0	0	0	0	38

Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	1
Public Pool				0	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	10

On-site Sewage Disposal

Site inspection -- all site visits	1			1	216
Deep hole tests -- number of holes				0	112
Percolation tests -- number of holes			1	1	25
Permits issued, new				0	14
Permits issued, repair				0	43
Site plans reviewed				0	53
Public Health Reviews		2		2	148

Wells

Well sites inspected				0	2
Well permits issued				0	14

Laboratory Activities (samples taken)

Potable water				0	21
Surface water				0	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	21

Food Protection

Inspections	1	1		2	110
Reinspections				0	13
Temporary permits			1	1	81
Temporary inspections				0	46
Plan reviews	1			1	8
Pre-operational inspections		1		1	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

TOLLAND QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality			1	1	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection	1		1	2	6
Housing Issues	1			1	13
Emergency Response	1			1	1
Refuse/Garbage				0	0
Rodents/Insects		1		1	2
Septic/Sewage	1	1		2	7
Other				0	0
Water Quality	2			2	5
Total	6	2	2	10	38

Health Inspection

Group homes				0	0
Day Care			1	1	3
Camps				0	1
Public Pool			1	1	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	2	2	10

On-site Sewage Disposal

Site inspection -- all site visits	11	5	21	37	216
Deep hole tests -- number of holes		2	10	12	112
Percolation tests -- number of holes			2	2	25
Permits issued, new		1	1	2	14
Permits issued, repair	1	2	3	6	43
Site plans reviewed	1	4	3	8	53
Public Health Reviews	9	19	14	42	148

Wells

Well sites inspected				0	2
Well permits issued			1	1	14

Laboratory Activities (samples taken)

Potable water	5	8	6	19	21
Surface water		4	8	12	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	2	3		5	21

Food Protection

Inspections	5	6	6	17	110
Reinspections			1	1	13
Temporary permits		2	1	3	81
Temporary inspections				0	46
Plan reviews			1	1	8
Pre-operational inspections			1	1	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)			2	2	2

WILLINGTON QUARTERLY REPORT

April 1, 2019 - June 30, 2019

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection		1		1	6
Housing Issues	1			1	13
Emergency Response				0	1
Refuse/Garbage				0	0
Rodents/Insects				0	2
Septic/Sewage				0	7
Other				0	0
Water Quality				0	5
Total	1	1	0	2	38

Health Inspection

Group homes				0	0
Day Care				0	3
Camps				0	1
Public Pool				0	4
Other				0	2
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	10

Site inspection -- all site visits	2	2		4	216
Deep hole tests -- number of holes	3	6	6	15	112
Percolation tests -- number of holes	1	1	1	3	25
Permits issued, new				0	14
Permits issued, repair				0	43
Site plans reviewed	1			1	53
Public Health Reviews	2	2		4	148

Wells

Well sites inspected				0	2
Well permits issued				0	14

Laboratory Activities (samples taken)

Potable water				0	21
Surface water		4	8	12	119
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	21

Food Protection

Inspections		4	1	5	110
Reinspections			1	1	13
Temporary permits		5		5	81
Temporary inspections				0	46
Plan reviews				0	8
Pre-operational inspections				0	9

Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	2

Public Health Emergency Preparedness (PHEP) Subcontractor Progress Report

Name of Health Department Proposing Work: EASTERN HIGHLANDS HEALTH DISTRICT

For the Period **APRIL 1, 2019 - JUNE 30, 2019**

****Submit the completed template at the end of each quarter to your HCC coordinator labeled with as follows: [Health Department Name], Q# 4**

24/7 Coverage Plan: The subcontractor shall complete and submit the DPH form for 24/7 Coverage to your HCC within **30 days of execution** of this subcontract.

The subcontract was provided to EHHD 9/13/18 to be executed by 10/1/18.

The 24/7 EHHD contact information was submitted to DPH and to the HCC fiduciary on 10-30-18.

Complete.

Health Care Coalition Development: The subcontractor shall:

- Contribute to HCC activities to achieve the 2017-2022 Health Care Preparedness and Response Capabilities, including the HCC's contractual obligations to DPH.
- Attend the regional HCC meetings as evidenced by sign-in sheets or electronic records
- Attend and participate in semi-annual statewide HCC meetings and associated working groups.

(Indicate activities)

Q1.

EHHD participates in the R4 ESF8 HCC steering committee (Rob Miller, Director of Health (DOH)), Veoci, Ebola, and Exercise workgroups (Derek May, Public Health Emergency Preparedness Coordinator (PHEPC)).

HCC meetings are held monthly and are regularly attended by Rob Miller, Derek May. See attendance sheets maintained by LLHD for verification.

No Statewide HCC meetings were scheduled during this quarter.

Q2.

Same activities as Q1.

Additionally, EHHD supported regional Drive Thru exercise to support Ebola contract deliverables; EHHD supported fulfilment of HCC contractual deliverables by contributions to the HCC CHVA, the RCD, MYTEP, Veoci, Regional MRC, among other activities.

Q3.

Same activities as Q1.

Additionally, EHHD completed Regional Resource Assessment survey 3/25/19. EHHD participated in multiple calls, webinars, and meetings regarding regional MDA consolidation.

Q4.

Same activities as Q1.

PHEPC and DOH attended the Statewide HCC meeting held on May 29. PHEPC participated in a panel representing Region 4.

HCC Response Plan Development. The subcontractor shall assist with development of their HCC's Response Plan and COOP Plan. Such plans, once developed, must be reviewed annually by HCC members. *(Include short narrative on work by your health department to develop HCC preparedness plan during BP1S.)*

Q1.

EHHD participates in the ongoing development of the HCC and the HCC steering committee. No specific PHERP or COOP plan revisions took place in this quarter.

Q2.

EHHD participates in the ongoing development of the HCC and the HCC steering committee. No specific PHERP or COOP plan revisions took place in this quarter.

Q3.

EHHD participated in development and finalization of R4 HCC Healthcare Coalition Response plan. No COOP plan revisions took place in this quarter.

Q4.

R4 HCC Healthcare Coalition Response Plan was finalized.

Characterize Probable Risk:

The subcontractor shall participate in their HCC's assessment of hazard vulnerabilities and risks, and from that data, prioritize work that must be accomplished to address identified risks or gaps.

Work with your HCC to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared. As part of that process, work with your HCC to identify gaps and health priorities for HCC and HCC member activities. HCCs must be capable of tracking this information and sharing it with all of their HCC members by the end of BP1S.

Q1. No activity in this quarter.

Q2. EHHD submitted information to the CHVA by Veoci on 11/21/18. A draft CHVA was proposed at the December 2018 HCC meeting.

Q3. EHHD contributed to discussions at the January 17, 2019 HCC meetings to finalize the Region 4 CHVA. The following top five risks were selected: 1) weather events; 2) biological events; 3) radiological events; 4) workplace events; and 5) cyber disruption. In March 2019, CT DPH released the 2019 Statewide Hazard Vulnerability Analysis, which included input from Region 4 HCC.

Q4. Completed in Q3.

Characterize Populations at Risk:

The subcontractor shall participate in their HCC's efforts to obtain and incorporate at-risk population data into your activities, plans, training, and exercises.

(Include short narrative on activities and work relating to at-risk populations including planning, training, exercises or pre-planned real events.)

Q1. EHHD received and reviewed EMPOWER data provided by the HCC. The information was forwarded to Emergency Management leaders in the district.

Q2. EHHD received and reviewed EMPOWER data provided by the HCC.

The EHHD PHEPC attended a FEMA training hosted by UConn, "AWR 330 - Incorporating Whole Community Inclusive Planning into the Emergency Management Process"

Q3. EHHD received and reviewed EMPOWER data provided by the HCC on 1/19/19. EHHD staff attended R4 HCC meetings which included speakers representing vulnerable populations, including persons vulnerable to workplace violence, and vulnerable populations in drug recovery and mental/behavioral health crisis.

Q4. EHHD PHEPC took FEMA IS-368 for People with Access & Functional Needs on 6-10-19; EHHD staff participated in statewide At-Risk Populations Regional Health Care Coalition Training on 6-10-19; EHHD staff attended R4 HCC meetings which included speakers representing vulnerable population, including Pediatric Trauma and Senior Resources. EHHD received and reviewed EMPOWER data provided by the HCC on 6-14-19.

Education and Training:

The subcontractor shall conduct or participate in education and training to address health care and public health emergency preparedness and response gaps identified through strategic planning, development of the HCC preparedness plan, hazard vulnerability assessment, or AARs *(Include narrative with general dates and types of PHEP/HPP education and training events that you participated in.)*

Q1. EHHD Emergency Preparedness Coordinator (PHEPC) participates in the Statewide Training and Exercise Workgroup (STEW) calls. STEW call held 8-9-18.

Q2.

PHEPC participated in STEW call held 10-11-18. PHEPC and DOH attended 11/15/18 HCC meeting which reviewed proper radio communication. This review addressed an area for improvement noted on the AAR of the regional Drive Thru Flu clinic. PHEPC and DOH attended a TTX Meningococcal B exercise at UConn on 12/19/18, the scenario of which addressed the potential for mass vaccination of students.

Q3.

The quarterly STEW scheduled for 1/10/19 was cancelled by DPH. The DPH Exercise Coordinator resigned as of March 1. EHHD PHEPC attended the statewide Training and Exercise Planning Workgroup (TEPW) on February 25, 2019 in Wallingford. EHHD PHEPC is part of the team preparing the HCC CST (Coalition Surge Test) and RCD (Redundant Communications Drill) scheduled for April 10, 2019.

Q4.

The quarterly STEW scheduled for 4/11/19 was cancelled by DPH.

EHHD PHEPC served as part of the MAC team which coordinated the HCC CST and RCD on April 10, 2019. The HCC RCD AAR was submitted to the HCC lead by the EHHD PHEPC on April 11, 2019. This RCD had been modified based on the IP from the previous RCD, and calls went out only to the discipline leaders instead of the entire HCC distribution list.

This CST was also informed by last year's IP, which noted that the HCC representative in the hospital EOC was overtasked with an operational role as well as being HCC Liaison. In this year's CST, the HCC provided a dedicated Liaison to the hospital EOC.

EHHD PHEPC took FEMA IS-368 for People with Access & Functional Needs on 6-10-19; PHEPC & DOH participated in statewide At-Risk Populations Regional Health Care Coalition Training on 6-10-19. PHEPC participated in Region 4 DEMHS T&E planning session on 6-12-19.

Drills (Exercises and Real Events).

The subcontractor shall participate in and/or conduct exercises in conjunction with their HCC. The subcontractor shall:

- Attend drill and exercise planning meetings scheduled by the Contractor's HCC and/or DPH;

- Notify the DPH Drill and Exercise Coordinator, using the DPH online Notice of Drill and Exercise (NODE) at least 30 days in advance of the Drill or Exercise;
- Prepare and submit an AAR on each Drill and/or Exercise under this section within 45 days of completion of each such Drill and/or Exercise;
- Describe in the AAR where areas for improvement have been identified from Drills, Exercises, or real-world events and how the preparedness strategy will be revised to reflect improvements;
- Develop an IAP during an emergency or planned event and utilize incident action planning cycles to identify and modify objectives and strategies. The IAP shall be shared with your HCC.

(For this measure, please list dates of planning meetings and person who attended; dates and abbreviated names of exercise and types conducted; submission dates for AAR/IPs; and dates that IAPs were completed. DPH collects additional information, so this list will act as a means for cross-referencing submission of NODEs, AARs, and Drill Metric Sheets (CRI jurisdictions can submit Drill Metric Sheets electronically via DCIPHER).

Q1.

EHHD Emergency Coordinator is tracking the HCC Training and Exercise calendar monthly.

EHHD Emergency Coordinator participates in the Statewide Training and Exercise Workgroup (STEW) calls. STEW call held 8-9-18.

T&E discussed as part of the monthly agenda for HCC meetings.

EHHD participating in planning for the HCC exercise 10-14-18 EID Drive Thru Exercise.

IAPs will be utilized for real events and exercises.

Q2.

PHEPC participated in STEW call held 10-11-18.

NoDE submitted on 11-13-18 for the EHHD Flu Clinic 12/1/18 Mansfield exercise.

AAR for 12/1/18 Flu Clinic is being prepared for submittal. EHHD was included in AAR for 10-14-18 Regional Drive Through Flu Clinic/EID exercise, dated 11-14-18. EHHD PHEPC prepared AAR for RCD 10-23-18. These AARs included Improvement Plans.

EHHD prepared IAPs and utilized operational periods to prepare for the 12/1/18 Flu Clinic.

Q3.

EHHD PHEPC attended the statewide Training and Exercise Planning Workgroup (TEPW) on February 25, 2019 in Wallingford. The quarterly STEW scheduled for 1/10/19 was cancelled by DPH. The DPH Exercise Coordinator resigned as of March 1.

EHHD PHEPC submitted NoDE for R4 HCC CST on 3/19/19. EHHD PHEPC submitted NoDE for R4 RCD on 3/19/19.

EHHD PHEPC submitted AAR for "EHHD Flu Clinic 12/1/18 Mansfield" was prepared and submitted to DPH and R4 fiduciary on 1/10/19. The AAR includes an Improvement Plan as Appendix A.

Q4.

The quarterly STEW scheduled for 4/11/19 was cancelled by DPH.

No NoDEs submitted this quarter.

EHHD PHEPC participated in the R4 CST and RCD on 4-10-19. Submitted the AAR for the Regional RCD, and prepared the R4 HCC MAC Team portion of the AAR for the CST. Both AARs include information for IP.

EHHD PHEPC participated in MAC Team which supported the CST. The MAC produced an IAP as part of this regional exercise.

Emergency Operations Coordination: (MDA leads and PODS)

Subcontractors who act as MDA Leads shall conduct:

- Staff notification and assembly drills
- Site activation drills
- Facility set-up drills in coordination with health departments that have PODs.

Health departments that have not conducted a full- scale exercise in the previous four years, must prepare & submit an updated action plan to DPH by June 30, 2019. FSE must be completed by June 30, 2021.

Q1. Staff notification and Site Activation Drill conducted 9/26/18 using the CodeRed system.

Q2. Staff notification and Site Activation Drill conducted 12-13-18 using the CodeRed system.

A facility setup drill was conducted on 12/1/18 as part of the EHHD Flu Clinic 12/1/18 Mansfield exercise.

Last FSE was conducted in April 2016.

Q3. Staff notification and site activation drill was conducted 3/26/19 using the CodeRed system.

Q4. Staff notification and site activation drill was conducted on 6-27-19 using the CodeRed system.

Emergency Operations Coordination.

Subcontractors shall:

- Create (or update) local health director and staff user accounts on the latest version of WebEOC;
- Utilize and integrate WebEOC into local emergency preparedness plans, drills and/or exercises
- Maintain a public health emergency response plan
- Demonstrate use of the Health Alert Network (HAN) by conducting quarterly call-downs and completing HAN progress reports on use of HAN system.

(Indicate activities.)

Q1.

Currently five of EHHD's staff have access to WebEOC.

Quarterly call down conducted 9-26-18.

EHHD maintains a PHERP.

Q2.

Currently five of EHHD's staff have access to WebEOC.

PHEPC utilized WebEOC to monitor high wind event 12-21-18.

EHHD maintains a PHERP.

Staff notification and Site Activation Drill conducted 12-13-18 using the CodeRed system.

Q3.

Currently five of EHHD's staff have access to WebEOC.

Quarterly call down conducted 03-26-19.

EHHD maintains a PHERP.

Q4.

Currently five of EHHD's staff have access to WebEOC.

Quarterly call down conducted 6-27-19.

EHHD maintains a PHERP.

Emergency Communications. The subcontractor shall:

- Participate in its HCC's two redundant communications drills
- Participate in HAN and Web EOC reporting
- Comply with all reporting directives requested by DPH Commissioner or DPH Office of Public Health Preparedness and Response.

(Indicate activities)

Q1.

No RCD conducted in this quarter.

Participated in CT DPH HAN call down 9-26-18.

Complied with reporting directives.

Q2.

RCD conducted 10-10-18, EHHD PHEPC and DOH participated.

Participated in CT DPH HAN call down 12-13-18.

Complied with reporting directives.

Q3.

No RCD conducted in this quarter.

Participated in CT DPH HAN call down 3-26-19. No WebEOC reporting is required of LHDs.

Complied with reporting directives.

Q4.

EHHD PHEPC participated in the R4 CST and RCD on 4-10-19.

The CST included a posting of EEI information onto WebEOC.

Complied with reporting directives.

Strengthen Countermeasures and Manage Access to and Administration of Pharmaceutical and non-Pharmaceutical Interventions. The subcontractor shall:

- Support MCM distribution and dispensing (MCMDD) for all-hazards events
- Participate in CRI/MCM operational readiness reviews (ORR) and briefings by the state's MCM coordinators to understand jurisdictional MCM distribution plans;
- Participate in the DPH planning and exercise activities around MCM, including participation in drills pursuant to the MYTEP
- Participate in MCM ORR process; submit quarterly MCM Action Plan and participate in quarterly TA calls (applicable to MDA leads only)
- Submit all elements of the POD and LDS/Receiving Site Survey if newly designated (see contract).
- Complete the required sections of DCIPHER per contract.

(Please provide dates for MCM ORR completion, action plan updating and revisions, and the dates when your POD and LDS/RSS site surveys were last completed and updated. MDAs that are in CRI jurisdictions will complete MCM ORR work via the DCIPHER system. Indicate activities.)

Q1.

-No ORRs were conducted in this quarter. EHHD is scheduled for an ORR on 2/4/19.

-EHHD is participating in a regional HCC Mass Dispensing Drill in October 2018.

-No TA calls were scheduled by DPH in this quarter. Per guidance from Corinne Rueb of DPH, MCM Action Plans are to be maintained at the local level and submitted to DPH at the end of the year.

Q2.

-EHHD supports MCMDD for all hazards events. EHHD supported statewide seasonal flu distribution campaign.

EHHD PHEPC participated in Millstone Radiological training for MRC and radiological volunteers prior to Norwich Millstone drill on 10-18-18.

-No ORRs were conducted in this quarter. EHHD is scheduled for an ORR on 2/4/19.

-EHHD has been actively engaged in the DPH proposal to reorganize MDAs, including attendance on OLHA conference call 11-15-18. EHHD participated in the RCD held 10-10-18, and participated in the planning for the RCD and CST in April 2019.

-EHHD participated in MCM TA conference call on 10-30-18. MCM Action Plan for Q1 and Q2 submitted on 12-18-18, as per DPH directive.

-No newly designated POD or LDS/RDS.

-DCIPHER is being used to collect MCM information prior to 2/4/19 ORR. Since May, PHEPC has encountered continual technical challenges in accessing the system, without resolution from SAMS.

Q3.

-EHHD supports MCMDD for all hazards events.

-MCM ORR was conducted on February 4, 2019 at EHHD with Rob Miller and Derek May of EHHD, Corinne Rueb and Patrice Barrett of CT DPH. At the urging of DPH, during this quarter the four MDAs agreed to consolidate into one Region 4 MDA.

-EHHD PHEPC attended the statewide Training and Exercise Planning Workgroup (TEPW) on February 25, 2019 in Wallingford.

-DOH and PHEPC participated in MCM TA Action Plan meeting on 3/21/19 following R4 ESF8.

-No new PODs/LDS.

-DCIPHER was used to enter all information required for MCM ORR.

Q4.

ORR was conducted on 2/4/19 and a written ORR evaluation was received from DPH on 6/5/19. PHEPC and DOH attended Region 3 quarterly MCM TA review session on June 7, and in Region 4 MCM TA review on June 20, 2019. All required ORR forms were completed in DCIPHER.

Responder Safety and Health. The subcontractor shall submit a signed statement to DPH acknowledging compliance with all applicable Occupational Health and Safety Administration (OSHA) standards to provide a safe workplace. *(Indicate date of submission of the signed statement.)*

Q1.

No activity performed in this quarter.

Q2.

The EHHD OSHA compliance statement was signed and submitted to DPH and to the HCC fiduciary on 10-30-18.

Q3.

Complete.

Q4.

Complete.

Strengthen Surge Management. The subcontractor shall participate in the planning and execution of your HCCs coalition surge test (CST) exercise, using a simulated evacuation scenario, including a Functional Exercise and a facilitated Hotwash. *(Acknowledge and describe role for participating in CST.)*

Q1.

No activity performed in this quarter.

The CST is scheduled for 2019.

Q2.

CST planned for the week of April 8, 2019. EHHD PHEPC will support HCC response and conduct concurrent RCD.

Q3.

CST planned for April 10, 2019. During this quarter EHHD PHEPC worked with trusted insider Ron Kersey (L&M Hospital) to engage the evacuation hospital (Backus) and convene a meeting held 3/15/19. PHEPC will be serving as part of the HCC Multi Agency Coordination (MAC) Team to support the exercise. EHHD PHEPC will conduct a concurrent RCD for the HCC. Other EHHD staff will participate virtually in the facilitated hotwash call.

Q4.

PHEPC served as part of the HCC Multi Agency Coordination (MAC) Team to support the CST exercise on April 10, 2019. EHHD PHEPC conducted a concurrent RCD for the HCC. The DOH participated virtually in the facilitated hotwash call.

Volunteer Management. The subcontractor shall support, recruit, and retain volunteers for your regional MRC or other health volunteer group affiliated with the health department/health district. If a MRC Lead, submit information as required by the contract to your HCC and Allyson Schulz.

(Please provide activities on your efforts to recruit and retain volunteers)

Q1. *Currently EHHD maintains a list of 30 public health volunteers, utilizing the Eastern Highlands Health District Medical Reserve Corps (EHHD MRC). During this quarter EHHD MRC were engaged through invitation to participate in local and regional programs including "Until Help Arrives" trainings; Medical Aid Station Team (MAST) trainings; Amateur Radio training courses; and invitation to participate in Hurricane Florence response pursuant to a national MRC/ARC request.*

Q2.

During this quarter EHHD MRC were engaged through invitation to participate in local and regional programs including "Until Help Arrives" trainings; Medical Aid Station Team (MAST) trainings (2 nurses deployed to support the Hartford Marathon 10/13/18; invitation to participate in Hurricane Florence response pursuant to a national MRC/ARC request (1 nurse deployed for 2 weeks); invitation to support December flu vaccination clinics (6 MRC responded); and invitation to a regional MRC training and recognition event. Everyone on the MRC list was contacted and 21 confirmed their continued participation in MRC.

Q3.

During this quarter EHHD MRC held one Orientation Session, bringing in one new nurse and re-engaging an existing volunteer. Additionally, the MRC Director participated in two Statewide MRC strategy sessions. Reporting of events occurred to the HCC MRC lead and on the HHS MRC national website. EHHD MRC currently has 22 active members, all of whom have been engaged with activities or two way communications within the past year.

Q4.

This quarter EHHD MRC added depth to its leadership, and going forward will be led by the Public Health Nurse (PHN) as MRC Unit Coordinator and the PHEPC as MRC Unit Director. EHHD MRC volunteers participated in several trainings: R4 MAST training in Scotland; KI Distribution training in Mansfield; support of KI Distribution Station for UConn Millstone Host Community rehearsal in May and final exercise in June. EHHD MRC continues to collaborate with other region 4 MRC units and state DPH. During quarter 4 EHHD held one Orientation session, adding another nurse to the MRC roles. EHHD MRC currently has 23 active members.

June 26, 2019

To: Uncas MRC, Region 4 MRC Lead 2018-19
Attn: Allyson Schulz/Patrick McCormack

Please find below the annual reporting of past and planned activities undertaken by the Eastern Highlands Health District Medical Reserve Corps (EHHD MRC) during the period 7-1-18 to 6-30-19.

Thank you,
Derek

Derek May
EHHD MRC unit director
Eastern Highlands Health District
4 South Eagleville Rd.
Mansfield, CT 06268
maydn@ehhd.org
860-234-6690

Activity List for Eastern Highlands Health District MRC 7-1-18 to 6-30-19:

Date	type	Description	# Vols	# hrs of event	# non-med volunteer hours	# Healthcare Vol. Hrs.
7/19/2018	orientation	MRC Orientation	5	1.5	7.5	
7/30/2018	admin	MRC Unit Leader Meeting	1	2	2	
8/2/2018	training	Until Help Arrives—Coventry	2	4	8	
8/22/2018	promotion	MRC promoted on Local Access TV and social media.	1	4	4	
9/18/2018	training	R4 MRC MAST (Medical Aid Station Team) Training	4	4	16	
9/28/2018	partner support	EHHD MRC nurse answers call to assist Red Cross with NC Hurricane Response	1	80		80
10/13/2018	deployment	First Aid support of Hartford Marathon	2	8		16
10/14/2018	exercise	Support of region 4 Drive Thru Flu Clinic / Infectious Disease exercise	2	6	12	
10/23/2018	admin	Statewide MRC Unit Leader call.	2	3	6	
10/25/2018	promotion	EHHD MRC table at Health Fair	3	2	6	
10/31/2018	orientation	MRC Orientation	2	2	4	
11/3/2018	training	Until Help Arrives @ Windham Schools	1	4	4	
11/15/2018	admin	R4 MRC Unit Leader meeting.	1	2	2	
12/1/2018	exercise	Support Flu Clinic @ Mansfield	6	3	18	

12/1/2018	promotion	Region 4 MRC Appreciation and Training event	4	4	16	
12/8/2018	exercise	Support Flu Clinic in Coventry	5	3	9	6
12/13/2018	training	"Until Help Arrives" at Tolland, CT	2	3	6	
1/10/2019	admin	CT MRC Strategic Planning meeting	1	2	2	
1/18/2019	admin	R4 MRC Unit Leader meeting	1	2	2	
2/8/2019	orientation	MRC Orientation	3	2	6	
3/12/2019	admin	CT MRC Strategic Planning meeting.	1	5	5	
3/21/2019	admin	MRC Unit Leader meeting	1	2	2	
4/23/2019	admin	Statewide MRC Strategic planning session	1	4	4	
5/8/2019	admin	MRC/ARC Planning for Region 4 Disaster Training Day	1	3	3	
5/15/2019	training	KI Distribution Training	5	2	10	
5/15/2019	orientation	MRC Orientation	2	1	2	
5/19/2019	training	MAST training	3	5	15	
5/23/2019	exercise	KI Distribution at radiological evacuation drill rehearsal	3	8	8	16
6/4/2019	admin	Planning meeting for Region 4 Disaster Volunteer Training Day	2	3	6	
6/6/2019	exercise	Communications Drill	2	0.5	1	
6/13/2019	exercise	KI distribution at Millstone Host Community Evacuation site	4	7	28	
6/13/2019	exercise	support of Mansfield FD for Millstone Host Community Exercise	1	7	7	

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

DRINKING WATER SECTION

July 19, 2019

VIA ELECTRONIC AND FIRST CLASS MAIL

First Selectman Erika Wiecewski
Town of Willington
40 Old Farms Road
Willington, CT 06279

RE: 34 Old Farms Road, Willington, Connecticut

Dear Ms. Wiecewski:

This letter is regarding the connection of the above-referenced property to the town of Willington's community water system, which is less than 200 feet away. Based on information I have received from James M. Makuch, the owner of the above-referenced property, this connection, which was approved by the town of Willington's Board of Selectman at its January 7, 2019 meeting, is currently on hold. I am writing to you to request an update regarding this matter and to offer the Department of Public Health's ("DPH") assistance in completing this connection as expeditiously as possible.

By way of background, on June 13, 2019, the Commissioner of Public Health received a letter from Mr. Makuch in which he expressed frustration over his efforts to connect his property to the town of Willington's system and requested assistance from DPH. Upon receipt of the letter, DPH began investigating this matter. As part of the investigation, my staff and I reviewed the letter, including the attachments to such letter, and DPH records. In addition, I spoke with you, the Eastern Highlands Health District and Mr. Makuch. Based on the information gathered by DPH during its investigation, there does not appear to be any reason why the town of Willington cannot connect this property to the town's community water system.

I look forward to receiving an update from you regarding this matter. Please do not hesitate to contact me at (860) 509-7333 if the DPH can assist you.

Sincerely,

Lori J. Mathieu
Public Health Section Chief

c (via email): Heather Aaron, MPH, LNHA, Deputy Commissioner, DPH
Mr. James M. Makuch
Mr. Robert L. Miller, Director of Health, Eastern Highlands Health District



Phone: (860) 509-7333 • Fax: (860) 509-7359
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Robert L. Miller

From: Robert L. Miller
Sent: Thursday, July 18, 2019 11:12 AM
To: Barbara Syme; Cherie Trahan; Deb Walsh; Elizabeth Paterson (home); John Elsesser; joyce.stille@boltonct.org; Michael Zambo; Robert L. Miller; Paul M. Shapiro; Robert Devito (r.devito27@gmail.com); robertmorra@snet.net; swerbner@tolland.org; Tammy Nuccio; Town Administrator (townadministrator@columbiact.org)
Cc: Erika Wiecewski 1st Selectman Willington; Elizabeth Paterson (home); Mathieu, Lori
Subject: RE: James Makuch Communications
Attachments: Makuch response 7-12-19.pdf; RE: Document re Drinking Water

Greetings Board Members – As you may recall from the 6-20-19 board meeting a Mr. James Makuch of Willington attended, and provided back ground information regarding his efforts to connect to Town of Willington public water system. He is requesting that our agency weigh in on the matter, as stated in his 6-20-19 email communication below. Attached please find the 7-12-19 response provided by this office. This response was reviewed by legal counsel. I have also attached Mr. Makuch's subsequent 7-13-19 email response for your information.

In Mr. Makuch's 7-13-19 response he indicates that he will be contacting the media, and individual board members. I have discussed this matter with Chairperson Paterson. She requests that any media inquiries be referred to my office.

This office is currently cooperating with the DPH water supply section, and the Willington First Selectman's office in an effort to resolve this matter.

This will be a discussion item at the next board meeting on 8-15-19.

Respectfully,
Rob

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



Preventing Illness and Promoting Wellness in the Communities We Serve

From: Robert L. Miller
Sent: Tuesday, July 2, 2019 11:51 AM



Eastern Highlands Health District

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

July 12, 2019

James Makuch
34 Old Farms Road
Willington CT 06279

Dear Mr. Makuch:

This office is in receipt of your email dated June 20, 2019. In that communication you make a number of requests of our agency. Below please find the salient requests quoted from your communication, and the associated official response from our agency.

"...requesting that your Board and organization take a definitive position on my right to connect to the Willington Community Water Supply System..."

As the local public health authority, the role of this office and this agency as it pertains to your circumstances is generally defined by sections 19-13-B51b through 19-13-B51m, 19-13-B101 of the Connecticut Public Health Code, and Section 25-128 of the Department of Consumer Protection Regulations for the Well Drilling Industry. You will note that as you read these sections, they pertain primarily to the location, construction, permitting, and testing of *individual water supply wells*. As a consequence, this office is not in a position of authority to make a determination regarding your right to connect to a *public water system*. We refer you to the Connecticut Department of Public Health. The DPH is the public health authority providing regulatory oversight of public water systems in the State of Connecticut.

"...confirm whether or not your staff member(s) has/have advised the Willington Selectmen that they have the discretion of approving or denying my access to community water line as they see fit."

The Willington First Selectmen's office often confers with this office on public health related matters in our capacity as the local public health authority. This in case, the First Selectmen's office requested that we make a preliminary telephone call to the DPH water supply section on their behalf. While the above characterization is not precise, this office did pass on to the First Selectmen's office information provided to us by DPH personnel.

Please feel free to contact me if you would like to discuss this matter further.

Yours in Health,

Robert L. Miller, MPH, RS
Director of Health

Cc: Erika Wiczenski, Willington First Selectman
Lori Mathieu, Section Chief Connecticut Department of Public Health, Drinking Water Section
Board of Directors

Robert L. Miller

From: James Makuch <jim@wfcipas.com>
Sent: Saturday, July 13, 2019 9:45 AM
To: Robert L. Miller
Cc: 'Mathieu, Lori'; 'Erika Wiczenski 1st Selectman Willington'; 'John McKenna'; Mathew.Wallach@ct.gov
Subject: RE: Document re Drinking Water

Mr. Miller:

This will acknowledge receipt of your letter of July 12, 2019 (attached to the email below).

Let's look at what you sent and evaluate it for its relevance in resolving the matter of my connecting to the Community Water Supply System (CWSS) that runs in the street abutting my property, and in light of your professional responsibilities and performance.

In your first paragraph you explained that "this office (EHHD) is not in a position of authority to make a determination regarding your right to connect to a public water system." That being the case, why is it that your staff member Ms. Hood denied my well permit clearly stating that the denial was because I am required to connect to the CWSS by CT Statute. In the world other than CT and Willington government, when you are told by a public official that you must connect to a system, that official is also stating that you have a right to connect. Otherwise you are being denied a right to follow the laws of the state where you reside. Could it actually be that you and your Board do not grasp that, or do you not instruct your staff in such fundamentals? I don't think so. I will cover what is obvious from your response in my closing of this note.

In your second paragraph, you state that you communicated with the Willington First Selectman and the DPH and transferred information, but you do not share any of that information. You also communicate only with the Willington First Selectman, not the Board of Selectmen, where all members have equal votes and where all members are now legally and ethically responsible for having participated in denying my rights. Your actions allow the First Selectman to keep your letter out of the communication list that goes to the townspeople with the Selectmen's Board Minutes. Is that public service?

What is clear here is that you and your Board have signed on to the endless stonewalling and delays perpetrated by the Town of Willington in this matter and in the political actions in support of those efforts. For 21 years I had the honor of working for UCONN, the last eight years handling special projects for the Financial Vice President, the President and the Board. Those responsibilities took me all over the State and put me in contact with many municipal and State of CT officials, and I never found anything like my current experience. Dealing with you, your Board, the DPH officials involved, and the Willington Selectmen puts me in mind of the efforts of Diogenes of Sinope. He apparently did not have much luck, but he also apparently did not have the advantage of great lawyers and of sufficient resources to expose the kind of responses that I have been getting to the people of CT. You and the others involved will soon be getting the opportunity to explain your actions in these matters to the media and all of CT. I am concerned that there may be something very untoward going on here and being ordered at a very high level in government, and I am going to do all that I can to expose it. I look forward to your explanation of your July 12 letter when you confronting media representatives or officials examining your actions.

Please send a copy of this to all of your Board members and to Ms. Hood and to the BOARD OF SELECTMEN of Willington, and please send Attorney McKenna a list of the names and the contact information of all of your Board members.

Jim Makuch

James M. Makuch
Member, Manager, Owner
Makuch & Company, LLC
34 Old Farms Road
Willington, CT 06279
860-933-2290 (Cell)
realestate@wfcipass.com

From: Robert L. Miller <MillerRL@ehhd.org>
Sent: Friday, July 12, 2019 1:22 PM
To: James Makuch <jim@wfcipas.com>
Cc: Mathieu, Lori <Lori.Mathieu@ct.gov>; Erika Wiecenski 1st Selectman Willington <ewiecenski@willingtonct.org>
Subject: RE: Document re Drinking Water

Dear Mr. Makuch – Please see the attached letter in response to your email below.

Yours in Health,

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



Preventing Illness and Promoting Wellness in the Communities We Serve

From: James Makuch [<mailto:jim@wfcipas.com>]
Sent: Tuesday, July 2, 2019 11:08 AM
To: Robert L. Miller <MillerRL@ehhd.org>
Subject: RE: Document re Drinking Water

Thank you Mr. Miller. I will await the response.

I presume that you have shared that email with your Board members. If you have not, please do so.

Mr. Miller,

Sorry for the delay in getting this to you. I had clients come in early.

I am simply but earnestly and respectfully requesting that your Board and organization take a definitive position on my right to connect to the Willington Community Water Supply System and that you forward whatever decision and statement that you make in that regard to the Willington Board of Selectmen and to the Commissioner of the CT Department of Public Health.

I am also requesting that you confirm whether or not your staff member(s) has/have advised the Willington Selectmen that they have the discretion of approving or denying my access to the community water line as they see fit.

These requests are critical to the resolution of this matter.

At this time, I am blocked from proceeding with the water line connection and also have had well drilling permits (including one issued without my approval by the Town) denied by both your organization and by the DPH. The enclosed letter, that was hand delivered to the Commissioner of DPH, has gone unanswered.

Jim Makuch

Please confirm receipt of this email.

From: Heather Bonneksen [<mailto:heather@wficpas.com>]
Sent: Thursday, June 20, 2019 9:05 AM
To: Jim Makuch <jim@wficpas.com>; realestate@wficpas.com
Subject: Document re Drinking Water
Importance: High

Hello Jim,

Attached, please find the document you requested with regard to your 'Drinking Water'.

Thank you.

Best Regards,
Heather M. Bonneksen
Willington Financial Company
Seven Main Street
Stafford Springs, CT 06076

[Click here](#) to send me files securely.

heather@wficpas.com
860-684-4470 Phone
860-684-3846 Fax

To: 'Barbara Syme' <barbarasyme@yahoo.com>; Cherie Trahan <TrahanCA@MANSFIELDCT.ORG>; 'Deb Walsh' <debwalshbell@gmail.com>; Derrik M. Kennedy <KennedyDM@mansfieldct.org>; 'Elizabeth Paterson ' <betsypaterson725@GMail.com>; John Elsesser <jElsesser@coventryct.org>; 'Joseph Higgins - Andover' <jhiggins@andoverct.org>; 'joyce.stille@boltonct.org' <joyce.stille@boltonct.org>; 'Michael Zambo' <firstselectman@ashfordtownhall.org>; 'millerrl@mansfieldct.org' <millerrl@mansfieldct.org>; Paul M. Shapiro <ShapiroPM@mansfieldct.org>; 'Robert Devito (r.devito27@gmail.com)' <r.devito27@gmail.com>; 'robertmorra@snet.net' <robertmorra@snet.net>; 'swerbner@tolland.org' <swerbner@tolland.org>; 'Tammy Nuccio' <tnuccio@tolland.org>; 'Town Administrator (townadministrator@columbiact.org)' <townadministrator@columbiact.org>
Cc: 'Erika Wieceński 1st Selectman Willington' <ewieczenski@willingtonct.org>
Subject: James Makuch Communications
Importance: High

Greetings Board Members – As requested by Mr. Makuch at the June 20th board meeting please find below and attached recent communications received from Mr. Makuch. As directed by the board, this office is drafting an appropriate response to his communication.

Additionally, the DPH has recently acknowledged receipt of his communication, and also intends to provide an appropriate response.

Respectfully,
Rob

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



Preventing Illness and Promoting Wellness in the Communities We Serve

From: James Makuch [<mailto:jim@wficpas.com>]
Sent: Thursday, June 20, 2019 11:14 AM
To: Robert L. Miller <MillerRL@ehhd.org>
Cc: james.makuch.willington@gmail.com
Subject: FW: Document re Drinking Water
Importance: High

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, August 6, 2019 3:37 PM
To: 'Barbara Syme'; 'Daniel Syme'; 'Deb Walsh'; 'Elizabeth Paterson'; 'Erika Wiecenski 1st Selectman Willington'; John Elsesser; 'Joseph Higgins - Andover'; 'joyce.stille@boltonct.org'; 'Kenneth Dardick'; 'Lbielawiec@tolland.org'; 'Matthew Cunningham (firstselectman@chaplinct.org)'; 'Michael Zambo'; 'millerrl@mansfieldct.org'; Paul M. Shapiro; 'Robert Burbank (andoverselectman1@comcast.net)'; 'Robert Devito (r.devito27@gmail.com)'; 'robertmorra@snet.net'; 'swerbner@tolland.org'; 'Tammy Nuccio'; Tasha N. Smith; 'Town Administrator (townadministrator@columbiact.org)'
Cc: Millie C. Brosseau
Subject: New EHHD staff

Greetings Board Members and Town CEO's – I want to take this opportunity to let you know that we have hired two new full-time field staff! The EHHD team welcomes Thad King MPH RS, Sanitarian II, and Zachary Jezek, Environmental Health Inspector. Thad comes to us with almost 30 years of governmental environmental health experience within the state of Connecticut. Zachary is a former small business owner, and recent intern at the DPH Food Protection Program. Both will begin their appointments with us on Monday, August 12th.

With this new field staff, sanitarian assignments will be adjusted accordingly. Specifically, the Towns of Bolton, Andover will now be served by Mr. King. All other Sanitarian land use assignments remain the same.

Please let me know if you have any questions.

Sincerely,
Rob

Robert L. Miller, MPH, RS

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



Preventing Illness and Promoting Wellness in the Communities We Serve



MEMO - COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE

To: Board of Directors, Eastern Highlands Health District
 From: Vanessa E. Rossitto, CPA, Audit Partner
 Blum Shapiro & Company, P.C.
 Date: May 28, 2019
 Re: Auditing Standard No. 114, "The Auditor's Communication with Those Charged with Governance" regarding audit of Eastern Highlands Health District

We are engaged to audit the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District for the year ended June 30, 2019. Professional standards require that we provide you with the following information related to our audit. We would also appreciate the opportunity to meet with you to discuss this information further since a two-way dialogue can provide valuable information for the audit process.

Our responsibilities under Auditing Standards Generally Accepted in the United States of America, Government Auditing Standards, the Uniform Guidance and the Connecticut State Single Audit Act.

As stated in our engagement letter dated May 20, 2019, our responsibility, as described by professional standards, is to express opinions as to whether the financial statements, prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve those charged with governance or management of their responsibilities.

In planning and performing our audit, we will consider the Eastern Highlands Health District's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinions on the financial statements and not to provide assurance on the internal control over financial reporting. We will also consider internal control over compliance with requirements that could have a direct and material effect on a major federal or state program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance and the Connecticut State Single Audit Act.

As part of obtaining reasonable assurance about whether the Eastern Highlands Health District's financial statements are free of material misstatement, we will perform tests of its compliance with certain provisions of laws, regulations, contracts, and grants. However, providing an opinion on compliance with those provisions is not an objective of our audit. Also in accordance with the Uniform Guidance and the Connecticut State Single Audit Act, we will examine, on a test basis, evidence about the Eastern Highlands Health District's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement and the State of Connecticut Compliance Supplement applicable to each of its major federal and state programs for the purpose of expressing an opinion on the Eastern Highlands Health District's compliance with those requirements. While our audit will provide a reasonable basis for our opinion, it will not provide a legal determination on the Eastern Highlands Health District's compliance with those requirements.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform an examination of all transactions, there is a risk that material misstatements or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*.

Planned Scope, Timing of the Audit and Other

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

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

Nonattest Services

In addition to above services, we will also assist in performing certain nonattest services. These services do not constitute an audit under *Government Auditing Standards*. The services are as follows:

- preparing a draft of the financial statements,

Management agrees to oversee the nonattest services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Independence

There are no relationships between any of our representatives and the Eastern Highlands Health District that in our professional judgment impairs our independence.

Responsibilities under Auditing Standards Generally Accepted in the United States of America

Management's responsibilities include:

- The selection and application of accounting principles, the preparation and fair presentation of the financial statements and all accompanying information
- Establishing and maintaining effective internal controls, including internal controls over compliance
- Making all financial records and related information available to us and for the accuracy and completeness of that information
- The design and implementation of programs and controls to prevent and detect fraud and for informing us about all known or suspected fraud affecting the government
- Identifying government award programs and understanding and complying with the compliance requirements

Auditor's responsibilities include:

- Express opinions on the financial statements based on our audit
- Plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement
- Performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements
- Consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control
- Evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

Audit Areas of Focus

- Cash
- Receivables and revenues
- Capital Assets
- Payables, accruals, expenditures
- Payroll expenditures

Engagement Timing

Our initial planning for the year-end audit was performed during May 2019. Our focus was on documentation of the internal controls as required by auditing standards, fraud inquiry interviews with management and key personnel, preparation of certain confirmations some overall analytical procedures and audit fieldwork as applicable to the federal and state single audits and procedures performed relevant to the tax collector's office.

- Audit Timing:

Trial Balance Files to BlumShapiro	08/26/19
Commencement of Fieldwork	09/03/19
End of Fieldwork	09/13/19
Issuance of Draft Financial Statements	10/01/19
Client Approval of Draft Statements	10/15/19
MD+A Finalized	10/15/19
Issuance of Financial Statements	10/31/19
Issuance of Management Letter, if applicable	10/31/19
Post Audit Meeting with Management	TBD

Engagement Team

The engagement team that will be responsible for audit, and other services, is as follows including contact information to reach us:

- Vanessa Rossitto, Audit Partner
Direct Line: 860-561-6824
Email: vrossitto@blumshapiro.com
- Gerry Paradis, Concurring Reviewer
Direct Line: 860-570-6371
Email: gparadis@blumshapiro.com
- Michael Popham, Audit Manager
Direct Line: 860-570-6391
Email: mpopham@blumshapiro.com

Other Communications

At the completion of our audit we will communicate in writing the following information related to our audit:

- Management judgments and significant sensitive accounting estimates
- Significant accounting policies
- The adoption of new accounting principles or changes in accounting principles
- Significant audit adjustments (recorded and unrecorded)
- Disagreements with management about auditing, accounting or disclosure matters
- Difficulties encountered in performing the audit
- Irregularities and illegal acts
- Consultation by management with other auditors
- Matters affecting independence of auditors
- Material weaknesses, significant deficiencies and control deficiencies

Knowledge of Fraud

- If management or those charged with governance has any knowledge of fraud or potential fraud, this information needs to be communicated to us. As part of the audit process, we will be meeting with management to discuss fraud risks and any further issues.

Best Practices and Industry Updates

Fraud Risk Assessment

- In the 2018 Report to the Nations, a survey of members conducted by the Association of Certified Fraud Examiners (ACFE), the median loss per fraud occurrence was \$130,000, with more than 22% of those cases resulting in losses exceeding \$1,000,000. Almost any employee may be capable of perpetrating a fraudulent act given the right set of circumstances. Municipalities are especially vulnerable due to the large amounts of cash collected in the tax collector's office in addition to decentralized cash collection points such as transfer stations, recreation programs, school activity accounts, etc. Also, one of the primary fraud risks is the ever-present risk of misappropriation of assets (theft), through fraudulent cash disbursements.
- The objectives of a Fraud Risk Assessment are to gather perceptions of fraud risk and to promote fraud awareness and prevention across the entity. The Fraud Risk Assessment process starts with the gathering of information on the population of fraud risks that may apply to the entity. This includes consideration of various types of possible fraud schemes, scenarios and opportunities to commit fraud. This information is then used to assess the relative likelihood and potential significance of identified fraud risk based on historical information, known fraud schemes and interviews with staff and management. The fraud risk assessment can be formal – performed by an outside accounting or consulting firm; or informal - performed by a management-level individual who has extensive knowledge of the entity that might be used in the assessment. The fraud risk assessment process should consider the Entity's vulnerability to misappropriation of assets.

Cybersecurity Threats

Cybersecurity has reached a new crossroads. Municipalities can no longer have a “wait and see” attitude toward securing operations and data. Proactively assessing and managing operations and IT environment(s) in anticipation of cyber threats is critical. Managing your organization's risk to cyber threats starts with a consideration of the following:

- Cybersecurity is now considered a key business risk by most boards.
- Global spending on cybersecurity is projected to increase each of the next 10 years.
- Nearly 70% of funds expended due to a cyber event are unrecoverable.
- Ransomware attacks force the majority of impacted businesses to pay to get their data back.
- The scale of data breaches and lost funds due to phishing and business email compromise is exponentially trending upward.
- Most companies do not know all locations where personal/confidential information is stored and/or how it is protected.
- With the most frequent cybersecurity attack vector migrating from the network perimeter, directly to the individual user, everyone who touches technology can be a point of exposure.

As such, cybersecurity strategies require a new approach to identify where critical information exists that needs to be protected, a new way of foreseeing and deterring the threats that could result in the theft of information or the loss of funds, and a new way to understand the overarching corporate risk associated with cyber-attacks.

Understanding your baseline exposure to cyber threats is a critical best practice. An annual security and vulnerability risk assessment should be performed that identifies and evaluates exposures, hazards and/or potential for breach that could negatively impact an organization's ability to conduct business. These assessments help to identify the inherent cyber risks and provide measures, processes and controls to reduce the impact of these risks to business operations. From this assessment you should

identify and locate personal/confidential information and understand how this information is secured and gain a clear understanding of potential for exposure. Risk mitigation plans should be designed to tighten areas of exposure and establish stronger security protocols. Limited resources will be applied to the areas most in need of protection.

As a key component to building and maintaining a resilient culture of cybersecurity, strengthening employee cybersecurity awareness through focused training will be a critical component of an organization wide cybersecurity initiative. Progressive ways of assessing how employees respond to targeted threats through phishing simulation attacks can proactively identify areas of exposure, reinforce learning objectives, identify training opportunities, and help identify missing security protocols.

BlumShapiro offers a range of services to assess your company's cybersecurity strategy and develop a plan to mitigate risk. It can start with a short educational session for employees. We also offer a portfolio of Implementation services to help mitigate overall risks.

Industry Developments - Current Year - June 30, 2019 - Accounting Standards

- **GASB Statement 83 – Certain Asset Retirement Obligations** This Statement addresses accounting and financial reporting for certain asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. A government that has legal obligations to perform future asset retirement activities related to its tangible capital assets should recognize a liability based on the guidance in this Statement. The dismantling and removal of a sewage plant and the decommissioning of a nuclear reactor are example of where capital assets might need to be retired.
- **GASB Statement 88 – Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements** The standard redefines the word “debt” for purposes of disclosures. Requirements to disclose summarized information on unused lines of credit, assets pledged as collateral for debt and terms specified in debt agreements related to significant events of default with finance-related consequences, termination events with finance-related consequences and subjective acceleration clauses. Disclosure information is separated between direct borrowings and direct placements of debt from other forms of debt.

Industry Developments - Future Accounting Standards - June 30, 2020

- **GASB Statement 84 – Fiduciary Activities** This statement establishes criteria for identifying fiduciary activities. The focus of the criteria generally is on (1) whether a government is controlling the assets of the fiduciary activity and (2) the beneficiaries with whom a fiduciary relationship exists. The objective of this statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported.
- **GASB Statement 89 – Accounting for Interest Cost Incurred Before the End of a Construction Period** This statement requires interest cost incurred before the end of a construction period to be expensed in the period in which the cost is incurred.

Industry Developments - Future Accounting Standards - June 30, 2021

- **GASB Statement 87 – Leases** This statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources.

- **GASB Statement 90 – Majority Equity Interests** This statement defines majority equity interest and specifies that a majority equity interest in a legally separate organization should be reported as an investment if a government's holding of the equity interest meets the definition of an investment, and measured using the equity method unless it is held by a special-purpose government engaged only in fiduciary activities and then would be measured at fair value.

Areas of Concerns

- If you have any concerns that you would like to discuss with Blum Shapiro, we will make ourselves available either by phone or in person to discuss such concerns.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

EHS Circular Letter #2019-15

To: Local Directors of Health
Certified Food Inspectors

From: Tracey Weeks, MS, RS
Food Protection Program Coordinator

Date: June 27, 2019

Subject: Memorandum of Understanding with Department of Consumer Protection

The Department of Public Health Food Protection Program (FPP) recently signed a Memorandum of Understanding (MOU) with the Department of Consumer Protection Division of Food, Standards and Product Safety (DCP). This MOU is a cooperative effort between the two state agencies to facilitate the issuance and renewal of bakery licenses by DCP.

The agreement states that DCP may:

- Request and receive, directly from local health departments (LHD), food establishment inspection reports that are completed by LHD staff; and
- Request copies of inspection reports for bakeries, as defined below:

Sec. 21a-151. (Formerly Sec. 19-283). Definitions. For the purposes of this section and sections 21a-152 to 21a-160, inclusive:

- (1) "Bakery" means a building or part of a building where bread, cakes, doughnuts, crullers, pies, cookies, crackers, spaghetti, macaroni or other food products are made, either wholly or in part of flour or meal, including frozen or canned baked goods. "Bakery" includes, but is not limited to, any restaurant, hotel, private institution, establishment operating doughnut-frying equipment or other similar place that offers such food products for sale.



Phone: (860) 509-7297 • Fax: (860) 509-8061
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

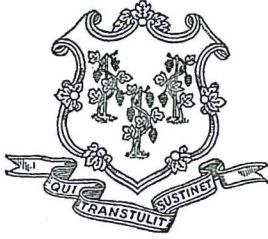
Affirmative Action/Equal Opportunity Employer



The stipulations agreed to through this MOU, and noted above, are effective immediately and will be in effect through January 31, 2024, the termination date of the agreement.

Any questions or concerns regarding the MOU between FPP and DCP should be directed to Tracey Weeks at (860) 509-7297.

C: Suzanne Blancaflor, MPH, MS, Chief, Environmental Health Section, DPH
Frank Greene, RS, MPH, Director, Division of Food, Standards and Product Safety, DCP



STATE OF CONNECTICUT
MEMORANDUM OF UNDERSTANDING
Between
The Department of Public Health
(hereinafter "DPH")
And
Department of Consumer Protection
(hereinafter "DCP")

**FULLY
EXECUTED**

1. **General.** This Memorandum of Understanding ("MOU") is made by and between DPH and DCP (collectively the "Parties").
2. **Purpose.** The purpose of this MOU is to increase administrative efficiency and broaden the cooperative efforts between DPH and DCP.
3. **Term and Termination.** This MOU shall be effective from February 1, 2019 and shall terminate on January 31, 2024. Except as otherwise expressly provided in this MOU, this MOU shall not be modified, amended or terminated without the written consent of both the Commissioner of DPH and the Commissioner of DCP.
4. **Statutory Authority.** The statutory authority for the Parties to enter into this MOU is as follows:
 - a. For DPH, Connecticut General Statutes §§ 4-8 and 19a-2a; and
 - b. For DCP, Connecticut General Statutes § 4-8.
5. **Grant of Authority and Responsibilities.**
 - a. For the purpose of streamlining operations so that DCP may directly receive inspection records for persons seeking or holding a bakery license with DCP pursuant to Connecticut General Statutes Chapter 419b, DPH grants DCP authority to request copies of food establishment inspection reports prepared by the LHD ("Reports"), pursuant to the Regulations of Connecticut State Agencies §19-13-B42(t), from Connecticut local health departments ("LHDs" or singularly "LHD"). Such request for Reports shall be construed as a request for records made pursuant to Connecticut General Statutes §19a-2a(8).
 - b. DCP shall request copies of such inspection reports only for bakeries, as defined by Connecticut General Statutes §21a-151, that are either seeking licensure from or are licensed by DCP.
 - c. DPH and DCP shall coordinate efforts to advise LHDs of this MOA and its reporting requirements.
6. **Contact Information.** As of the date of this MOU, the primary contact people shall be:
For DPH: Tracey Weeks, Coordinator, Food Protection Program

tracey.weeks@ct.gov

860-509-7297

For DCP: Frank Greene, Director of Food & Standards Division

frank.greene@ct.gov

860-713-6160

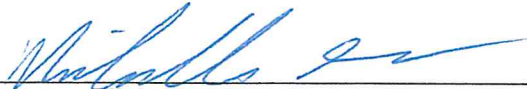
For the Department of Public Health:



Raul Pino, M.D., M.P.H., Commissioner

02/21/19
Date

For the Department of Consumer Protection:



Michelle Seagull, Commissioner

2/8/19
Date



Eastern Highlands Health District

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

July 23, 2019


Connecticut Water Company
c/o Maureen Westbrook
93 West Main Street
Clinton, CT 06413

To whom it may concern:

Please let this communication serve a notice that Robert Miller is appointed to another two year term as the Eastern Highlands Health District's representative on the Connecticut Water "Advisory Committee".

If you have any questions, please feel free to call the health district main office in Mansfield at 860-429-3325.

Sincerely,


Elizabeth Paterson
Chairperson, Board of Directors

Cc: Board of Directors

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

11

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Drinking Water Section

DWS Circular Letter# 2019-16

TO: Community Water Systems Serving More Than 1000 People

FROM: Lori Mathieu, Public Health Section Chief, Drinking Water Section

A handwritten signature in black ink, reading "Lori D. Mathieu" with a circled "R" for registered.

DATE: July 24, 2019

SUBJECT: Connecticut Cyber Security Incident Reporting

In the event of a cyber security emergency, the Department of Public Health (DPH) Drinking Water Section (DWS) is requesting that all Public Water Systems (PWS) follow the steps outlined in the [Cyber Disruption Response Plan](#) (CDRP) that was developed by the State of Connecticut Department of Emergency Services and Public Protection/Division of Emergency Management and Homeland Security (CT DESPP/DEMHS).

Public Water Systems (PWSs) must report all cyber incidents to the state (DWS and CT DESPP/DEMHS) that are capable of affecting public health, safety, or confidence. As per the CDRP these events should be reported to the Connecticut Intelligence center and the Connecticut State Police Cyber Crimes Investigation Unit.

Connecticut Intelligence Center (CTIC)

Email: ctic@ct.gov
Phone: (860) 706-5500

Cyber Crimes Investigation Unit (CCIU)

Email: cybercrime@ct.gov
Phone: (860) 685-8450

Attached is the Cyber Incident Response Plan template for use by agencies to respond to a cyber incident and can be tailored for individual agency use; the Cyber Incident Reporting Sheet is a quick reference guide. Any questions regarding the cyber security incident reporting form please call one of the phone numbers noted above. Furthermore, WaterISAC has recently released its [15 Cybersecurity Fundamentals for Water and Wastewater Utilities](#). This is a completely updated guide of the 2012 version that addresses the expanding threats to the water sector.

In addition, Public Water Systems should notify the Drinking Water Section of these incidents using this [Notification Form](#).

Attachments: Cyber Incident Response Plan template.pdf
CT Cyber Incident Reporting Sheet.pdf



Phone: (860) 509-7333 • Fax: (860) 509-7359
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308, MS#12DWS
Hartford, Connecticut 06134-0308
www.ct.gov/dph/publicdrinkingwater

Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Drinking Water Section

DWS Circular Letter# 2019-15

FROM: Lori Mathieu, Public Health Section Chief
TO: Public Water Systems
Date: July 22, 2019
SUBJECT: Emergency Notification Protocol

Should an event occur requiring notification to the Department of Public Health (DPH) or consultation with the DPH pursuant to Sections 19-13-B46 and 19-13-B102 of the Regulations of Connecticut State Agencies, Public Water Systems (PWS) are to do the following:

1. Immediately call the Drinking Water Section (DWS) at 860.509.7333 during normal business hours or at 860.692.2333 or 860-509-8000 after hours.
2. Immediately call the local health director of the service area impacted.
3. Complete & submit the required Notification Form to the DWS and the Local Health Department (LHD) by the following business day. The form should also serve as guidance of when notification to the DPH is required.

We strongly encourage you to reach out to the local health directors (LHDs) of your water service area to obtain the most suitable contact phone number and to inform LHDs of your emergency calling protocol.

Please note that water service interruption to health care facilities must be promptly reported to the DWS. Also we want to remind you that emails, voice mails without discussion with a representative, faxes, written notices, etc. are not an acceptable substitute to the direct phone contact with a representative of the agency.

Cc: Deputy Commissioner Aaron
Local Health Directors
Certified Operators



Phone: (860) 509-7333 • Fax: (860) 509-7359
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308, MS#12DWS
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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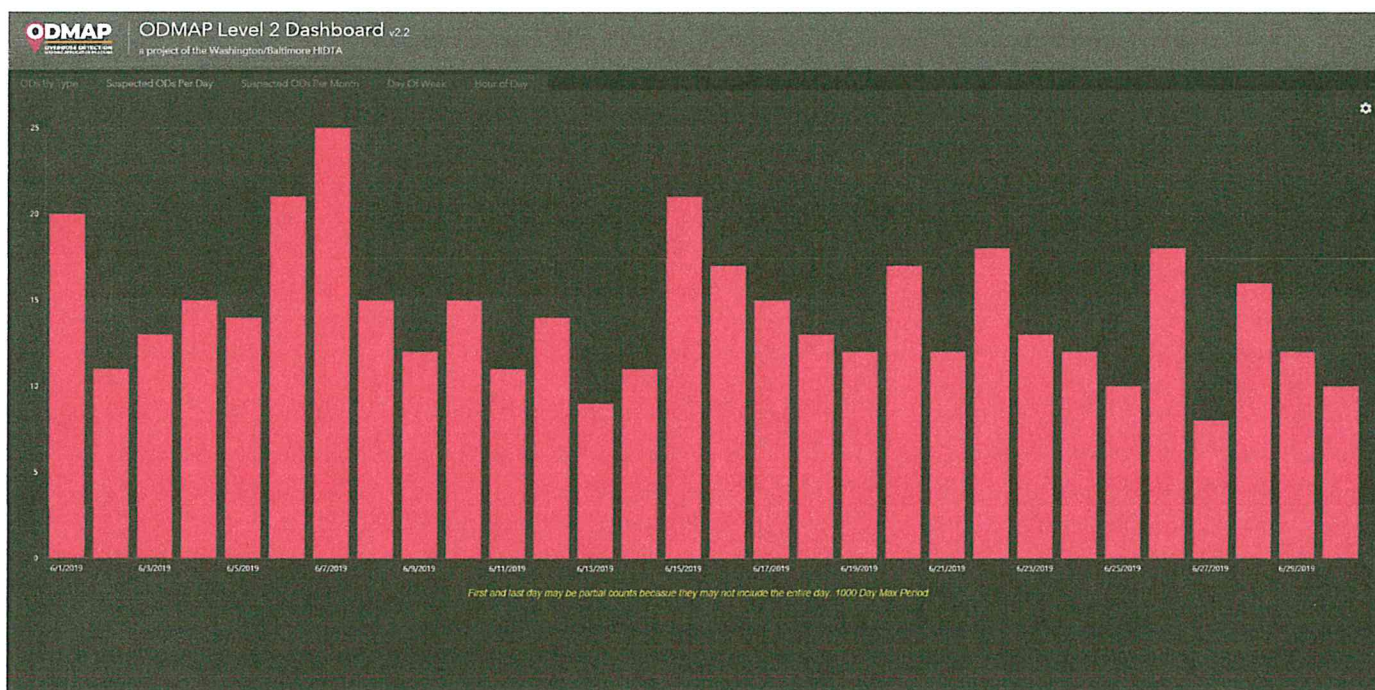
Statewide Opioid Reporting Directive Newsletter

ODMAP Access for EMS, Fire Departments, Hospitals and Law Enforcement

ODMAP is available to government (tribal, local, state, and federal) entities serving the interests of public safety and/or public health. ODMAP is also available to licensed first responder agencies and hospitals. Once you have signed a participation agreement, you will be able to view the ODMAP along with certain charts like the graph at the bottom of the page which shows suspected overdoses per day.

Once you gain Level 2 access, your agency may view real-time overdose data. The [Overdose Spike Response Framework](#) is a resource that can guide development of a local Overdose Response Plan.

Agencies will want to 1) first request [Agency Access](#) and then 2) decide an Agency Administrator (who can set alerts) and then 3) create Level 2 users.



Number of Suspected Overdoses per Day.

Thank you for your participation!

Office of Emergency Medical Services

Contact Stacey Durante at stacey.durante@ct.gov with questions.

The Overdose Detection Mapping Application Program (ODMAP) for Local Health Departments (LHDs)

What is ODMAP?

The Overdose Detection Mapping Application Program (ODMAP) is an online application to collect and map near real-time suspected overdose surveillance data across jurisdictions.



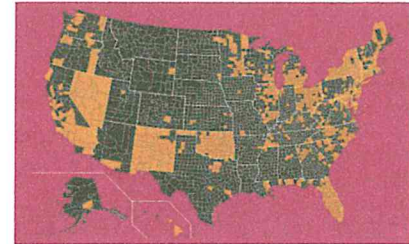
Why use ODMAP?

It is a tool to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events.

It links decision makers to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.

Who can access it?

This tool is only available to government (state, local, federal, or tribal) agencies serving the interests of public safety and health. The map to the right shows counties with participating agencies across the country.



How does my agency get access?

Each agency wishing to participate signs a data sharing agreement which is designed to protect the data within the system. Once signed, they can begin uploading data in real time through a variety of methodologies as a Level 1 user. They can also access the ODMAP dashboard, which allows users to view nationwide data and receive custom reports as a Level 2 user.

What's the Local Health Department Role?

LHDs can view real-time overdose data to coordinate efforts to respond to overdoses. The "[Overdose Spike Response Framework](#)" is a resource that can guide development of a local Overdose Response Plan.

Local Health Departments will want to 1) first request [Agency Access](#) and then 2) decide who within their agency should have [Level 2](#) access to view the overdose data in their area 3) create a plan on responding to alerts and 4) set their thresholds for alerts.

ODMAP Levels & Gaining Access

	AGENCY ADMINISTRATION	LEVEL 1 DATA COLLECTION	LEVEL 2 NATIONAL MAP
Levels	<p><i>* Your agency first needs to request agency access and have an agency administrator in order to gain access to ODMAP</i></p>	<p>*Can have Level 2 access without having Level 1 access</p>	<p>*Can have Level 2 access without having Level 1 access ** Once your participation agreement is executed, your Agency Administrator can create Level 2 accounts</p>
Roles	<ul style="list-style-type: none"> • User Management • Alert Management 	<ul style="list-style-type: none"> • Enter suspected overdoses • Manage entry of suspected overdoses 	<ul style="list-style-type: none"> • View National Map • Analyze data
Steps to Request Access	<ol style="list-style-type: none"> 1. Request Agency Access at the following link: http://odmap.org/AgencyAccess/RequestForm 2. Once your Agency is approved, a participation agreement will be sent via email to the authorized signor (for your Agency) to sign electronically. 3. Once you have signed the participation agreement, the user will receive an email with their Agency code and instructions to create an account¹ 	<p>Once your agency has registered and has an "agency code":</p> <ol style="list-style-type: none"> 1. Go to https://odmap.hidta.org/ and click on "register as new user" 2. Enter in all requested information, including your "agency code" which you can obtain from your agency administrator 3. After you complete this, review the "operating policies and procedures" and click "register" 	<p>Once your agency has registered, your Agency Administrator can grant Level 2 access:</p> <ol style="list-style-type: none"> 1. Click Manage -> User Accounts 2. Scroll to the "Level 2 Users" section and enter in the new user name, email and phone number. Hit "create" 3. Once they agency administrator has created a Level 2 user, an e-mail confirmation will be sent to the new user²

¹You may notice a sentence regarding "Case Explorer", however this is only used by Law Enforcement agencies and is not applicable to LHDs

²Creating a new user may take 1 to 2 business days

ODMAP Resources

ODMAP Application

- [ODMAP Level 1: Data Entry and User Management](#)
- [ODMAP Level 2: National Map](#)

Registration Links

- [Register for Agency Access](#)
 - This is a required first step if your agency does not already have access
- [Register for Level 1 Access](#)
 - Click on "Register as a new user"
- Register for Level 2 Access
 - Request from your Agency Administrator

All Online Training Links

- [ODMAP Homepage: http://odmap.org/](http://odmap.org/)
- [Training Manual April 2019](#)
- [ODMAP FAQs March 2019](#)
- [Roll call ppt](#): click on "roll call" under Level 1
- [Overdose Spike Response Framework](#)

Training Videos (YouTube Channel)

- Overview of Level 1 platform
- Overview of creation and implementation of spike alerts
- Overview of level 2 platform
- ODMAP and Public Health
- [Weekly Demo Schedule](#): Join one of the weekly virtual demonstrations

Help Desk

- hd@wb.hita.org
- 301-489-1744



CT EMS SWORD

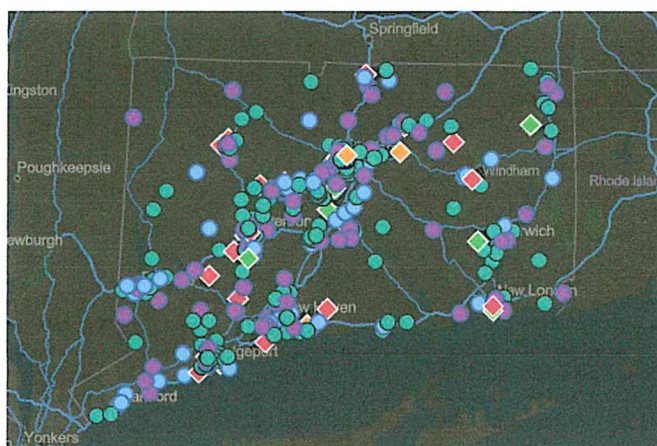
Statewide Opioid Reporting Directive Newsletter

July 2019, Issue II

SWORD Reporting Picks up Cluster of Crack/Cocaine/Opioid Overdoses

Thanks to EMS providers calling in suspected opioid overdoses to the **Connecticut Poison Control Center (CPCC)**, local health and public safety agencies were able to quickly muster a response to alert communities to possible danger from contaminated crack/cocaine. Early on Saturday June 1, 2019, **American Medical Response** crews in Hartford began responding to a series of overdoses where patients were found with pinpoint pupils and agonal respirations. The patients responded to naloxone, but insisted they had only smoked crack or used cocaine. The CPCC contacted the state **Department of Public Health** to begin investigating. AMR Supervisor John Spencer put out a notice to all crews to be on notice and to remember to report all cases to CPCC as mandated by the SWORD Initiative. As the cases continued to come in, including two double overdoses in neighboring towns, and several fatalities in Hartford, local harm reduction workers began distributing fentanyl test strips to people with substance use disorder and spreading the word for them not to use alone as well as to have naloxone available. **CT DPH Office of Emergency Medical Services (OEMS)** notified stakeholders and together with the **Hartford Public Health Department** and the **Hartford Police Department** took steps to help bring the crisis under control.

EMS should remain vigilant and remember to report all possible opioid overdoses to the **Connecticut Poison Control Center** by calling **1-800-222-1222**.



Location of June calls into CPCC

Reporting Tips

- ◇ Try to report as soon as possible after your call is finished. Timely reporting can be life-saving in cases of bad batch outbreaks.
- ◇ Mention time of 911 call.
- ◇ Give best address possible. All ODs are plotted on a map and if we can pinpoint where along a road a patient overdosed it will be helpful.
- ◇ If you forget to report right after a call, it is acceptable to report later.
- ◇ Describe drug packaging. This is helpful to statewide law enforcement

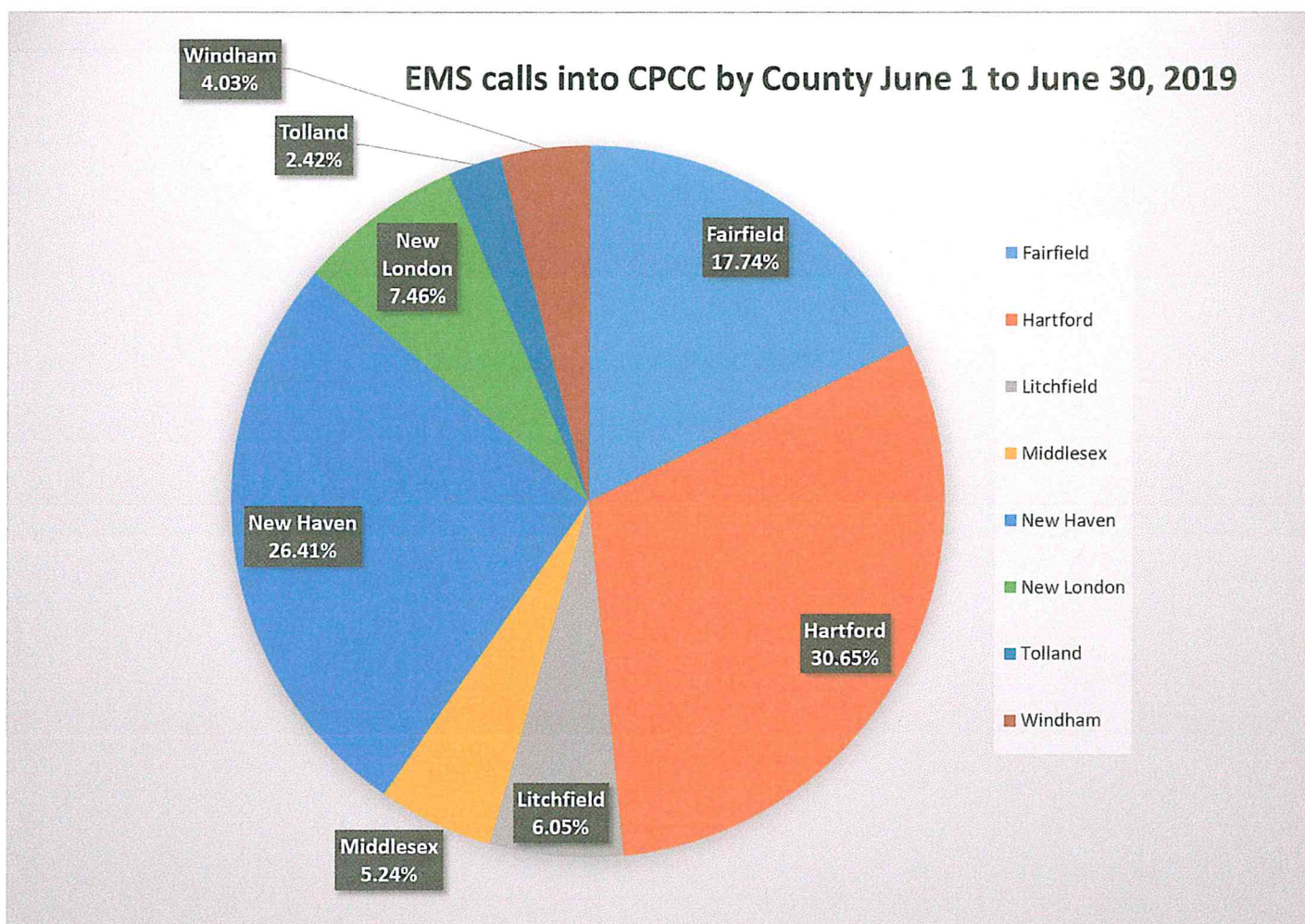
KUDOS: Great job by Cassandra Smith, Jane Gordon, Cyrus Thomas-Walker, Kate Coupe, Matt Trafford and many other EMS responders for their calls. Keep up the great work!

Statewide Opioid Reporting Directive Newsletter

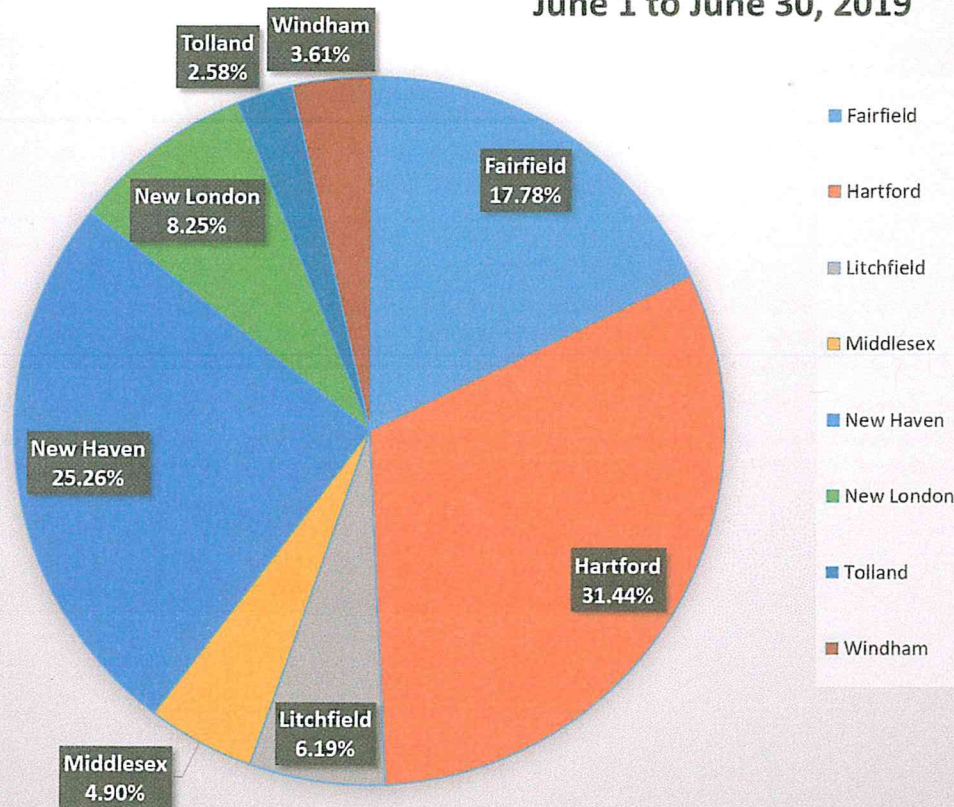
SWORD Statewide Reporting– June 2019

Results from the first full month of SWORD reporting are in! The Connecticut Poison Control Center received 496 calls in June, including 388 naloxone administrations and 41 fatalities. The data is entered into Toxicall and ODMAP software, which will assist your local public health department, public safety and community agencies such as harm reduction, better target their response to this epidemic that has killed over 1,000 Connecticut citizens in each of the last two years.

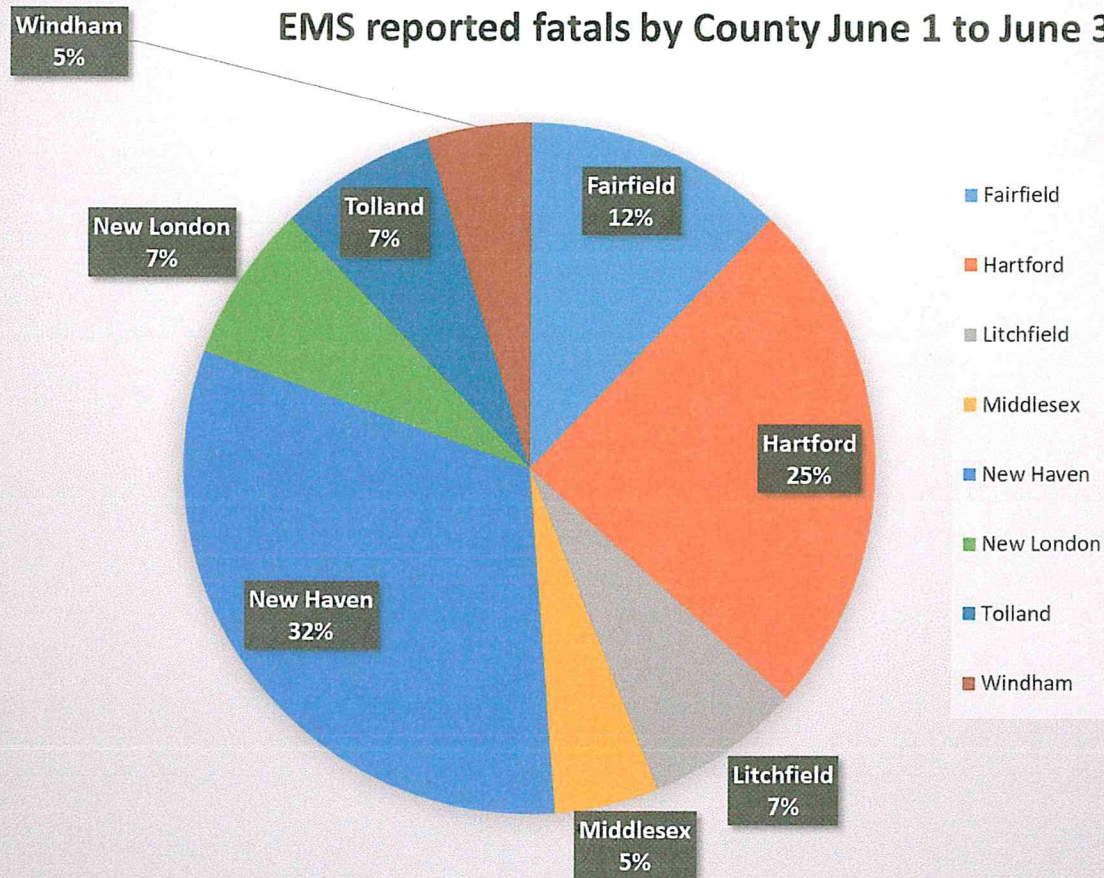
Here's the reporting by county:



CT Naloxone Administrations by County June 1 to June 30, 2019

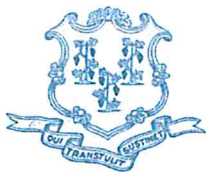


EMS reported fatalities by County June 1 to June 30, 2019



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner


Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Drinking Water Section

DWS Circular Letter #2018-20

To: Public Water Systems that prepare water supply plans pursuant to CT General Statutes Section 25-32d, Local Directors of Health

From: Lori J. Mathieu, Public Health Section Chief, Drinking Water Section 

Date: September 27, 2018

Subject: Requirement to Update an Evaluation of Source Water Protection Measures and Request to Sample Drinking Water Sources for Perfluoroalkyl Substances (PFAS)

It has become evident that the Perfluoroalkyl Substances (PFAS) data submitted to the Environmental Protection Agency (EPA) for the Third Unregulated Contaminant Monitoring Rule (UCMR3) was not sufficient to evaluate the safety of CT's public drinking water relative to the State's [Drinking Water Action Level](#) (DWAL) of 70 parts per trillion for the sum of the concentrations of perfluorooctanoic acid (PFOA) + perfluorooctane sulfonate (PFOS) + perfluorohexane sulfonate (PFHxS) + perfluoroheptanoic acid (PFHpA) + perfluorononanoic acid (PFNA). Therefore, pursuant to Connecticut General Statutes section 25-32d(a) the Drinking Water Section (DWS) is requiring that all PWS that are required to produce a water supply plan update their evaluation of source water protection measures required under the Regulations of Connecticut State Agencies section 25-32d-3(i). DPH will work with the CT AWWA Source Water Protection Committee to develop a format for this evaluation.

As part of the evaluation, Public Water Systems are being asked to update the inventory of land use activities required under RCSA section 25-32d-3(i)(3) to include identification of potential PFAS generators within areas that are tributary to their sources of public drinking water. The Interstate Technology Regulatory Council (ITRC) has published a series of [Fact sheets on PFAS](#) including the [History and Use of PFAS](#) which contain reference material that may be useful to identify industries and activities to include in the inventory. This revision must be submitted to the DWS by March 31, 2019.

Updates can be submitted electronically to DPH.SourceProtection@ct.gov.

If potential PFAS generators are identified in public drinking water supply watersheds, the DWS requests that these facilities are identified and prioritized per the evaluation conducted under 25-32(d)-3i for sanitary inspections pursuant to the RCSA section 19-13-B102(b). Inspection results should be included in the water company's annual watershed survey report beginning in the 2019 survey season (report due by March 1, 2020).



Phone: (860) 509-7333 • Fax: (860) 509-7359
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, MS #12DWS, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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In addition, the DWS recommends that all PWS receiving this circular letter collect samples for PFAS analysis for all sources of public drinking water. While we recommend that all of your sources be sampled, you might choose to prioritize sample collection from your water supply sources that are highlighted as vulnerable per the above noted evaluation.

For public water systems that elect to sample their sources of public drinking water for PFAS, samples must be analyzed by a laboratory that is registered in CT and approved by the EPA to conduct EPA Method 537. The DPH Environmental Laboratory Certification Program has published a list of [laboratories registered in CT](#). It is recommended that you have the laboratory report results for the six PFAS covered under UCMR3. (The five PFAS comprising the DWAL plus PFBS as PFBS is often on the leading edge of a PFAS plume.) The DWS requests that results above method detection limit for each of the analytes be reported using the Electronic Data Interchange with the analyte codes found in the following table:

Analyte	Acronym	Reporting Code
Perfluorobutanesulfonic Acid	PFBS	2801
Perfluorooctanesulfonic Acid	PFOS	2805
Perfluorooctanoic Acid	PFOA	2806
Perfluoroheptanoic Acid	PFHpA	2802
Perflorohexanesulfonic Acid	PFHxS	2803
Perfluoronoanoic Acid	PFNA	2804

If sample results exceed 50 percent of the CT Drinking Water Action Level of 70 parts per trillion, then the DWS requests to be notified and the Public Water System should collect confirmation samples. The DWS has prepared guidance and public notification templates if the DWAL is approached or exceeded.

The DWS is available to attend the next CT Section of the AWWA Source Protection Committee meeting to work on a mutually agreeable reporting format and answer any questions regarding this evaluation. If you have any questions regarding this Circular Letter, please contact Pat Bisacky at 860-509-7333 or via email at Patricia.Bisacky@ct.gov.

Cc: Yvonne Addo and Janet Brancifort, Deputy Commissioners, DPH
Ellen Blaschinski, Chief Operating Officer, DPH
Jane Downing, USEPA Region 1
Suzanne Blancaflor, Brian Toal and Ryan Tetreault, DPH Environmental Health Section
Robert Kaliszewski, Betsey Wingfield, Jan Czczotka, and Shannon Pociu, Department of
Energy and Environmental Protection, Remediation Division
John W. Betkoski, III, CTDEEP Public Utilities Regulatory Authority, Chairman Water Planning
Council
Kurt Sampara, Chairman, CT Section AWWA Source Protection Committee

An official website of the United States government.

We've made some changes to EPA.gov. If the information you are looking for is not here, you may be able to find it on the EPA Web Archive or the January 19, 2017 Web Snapshot.

Close



Basic Information on PFAS

What are PFAS?

Per- and polyfluoroalkyl substances (PFAS) are a group of man-made chemicals that includes PFOA, PFOS, GenX, and many other chemicals. PFAS have been manufactured and used in a variety of industries around the globe, including in the United States since the 1940s. PFOA and PFOS have been the most extensively produced and studied of these chemicals. Both chemicals are very persistent in the environment and in the human body – meaning they don't break down and they can accumulate over time. There is evidence that exposure to PFAS can lead to adverse human health effects.

PFAS can be found in:

- **Food** packaged in PFAS-containing materials, processed with equipment that used PFAS, or grown in PFAS-contaminated soil or water.
- **Commercial household products**, including stain- and water-repellent fabrics, nonstick products (e.g., Teflon), polishes, waxes, paints, cleaning products, and fire-fighting foams (a major source of groundwater contamination at airports and military bases where firefighting training occurs).
- **Workplace**, including production facilities or industries (e.g., chrome plating, electronics manufacturing or oil recovery) that use PFAS.
- **Drinking water**, typically localized and associated with a specific facility (e.g., manufacturer, landfill, wastewater treatment plant, firefighter training facility).
- **Living organisms**, including fish, animals and humans, where PFAS have the ability to build up and persist over time.

Certain PFAS chemicals are no longer manufactured in the United States as a result of phase outs including the [PFOA Stewardship Program](#) in which eight major chemical manufacturers agreed to eliminate the use of PFOA and PFOA-related chemicals in their products and as emissions from their facilities. Although PFOA and PFOS are no longer manufactured in the United States, they are still produced internationally and can be imported into the United States in consumer goods such as carpet, leather and apparel, textiles, paper and packaging, coatings, rubber and plastics.

Why are PFAS important?

PFAS are found in a wide range of consumer products that people use daily such as cookware, pizza boxes and stain repellants. Most people have been exposed to PFAS. Certain PFAS can accumulate and stay in the human body for long periods of time. There is evidence that exposure to PFAS can lead to adverse health outcomes in humans. The most-studied PFAS chemicals are PFOA and PFOS. Studies indicate that PFOA and PFOS can cause reproductive and developmental, liver and kidney, and immunological effects in laboratory animals. Both chemicals have caused tumors in animals. The most consistent findings are increased cholesterol levels among exposed populations, with more limited findings related to:

- low infant birth weights,
- effects on the immune system,
- cancer (for PFOA), and
- thyroid hormone disruption (for PFOS).

Studies indicate that PFOA and PFOS can cause reproductive and developmental, liver and kidney, and immunological effects in laboratory animals. Both chemicals have caused tumors in animal studies. The most consistent findings from human epidemiology studies are increased cholesterol levels among exposed populations, with more limited findings related to:

- infant birth weights,
- effects on the immune system,
- cancer (for PFOA), and
- thyroid hormone disruption (for PFOS).

LAST UPDATED ON DECEMBER 6, 2018

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Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, August 6, 2019 8:39 AM
To: Michael Zambo, Ashford First Selectman (firstselectman@ashfordtownhall.org); Town Administrator (townadministrator@columbiact.org); scotlandselect1@yahoo.com; Erika Wicinski 1st Selectman Willington; firstselectman@chaplinct.org
Cc: Vickie Meyer; Robert L. Miller
Subject: Opioid Mini Grant!
Attachments: SOR application.docx; SOR application.docx; SOR Mini Grants 2019 letter.docx; Drug takeback day Oct 19.pub

Hello Member Town CEO's – Attached for your use is information on an easy process to obtain a mini grant for opioid prevention. While the grant can be used for a number of activities, Vickie Meyer of SERAC has designed a ready-made proposal for a drug takeback day in your community. She has also offered to help you complete the proposal documents for this, or any idea you may choose! Please see the attached information. If you choose to pursue this opportunity, please let me know. The health district will help promote it!

If you are interested please feel free to contact Vickie. She is copied to the email.

Yours in Health,
 Rob

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



Preventing Illness and Promoting Wellness in the Communities We Serve

From: vmeyer@seracct.org [mailto:vmeyer@seracct.org]
Sent: Monday, August 5, 2019 9:12 AM
To: Robert L. Miller <MillerRL@ehhd.org>
Subject: SOR \$

Good Morning Rob,

It was nice speaking with you today. If you could please forward this information to your contacts, it would be great. If anyone is interested in the \$5,000 for drug take back or for an

DRAFT

MANSFIELD TOWN COUNCIL
REGULAR MEETING
July 22, 2019

Mayor Paul Shapiro called the regular meeting of the Mansfield Town Council to order at 7:00 p.m. in the Council Chamber of the Audrey P. Beck Municipal Building.

- I. ROLL CALL
Present:, Berthelot, Freudmann, Kochenburger, Moran, Schurin, Shaiken, Shapiro, Wassmundt
- II. APPROVAL OF MINUTES
Mr. Shaiken **moved** and Mr. Schurin seconded to approve the minutes of the July 8, 2019 regular meeting. Motion **passed** with all in favor except Ms. Berthelot and Ms. Moran who abstained.
- III. OPPORTUNITY FOR PUBLIC TO ADDRESS THE COUNCIL
None.
- IV. REPORT OF THE TOWN MANAGER
Interim Town Manager John Carrington presented his written report. In response to the announcement regarding the launch of the new Town website, Councilors asked for a presentation regarding the new site at a future meeting.
- V. REPORTS AND COMMENTS OF COUNCIL MEMBERS
Mr. Kochenburger **moved** and Mr. Freudmann seconded to add Appointment to Mansfield Downtown Partnership Board of Directors and Appointment to Eastern Highlands Health District Board of Directors to new business. Motion **passed** unanimously.
- VI. OLD BUSINESS
None.
- VII. NEW BUSINESS
 1. Request to purchase Town Owned Property, Storrs Road, Parcel: 8.15.9-1
Ms. Moran **moved** and Ms. Berthelot seconded, effective July 22, 2019, to refer the request of the Moskowitz family to purchase Parcel: 8.15.9-1 to the Planning and Zoning Commission pursuant to C.G.S. Sec. 8-24. Motion **passed** unanimously.
 2. Cancellation of the August 26, 2019 meeting
Ms. Moran **moved** and Mr. Shaiken seconded to cancel the August 26, 2019 regular meeting of the Mansfield Town Council. Motion **passed** unanimously.
 3. Appointment to Mansfield Downtown Partnership Board of Directors
Mr. Shaiken **moved** and Ms. Berthelot seconded to appoint John Carrington to the Board of Directors of the Mansfield Downtown Partnership. The term will expire on

July 22, 2019

June 30, 2020 or when John Carrington is no longer the Interim Town Manager, whichever shall first occur. Motion **passed** unanimously.

- ~~X~~ 4. Appointment to Eastern Highlands Health District Board of Directors
Mr. Shaiken **moved** and Ms. Berthelot seconded to appoint John Carrington as an alternate to the Board of Directors of the Eastern Highlands Health District, coterminous with his service as Interim Town Manager. Motion **passed** unanimously.

VIII. REPORTS OF COUNCIL COMMITTEES

Mr. Shaiken, Chair of the Committee on Committees, reported that the Committee interviewed four unaffiliated applicants for the Council vacancy earlier this evening and plans to bring a recommendation to the Council on August 12, 2019.

IX. DEPARTMENTAL AND ADVISORY COMMITTEE REPORTS

None.

X. PETITIONS, REQUESTS AND COMMUNICATIONS

5. Lt. R. Palmer: Troop C June 2019 Service Calls Report (7/3/19)

XI. FUTURE AGENDAS

- Reception and meeting with new University of Connecticut President
- New website presentation

XII. ADJOURNMENT

Mr. Shaiken **moved** and Ms. Moran seconded to adjourn the meeting at 7:24 p.m. The motion **passed** unanimously.

Paul M. Shapiro, Mayor

Sara-Ann Chaine, Town Clerk

July 22, 2019

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, August 6, 2019 2:45 PM
To: John C. Carrington
Cc: Elizabeth Paterson (home); Robert L. Miller
Subject: Finance Committee Appointment

Dear John – As Chairperson for the Eastern Highlands Health District Board of Directors, I hereby appoint you to the EHHD Board of Directors Finance Committee, effective immediately.

Please let me know if you have any questions.

Sincerely,
Elizabeth Paterson, Chairperson
Eastern Highlands Health District
Board of Directors



Preventing Illness and Promoting Wellness in the Communities We Serve