

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Zoom Meeting*
Thursday August 19, 2021, 4:30 PM

Call to Order

Approval of Minutes (June 17, 2021)

Public Comments

Old Business - none

New Business

1. Per Capita Grant in Aid Funding Application for SFY 2022
2. EHHD staff recognition
3. Tolland Employee Wellness Service Agreement - Ratification

Town Reports

Subcommittee Reports

4. Executive Committee – staff retention

Directors Report

5. COVID-19 Response Activities - Update
6. Staff Vacancies (no attachment)
7. Quarterly activity report, period ending 6/30/21

Communications/other

8. CADH re: Masks in CT K-12 Schools
9. Governor Lamont re: Appointment of Commissioner of Public Health
10. Governor Lamont re: Legislation Banning Use of PFAS
11. CliftonLarsonAllen LLP re: Communication with those Charged with Governance
12. E Paterson re: Request for ARPA funding from member towns
13. Governor Lamont re: Executive Order 13A
14. Town of Mansfield re: Emergency Order Regarding Mandatory Use of Face Masks
15. DPH Commissioner re: Retail Pharmacy Providers
16. Town of Scotland re: Susan Powers appointment to the Board
17. Town Ashford re: Cathryn Silver-Smith appointment to Board
18. Town of Tolland re: Lisa Hancock appointment to Board
19. The Chronicle re: Mansfield has a vaccine rate anomaly

Other business

Adjournment

Next Board Meeting – October 21, 2021, 4:30 PM

*In accordance with Governor Lamont's Executive Order 7B and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting is physically closed to the public. The public may join the meeting via telephone. If you plan to join the meeting via phone, please email Millie Brosseau at mbrosseau@ehhd.org or call 860-429-3325 for the call in information.

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes

Virtual meeting Via
Zoom*

Thursday June 17, 2021

Members present: R. Aylesworth (Mansfield), E. Anderson (Andover), J. Elsesser, (Coventry), E. Paterson (Mansfield), M. Rosen (Tolland), J. Rupert (Bolton), D. Walsh (Coventry), E. Wiczenski (Willington)

Staff present: R. Miller, M. Brosseau, K. Dardick, C. Bradshaw-Hill

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

E. Anderson made a MOTION seconded by E. Wiczenski to approve the minutes of the 4/15/2021 meeting as presented. MOTION PASSED unanimously.

Public Comments

Outreach was done per Executive order. No comments were received.

Agreement for Local Public Health Emergency Preparedness Services By and Between the EHHD and NDDH FY21/22 - Ratification

R. Miller presented an overview of the agreement.

E. Wiczenski made a MOTION seconded E. Anderson to ratify 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 17, 2021. MOTION PASSED unanimously.

Epidemiology & Laboratory Capacity (ELC) Enhancing Detection Cooperative Agreement Continuing Funding Application, Budget Period 2 – Ratification

R. Miller presented an overview of the application and the use of the funding.

D. Walsh made a MOTION, seconded by E. Anderson to ratify the submittal of the Eastern Highlands Health District's Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Cooperative Agreement Continuation Funding Application for the Enhanced Detection, Response, Surveillance and Prevention of COVID-19 to the State of Connecticut Department of Public Health, as presented on June 17, 2021. MOTION PASSED unanimously.

American Rescue Plan Act – EHHD Request for Funding

R. Miller presented an overview of the request for funding and proposed allocation plan.

D. Walsh made a MOTION, seconded by E. Wiczenski to authorize the Board Chairperson to request, on behalf of the EHHD, American Rescue Plan Funding from member towns in the amounts detailed in the Director of Health's communication dated June 11, 2021 on the same subject.

There was discussion that included not raising per capita fees and the fact that the request for the use of the funds must be presented to the town officials in each town for decision. There was additional discussion regarding the timeline in which towns would be able to make a decision regarding the allocation of ARPA funds.

J. Elsesser offered a friendly amendment to the motion to include a phrase in the letter recognizing the contributions of the town of Mansfield.

The amended motion: D. Walsh made a MOTION, seconded by E. Wiczenski to authorize the Board Chairperson to request, on behalf of the EHHD, American Rescue Plan Funding from member towns in the amounts detailed in the Director of Health's communication dated June 11, 2021 on the same subject with the request including a statement detailing past contribution from the town of Mansfield in their efforts to support the Health District.

MOTION PASSED with R. Aylesworth abstaining.

Town Reports

Coventry J. Elsesser reported that special legislation passed allowing the Town of Coventry to tie into the Vernon/Bolton Sewer.

Mansfield R. Aylesworth reported that the requirement for masks will be lifted in the Mansfield Town offices Monday, June 21 for vaccinated individuals. Un-vaccinated persons will still be required to wear masks.

Wilmington E. Wiczenski reported that the Wilmington town offices will no longer have a mask requirement for vaccinated individuals as of Monday 6/21

Andover E. Anderson reported that the town budget is going to referendum for the second time. He informed the board that the Andover town office is following the state guidance for masks – individuals who can show proof of vaccination are not required to wear masks. Unvaccinated public are still required to wear masks. In addition, all senior activities are resuming.

Bolton J. Rupert reported that the split A and B shifts of town staff have rejoined and all staff are now working at the town offices. Bolton is still deciding when to reopen the town hall fully to the public. Currently they are open by appointment only. They are staying cautious as Bolton's numbers remain steady.

Dr. Dardick reminded the board that tick season is upon us.

D. Walsh inquired of the board their impression of how restaurants are doing in each of the towns. General response was that all seem to be doing well.

Subcommittee Reports

Finance Committee

R. Miller reported that the Finance Committee met prior to the full board meeting and accepted the financial report for the period ending 3/31/2021. R. Miller noted that the Finance Committee will be reviewing the FY 21/22 adopted budget for possible amendments to address an increase in insurance costs and an increase in the per capita grant.

New Committee Appointments

R. Miller reported that J. Rupert has been appointed to the Finance Committee and R. Aylesworth has been appointed to both the Finance Committee and Personnel Committee. Both were thanked for their willingness to serve.

Director's Report

COVID-19 Response Activities Update – June 10, 2021

R. Miller highlighted surveillance data, noting that at 52% of the district population has received at least 1 dose of the vaccine. If that number is adjusted for the University population, the percentage is estimated at 65%.

R. Miller noted that weekly reports will continue through the summer.

R. Miller informed the board that the testing coordinated by EHHD in Mansfield and Tolland has ceased due to lack of demand.

Additionally, R. Miller reported that contact tracing continues. There is a campaign underway to unmask children in schools. And UConn has mandated COVID-19 vaccination for all in person students for the fall semester.

R. Miller notified members of the upcoming 7/23 Thank you Event for vacation campaign partners and volunteers.

Quarterly Activity Report for the periods ending 12/31/20 & 3/31/21

R. Miller noted that the report is light on content due to the agency being engaged in the pandemic response. R. Miller reported that programs put on pause due to pandemic will be restarting soon.

EHHD Staff Vacancies

R. Miller informed the board that there have been no qualified applicants applying for the Sanitarian vacancy. This vacancy is causing the district to fall behind in mandated frequencies for restaurant inspections. R. Miller will revisit this soon to decide future steps.

CT Legislative Session

R. Miller reported that the recreational cannabis bill is likely to be approved. New childhood immunization law removes religious exemption. And a new law allows for more outdoor restaurant seating.

E. Anderson made a MOTION, seconded by E. Wiczenski to adjourn at 5:40 pm. MOTION PASSED unanimously.

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: 8/17/2021

Re: FY 2021/2022 State Per Capita Grant Application

Attached for your review is a copy of the fiscal year 2021/2022 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 2022 budget resulted in a 54% increase in the per capita rate from \$1.69 to \$2.6, placing our FY21/22 award at \$208,108.6. This is increase of \$72,836 from the adopted FY21/22 revenues.

We use this award to fund the salary and benefits of Sanitarian II positions (1.8 FTE). You will find the details for this proposed budget on Page 4 in the attached application document.

I respectfully recommend the Board authorize submittal of the grant application.

Recommended motion: *Move, to authorize the execution and submittal of the Eastern Highlands Health District’s Fiscal Year 2021/2022 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 19, 2021.*

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Public Health Preparedness and Local Health Section

July 9, 2021

Robert L. Miller, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

Re: Per Capita Grant in Aid Funding Application for State Fiscal Year (SFY) 2022

Dear Mr. Miller:

Attached, please find the Per Capita Grant in Aid Funding Application for SFY 2022 (July 1, 2021 – June 30, 2022) and the SFY 2022 Per Capita Allocation Plan. Per capita funding is provided to support direct services to your community; a Basic Health Program outlined in 19a-207a which is based on the CDC's 10 essential public health services. We ask that you provide a **detailed budget and justification** for each budget line item and corresponding essential service(s) being supported. Budget justifications must include a breakdown of costs as appropriate.

In addition, we are pleased to inform you that the SFY 2022 State of Connecticut appropriated budget for the Department of Public Health reflects a \$.75 increase in per capita funding for local health districts, from \$1.85 per capita to \$2.60 per capita. Connecticut General Statute 19a-245 has been amended to reflect this new per capita rate. Please complete the per capita application and return all required submittals by August 30, 2021. The application checklist for required submittals is located on Page 8 of the application.

All applications must be reviewed and approved by the Department of Public Health prior to payment. If you have any questions, please feel free to contact Sue Walden at (860) 509-7706 or sue.walden@ct.gov. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Francesca Provenzano".

Francesca Provenzano, MPH, CHES, RS/REHS
Chief, Public Health Preparedness and Local Health Section

Enclosures

CC: Sue Walden, Local Health Sections



Phone: (860) 509-7660 • Fax: (860) 509-7160
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308, MS#13LOC
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

SFY 2022 PER CAPITA FUNDING APPLICATION FOR:

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

SFY 2022 Per Capita Allocation \$208,106.60 Population (2019) 80,041

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, 2021 through June 30, 2022.
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 \$2.60 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**.

- 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:** _____
(Please print or type)

Signature: _____

Director of Health: _____
(Please print or type)

Signature: _____

**Chairperson of the
Board of Directors:** _____
(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 _____

Name of District Member Municipalities	Name of Board Member(s)	Municipal Per Capita Contribution \$ _____
Ashford	Cathryn Silver-Smith	
Bolton	Jim Rupert	
Coventry	John Elsesser, M. Deborah Walsh	
Mansfield	Elizabeth Paterson, Ryan Aylesworth, William Kaufold	
Tolland	Lisa Hancock, Tammy Nuccio	
Willington	Erika Wiencenski	
Andover	Eric Anderson	
Columbia	Mark Walter	
Chaplin	Vacant	
Scotland	Susan Powers	

1. A public hearing on the SFY 2022 budget was held on (date) 1/21/21 at (location) Zoom. Public notice of the hearing and minutes of hearing are attached. Total Health District operating budget is \$910,057.

TOTAL OPERATING/EXPENSES FOR PRIOR FISCAL YEAR \$883,540.

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 no If no, please explain: Employee wellness services are provided to Tolland on a contract basis.

**PER CAPITA GRANT IN AID BUDGET PROPOSAL
 SFY 2022
 July 1, 2021 – June 30, 2022**

DIRECTOR OF HEALTH Robert Miller _____ POPULATION (2019) **80,041**
 SIGNATURE of DOH _____ ALLOCATION (2022) **\$208,106.60**

BUDGET LINE ITEMS	SFY 2022 Per Capita Allocation	Carryover Funding from Prior Years	Total Per Capita Funding 2022
1. Salary and Wages*	145514	0	145514
2. Fringe Benefits* %	62592.6	0	62592.6
3. Office Supplies			
4. Contractual **			
5. Equipment			
6. Other			
a.			
b.			
c.			
d.			
e.			
f.			
TOTALS	208106.6		208106.6

*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.

BUDGET LINE ITEM	JUSTIFICATION	ESSENTIAL SERVICE SUPPORTED
Salary Wages	For field sanitarians activities that include but is not limited to food service inspection, soil testing, permit/license review and approval, and complaint investigation.	2, 3, 6
Fringe Benefits	FICA Medicare Life Insurance Retirement Health Insurance	2,3,6

Subcontractors

Program: Per Capita Grant

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

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: Name:		/			%	
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	1723 hrs/ year	\$39.91	\$68766	43%	\$29,590. 6
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:		/			%	
Totals				145514		62592.6

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 2022

___ Copy of Health District Budget Narrative for SFY2022 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, 2020 -June 30, 2021

PLEASE EMAIL YOUR SIGNED COMPLETED APPLICATION TO:

OLHA.DPH@CT.GOV

PLEASE INCLUDE IN THE SUBJECT LINE: Per Capita App. SFY 2022 – Name of Health Dept.

**VENDOR INVOICE FOR GOODS OR SERVICES
 RENDERED TO THE STATE OF CONNECTICUT**

STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 ACCOUNTS PAYABLE DIVISION

CO - 17 REV. 10/2010

PLEASE COMPLETE THIS FORM AND SEND IT TO THE

VENDOR: DEPARTMENT BILLING ADDRESS SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME DPHM1	(2) BUSINESS UNIT NO.	(3) INVOICE NO.	(4) INVOICE AMOUNT \$208,106.60			
(5) DOCUMENT DATE July 9, 2021	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE 00000 00000 418		

VENDOR / PAYEE: FIELDS 9,10, 14 & 18 ARE MANDATORY FOR PAYMENT

(10) PAYEE: Eastern Highlands Health District PAYEE: ADDRESS: 4 South Eagleville Road ADDRESS: ADDRESS: CITY: Mansfield STATE: CT COUNTRY: ZIP CODE: 06268					(11) VOUCHER NO.
					(12) VOUCHER DATE
					PREPARED BY

(13) VENDOR COMMENTS SFY 2022 Per Capita Grant

(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT
SFY 2022 State Aid pursuant to the SFY 2022 Governor's Appropriated Budget and Section 19a-245 of the Connecticut General Statutes. For the period 7/1/21- 6/30/22				\$208,106.60
I certify that the above is a valid claim and has not been paid.				
XX _____ (Contractor) Signature of Authorized Person _____ Print or type Name, and Title				

BUSINESS UNIT USE ONLY

(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/ GRANT	(27) CHARTFIELD 1	(28) CHARTFIELD 2	(29) BUDGET REFERENCE
\$208,106.60	1	11000	DPH48558	17009	42003	55070	DPH17009LOC	N/A	N/A	2022

(30) DEPARTMENT NAME AND ADDRESS STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVENUE, MS# 13LOC PO BOX 340308 HARTFORD, CT. 06134-0308	(31) PO NO.	(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE (DPH AUTHORIZED SIGNATURE)	
	(33) PO BUSINESS UNIT	(34) RECEIVING REPORT NO.	(35) DATE(S) OF RECEIPT(S)

SHIPPING INFORMATION

(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.
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Eastern Highlands Health District

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

Published on January 6, 2021

PUBLIC HEARING NOTICE

Proposed FY 20/21 Operating Budget & CNR Budget, and Fee Schedule

The Eastern Highlands Health District Board of Directors will hold the following public hearing on 1/21/2021 at 4:30PM via a web-based virtual meeting to hear the public comments regarding the *Eastern Highlands Health District Proposed Fiscal Year 21/22 Operating and Capital Non-recurring Budgets*.

In accordance with Governor Lamont's Executive Order 7B and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting is physically closed to the public. The public may join the meeting via telephone. *If you plan to join the meeting via phone, please email Millie Brosseau at mbrosseau@ehhd.org or call 860-429-3325 for the call in information.*

Written comments will be received up to the close of the hearing and can be emailed to mbrosseau@ehhd.org.

The Eastern Highlands Health District Proposed Fiscal Year 21/22 Operating and Capital Non-recurring Budget documents can be accessed at www.ehhd.org, or by requesting the documents by emailing mbrosseau@ehhd.org.

No information from the public shall be received after the close of the Public Hearings.

Robert L. Miller
Director of Health
Eastern Highlands Health District

Eastern Highlands Health District
Summary of Revenues and Expenditures for FY20/21

Fund: 634 Eastern Highlands Health District
Activity: 41200

Object	Description	Adopted	Estimated	Adopted	%	Dollar
		20/21	20/21	Budget 21/22		
Revenues:						
40220	Septic Permits	43,930	43,930	48,470	10.3	4,540
40221	Well Permits	9,970	9,970	14,400	44.4	4,430
40491	State Grant-In-Aid	133,600	136,253	135,270	1.3	1,670
40630	Health Inspec. Service Fees	3,500	3,500	3,500	-	-
40633	Health Services-Bolton	27,800	27,800	28,770	3.5	970
40634	Health Services-Coventry	70,570	70,570	73,080	3.6	2,510
40635	Health Services-Mansfield	146,770	146,770	150,120	2.3	3,350
40636	Soil Testing Service	36,760	36,760	33,740	(8.2)	(3,020)
40637	Food Protection Service	84,170	84,170	80,000	(5.0)	(4,170)
40638	B100a Review	24,410	24,410	33,540	37.4	9,130
40639	Engineered Plan Rev	27,240	27,240	27,880	2.3	640
40642	Health Services - Ashford	24,220	24,220	25,060	3.5	840
40643	Health Services - Willington	33,470	33,470	34,540	3.2	1,070
40645	Nonengineered Rev	-	-	-	-	-
40646	GroupHome/Daycare inspec	1,210	1,210	1,200	(0.8)	(10)
40647	Subdivision Review	1,000	1,000	1,500	50.0	500
40648	Food Plan Review	2,500	2,500	2,500	-	-
40649	Health Services - Tolland	83,310	83,310	86,100	3.3	2,790
40685	Health Services - Chaplin	12,830	12,830	13,190	2.8	360
40686	Health Services - Andover	18,370	18,370	19,060	3.8	690
40687	Health Services - Columbia	30,610	30,610	31,680	3.5	1,070
40688	Health Services - Scotland	9,580	9,580	9,850	2.8	270
	Cosmotology Inspections	6,800	-	6,800	-	-
40999	Appropriation of Fund Balan	50,920	53,667	49,807	(2.2)	(1,113)
	Total Revenues	883,540	882,140	910,057	3.0	26,517

Expenditures:

51050	Grant deductions	(49,681)	(49,681)	(62,586)	26.0	(12,905)
51601	Regular Salaries - Non-Unioi	597,361	590,561	625,750	4.8	28,389
52001	Social Security	37,040	37,040	39,130	5.6	2,090
52002	Workers Compensation	10,150	10,150	10,150	-	-
52007	Medicare	8,620	8,620	9,152	6.2	532
52010	ICMA (Pension)	31,200	31,200	32,545	4.3	1,345
52103	Life Insurance	2,270	2,270	2,390	5.3	120
52105	Medical Insurance	135,540	135,540	138,250	2.0	2,710
52117	RHS	2,250	2,250	2,320	3.1	70

52112	LTD	650	650	672	3.4	22
52203	Dues & Subscriptions	2,100	2,100	2,100	-	-
52220	Vehicle allowance		5,400	5,400		5,400
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,120	7,120	7,495	5.3	375
53122	Legal	2,000	2,000	3,000	50.0	1,000
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenanc	3,200	3,200	2,500	(21.9)	(700)
53801	General Liability	15,800	15,800	14,800	(6.3)	(1,000)
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,150	1,150	1,150	-	-
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	16,200	16,200	18,350	13.3	2,150
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	3,000	3,000	2,500	(16.7)	(500)
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	29,670	29,670	30,090	1.4	420
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	3,000	3,000	-	na	(3,000)
Total Expenditures		883,540	882,140	910,057	3.0	26,517



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 L Miller, Director of Health
Date: 10/20/2020
Re: Approved 2021 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2021 calendar year:

January 21 (Typically, Budget Public Hearing)

February 18

April 15

June 17

August 19

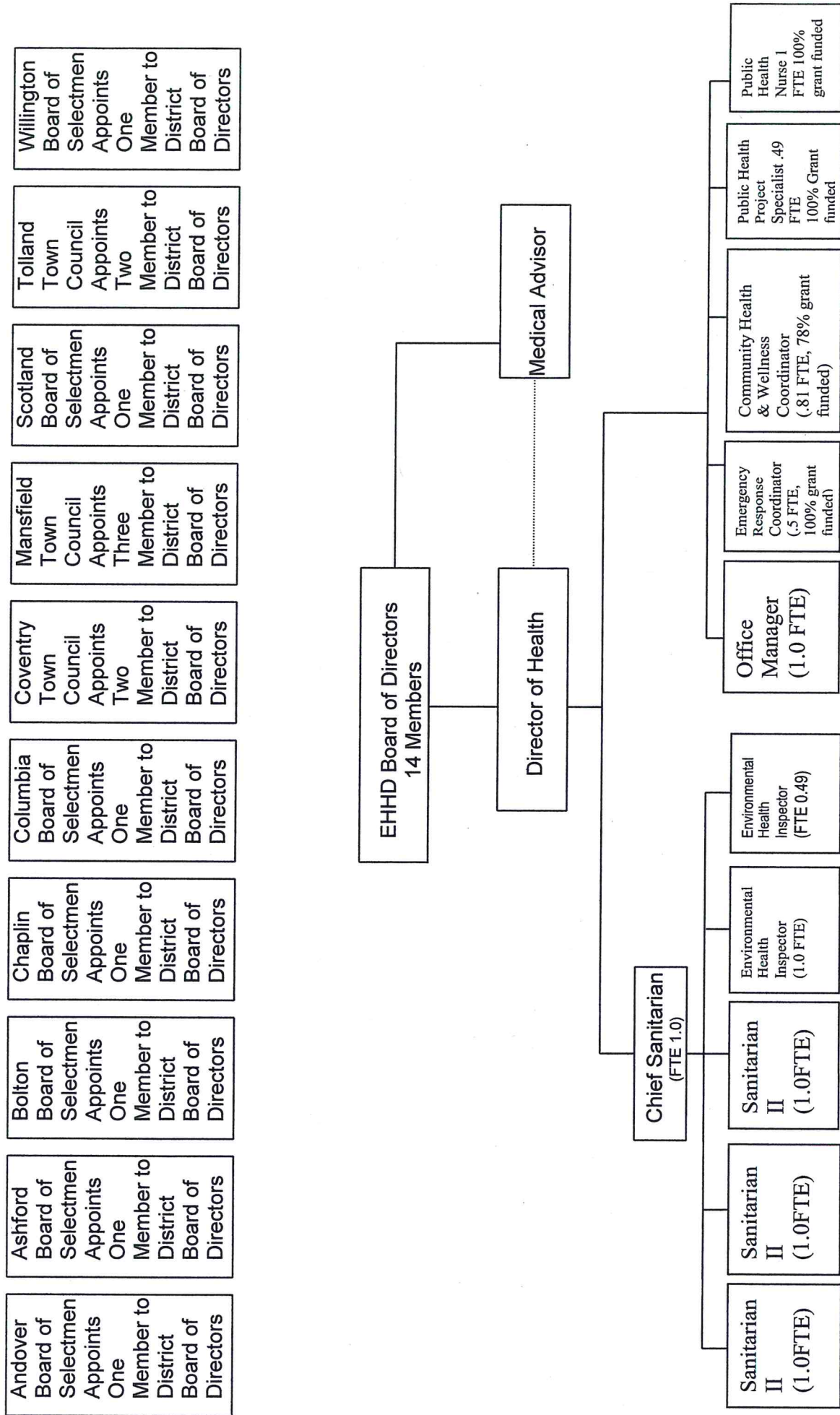
October 21

December 9

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that alternatively these meetings will be held virtually until such time board leadership determines it is appropriate and safe to go back to in-person meetings. (With the exceptions of December 9, all dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2021 regular meeting schedule as presented.

Proposed Fiscal Year 2021/2022 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

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: 8/17/2021

Re: COVID-19 Agency Response – Recognition of staff performance.

As you are aware, the COVID-19 pandemic is a significant and ongoing public health event. As such, federal, state, and local public health agencies ramped up and mobilized all available resources in response to this public health emergency. The Eastern Highlands Health District was certainly no exception to this. Emergency response plans were activated and implemented, community stakeholders and the general public were kept informed and provided direction, the disease status of the community was monitored, and thousands of citizens were vaccinated against infection. These efforts no doubt materially contributed to reduced disease morbidity, and mortality in our community. This result is due in large part to the hard work and exemplary performance of the Eastern Highlands Health District staff. In recognition of the staff's exemplary performance during this public health emergency, this office respectfully proposes that the Board authorize the dispersment of one-time performance bonuses under the following conditions:

- An aggregate total of no more than \$8,000 is to be divided and dispersed among health district staff.
- Director of Health shall have discretionary authority to set individual payment amounts reflective of individual current compensation status, and contribution to the emergency response effort.
- Bonuses shall be dispersed in fiscal year 2022.
- Bonuses are one-time payments that will not increase staff base salary.
- Staff may receive bonus as a supplemental payment, or opt to apply it to an available tax deferred retirement account.

This proposal does not include the Director.

If the Board concurs with the above proposal the following motion is respectfully recommended: *Move, to authorize the Director of Health to disperse one-time COVID-19 pandemic response performance bonuses in an aggregate sum not to exceed \$8,000 consistent with conditions set forth in the proposal dated August 17, 2021, as presented; further, to authorize a corresponding \$8,000 increase in total operating expenditures for FY2021/2022.*



Eastern Highlands Health District

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Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 8/17/2021

Re: Tolland Employee Wellness – FY21/22 Contract

As you may recall, the Board in past years has authorized an agreement for the Health District to provide employee wellness services to the Town of Tolland employees (This agreement does not include the BOE). In this regard, attached for your information is the following document:

- Agreement between the Health District and Town of Tolland extending employee wellness program services to June 2022

Funding for this program is provided entirely by the Town of Tolland. The total amount paid by Tolland is \$7,000. There is no cost to the Health District, nor an adverse impact to existing programs and services. The presence of this program within our scope of services continues to benefit the health district with improved grant competitiveness, and an improved wellness programming presence in the community.

I respectfully recommend the Board ratify the execution of this agreement between the Town of Tolland and the Health District to provide employee wellness services.

Recommended Motion: *Move, to ratify the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented August 19, 2021.*

Town of Tolland/ Eastern Highlands Health District Employee Wellness Service Agreement

This agreement is made this 30th day of June, 2021 by and between the Eastern Highlands Health District (hereinafter the "DISTRICT") and the Town of Tolland (hereinafter the "TOWN") witness that:

Whereas the TOWN requires localized wellness services for employees and spouses and desires to retain the services of the Eastern Highlands Health District; and

Whereas the DISTRICT desires to provide such services to the TOWN for compensation and in accordance with the terms herein specified.

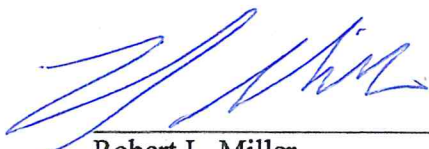
Now, therefore, the parties do mutually agree as follows:

1. The DISTRICT shall provide and/or coordinate in accordance with the terms herein, professional wellness services for the TOWN. Services to be provided and/or coordinated include:
 - Rewards kick-off event and quarterly on site wellness seminars, programs, and promotions targeting all town employees through Tolland Town Hall worksite location.
 - Coordination, implementation, promotion of two on-line surveys (behavior & interest) for all town employees.
 - Report of survey results and analysis after receiving a minimum of 20 surveys completed by employees or at the request of the Tolland Director of Administrative Services.
 - Quarterly employee wellness e-newsletter.
 - Employee Wellness Web site with resources, tools and general information on health & wellness.
 - Personal nutrition consultations and assessments when requested by employees
 - Promotion and tracking of incentive programs for employee and spouse participation in wellness programs
 - On-site biometric screening event once during contract year
 - Other services as mutually agreed upon
2. The TOWN agrees to pay as full and complete compensation for these services for the term of this agreement the total amount of \$7,000.
3. The TOWN agrees to provide internal email address for Be Well program, and provide collaborative support for wellness programming, and on-site events.
4. The TOWN acknowledges that the DISTRICT has other Health Education Program obligations and the days and times that the DISTRICT performs work in service to the TOWN will, within reason, be flexible to allow for attending to the needs of the DISTRICT.
5. The TOWN agrees to hold the DISTRICT and any of the Health District's officers, agents or employees harmless from any liability (including reasonable attorney's fees and all costs) for any and all damages to persons and property resulting from the actions of the TOWN, unless such damages are caused by, or are the result of the misconduct of the Health District or any of the Health District's officers, agents or employees.

6. The DISTRICT agrees to hold the TOWN and any of the Towns officers, agents or employees harmless from any liability (including reasonable attorney's fees and all costs) for any and all damages to persons and property resulting from the actions of the DISTRICT, unless such damages are caused by, or are the result of, the misconduct of the TOWN or any of the Town's officers, agents or employees.
7. The TOWN and DISTRICT also agree that:
 - a. The term of this Agreement shall be from July 1, 2021 to June 30, 2022;
 - b. This agreement may be extended by mutual agreement of the parties for such periods to which the parties mutually consent;
 - c. This agreement may be terminated by either party. Such termination must be provided in writing 90 days in advance.
 - d. This agreement shall not be altered, changed or amended except for formal written amendment duly executed by both parties hereto. The performance by either party of its obligations under this Agreement shall not operate in any way as a waiver of non-compliance or breach by the other party.

IN WITNESS WHEREOF, the said TOWN OF TOLLAND, and the EASTERN HIGHLANDS HEALTH DISTRICT have executed this Contract as of the date first above written:


Michael Rosen, 6/30/21
Town Manager Date


Robert L. Miller 7/29/21
Director of Health Date

EHHD Executive Committee

Special Meeting

Minutes – DRAFT

July 20, 2021

Call to order at 3:37PM by Chairperson Paterson

Present: E Paterson, J Elsesser, M Walter, R Miller

J Elsesser MOVED, M Walter seconded to go into executive session in accordance with CGS 1-200(6)(a) for personnel matter regarding staff retention, with R Miller present. Motion PASSED unanimously.

Enter executive session at 3:38PM.

Out of executive session at 3:53PM.

J Elsesser MOVED, M Walter seconded, due to current labor market conditions, to authorize the Director of Health to (1) increase the Chief Sanitarian's annual salary to \$82,000, effective August 1, 2021, and (2) due to extra hours needed, negotiate a training stipend of up to \$3,000 for staff charged with training entry level field staff for the purpose of achieving field certifications; and further, refer to the Personnel Committee the matter of reviewing all agency pay scales against current labor market conditions to recommend updates. Motion PASSED, unanimously.

Meeting adjourned at 3:55PM.

Respectfully submitted,

Robert Miller
Secretary

**Eastern Highlands Health District
COVID-19
Response Activity Update
August 16, 2021
(Updates are in red)**

Activation of Public Health Emergency Response Plan

Both the internal staff meeting, and the DPH meeting frequency have been decreased to every two weeks.

Public Health Surveillance

We continue to issue weekly reports. In an effort to keep community partners updated on disease prevalence and other response activates.

Our latest weekly report dated August 12, 2021 is attached to this report.

COVID Testing

The Eastern Highlands Health District coordinated with area partners to establish weekly COVID-19 drive thru test sites in and around the health district. The two sites within the health district include the Mansfield Middle School, and the Tolland High School. The following data is available for these sites:

Mansfield Site Results

MMS 12/9 – 242 tests, 236 negatives, 4 positives, 2 inconclusive – 1.7%
MMS 12/16 – 238 tests, 228 negatives, 9 positives – 3.7%
MMS 12/23 – 207 tests, 203 negatives, 4 positives -1.9%
MMS 12/30- 130 tests, 125 negatives, 3 positives, 2 inconclusive – 2.3%
MMS 1/6 – 193 tests, 184 negatives, 8 positives, 1 inconclusive – 4.1%
MMS 1/13 – 192 tests, 188 negatives, 3 positives, 1 Inconclusive – 1.2%
MMS 1/20 – 230 tests, 212 negatives, 13 positives, 5 inconclusive – 5.7%
MMS 1/27 - 175 tests, 166 negatives, 9 positives – 5.1%
MSS 2/3 – 152 tests, 148 negatives, 1 positives, 3 inconclusive - <1%
MMS 2/10 – 149 tests, 146 negatives, 3 positives – 2.0%
MMS 2/17 – 113 tests, 111 negatives, 2 inconclusive – 0%
MMS 2/24 – 113 tests, 112 negatives, 1 positive - <1%
MMS 3/3 – 105 tests, 103 negatives, 1 positive, 1 inconclusive <1%
MMS 3/10 – 111 tests, 108 negatives, 1 positive, 2 inconclusive - <1%
MMS 3/17 – 91 tests, 91 negatives, 0 positives – 0%
MMS 3/24 – 108 tests, 107 negatives, 1 positive - 0.9%
MMS 3/31 – 142 tests, 163 negatives, 4 positives, 2 inconclusive – 2.8%
MMS 4/7 – 99 tests, 98 negatives, 1 positive - 1%
MMS 4/14 – 82 tests, 82 negatives – 0%
MMS 4/21 – 64 tests, 64 negatives – 0%
MMS 4/28 – 48 tests, 45 negatives, 3 positives – 6.25%
MMS 5/5 – 48 tests, 48 negatives – 0%
MMS 5/12 – 42 tests, 41 negatives, 1 positive – 2.38%
MMS 5/19 – 42 tests, 41 negatives, 1 positive – 2.38%
MMS 5/26 – 17 tests, 17 negatives – 0%

Tolland Site Results

THS 12/13 – 371 tests, 360 negatives, 11 positives – 3.0%

THS 12/27 – 350 tests, 322 negatives, 23 positives, 1 inconclusive – 6.5%

THS 1/10 – 222 tests, 199 negatives, 23 positives – 10.3%

THS 1/24 – 173 tests, 159 negatives, 10 positives, 4 inconclusive – 5.9%

THS 2/7 - CANCELLED

THS 2/21 – 82 tests, 80 negatives, 1 positive – 1.25%

THS 3/7 – 76 tests, 75 negatives, 1 positive – 1.3%

THS 3/21 – 48 tests, 43 negatives, 5 positives – 10.4%

THS 4/4 – 38 tests, 36 negatives, 2 positives – 5.3%

THS 4/18 – 44 tests, 44 negatives – 0%

The testing has ended for both these sites.

This office will continue to work to promote available testing services within or in proximity to the health district.

Contact Tracing

The health district (or the DPH tracing unit) is contact tracing every confirmed case within our Jurisdiction that are not UConn students. We continue to stay updated with bi-weekly modifications to the new state-wide web based contact tracing system called *ContaCT*. Below are updates to the contact tracing program that represent, in part, our efforts to respond to this pandemic:

- During the months of **June and July** an average of **14 community cases per week were investigated.**
- During the month of **June and July** we investigated or supported the investigation of **approximately 0 public school affiliated cases per week.**
- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- During **June and July** we investigate approximately **1 town governmental affiliated cases per week.**
- The health district currently has one staff person conducting contact tracing on a part-time basis.

University of Connecticut Storrs

The on campus semester ended April 9th, 2021, at which point all students engaged in online classes to the end of the semester on May 8th.

The University is mandating vaccination for all students attending in-person classes.

The EHHD has agreed to support Student Health and Wellness efforts to assure all students are vaccinated. Specifically, EHHD staff and volunteers will be staffing mass vaccination on campus student clinics scheduled for August 27th & August 28th.

Schools

In the period leading up to school reopening and since, this agency continues to respond to questions from school nurses, principals, and superintendents. The topics include but are not limited to contact tracing, student and staff exclusion guidance, travel advisory guidance, symptom screening criteria, case communications and notifications, confidentiality, interpretation and implementation of SDE mitigation guidance, vaccination eligibility, vaccination clinic coordination, and many other COVID related matters. We provide thoughtful, researched responses daily.

K to 12 Mask Guidance not yet issued as of the writing of this report.

EHHD is working with schools to expand vaccination opportunities for vaccine eligible kids.

PPE Distribution

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site. However still have a moderate inventory left. To date, we have distributed approximately **130,000 items to 46 area healthcare**, and personal care providers in our jurisdiction. We continue to provide PPE regularly to area providers upon request.

As of the date of this report, PPE distribution to area providers continues in an effort to exhaust available inventory.

Reopen CT Sector Rules

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support to area businesses. Since March of 2020 we have responded to **152 complaints** regarding violations of the sector rules, or the Governors executive orders.

This office issued two cease and desist orders since the sector rules have been in place. One 9/28 to Huskies Restaurant and Tavern, and a second on 11/10 to the American Eagle Saloon and Café in Willington for violations of the Governors executive orders regarding masks, social distancing and other sector rules. Both establishments have since received approval on re-open plans and passed a pre-operational inspection.

Governors Executive Orders and other state guidance - Application and Interpretation

We continue to track and review executive orders and state guidelines as they are issued, providing consultation and interpretation support to recreation departments, first responder agencies, youth services agencies, boards of education, town leadership, and other entities as requested. In addition to numerous phone consultations, and emails, this office and staff participates in COVID response staff meetings **as needed** with a number of member towns.

Executive Order 13A provides gives individual towns the authority to mandate masks. A copy of the EO is Item #13 in the agenda packet.

This office issued a statement supporting the use of masks in all indoor public settings, regardless of vaccination status.

Public Health Education, Communications, Messaging

EHHD is aligned with the Governor's and CDC Messaging; providing regular public information updates to website, and social media (FB & Twitter).

We push out information and updates on access to testing of general public and first responders.

Agency updates routinely provided to community partners.

We are now pushing out information on COVID-19 vaccine access and eligibility to the public and community partners via website, and email blast.

Our vaccination messaging is now supporting efforts at the state level to overcome barriers to access, and/or vaccine hesitancy.

Medical Reserve Corps retention and recruitment

We continue to recruit and vet new MRC volunteers. To date, a total of approximately 200 volunteers have received field experience or training.

We deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students at the beginning of the fall semester. Three volunteers are currently trained in contact tracing. A combined total of 46 MRC volunteers supported our three seasonal flu clinics that occurred in October and November.

COVID-19 Crisis Response Funding for State and Local Health Departments (COVID grant #1)

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. This grant is fully expended.

Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant (COVID grant #2)

The EHHD has been awarded \$384,489 through November 17, 2022 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. The DPH approved our application. We have since received our full award of \$153,795 for the first budget period ending May 17, 2021.

We have been informed that we will be receiving additional non-competitive, no application ELC funding that will be similar to the first year of funding under the current ELC grant.

Coronavirus Relief Fund

With the Town of Mansfield's assistance, the health district was able to claim for reimbursement **\$104,787** in pandemic response expenses against the Municipal CRF for the period ending December 30, 2020. The expenses claimed are related to regular and program staff time dedicated to the pandemic response during this period. These funds have since been received by the Mansfield Finance Department.

American Rescue Plan Act

The Health District has requested a total of **\$20,405** from member towns ARPA allocations to offset vaccine clinic expenses.

COVID-19 Vaccination Campaign Planning and Activities

We are currently meeting weekly with DPH. Here are the latest salient updates on distribution and administration.

- *As of the writing of this report, the EHHD has administered over 10,000 doses (of which 5,200 are 2nd doses Moderna, or one dose J&J) in 121 clinics throughout the Eastern Highlands Health District. Twenty (20) clinics have been hosted during the months of June and July.*
- *Of the above number, 1400 are teachers and educators vaccinated at 9 different school located clinics.*
- *This office arranged to have UConn Health hold vaccination clinics for those 12 and older at school located clinics. Six different school located clinics have been conducted to date, with 410 vaccines administered. Second dose clinics are scheduled for June 15th at THS, and June 22nd at CHS.*
- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district. That number is estimated at 600.*
- *The health district has initiated a program to vaccinate the homebound. We have vaccinated twelve 44 homebound individuals as of 7/27/21.*
- *As if April 1st, the Governor's opened vaccine eligibility to anyone 16 or older. The EHHD is vaccinating those 18 or older.*
- *We have effectively transition away from two dose Moderna to single dose Johnson & Johnson.*
- *This office is an active member of the UConn Health, UConn Storrs workgroup charged with coordinating a public mass vax site at the Storrs UConn campus. The site opened on March 29, four days per week, with maximum through put of 1600 to 2000 doses per week. The vax site on the Storrs Campus ceased operations July 1st.*
- *The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual. The EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals.*
- *This office will continues to work with member towns and local social services officials to facilitate vaccine access.*
- *We are participating as an active partner with the North Central District Health Department in the Vulnerable Equity Partnership Funding initiative targeting groups and individuals effected by challenges to access, and/or vaccine hesitancy.*
- *We have moved to weekly walk-in clinic from the Mansfield Community Center to the Mansfield Town Hall, effective June 21st. Clinic hours are weekly on Monday morning, and Thursday evening.*
- *The EHHD is leveraging the use of DPH funded mobile vaccination units made available by the DPH for pop-up clinic opportunities when it makes since to do so. We have coordinated or supported approximately 8 pop up clinics using the DPH Griffin Health mobile vaccination units to date.*

Plans for the Future

- *On going Health Education Program targeting vaccine hesitancy, access, and infection control.*
- *Ongoing walk-up and pop-up COVID-19 vaccination clinics through the summer.*
- *Apply lessons learned, and update all emergency response plans.*
- *Continue collaboration with schools and prepare for new school year in the fall.*
- *Continue case contact investigation program.*
- *Implement improvements on surveillance and disease reporting.*

Eastern Highlands Health District COVID-19 Update

DATE: 8/12/2021

TIME: 8:00 AM

COMPLETED BY: A. Bloom

TOWN LEVEL DATA

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Non-student	Scotland ++	Tolland	Willington	EHHD Totals
Cumulative Cases	194	261	310	138	363	789	1,567		43	989	300	4,954
Change from last week	3	7	2	1	7	7	11	(8)	1	9	8	56
Two week change	5	10	5	1	12	13	24	(20)	2	11	14	97
Deaths	3	4	5	0	6	8	27	(27)	2	19	3	77

CONNECTICUT TOTALS (August 11, 2021)

Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations*	Two week change in hospitalizations	Deaths
361,294	3,949	7,450	247	135	8,307

Data Sources: CTEDSS and CT DPH; cumulative town counts as of 08/11/2021; reporting period for two week town level case counts is 7/25/2021 through 8/7/2021.

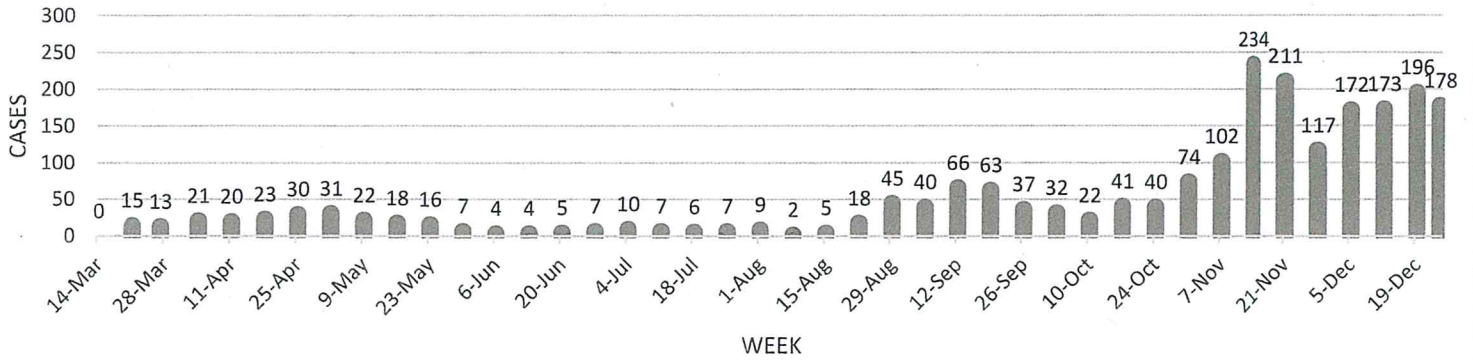
*Current (net) number of hospitalizations; it is not a cumulative count. ++ Scotland likely to be lower than actual positive cases due to residents using Baltic, North Windham and Hampton as mailing address.

EHHD residents who received COVID-19 vaccine

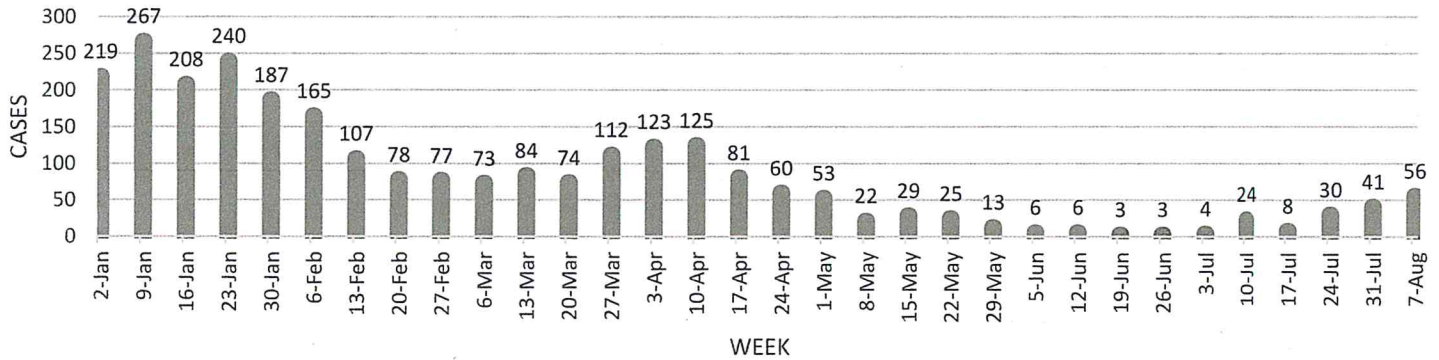
TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield^	Scotland ++	Tolland	Willington	EHHD Totals	Connecticut Totals
Estimated pop.	3,236	4,255	4,884	2,239	5,379	12,407	25,487	1,672	14,618	5,864	80,041	3,631,470
Received 1 st dose COVID vaccine % of pop.	65%	61%	67%	57%	65%	64%	36%	53%	69%	58%	55%	65%
Fully vaccinated % of pop.	62%	58%	64%	53%	62%	61%	34%	50%	66%	55%	53%	60%
Fully vaccinated % 12-17	42%	52%	59%	41%	36%	46%	56%	32%	56%	43%	50%	**
Fully vaccinated % age 45-64	69%	64%	64%	56%	66%	68%	77%	59%	73%	62%	69%	77%
Fully vaccinated % 65+	100%	100%	100%	99%	100	100%	100%	98%	100%	100%	100%	87%

Data Source: Connecticut immunization registry CT DPH as of 8/11/2021. ^Mansfield total % fully vaccinated likely low due to significant UCONN student population counted in town census that uses hometown for vaccination data reporting; population based on 2019 census. ++ See Scotland note above. **At this time the state vaccination numbers are not broken down into the same age groups as the town level data and cannot be reported here. NOTE: census estimates for 65 and older is likely low, resulting in 100% rates based on actual number of vaccines provided to this age group.

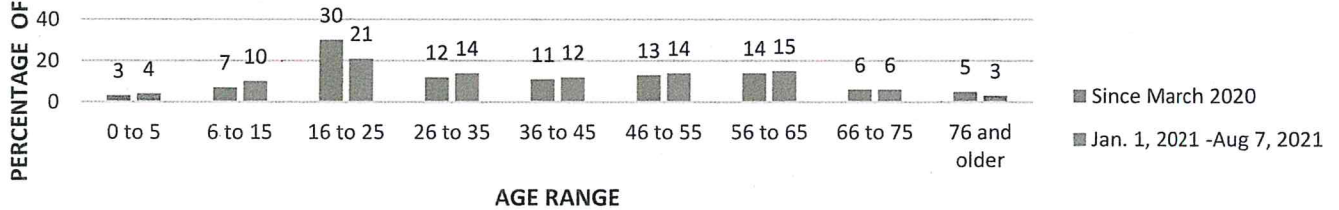
EHHD Confirmed Weekly Case Totals March 14, 2020 - December 31, 2020



EHHD Confirmed Weekly Case Totals January 1, 2021 - August 7, 2021



Eastern Highlands Health District Total COVID-19 Cases
Percentage by Age Range through August 7, 2021



NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays.



Eastern Highlands Health District

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

Activity Report April 1, 2021 – June 30, 2021

Highlighted Accomplishments/Activities

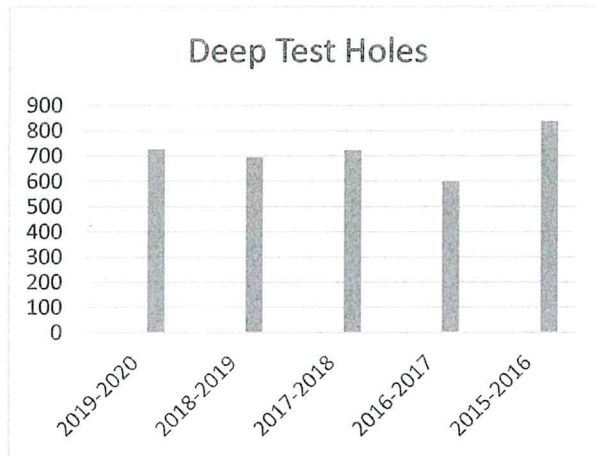
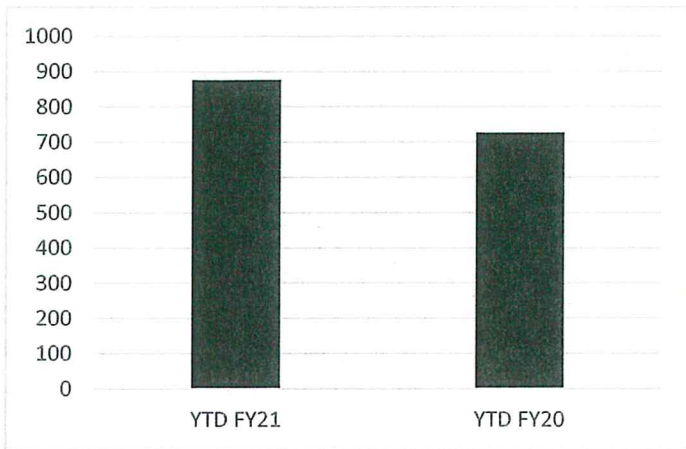
- Many of the EHHD special projects and initiatives have been on pause while the pandemic response continues to command the bulk of the agency resources. See separate report on COVID-19 response activities during this period.
- Staff is working with Town of Mansfield staff to support the new elementary school project.
- The weekly monitoring of designated public bathing areas was initiated for the summer season.
- The seasonal inspections for public pools, camp grounds and farmers markets was initiated.
- One of our field sanitarians completed the DPH standardization program and is now a certified food service inspector.
- *Community Health and Wellness Programs:* We assisted in the development of a Mansfield bike trail publication. Made updates to the Healthy Communities website. Completed BeWell services to Tolland for FY21. See separate CHWC quarterly report attached for more details.
- *Emergency Preparedness Program:* The Public Health Emergency Response Coordinator is fully engaged in the pandemic response. Please see separate PHERC report attached for more details.

Plans for the Next Quarter

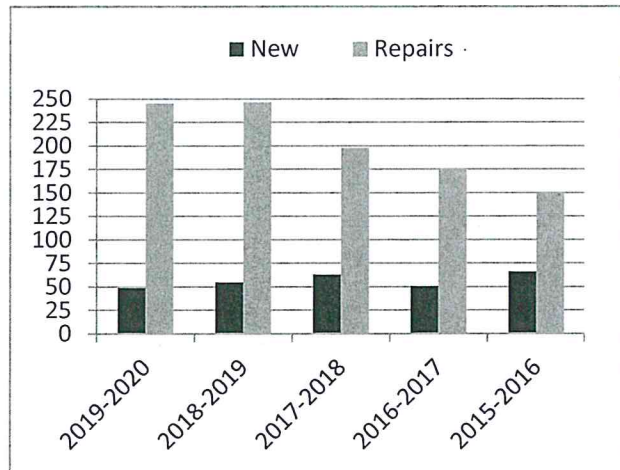
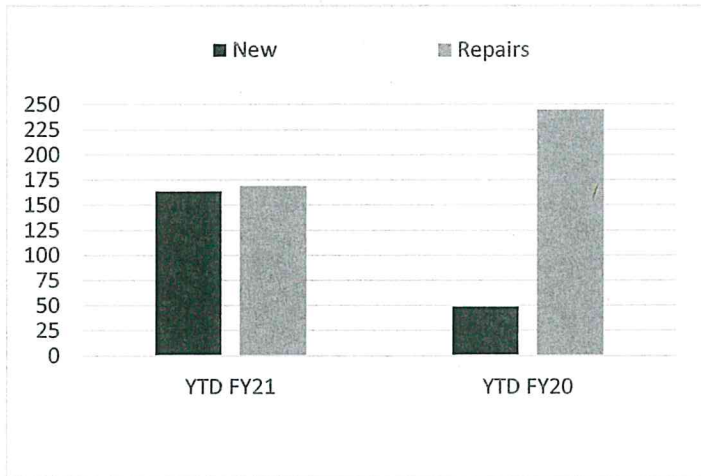
- Continue to provide our core scope of public health services during this declared public health emergency.
- Recruit and hire full-time Public Health Nurse, and full-time Environmental Health Inspector.
- Engage contractor to backfill food establishment inspector vacancy.
- Wrap up and complete seasonal programs and services, e.g. public pool and camp inspections, bathing water monitoring.
- Complete update of agency wide salary survey.
- Re-start cosmetology permitting and inspection initiative.
- Support school COVID-19 planning and preparedness for fall school year.
- Plan and prepare for anticipated uptick in COVID-19 cases for the fall and winter.
- Continue to adapt and respond accordingly to changing pandemic conditions.

Statistical Report (Attached)

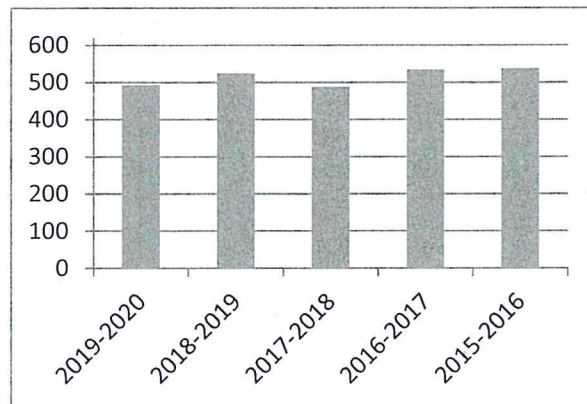
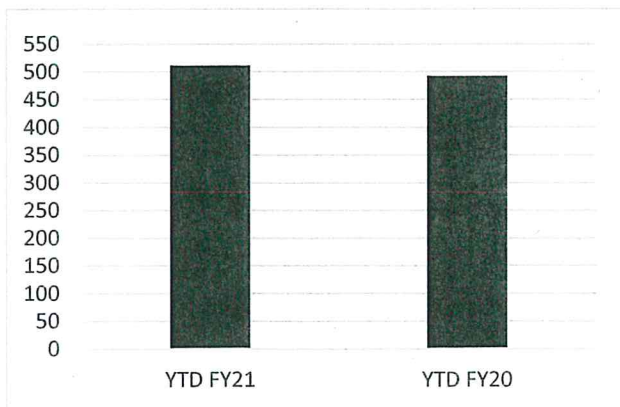
Deep Test Holes



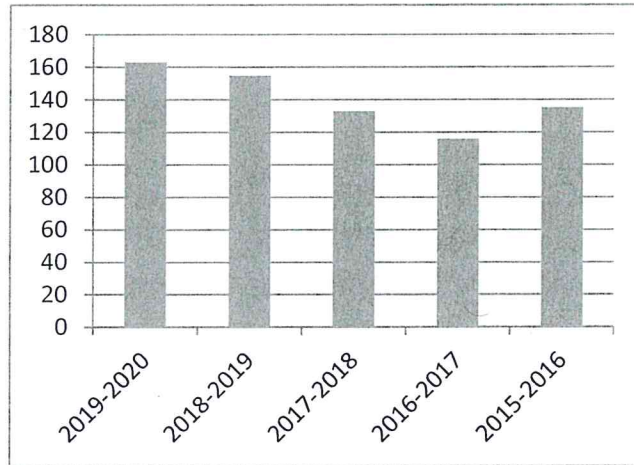
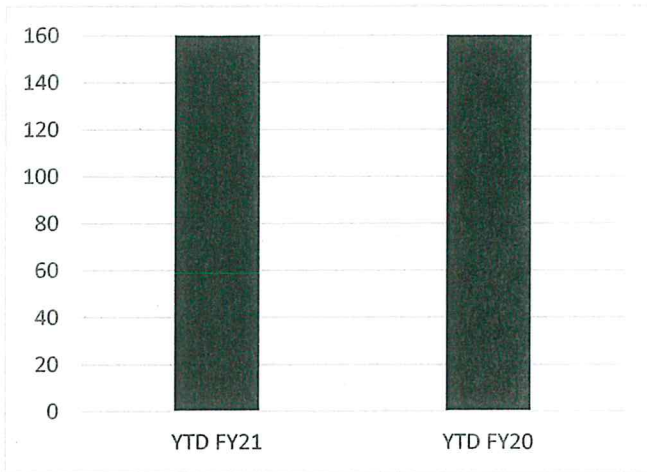
Septic Permits Issued



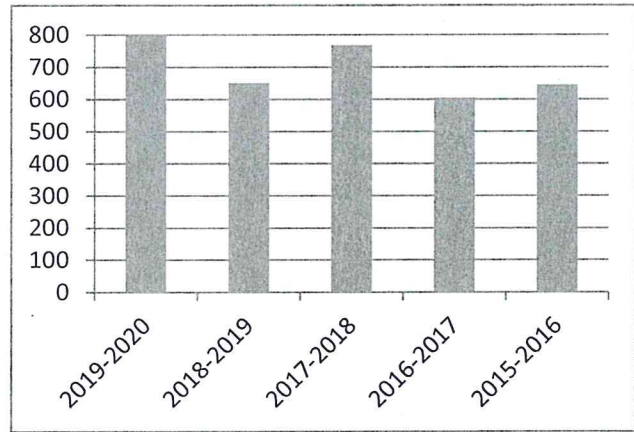
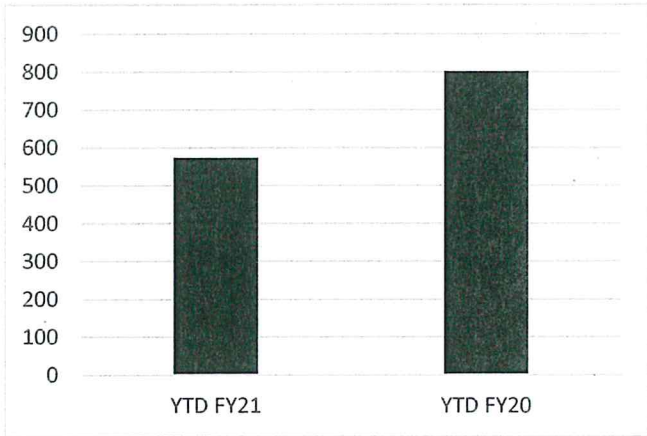
Public Health Reviews



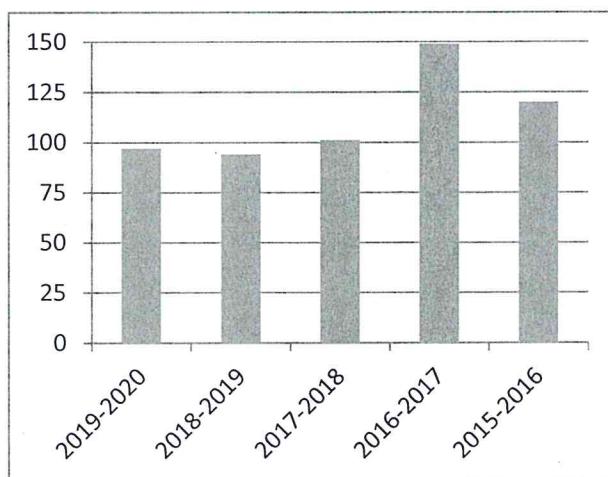
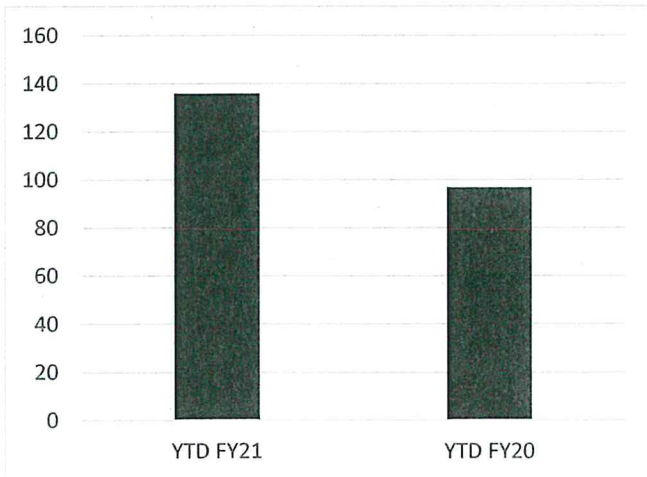
Complaints



Food Service Inspections



Well Permits



EASTERN HIGHLANDS HEALTH DISTRICT FOURTH QUARTER FISCAL YEAR 2020-2021							
April 1, 2021 - June 30, 2021							
Activity Indicators	MONTHS						
	April	May	June	Total	YTD FY21	YTD FY20	
COMMUNITY HEALTH ACTIVITIES							
<i>Communicable Disease Control</i>							
Case reports reviewed	51	33	35	119	689	770	
Preliminary follow ups				0	0	17	
Investigations				0	0	14	
<i>Public Health Education</i>							
Programs	(see narrative for program description)						
ENVIRONMENTAL HEALTH ACTIVITIES							
<i>Complaints</i>							
Air Quality	0	0	0	0	1	2	
Animals/Animal Waste	0	0	0	0	0	4	
Activity without Permit	0	0	0	0	4	0	
Food Protection	0	0	0	0	4	21	
Housing Issues	1	3	0	4	21	32	
Emergency Response	0	0	0	0	1	12	
Refuse/Garbage	1	2	1	4	9	11	
Rodents/Insects	1	0	0	1	4	2	
Septic/Sewage	0	3	1	4	16	38	
Other	0	1	0	1	7	11	
Water Quality	1	0	0	1	7	23	
Covid-19	4	0	1	5	30	7	
Total	8	9	3	20	183	163	
<i>Health Inspection</i>							
Group homes	0	0	0	0	2	1	
Day Care	1	0	0	1	2	19	
Camps	1	0	3	4	5	4	
Public Pool	0	0	3	3	8	25	
Other	0	0	0	0	10	4	
Schools	0	0	0	0	0	2	
Mortgage, FHA, VA	0	0	0	0	0	0	
Bathing Areas	0	0	0	0	0	0	
Total	2	0	6	8	27	55	
<i>On-site Sewage Disposal</i>							
Site inspection	90	74	77	241	449	938	
Deep hole tests	84	91	65	240	877	728	
Percolation tests	27	32	20	79	485	194	
Permits issued, new	5	8	5	18	164	49	
Permits issued, repair	19	25	40	84	169	245	
Site Plans Reviewed	37	42	52	131	293	249	
Public Health Reviews	103	109	66	278	512	493	
<i>Wells</i>							
Well sites inspected	8	10	11	29	73	34	
Well permits issued	16	23	16	55	136	97	
<i>Laboratory Activities (samples taken)</i>							
Potable water	0	0	0	0	8	34	
Surface water	0	18	102	120	120	312	
Ground water	0	0	0	0	171	0	
Rabies	0	0	0	0	0	2	
Lead	0	0	0	0	2	1	
Other	4	5	8	17	21	47	
<i>Food Protection</i>							
Inspections	18	22	47	87	250	549	
Reinspections	6	4	8	18	242	122	
Temporary permits	2	13	40	55	131	178	
Temporary inspections*	0	2	22	24	42	106	
Plan review	2	0	5	7	9	17	
Pre-operational inspections	3	2	26	31	40	8	
Total Inspections	27	30	103	160	574	802	
<i>Lead Activities</i>							
Housing inspection	1	0	0	1	3	4	
Abate plan reviewed	0	0	0	0	0	0	
MISCELLANEOUS ACTIVITIES							
Planning and Zoning referrals	0	0	3	3	8	2	
Subdivision reviewed (# of lots)	1	1	1	3	9	12	

ANDOVER QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	1
Septic/Sewage		1		1	4
Other				0	1
Water Quality				0	1
COVID-19				0	5
Total	0	1	0	1	20

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	8

On-site Sewage Disposal

Site inspection -- all site visits	8	3	7	18	241
Deep hole tests -- number of holes	3	6		9	240
Percolation tests -- number of holes	2	1		3	79
Permits issued, new	2		1	3	18
Permits issued, repair		2	7	9	84
Site plans reviewed	4	4	4	12	131
Public Health Reviews	6	10	2	18	278

Wells

Well sites inspected		2	2	4	29
Well permits issued	1	3	2	6	55

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		1	5	6	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1	1		2	17

Food Protection

Inspections		1	3	4	87
Reinspections		1		1	18
Temporary permits		1	1	2	55
Temporary inspections		2		2	24
Plan reviews				0	7
Pre-operational inspections				0	31

Lead Activities

Housing inspection				0	1
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	3

	A	B	C	D	E	F	G	H	I
1	ASHFORD QUARTERLY REPORT								
2	April 1, 2021 - June 30, 2021								
3									
4	Activity Indicators								
5									
6					<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
7	ENVIRONMENTAL HEALTH ACTIVITIES								
8	<i>Complaints</i>								
9		Air Quality						0	0
10		Animals/Animal Waste						0	0
11		Activity Without Proper Permits						0	0
12		Food Protection						0	0
13		Housing Issues			1			1	4
14		Emergency Response						0	0
15		Refuse/Garbage	1		1			2	4
16		Rodents/Insects						0	1
17		Septic/Sewage				1	1	2	4
18		Other						0	1
19		Water Quality						0	1
20		COVID-19						0	5
21		Total		1	3	1		5	20
22	<i>Health Inspection</i>								
23		Group homes						0	0
24		Day Care						0	1
25		Camps				1		1	4
26		Public Pool				2		2	3
27		Other						0	0
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Total		0	0	3		3	8
32	<i>On-site Sewage Disposal</i>								
33		Site inspection -- all site visits		4	3	1		8	241
34		Deep hole tests -- number of holes		5	8	3		16	240
35		Percolation tests -- number of holes			5	3		8	79
36		Permits issued, new		1				1	18
37		Permits issued, repair		1	1	1		3	84
38		Site plans reviewed		1	1	2		4	131
39		Public Health Reviews		4	4	7		15	278
40	<i>Wells</i>								
41		Well sites inspected						0	29
42		Well permits issued						0	55
43	<i>Laboratory Activities (samples taken)</i>								
44		Potable water						0	0
45		Surface water			1	7		8	120
46		Ground water						0	0
47		Rabies						0	0
48		Lead						0	0
49		Other				1		1	17
50	<i>Food Protection</i>								
51		Inspections		1	1	9		11	87
52		Reinspections				1		1	18
53		Temporary permits			1	1		2	55
54		Temporary inspections						0	24
55		Plan reviews						0	7
56		Pre-operational inspections		1				1	31
57	<i>Lead Activities</i>								
58		Housing inspection						0	1
59		Abate plan reviewed						0	0
60	MISCELLANEOUS ACTIVITIES								
61		Planning and Zoning referrals						0	3
62		Subdivision reviewed (per lot)						0	3
63									

BOLTON QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	1
Septic/Sewage		1		1	4
Other				0	1
Water Quality				0	1
COVID-19				0	5
Total	0	1	0	1	20

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	8

On-site Sewage Disposal

Site inspection -- all site visits	5	14	4	23	241
Deep hole tests -- number of holes	9	10	9	28	240
Percolation tests -- number of holes	3	3		6	79
Permits issued, new		1		1	18
Permits issued, repair		5	3	8	84
Site plans reviewed		11	2	13	131
Public Health Reviews	11	16	5	32	278

Wells

Well sites inspected				0	29
Well permits issued				0	55

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		2	13	15	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other		2		2	17

Food Protection

Inspections		2	1	3	87
Reinspections	2			2	18
Temporary permits		1	20	21	55
Temporary inspections			22	22	24
Plan reviews			1	1	7
Pre-operational inspections				0	31

Lead Activities

Housing inspection				0	1
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	3

CHAPLIN QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	April	May	June	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues	1	1		2	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects	1			1	1
Septic/Sewage				0	4
Other				0	1
Water Quality				0	1
COVID-19				0	5
Total	2	1	0	3	20
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps	1		1	2	4
Public Pool			1	1	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	1	0	2	3	8
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits		1	2	3	241
Deep hole tests -- number of holes	1	3	5	9	240
Percolation tests -- number of holes	1	1	1	3	79
Permits issued, new				0	18
Permits issued, repair	1			1	84
Site plans reviewed	1	1		2	131
Public Health Reviews	3	2	1	6	278
<i>Wells</i>					
Well sites inspected				0	29
Well permits issued			2	2	55
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water				0	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	17
<i>Food Protection</i>					
Inspections		1	5	6	87
Reinspections				0	18
Temporary permits	1		1	2	55
Temporary inspections				0	24
Plan reviews				0	7
Pre-operational inspections			2	2	31
<i>Lead Activities</i>					
Housing inspection				0	1
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	3

COLUMBIA QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	1
Septic/Sewage				0	4
Other				0	1
Water Quality				0	1
COVID-19				0	5
Total	0	0	0	0	20

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	8

On-site Sewage Disposal

Site inspection -- all site visits	11	10	9	30	241
Deep hole tests -- number of holes	9	9	3	21	240
Percolation tests -- number of holes	3	2	1	6	79
Permits issued, new	1	2	1	4	18
Permits issued, repair	1	1	4	6	84
Site plans reviewed	2	2	6	10	131
Public Health Reviews	8	9	6	23	278

Wells

Well sites inspected	2	3	3	8	29
Well permits issued	3	8	3	14	55

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		2	11	13	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1			1	17

Food Protection

Inspections	3	1	2	6	87
Reinspections		1		1	18
Temporary permits				0	55
Temporary inspections				0	24
Plan reviews				0	7
Pre-operational inspections	1			1	31

Lead Activities

Housing inspection				0	1
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals			1	1	3
Subdivision reviewed (per lot)				0	3

COVENTRY QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	1
Septic/Sewage				0	4
Other				0	1
Water Quality				0	1
COVID-19	1			1	5
Total	1	0	0	1	20

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	8

On-site Sewage Disposal

Site inspection -- all site visits	19	16	15	50	241
Deep hole tests -- number of holes	10	15	18	43	240
Percolation tests -- number of holes	1	5	6	12	79
Permits issued, new	1	3		4	18
Permits issued, repair	6	4	4	14	84
Site plans reviewed	8	5	6	19	131
Public Health Reviews	18	15	11	44	278

Wells

Well sites inspected	3	5	3	11	29
Well permits issued	4	7		11	55

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		9	48	57	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other		2		2	17

Food Protection

Inspections	3	4	4	11	87
Reinspections				0	18
Temporary permits		9	16	25	55
Temporary inspections				0	24
Plan reviews				0	7
Pre-operational inspections		1	23	24	31

Lead Activities

Housing inspection	1			1	1
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals			2	2	3
Subdivision reviewed (per lot)		1	1	2	3

MANSFIELD QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	1
Septic/Sewage				0	4
Other				0	1
Water Quality	1			1	1
COVID-19	3		1	4	5
Total	4	0	1	5	20

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	8

On-site Sewage Disposal

Site inspection -- all site visits	25	15	16	56	241
Deep hole tests -- number of holes	26	15	12	53	240
Percolation tests -- number of holes	10	8	4	22	79
Permits issued, new		1	1	2	18
Permits issued, repair	7	6	8	21	84
Site plans reviewed	13	9	14	36	131
Public Health Reviews	13	30	10	53	278

Wells

Well sites inspected			1	1	29
Well permits issued	5		6	11	55

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		1	5	6	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1		3	4	17

Food Protection

Inspections	8	7	15	30	87
Reinspections	2	2	7	11	18
Temporary permits	1		1	2	55
Temporary inspections				0	24
Plan reviews			4	4	7
Pre-operational inspections		1		1	31

Lead Activities

Housing inspection				0	1
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	3

SCOTLAND QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	1
Septic/Sewage				0	4
Other				0	1
Water Quality				0	1
COVID-19				0	5
Total	0	0	0	0	20

Health Inspection

Group homes				0	0
Day Care				0	1
Camps				0	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	8

On-site Sewage Disposal

Site inspection -- all site visits	1			1	241
Deep hole tests -- number of holes				0	240
Percolation tests -- number of holes				0	79
Permits issued, new				0	18
Permits issued, repair				0	84
Site plans reviewed				0	131
Public Health Reviews	3	2	0	5	278

Wells

Well sites inspected	2			2	29
Well permits issued	1	1		2	55

Laboratory Activities (samples taken)

Potable water				0	0
Surface water				0	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other			2	2	17

Food Protection

Inspections		1		1	87
Reinspections				0	18
Temporary permits				0	55
Temporary inspections				0	24
Plan reviews				0	7
Pre-operational inspections	1			1	31

Lead Activities

Housing inspection				0	1
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	3

TOLLAND QUARTERLY REPORT

April 1, 2021 - June 30, 2021

Activity Indicators

	April	May	June	Total	District Total
--	-------	-----	------	-------	----------------

ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues		1		1	4
Emergency Response				0	0
Refuse/Garbage				0	4
Rodents/Insects				0	1
Septic/Sewage				0	4
Other		1		1	1
Water Quality				0	1
COVID-19				0	5
Total	0	2	0	2	20

Health Inspection

Group homes				0	0
Day Care	1			1	1
Camps			1	1	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	1	0	1	2	8

On-site Sewage Disposal

Site inspection -- all site visits	17	7	21	45	241
Deep hole tests -- number of holes	15	18	3	36	240
Percolation tests -- number of holes	5	5	1	11	79
Permits issued, new		1	2	3	18
Permits issued, repair	3	4	10	17	84
Site plans reviewed	8	7	12	27	131
Public Health Reviews	31	16	19	66	278

Wells

Well sites inspected			2	2	29
Well permits issued		1	2	3	55

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		1	5	6	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1		2	3	17

Food Protection

Inspections	2	2	6	10	87
Reinspections	2			2	18
Temporary permits		1		1	55
Temporary inspections				0	24
Plan reviews				0	7
Pre-operational inspections				0	31

Lead Activities

Housing inspection				0	1
Abate plan reviewed				0	0

MISCELLANOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)	1			1	3

WILLINGTON QUARTERLY REPORT

April 1, 2021 - June 30, 2021

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	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	4
Emergency Response				0	0
Refuse/Garbage		1	1	2	4
Rodents/Insects				0	1
Septic/Sewage				0	4
Other				0	1
Water Quality				0	1
COVID-19				0	5
Total				2	20
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	1
Camps				0	4
Public Pool				0	3
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	8
Site inspection -- all site visits		5	2	7	241
Deep hole tests -- number of holes	6	7	12	25	240
Percolation tests -- number of holes	2	2	4	8	79
Permits issued, new				0	18
Permits issued, repair		2	3	5	84
Site plans reviewed		2	6	8	131
Public Health Reviews	6	5	5	16	278
<i>Wells</i>					
Well sites inspected	1			1	29
Well permits issued	2	3	1	6	55
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water		1	8	9	120
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	17
<i>Food Protection</i>					
Inspections	1	2	2	5	87
Reinspections				0	18
Temporary permits				0	55
Temporary inspections				0	24
Plan reviews	2			2	7
Pre-operational inspections			1	1	31
<i>Lead Activities</i>					
Housing inspection				0	1
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	3

**Eastern Highlands Health District
Community Health and Wellness Coordinator
4th Quarter Report April 1 – June 30, 2021**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 854 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

EHHD Strategic Plan Progress

Action Item	Progress this quarter	Outcome
<p>1b (1) Refine/update grant monitoring network</p>	<p>Did not find any grants during this period.</p>	<p>The CHWC will look for opportunities for grants for EHHD and will work with CHART to explore opportunities.</p>
<p>1g (1) Explore and expand partnership opportunities</p>	<p>The CHWC is part of the Immunization Coalition and attended . The CHWC attended 3 monthly meetings of the Chaplin Early Education readiness program</p>	<p>CHWC provided feedback to the meetings.</p>
<p>2a (2) Effective communication of health district programs and news with staff and member towns officials</p>	<p>Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings.</p> <p>CHWC continues to produce quarterly newsletters.</p>	<p>Bulletin boards with health and safety messages.</p> <p>Topics included: Physical activity information, Healthy Communities information, tobacco cessation, and COVID-19 safety.</p> <p>Newsletters are distributed to member town officials, Be Well Tolland members and residents.</p>
<p>3c (1) Engage in advocacy events and activities</p>	<p>CHWC was the point person for COVID-19 information.</p>	<p>CHWC will continue to explore ways to support community events</p>

Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were 13 cases being followed in this quarter. 2 events were closed. 10 phone calls were made to families and providers. 8 correspondences completed to families.
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases. Documenting and faxing information to DPH as necessary.	CHWC conducted contact tracing on Covid-19 2 Spanish-speaking cases and the subsequent contacts.
CHWC Training and Continued Education	CHWC attended Bicycle Safety Training to train children on bike safety. CHWC continues to stay updated on COVID-19 vaccination information and participates in grand round sessions as they pertain to COVID-19 and COVID-19 vaccination.	CHWC will continue to explore opportunities to participate in continuing education when appropriate
Vaccine Program	CHWC attended 2 monthly meetings of the Immunization Coalition. Vaccine. CHWC EHHD continued to vaccinate people with the COVID-19 vaccines. This vaccination campaign is on-going. CHWC oversees the clinical portion of these vaccines and the volunteers working at the clinics. During this reporting period, 3339 vaccines were administered. Clinics moved into to stationary office clinics and pop-up clinics: including Willington truck stop, Coventry Farmer's market, and Storrs Adventure Park.	CHWC will continue to maintain and update the vaccine program and will attend the Immunization Coalition meetings. CHWC will participate in regional meetings to coordinate mass vaccination. CHWC will continue to coordinate COVID-19 vaccination.

Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the new CTResponds system. In total, there are volunteers 194 at the end of this reporting

period. CHWC provided telephone support to residents and stakeholders about COVID-19, including schools. CHWC continues to support contact tracing for COVID-19 cases. In December, CHWC worked EHHD vaccination team to organize COVID-19 mass vaccination clinics which have included 14 weeks of the period included in this report. CHWC trains clinic staff and supervises clinical operations. CHWC sends weekly emails to MRC volunteers to staff the following weeks clinics and then assigns the volunteers to the clinics. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters. CHWC continues to attend Region 4 MRC mass vaccination and MRC planning meetings units and to maintain the National MRC activity log. CHWC continues to organize and provide pop-up clinics

Regional Asthma Coalition

No news

Employee Wellness Programs

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

Tolland

June 10th CHWC presented information on foot health to the Tolland employee, 11 people participated. CHWC also organized a biometric screening for employee, which was conducted by Chris Grulke on the same day. Social distancing and mask wearing was maintained because of the on-going pandemic. A PowerPoint was created for by the CHWC and was up-loaded to the Be Well site, with links for supplemental information.

Preventive Health Block Grant

CHWC had conversations with two of the directors of recreation about the goals of the Healthy Communities Block Grant and ways to improve outcomes in their towns. To support the furtherance of a grant provided to the Bike Mansfield Organization CHWC participated in a bike safety course for adults to teach middle-school children. Bike Mansfield finished their updated bike map of Mansfield and local attractions. CHWC contributed to the creation of the map and EHHD was credited in the publication. This map will encouraged more people to get out and be physically active in the greater Mansfield area. The Summer Quarterly Buzz was sent out the first week of June. CHWC is working with Ande Bloom to meet the goals of the Block Grant.

Community Outreach

CHWC provided information to individuals and stakeholders regarding COVID-19 in phone calls and emails.

Date	Description	# served	Community
Summer 2021	Employee Wellness Newsletter (UConn) 182/monthly	188	UConn
Summer 2021	Employee Wellness Newsletter 60/	60	Andover
Summer 2021	Employee Wellness Newsletter 60	60	Ashford
Summer2021	Employee Wellness Newsletter 200	200	Bolton
Summer2021	Employee Wellness Newsletter 30	30	Chaplin
Summer 2021	Employee Wellness Newsletter 60	60	Columbia
Summer2021	Employee Wellness Newsletter 60	60	Coventry
Summer 2021	Employee Wellness Newsletter 60	60	Scotland
Summer 2021	Employee Wellness Newsletter 430	430	Tolland
Summer 2021	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
DPH/LHD-COVID-19 meeting	DPH weekly meeting with LHD regarding updates about COVID-19 and new programs and regulation related to COVID-19	weekly	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	2	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	4	
		1	
R-4 ESF 8 meeting	Region 4 emergency response meeting	0	
R4 Mass Vaccination meeting		2	

Eastern Highlands Health District Public Health Preparedness Program

April 1, 2021 – June 30, 2021

- **PHEP Activities:**
 - Fulfilled PHEP/MRC deliverables for BP2 and submitted year-end reports.
 - Completed biennial revision of EHHD Public Health Emergency Response Plan (PHERP).
 - Public Health Emergency Preparedness Coordinator (PHEPC) led annual Training and Exercise Planning Workshop (TEPW) for CRI Region 4 Planning and Exercise workgroup.
 - Conducted required POD drill at E.O. Smith to coincide with a COVID clinic.
 - Updated CodeRed notification system & performed callout to EHHD staff.
 - PHEPC supported EHHD team to plan and conduct COVID vaccination clinics in the community.

- **Regional Planning Activities:**
 - Participated in R4 & R3 ESF8, PHEP, MRC, and CRI meetings.

- **Medical Reserve Corps (MRC):**
 - Supported administration & coordination of EHHD MRC unit.

- **Plans for Next Quarter:**
 - Proceed with BP3 PHEP deliverables.
 - Work with CRI Region 4 partners to prepare a MCM Action Plan to outline next three years of regional MCM activities.
 - Support continuing community COVID vaccination efforts, including partnership with UConn.
 - Work with EHHD staff to prepare for flu vaccination campaign.
 - Seek regional training opportunities including Region 4 MRC, regional POD training, and vulnerable populations outreach.

July 30, 2021

Dr. Deidre S. Gifford, MD, MPH
Commissioner of Public Health
State of Connecticut
Department of Public Health
410 Capitol Avenue
Hartford, CT, 06134

Re: Masks in CT K-12 Schools

Dear Commissioner Gifford:

On the behalf of the Connecticut Association of Directors of Health (CADH) Board of Directors and our membership, we are writing to express the importance of the Connecticut Department of Public Health (DPH), in conjunction with the Department of Education (SDE), reinstating a mask requirement in K-12 schools for the Fall. We strongly recommend a statewide school mask requirement in all Connecticut school districts as stated by the Centers for Disease Control and Prevention (CDC). Leaving a mask mandate to the local school districts, municipalities, and local health departments will only create further inconsistency and confusion among our communities. There should be a unified message from the state in support of this requirement. Schools are an essential part of community infrastructure and a safe return to in-person instruction for K-12 students is a priority.

Given the recent surge in cases and the perniciousness of the delta variant this is more urgent than ever. Data shows that the Delta variant is more contagious, and that it is more prevalent in places with low vaccination rates. It is vitally important that our school guidance is developed in accordance with the latest updates from the Centers for Disease Control and Prevention (CDC), which states that masking will further prevent outbreaks in areas of substantial and high transmission, and that everyone (including fully vaccinated individuals) wear a mask in public indoor settings to help prevent spread of Delta and protect others. In addition, CDC states that universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status, is recommended.

With physical distance requirements for the upcoming academic year already lifted and with vaccination wholly unavailable to children in grades K-6, masks constitute one of our most important remaining COVID mitigation measures. We strongly agree that the mask requirement should apply to students as well as staff. Children need the adults around them to model masking behavior. We ask that DPH please consider these concerns and urge masks in schools.

Universal masking creates consistent messaging, expectations, enforcement and compliance. It will protect all people in early childhood programs and K-12, as well as their families, particularly those who are immunocompromised.

DPH and SDE are valued partners of CADH. We appreciate the opportunity to be part of these conversations as we plan to work with you and our local municipal leaders to best serve, protect and improve the public health of our communities.

Thank you for your time and consideration.

Sincerely,

CADH Board

Cc: CADH Membership

File: CADH Letter to Commissioner Gifford - Masks

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Monday, July 26, 2021 3:35 PM
To: Robert L. Miller
Subject: Governor Lamont Nominates Dr. Manisha Juthani as Public Health Commissioner



[Web Version](#)



Governor Lamont Nominates Dr. Manisha Juthani as Public Health Commissioner

Posted on July 26, 2021

(HARTFORD, CT) – Governor Ned Lamont today announced that he is nominating Dr. Manisha Juthani to serve as commissioner of the Connecticut Department of Public Health.

Dr. Juthani is an infectious diseases physician at Yale School of Medicine in New Haven, where she specializes in the diagnosis, management, and prevention of infections in older adults. Her most recent area of interest is at the interface of infectious diseases and palliative care, including the role of antibiotics at the end of life.

She completed her undergraduate training at the University of Pennsylvania, attended Cornell University Medical College, completed residency training at New York-Presbyterian Hospital/Weill Cornell Campus, and was a chief resident at Memorial-Sloan Kettering Cancer Center. She arrived at Yale School of Medicine in 2002 for infectious diseases fellowship training and joined the faculty full-time in 2006. She assumed the role of infectious diseases fellowship program director in 2012.

“Dr. Juthani’s background in infectious diseases will be a tremendous benefit to the people of Connecticut as we continue to respond to the COVID-19 pandemic and strengthen our vaccination efforts,” **Governor Lamont said**. “When seeking candidates to serve in this role, Dr. Juthani came recommended by many top experts in this field, and I am thrilled to have her join our administration. I’m incredibly proud that Connecticut is among the leading states in vaccinating our residents, but as this pandemic continues, we need to implement sound policies that will keep the rates of transmission as low as possible.”

“I am grateful to the civil servants at the Connecticut Department of Public Health, Dr. Gifford, and Governor Lamont for leading us through this pandemic to date,” **Dr. Juthani said**. “Under Dr. Gifford’s leadership, I look forward to continuing their efforts related to COVID-19, mental health, health equity, health disparities, and access to healthcare going forward.”

In accepting the nomination, Dr. Juthani will succeed Dr. Deidre Gifford as head of the state’s public health agency. For the last 14 months, Dr. Gifford has been serving dual roles within the Lamont administration. Although her primary position is as commissioner of the Department of Social

Services, in May 2020 she agreed to also serve as commissioner of the Department of Public Health in an acting capacity while a search was underway to permanently fill the position.

Governor Lamont said that Dr. Gifford's dedication to the residents of Connecticut throughout the pandemic and her leadership skills in managing two state agencies during such a trying time have been extraordinary. That is why he announced today that as she transitions away from the Department of Public Health, he is tasking Dr. Gifford with the additional duty of serving as Senior Advisor to the Governor for Health and Human Services.

In this new role, Dr. Gifford will be tasked with coordinating a multi-agency approach among the state's nine health and human services agencies to improving health and healthcare in Connecticut. Governor Lamont explained that these nine agencies serve many overlapping populations and provide similar programs and functions, however they often are not optimally coordinated. As Senior Advisor to the Governor for Health and Human Services, Dr. Gifford will convene and lead coordination efforts between these agencies, working closely with the Office of Policy and Management, as well as provide the governor with policy input and recommendations that address issues of health, healthcare costs, quality, and disparities.

Although she is taking on this added responsibility, Dr. Gifford's primary role in the administration will continue to be as commissioner of the Department of Social Services. The commissioners of the nine health and human service agencies will maintain all statutorily defined responsibilities and authorities.

"I cannot emphasize enough how thankful I am to have Deidre as part of our team," **Governor Lamont said.** "She has been a consistent source of reason and guidance as we've tried our best to implement decisions that are in the best interests of public health during this global pandemic. Our response also demonstrated the positive impact we can have when our agencies work together closely to tackle difficult challenges, and we now need to expand these partnerships to tackle healthcare affordability, access, and health disparities. Deidre's expertise and collaborative approach make her the perfect person to coordinate our work in these areas as Senior Advisor to the Governor."

Dr. Juthani will begin at the Department of Public Health on Monday, September 20, 2021. On this date, Dr. Gifford will transition back to solely leading the Department of Social Services, while maintaining a close connection with Dr. Juthani to provide counsel as the response to the pandemic continues.

"I welcome Dr. Juthani to our team, and I am delighted to pass the reins of the Department of Public Health into her capable hands," **Dr. Gifford said.** "She joins a dedicated and skilled group of leaders at the department, whose work and dedication to public health over the last year have been exemplary. Since joining the Lamont administration in May of 2019, it has been my privilege to work with an extraordinarily generous and talented group of human services commissioners. I am honored to take on the role of Senior Advisor to the Governor, and look forward to more work with my colleagues to improve health and healthcare for every Connecticut resident."

The state's nine health and human services agencies include:

- Department of Aging and Disability Services
- Department of Children and Families
- Department of Developmental Services
- Office of Early Childhood
- Office of Health Strategy

- Department of Mental Health and Addiction Services
- Department of Public Health
- Department of Social Services
- Department of Veterans Affairs

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Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Tuesday, July 20, 2021 12:52 PM
To: Robert L. Miller
Subject: Governor Lamont Signs Legislation Banning Use Of PFAS-Containing Firefighting Foam in October, Phases Out PFAS-Containing Food Packaging In 2023



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Governor Lamont Signs Legislation Banning Use Of PFAS-Containing Firefighting Foam in October, Phases Out PFAS-Containing Food Packaging In 2023

Posted on July 20, 2021



(WINDSOR, CT) – Governor Ned Lamont today held a bill signing ceremony at the edge of the Farmington River in Windsor to commemorate the adoption of a new state law banning the use of firefighting foam and food packaging that contain per- and polyfluoroalkyl substances. Commonly known as PFAS, the large group of man-made “forever chemicals” are used in a variety of materials and products around the world.

Specifically, the new law, [Public Act 21-191](#), *An Act Concerning the Use of PFAS Substances in Class B Firefighting Foam*, bans the use of PFAS-containing firefighting foam, or “AFFF,” effective October 1, 2021. Effective immediately, AFFF is not permitted for use in training activities. Additionally, the law also phases out PFAS-containing food packaging by 2023, which makes clear to the food and packaging industries the state’s desire for safe packaging and provides time to those industries to develop safe alternatives.

It furthers two key goals of Governor Lamont’s [2019 PFAS Action Plan](#): minimizing future releases of PFAS to the environment, and minimizing human health risk for Connecticut residents caused by PFAS. The action plan was developed by the [Connecticut Interagency PFAS Task Force](#), which was established in 2019 by Governor Lamont and led by the Department of Energy and Environmental Protection and the Department of Public Health, with assistance from many other agencies, including the state Department of Emergency Services and Public Protection. It was convened one month after the accidental release of PFAS from an aircraft hangar at Bradley International Airport, and three months before the tragic B-17 crash that occurred at Bradley in which PFAS-containing foam was used to put out the resulting fire.

“This new law makes Connecticut residents safer, plain and simple,” **Governor Lamont said**. “Reducing the potential for another release of these forever chemicals into our environment, and reducing the amount of PFAS-containing products in circulation in our state, is the right thing to do for the health of the residents of Connecticut and our environment. This was identified as a priority

when we convened the task force two years ago, and I'm pleased to see this come to fruition and that I can sign this into law."

"Public Act 21-191 builds strongly upon the work that's already being done by the PFAS task force to work with municipalities through our AFFF Take Back Program," **Department of Energy and Environmental Protection Deputy Commissioner Betsey Wingfield said.** "This law provides the mechanism to ensure that AFFF is taken out of circulation and replaced with a safer alternative, and also reduces the amount of PFAS-containing products residents will come into contact with in their daily lives. I commend the stakeholders, legislators, and Governor Lamont, who championed this important legislation."

Public Act 21-191 makes mandatory a takeback program the Department of Energy and Environmental Protection has already been engaged in to collect AFFF foam from municipal fire departments at no charge. The takeback program is funded by a \$2 million allocation approved by the State Bond Commission in July 2020. To date, 170 fire departments have requested pickups of their existing foam inventories. A total of 50 municipalities have completed the takeback program, with more than 6,000 gallons of PFAS-containing foam collected thus far.

Prior to beginning the takeback program, the Department of Energy and Environmental Protection, in partnership with the State Fire Administrator and the Massachusetts Department of Environmental Protection, identified a PFAS-free firefighting foam, National Universal^{®F3} Green, that can be used effectively to put out fires without risking impacts to the environment or harming residents' health. Local fire departments can order the foam through a state contract to ensure their foam is safe and effective.

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CliftonLarsonAllen LLP
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July 6, 2021

Board of Directors
Eastern Highlands Health District
Storrs Mansfield, Connecticut

We are engaged to audit the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Eastern Highlands Health District as of and for the year ended June 30, 2021. Professional standards require that we communicate to you the following information related to our audit. We will contact you to schedule a meeting to discuss this information since a two-way dialogue can provide valuable information for the audit process.

Our responsibility under Auditing Standards Generally Accepted in the United States of America and Government Auditing Standards

Our responsibilities, as described by professional standards, are as follows:

- Forming and expressing opinions about 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.
- Considering, as part of our financial statement audit, the entity's internal control over financial reporting as a basis for designing our audit procedures for the purpose of expressing our opinions on the financial statements, but not to provide any assurance on the effectiveness of the entity's internal control over financial reporting.
- Planning and performing the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements as a whole are free from material misstatement.
- Performing, as part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, tests of the entity's compliance with certain provisions of laws, regulations, contracts, and grants. However, the objective of our tests is not to provide an opinion on compliance with such provisions.
- Communicating significant matters related to the financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.
- Communicating matters required by law, regulation, agreement, or other requirements.

Our audit of the financial statements does not relieve you or management of your responsibilities.

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

Our auditors' opinions, the audited financial statements, and the notes to financial statements should only be used in their entirety. Inclusion of the audited financial statements in a document you prepare, such as an annual report, should be done only with our prior approval and review of the document. Our responsibility for other information in documents containing the entity's financial statements and our auditors' report does not extend beyond the financial information identified in the report. We have no responsibility for determining whether such other information is properly stated and do not have an obligation to perform any procedures to corroborate other information contained in such documents. We are required by professional standards to read the other information in order to identify material inconsistencies between the audited financial statements and the other information because the credibility of the audited financial statements and our report may be undermined by material inconsistencies between the audited financial statements and other information.

Planned scope and timing of the audit

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 of the financial statements 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 the audit. However, some matters may 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.

We expect to begin our audit on approximately September 6, 2021 and issue our report on approximately November 15, 2021.

Other planning matters

Recognizing the importance of two-way communication, we encourage you to provide us with information you consider relevant to the audit. This may include, but is not limited to, the following items:

- Your views about the following matters:
 - The appropriate person(s) in the entity's governance structure with whom we should communicate.
 - The allocation of responsibilities between those charged with governance and management.
 - The entity's objectives and strategies and the related risks that may result in material misstatements.
 - Matters you believe warrant particular attention during the audit and any areas for which you request additional procedures to be undertaken.
 - Significant communications with regulators.
 - Other matters you believe are relevant to the audit of the financial statements.
- The attitudes, awareness, and actions of those charged with governance concerning (a) the entity's internal control and its importance in the entity, including how those charged with governance oversee the effectiveness of internal control, and (b) the detection or the possibility of fraud.
- The actions of those charged with governance in response to developments in law, accounting standards, corporate governance practices, and other related matters.
- The actions of those charged with governance in response to previous communications with the auditor.
- Your understanding of the risks of fraud and the controls in place to prevent and detect fraud, including your views on the following matters:
 - The "tone at the top" conveyed by management.
 - Programs and controls that the entity has established to mitigate identified fraud risks or that otherwise help to prevent, deter, and detect fraud.
 - How and how often you review the entity's policies on fraud prevention and detection.
 - If a fraud hotline is in place, how it is monitored and how you are notified of allegations or concerns.
 - How you exercise oversight of management's processes for identifying and responding to the risks of fraud and the programs and controls management has established to mitigate those risks.
 - The risks of fraud at the entity, including any specific fraud risks the entity has identified or account balances, classes of transactions, or disclosures for which a risk of fraud may be likely to exist.

- Examples of fraud-related discussions management has had with you.
 - Any actual or suspected fraud affecting the entity that you are aware of, including measures taken to address the fraud.
 - Any allegations of fraud (e.g., received in communications from employees, former employees, analysts, regulators, grantors, or others) that you are aware of.
 - Any knowledge of possible or actual policy violations or abuses of broad programs and controls occurring during the period being audited or the subsequent period.
 - Any accounting policies or procedures applied to smooth earnings, meet debt covenants, minimize taxes, or achieve budget, bonus, or other financial targets that you are aware of; and whether you are aware of any accounting policies that you consider aggressive.
- How you oversee the entity's (1) compliance with laws, regulations, and provisions of contracts and grant agreements (2) policies relative to the prevention of noncompliance and illegal acts, and (3) use of directives (for example, a code of ethics) and periodic representations obtained from management-level employees about compliance with laws, regulations, and provisions of contracts and grant agreements.
 - Whether you are aware of any noncompliance with laws, regulations, contracts, and grant agreements, including measures taken to address the noncompliance.
 - If the entity uses a service organization, your knowledge of any fraud, noncompliance, or uncorrected misstatements affecting the entity's financial statements reported by the service organization or otherwise known to you.

* * *

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

Sincerely,

CliftonLarsonAllen LLP



Vanessa E. Rossitto, CPA
Principal
860-561-6824
Vanessa.Rossitto@cliftonlarsonallen.com



Eastern Highlands Health District

Example letter

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

June 21, 2021

Eric Anderson
Town Administrator
Town of Andover
17 School Road
Andover CT 06232

Re: American Rescue Plan Act Funding – EHHD request for reimbursement

Greetings EHHD Member Town CEO -

Recent guidance provided by the Connecticut OPM indicates the Eastern Highlands Health District must submit requests for reimbursement from the American Rescue Plan Act (ARPA) funding *through our respective member municipalities*. Through this process of working with our member towns, the health district did receive \$104,000 in pandemic response expense reimbursement from the Town of Mansfield's allocated proportion of the Municipal Coronavirus Relief Fund. The health district is grateful to the Town of Mansfield for this support.

The Eastern Highlands Health District has spearheaded a significant portion of the COVID-19 response in our local communities. Over the past 15 months, health district resources have been largely spent on pandemic response activities including contact tracing, supporting our schools, expanding access to testing services, enforcing Sector Rules, public health education, supporting local businesses, and ramping up and executing a mass vaccination campaign. These efforts involved coordinating and working directly with our community partners, and member town partners to support many of the local needs amplified during this pandemic.

The recent ARPA award notifications to Connecticut town's presents an additional opportunity to work with our member towns in offsetting health district reimbursable pandemic response expenses. The health district has received funding through the Connecticut Department of Public Health in the form of the Coronavirus Crisis Funding, and the Epidemiology and Laboratory Capacity Grant that, thus far, covered most of our response expenses. There remain, however, some expenses that cannot be covered by either of the two funding sources referenced above.

The Eastern Highlands Health District is, therefore, respectfully submitting the following pandemic response expense for reimbursement against our member town's ARPA allotment:

Mansfield Community Center Room Fees for Public COVID-19 Vaccination Clinics - \$20,405

In an effort to apply equity across our member municipalities the above expense is split on a per capita basis among the remaining nine member towns. Using this approach the *Town of Andover's portion of this request is \$1,206*.

If you have any questions, or need any additional information please feel free to contact Robert Miller, Director of Health.

Sincerely,

Elizabeth Paterson, Chairperson
Eastern Highlands Health District
Board of Directors

Cc: Robert Miller, Director of Health
Board of Directors

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

STATE OF CONNECTICUT
BY HIS EXCELLENCY
NED LAMONT
EXECUTIVE ORDER NO. 13A

**PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC –
REVISED ORDER FOR MASKS AND FACE COVERINGS, NURSING HOME STAFF
TESTING**

WHEREAS, on March 10, 2020, I declared public health and civil preparedness emergencies throughout the State of Connecticut as a result of the coronavirus disease 2019 (COVID-19) outbreak caused by the SARS-COV-2 virus in the United States and Connecticut; and

WHEREAS, on several occasions since March 10, 2020 acting within my authority pursuant to Sections 19a-131 and 28-9 of the Connecticut General Statutes as well as Special Acts 21-2, 21-4, and 21-5 of the General Assembly, and in response to the continued need to respond adequately to the COVID-19 pandemic, I renewed the declarations of public health and civil preparedness emergencies and also issued new declarations of public health and civil preparedness emergencies; and

WHEREAS, pursuant to such declarations, I have issued various executive orders to protect public health, limit transmission of COVID-19, and mitigate the effects of the COVID-19 pandemic (the “COVID-19 Orders”); and

WHEREAS, COVID-19 is a respiratory disease that spreads easily from person to person and may result in serious illness or death; and

WHEREAS, the World Health Organization has declared the COVID-19 outbreak a pandemic; and

WHEREAS, the COVID-19 pandemic remains a grave threat to public health and safety and civil preparedness in the State of Connecticut; and

WHEREAS, public health experts have determined that it is possible to transmit COVID-19 even before a person shows symptoms and through aerosol transmission; and transmission or “shedding” of the coronavirus that causes COVID-19 may be most virulent before a person shows any symptoms; and

WHEREAS, the United States Centers for Disease Control and Prevention (CDC) has recommended that people with mild symptoms consistent with COVID-19 be assumed to be infected with the disease; and

WHEREAS, to reduce the spread of COVID-19, the CDC and the Connecticut Department of Public Health (DPH) recommend implementation of community mitigation strategies to slow transmission of COVID-19, including maintaining a safe distance from others and wearing masks or face coverings; and

WHEREAS, because COVID-19 has caused unanticipated health effects that are not fully understood by the medical community, residents, businesses, and government, agencies face new and unanticipated economic, fiscal, and operational challenges as a result of the COVID-19 pandemic; and

WHEREAS, Connecticut continues to successfully conduct a campaign to vaccinate as many residents as possible against COVID-19, including having opened eligibility to all residents aged 12 or older and having vaccinated a large percentage of those most vulnerable to serious health effects from COVID-19; and

WHEREAS, I have previously announced that consistent with improved vaccination rates and reductions in COVID-19 infection rates, certain outdoor activities, could resume safely on May 1, 2021, and that on May 19, 2021, most remaining business and social gathering restrictions could be lifted; and

WHEREAS, on May 13, 2021, the CDC issued guidance that, because of data showing that vaccinated people were highly unlikely to transmit or contract the SARS-COV-2 variants dominant at the time, people who had been fully vaccinated did not need to wear face masks or face coverings except for in certain rare settings such as correctional facilities, transportation facilities, schools, healthcare facilities, and homeless shelters; and

WHEREAS, in certain indoor settings where the risk of COVID-19 infection is higher because of the concentration of large numbers of people, the presence of people with underlying conditions or compromised immune systems, the difficulty of ascertaining who has been vaccinated may require the universal wearing of masks and face coverings; and

WHEREAS, providing the Commissioner of Public Health with authority to issue and amend rules specifying the settings and locations where mask and face coverings shall be required will provide the most efficient and expeditious method of communicating and, when necessary, modifying such rules in response to changing public health conditions; and

WHEREAS, on May 20, 2021 I issued Executive Order No. 12A, which revised rules for wearing masks in accordance with the principles above; and

WHEREAS, on July 13, 2021, I renewed through September 30, 2021 the previously mentioned emergency declarations in accordance with the requirements of Special Act 21-5; and

WHEREAS, on July 14, 2021, the General Assembly approved by resolution the renewal of such emergency declarations; and

WHEREAS, on July 19, 2021, I renewed through September 30, 2021 Executive Order 12A; and

WHEREAS, on July 27, 2021, as a result of the increased transmissibility of the now-dominant Delta variant of SARS-COV-2 (“the Delta variant”) and the resulting surge in COVID-19 infections, CDC issued guidance recommending that all people, including those who are vaccinated, wear masks indoors in areas of substantial or high COVID-19 transmission; and

WHEREAS, according to the CDC, as a result of increased infection rates and the higher transmissibility of the Delta variant, all eight of Connecticut’s counties are considered areas of substantial transmission; and

WHEREAS, while vaccination remains highly effective at preventing infection, severe disease, hospitalization, and death from COVID-19, including the Delta variant, breakthrough infection and transmission among vaccinated people are possible; and

WHEREAS, Public Act 21-185, An Act Concerning Long-Term Care Facilities, makes several improvements in infection control procedures for nursing homes, including, effective October 1, 2021, requiring regular testing of staff at a frequency determined by the Commissioner of Public Health; and

WHEREAS, the recent surge of COVID-19 infections, dominance of the Delta variant, and the relative vulnerability of nursing home residents to infection, requires that regular mandatory testing of staff in such facilities in order to detect outbreaks and immediately take protective measures, begin as soon as possible; and

NOW, THEREFORE, I, NED LAMONT, Governor of the State of Connecticut, by virtue of the authority vested in me by the Constitution and the laws of the State of Connecticut, do hereby **ORDER AND DIRECT**:

1. **Revised Mask Requirements.** Executive Order No. 12A is repealed. A person while indoors in a public place who does not maintain a safe social distance of approximately six feet from every other person and who is not fully vaccinated for COVID-19 shall cover their mouth and nose with a mask or cloth face covering. A person shall be considered fully vaccinated 14 days after receiving the final recommended dose of a vaccine approved for use against COVID-19 by U.S. Food and Drug Administration, or as otherwise defined by the Centers for Disease Control.

- a. Nothing in this order shall require the use of a mask or cloth face covering by anyone for whom doing so would be contrary to his or her health or safety because of a medical condition, behavioral condition, or disability, or anyone under the age of 2 years. Any person who declines to wear a mask or face covering because of a medical condition, behavioral condition, or disability shall be exempt from this order and any requirement to wear masks or face coverings promulgated in or pursuant to any COVID-19 Order, but only if such person provides written documentation that the person is qualified for the exemption from a licensed or certified medical provider, psychologist, marriage and family therapist, professional counselor, social worker, or behavior analyst, the Department of Developmental Services or other state agency that provides or supports services for people with emotional, intellectual or physical disabilities, or a person authorized by any such agency. Such documentation shall not be required to name or describe the condition that qualifies the person for the exemption.
- b. The Commissioner of Public Health shall issue a rule setting forth a comprehensive list of facilities, venues, and other locations where masks and cloth face coverings are required, including for people who are vaccinated, and will amend said rule as the Commissioner determines is warranted by public health conditions.
 - i. Any person who fails to wear a mask or cloth-face covering as required by section (b) above or any order described in subsection (d) of this order, other than a person who qualifies for the exemption set forth in subsection (a) of this order, shall be guilty of a violation and fined one hundred dollars. An employer, rather than the employee, is liable for the fine for any employee's failure to wear a required mask or cloth-face covering while at work.
 - ii. Section 51-164n(b) of the Connecticut General Statutes is amended to authorize the Commissioner of Public Health, local health directors, district health directors, and their designees; state and municipal police officers and peace officers as defined in Section 53a-3(9) of the Connecticut General Statutes; and public safety departments of institutions of higher education to issue fines for the violation of the rule established in section (b) above. All fines collected pursuant to this order shall

be distributed to the General Fund. In any case in which a person is charged with a violation pursuant to this order, the procedures set forth in Section 51-164n through 51-164r of the Connecticut General Statutes shall apply. Nothing in this Section shall be construed to limit, alter, modify, or suspend any penalties or remedies that otherwise apply to violation of orders issued pursuant to the civil preparedness and public health emergencies.

- c. Masks shall not be required while eating or drinking.
- d. This order shall supersede and preempt any current or future municipal order whenever such order conflicts with this order, provided that a municipal order issued pursuant to Section 28-8a of the Connecticut General Statutes requiring masks or face coverings in indoor settings regardless of vaccination status shall not be deemed to conflict with this order. Additional restrictions on social, recreational, or business activity that are not related to masks or face coverings, except for workplace restrictions or employment conditions imposed by municipalities on their employees, shall be deemed to be in conflict with this order.
- e. Any business, nonprofit organization, property owner, or state, regional, or municipal government or agency may, subject to the exceptions in subsection (a) of this order and in addition to or in the absence of any municipal order pursuant to Section 28-8a, as described in subsection (d) of this order, require the universal use of masks or face coverings or require staff to wear masks or face coverings in settings under their ownership or control, including, but not limited to, offices, places of public accommodation, public venues, or public meetings.
- f. Nothing in this order shall limit the authority of the Commissioner of Education or the Commissioner of Early Childhood to issue operational rules, including but not limited to mask or face covering requirements, pursuant to Executive Order No. 9, Section 1.
- g. Any directive, rule, guidance, or order pursuant to this order shall not be included in the definition of a regulation pursuant to Section 4-166(16) of the Connecticut General Statutes.

2. **Effective Date of Legislation Requiring Testing of Nursing Home Staff During Disease Outbreaks.** Section 6 of Public Act 21-185 is modified to take effect immediately.


This order shall take effect immediately and remain in effect through September 30, 2021 unless earlier modified or terminated.

Dated at Hartford, Connecticut, this 5th day of August, 2021.



Ned Lamont
Governor

By His Excellency's Command



Denise W. Merrill
Secretary of the State





EMERGENCY ORDER REGARDING MANDATORY USE OF FACE MASKS IN THE TOWN OF MANSFIELD

WHEREAS, on March 10, 2020, the Governor of the State of Connecticut declared a public health emergency and a civil preparedness emergency for the State of Connecticut, pursuant to Connecticut General Statutes Sections 19a-131 and 28-9, in response to the global pandemic of COVID-19 disease associated with a novel coronavirus that is currently affecting multiple countries and states; and,

WHEREAS, on March 13, 2020, the President of the United States declared a national emergency to combat the coronavirus that is currently infecting the population of the United States; and

WHEREAS, due to the significant adverse impact on public health of COVID-19, and the acceleration of the spread of the disease, the Town Manager must take action for the purpose of ensuring civil preparedness and mitigating the adverse effects of this emergency situation upon the residents of Mansfield; and

WHEREAS, it is in the best interests of the Town of Mansfield and the residents of and visitors to the Town of Mansfield to promote public health and to ensure civil preparedness, to minimize the adverse impact and substantial threat to public health created by the current public health emergency and civil preparedness emergency posed by the spread of COVID-19; and

WHEREAS, on August 5, 2021, the Governor of the State of Connecticut issue his Executive Order 13A, granting municipalities the authority to take necessary steps to halt the spread of COVID-19, particularly its highly infectious "DELTA" variant, specifically authorizing municipal orders requiring masks or face coverings in indoor settings regardless of vaccination status; and

NOW, THEREFORE, IT IS HEREBY PROCLAIMED AND ORDERED that, pursuant to the powers and duties granted in the Connecticut General Statutes and pursuant to the authority and powers granted by Executive Order 13A issued by Governor Lamont in response to the civil preparedness and public health emergency now facing the Town of Mansfield, effective on Saturday, August 14, 2021 at 12:01 a.m., the wearing of masks or cloth face coverings that are compliant with CDC guidelines is required in any indoor public spaces, meeting spaces to which any member of the public has access except when eating or drinking; and



Your place to grow

IT IS FURTHER PROCLAIMED AND ORDERED that also effective on Saturday, August 14, 2021 at 12:01 a.m., the wearing of masks or cloth face coverings that are compliant with CDC guidelines is required in any private indoor business, and in any places of employment, which building or space has an authorized occupancy of twenty-five (25) or more persons except when eating or drinking; and

IT IS FURTHER PROCLAIMED AND ORDERED order shall remain in effect (the "effective period") until such time as it is amended or earlier terminated; and

IT IS FURTHER PROCLAIMED AND ORDERED that this order will be made publicly available for inspection and review in the Office of the Town Clerk of Mansfield and shall be posted on the Town of Mansfield website.

Dated: August 12, 2021

A handwritten signature in black ink, reading "Ryan J. Aylesworth", written over a horizontal line.

Ryan J. Aylesworth
Town Manager
Town of Mansfield, Connecticut

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

15

Michelle H. Seagull
Commissioner
Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

TO: Connecticut Retail Pharmacy Providers
FROM: Deidre S. Gifford, MD, MPH
Acting Connecticut Department of Public Health Commissioner
Michelle H. Seagull
Connecticut Department of Consumer Protection Commissioner
DATE: August 2, 2021

Handwritten signature of Deidre S. Gifford.

Handwritten signature of Michelle H. Seagull.

The Connecticut Department of Public Health (DPH) would like to solicit your assistance with eliminating COVID-19 testing and vaccination barriers within the undocumented/uninsured community. DPH has identified two areas of concern:

- Many undocumented/uninsured community residents have resisted obtaining a needed COVID test not knowing that they are actually not required to provide a social security number or other form of ID. Although Health Resources and Services Administration (HRSA) requires that you request either a social security number, driver's license, or state identification to verify an individual's uninsured status, HRSA has given providers the ability to attest that an attempt was made to capture this information before submitting the claim and the address of the facility where the care was provided for reimbursement purposes.
- In order to participate in the HRSA program, providers cannot balance bill the participants.

In order to encourage testing and vaccination among the undocumented/uninsured community and to help contain the spread of COVID-19, DPH is requesting that retail pharmacies provide clear and concise communication of the following two messages on in-store postings and signage, websites and social media:

1. Health insurance and a state-issued ID are not required to receive COVID-19 testing or vaccination, and you will not be turned away if you do not have insurance or an ID.
2. If you do not have insurance, the in-clinic visit will be covered at no additional cost to you.

A simple, one page fact sheet is available in English and Spanish on the HRSA web site.

DPH is grateful and appreciates the testing and vaccination you do for our community. We are hoping that these clarifications will help us eliminate barriers to ensure testing and vaccination is open and available to all our community members. If you have any further questions, please contact the DPH Immunization Program at DPH.Immunizations@ct.gov.





TOWN OF SCOTLAND BOARD OF SELECTMEN

Scotland Town Hall 9 Devotion Road, P.O. Box 288 Scotland, CT 06264
(860) 456-7797 x 101

BOARD OF SELECTMEN

July 28th, 2021
7:00pm

Scotland Volunteer Community Hall
47 Brook Road
Scotland, CT

MEETING MINUTES

- I. The meeting was called to order 7:03pm:
 - Gary Greenberg, First Selectman stated this is an in person meeting of the Board of Selectmen. Present is Selectman Wendy Sears, Selectman Rob Keator and Wendy O'Connor, Administrative Assistant and emergency management director John Beck.
- II. Additions to Agenda: None
- III. Approval June 23rd, 2021 Meeting Minutes:
 - **MOTION:** Robert Keator made a motion to approve the June 23rd, 2021 Meeting Minutes, seconded Wendy Sears, motion carries unanimously.
- IV. Treasurer's Report: Attached to minutes
- V. Approval of Tax Refunds
 - **MOTION:** Wendy Sears made a motion to approve tax refund in the amount of \$17.57 to Robert Keator and tax refund in the amount of \$79.53 to Charlene Levesque, seconded by Gary Greenberg. Motion passed unanimously.
- VI. Appointment of Susan Powers to the Eastern Highlands Health District Board of Directors
 - **MOTION:** Robert Keator made a motion to appoint Susan Powers to the Eastern Highlands Health District Board of Directors, seconded by Wendy Sears. Motion passed unanimously
 - The Board of Selectmen would like to thank Barbara Syme for her time and commitment to the Eastern Highland Health District Board of Directors.
- VII. Appointment of Members to the AdHoc Committee For Interdistrict Educational Cost Share
 - **MOTION:** Robert Keator made a motion to appoint Clare D'Appollonio, Angela Maschka and Tom McAvoy to the AdHoc Committee for Interdistrict Educational Cost Share, seconded by Wendy Sears. Motion passed unanimously.
- VIII. Report of Selectmen
 - Meeting tomorrow of AdHoc Committee for Interdistrict Educational Cost Share at 5pm. Would like to establish calendar for meetings to happen at least once a month. Committee will be divided into 2 sub committees; one to look at governance issues and one to look at the

programming issues. The overall purpose of the committee is to figure out the best way to do this and will provide the information to the school boards.

- 3 major projects underway. Will be receiving a proposal from Towne Engineering for site survey for DPW garage addition. Would like to add 3-4 bays and a salt shed. Has had meetings about bridges, has a proposal from CHA Engineering for a to do a hydraulic analysis and surveying work. There are five bridges they are looking at. Will be giving us a price for each individual bridge and which ones need to be a priority. Town Hall project – we have the promise of \$700,000 which can be used for this as well as \$500,000 from ARPA. Would like to use some of the ARPA money to install a well and septic system at Bowers Park. Have about \$1.2 million dollars for the town hall project. Gary has talked to architect to develop preliminary plan for town hall.
- There is a meeting on August 4th meeting on how to administer the ARPA money. NECOGG is proposing hiring a person to administer the ARPA money for all of the towns.
- Ryan Beaumont and Nate Hall have been hired to replace Jim Naumec as building maintainers.
- Kemp Road washed out. Bill and Connor have repaired.

IX. Audience for Citizens: None

X. Wendy Sears made a motion to adjourn at 7:42pm, seconded by Rob Keator. Motion carries unanimously

Town of Ashford

Established 1714

REGULAR SELECTMEN'S MEETING MONDAY, JULY 6, 2021, 7:00 P.M.

To be held virtually

To join the meeting, please use the information provided at the bottom of this agenda

MINUTES

1. Call to order at 7:11 p.m.
 2. Members present: Silver-Smith, Falletti. Phillips was excused
Guests: John Gustkowski, Carson Frandsen, Jason Hall
 3. Hear from the public
 4. First Selectman's Briefing
 5. Hear from Boards, Commissions, Committees
 6. Falletti moved acceptance of minutes of Regular Meeting of 6/21/2021. Silver-Smith seconded the motion which passed.
 7. Old Business
 - A. Discuss reopening strategies – Town facilities – establish policies relating to the holding of board and commission meeting
 - Consider technology needed for the holding of virtual and hybrid meetings – “Owl.” Members of the Board discussed the fact that we are not in a position to hold hybrid meetings at this time.
 - “TextMyGov” mass communication system presentation by Carson Frandsen and Jason Hall. At the conclusion Frandsen and Hall were thanked for a very informative presentation.
 - Silver-Smith gave a reopening plan power-point presentation which is attached to these minutes
- At this time the BOS meeting was paused to correct technical difficulties.
- B. Executive session to discuss pending and potential litigation and to protect the Towns' collective rights and interests relating to the lots that comprise and are known as the Cadlerock properties in both the Towns of Ashford and Willington pursuant to CGS 1-210(b)(4). The Executive Session on this item was not deemed necessary at this time. The BOS was advised that the joint Ashford/Willington remediation grant submission was not funded.
 - C. Discuss proposed Tremko House project: Silver-Smith reported that Architect Robert Hurd intends to submit project information by the end of the week.
8. New Business
 - A. Board/Commission/Committee appointments
 - Inland Wetlands & Watercourses: Fill Alternate vacancy created by the elevation of Cheryl Chase to Regular member status. (Can be D, R or U)
 - Inland Wetlands & Watercourses. Fill Alternate vacancy created by the resignation of Ken Garee. (Can be D, R, U)
 - Board of Assessment Appeals: Fill vacant Democrat seat to 11/9/2021.
 - Recreation Commission: Fill two Alternate member seats – terms to expire 3/31/2024 and 3/31/2026.

- Commission on Aging: Four commission two-year seats expire on 6/30/2021 (Jagodzinski, Martin, Sampson, Wilmes-Pandolfo). At least one seat must be an R or a U.
 - B. Executive Session to review job descriptions related to AFSCME contract renewal. Falletti moved that this item be moved to the end of the agenda. Silver-Smith seconded the motion which passed.
 - C. Falletti moved approval of the following tax refunds citing CGS 12-129: Estate of Emery Zambo in the amount of \$13.63, Tracey L. Stancil in the amount of \$223.30, Daniel & Megan Petsa in the amount of \$203.40, Honda Lease Trust in the amount of \$561.38, Philip R. Grindal in the amount of \$9.54, ACAR Leasing in the amount of \$294.76. Silver-Smith seconded the motion which passed.
 - D. Falletti moved addition to the agenda of the appointment of a representative to the Eastern Highlands Health District. Silver-Smith seconded the motion which passed. Falletti moved the appointment of Cathryn Silver-Smith to serve as Ashford's representative to the Board of Directors of the Eastern Highlands Health District to serve to December 31, 2021.
- B. Falletti moved the BOS into Executive Session to review job descriptions relating to AFSCME contract renewal at. Silver-Smith seconded the motion which passed. At this time a technical problem did not allow the host to send the Executive Session to a breakout room. Recording was paused at 8:20 p.m. The BOS exited Executive Session at 8:22 p.m.
9. Adjournment at 8:26 p.m.

Board of Selectmen Meeting Agenda – July 6, 2021

Ashford BOS Meeting
Tuesday, July 6th 2021 7:00 p.m.
Join Zoom Meeting
<https://zoom.us/j/99730859123>
Meeting ID: 997 3085 9123
Dial by your location
+1 646 558 8656 US (New York)
+1 301 715 8592 US (Washington DC)
Meeting ID: 997 3085 9123

Find your local number: <https://zoom.us/u/aKiHm8kV8>

Christine K. Adcock



TOWN of TOLLAND/ 21 Tolland Green, Tolland Connecticut 06084

August 12, 2021

Mr. Robert L. Miller, M.P.H., R.S.
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

RE: EHHD – BOARD OF DIRECTORS

Dear Rob:

At their August 10, 2021 Town Council meeting, Lisa A. Hancock was appointed as a member of the Board of Directors of Eastern Highlands Health District. Tammy Nuccio will remain the second member. Enclosed is a page from the August 10, 2021 Council minutes which reflects this appointment.

Sincerely,

Megan Massa
Executive Secretary
Town Manager's Office

/mjm
Enclosure

cc: Kathy Pagan, Town Clerk

MOTION that the following resolution be approved:

BE IT RESOLVED by the Tolland Town Council that it hereby appropriates \$49,076 from the equity distribution from CIRMA to use by the Town in the amount of \$22,688 to the Capital Improvement fund for Environmental and Other Testing Project Account 20500072-722460-2155 and to the Board of Education in the amount of \$26,388 would be appropriated to the Capital Improvement fund for Birch Grove School Non-grant Account 2010072-777400-2156.

Mr. Luba seconded the motion.

Discussion: none

A roll call vote was taken. Motion passed unanimously.

8.5 Appointments to vacancies on various municipal boards/commissions.

8.5.a. Reappointments to the Commission on People with Disabilities

8.5.b. Appointment to the Planning and Zoning Commission

8.5.c. Appointment to the Eastern Highlands Health District

8.5.d. Appointment to the Land Acquisition Advisory Board

Ms. Nuccio thanked everyone who is volunteering. Currently, there are over 20 vacancies across the boards and commissions. If anyone is interested, there is at least one vacancy on most of them. Mr. Jones noted that applications were received for the Mental Health Task Force and the Veterans Recognition Commission.

Mr. Jones motioned to approve the reappointments for the Commission on People with Disabilities: Robert Deichert and Susan Lucek-Hughes for a term of 08/01/21 – 08/01/24.

Mr. Luba seconded the motion.

Discussion: none

A roll call vote was taken. Motion passed unanimously.

Mr. Jones motioned to approve the new appointments: Lisa Hancock to the Eastern Highland Health District (term 08/10/2021 – 08/10/2024) and the Land Acquisition Advisory Committee (life term); Erin Stavens to the Planning and Zoning Commission (term 11/12/2019 – 11/09/2021).

Mr. Jones recalled and amended the motion.

Mr. Jones motioned to approve the new appointments: Lisa Hancock to the Eastern Highland Health District (term 08/10/2021 – 08/10/2024) and the Land Acquisition Advisory Committee (life term); Erin Stavens to the Planning and Zoning Commission (term 08/10/2021 – 11/09/2021).

Mr. Luba seconded the motion.

Discussion: none

A roll call vote was taken. Motion passed unanimously.

9. **OLD BUSINESS (ACTION/DISCUSSION ITEMS):**

9.1 Discussion on the formation of a subcommittee to review and vet possible ARP fund use options.

Ms. Hancock explained that at the last meeting the Council discussed possible uses for the ARP funds. The Council noted that it wanted to create a subcommittee. Ms. Hancock noted that the subcommittee cannot have more than 3 members and believes it is important that staff is involved with the process because there are things which the subcommittee may not be aware of when reviewing considerations. Ms. Hancock added that she would be able to work with the subcommittee and would ask staff to provide additional information as needed.

Ms. Falusi commented that she would like the Council to consider having someone on the subcommittee from the EDC, or ensure they are asked for ideas. The ARP funds are being used by many communities to assist in strengthening communities and building bonds between community members and contributors to the communities as well as helping businesses through the pandemic by providing grants to move out of the pandemic and into the new normal. Further, 501(c)(3)s and nonprofits lost revenue while closed and need to invest in programs which is an investment in the town. She would like to have the EDC and perhaps members of

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Mansfield has a vaccine rate anomaly

LISA MASSICOTTE

Chronicle Staff Writer

MANSFIELD — A quick glance at a list of vaccination rates for area towns might lead one to think Mansfield is in trouble with a low rate of 34.43 percent getting one dose.

"We get asked that quite a bit. It makes sense," Mansfield Town Manager Ryan Aylesworth said, referring to questions coming into the town asking why Mansfield's vaccination rates seem so low.

But this is not the case.

In fact, the year-round residential population of Mansfield is doing quite well, maybe even better than that of the surrounding towns, according to Eastern Highlands Health District Director Robert Miller.

The low vaccination rate for Mansfield that shows up in the charts is due to a statistical anomaly Miller has dubbed the "UConn Effect."

This effect is due to a number of factors related to the University of Connecticut population, Miller said.

"One aspect of this is about the time the state opened up vaccination eligibility for that (college student) age group was also about the same time the university sent all their kids home for the semester in early April," Miller began to explain.

And then, he said, once the students came home from UConn, they then got vaccinated in their hometowns.

"And then reported to their vaccine provider their home address and not their university address," Miller said.

Next, the provider then reports to the health department the address the student patient gave them, which was not the UConn Storrs address, according to Miller.

This becomes a problem because both the state health department and the U.S. Census count all the UConn Storrs students as part of the residential population of Mansfield.

"This concept is further evident by the fact that the vaccination rates for the older age groups within the Town of Mansfield are actually higher than the surrounding towns and the state of Connecticut," Miller said.

For example, the vaccination rate for those ages 45 and older is about 87 percent in Mansfield for fully vaccinated adults, according to Miller.

"As compared to the state of Connecticut, which is 78 percent," he said.

This rate is also higher than all the towns surrounding Mansfield, according to vaccination data from the state Department of Health and Human Services.

"So, that's evidence of the UConn Effect," Miller said.

That 87 percent can be broken down even further into two separate age categories in Mansfield.

For ages 45 to 64, the percent coverage of those fully vaccinated is 74.1 percent

For ages 65 and older, the percent coverage of those fully vaccinated is 100 percent.

For further evidence of this, Miller compared the statistics of these age groups with towns of similar year-round populations.

Tolland's vaccination rate for those fully vaccinated aged 45 to 64 is 68 percent and that same rate for Coventry is 64 percent.

"Again, lower than Mansfield's 74 percent," Miller said.

New Haven is also facing a similar effect because of Yale University, according to Aylesworth.



"I think we're battling for the bottom with New Haven, so, Yale, same sort of thing," Aylesworth said.

This isn't a huge issue for Windham/Willimantic with its Eastern Connecticut State University students simply due to the ratio of students to year-round residents.

Mansfield is unique in that a significant proportion of its total population are UConn students, Miller explained.

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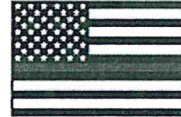
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"For us, unfortunately, it's just an anomaly you can't really do much about. Our vaccination rates are way underreported in terms of actual percentage of our current population," Aylesworth said.

State Department of Public Health officials and the Eastern Highland Health District had discussions about the anomaly.

Miller explained the state is planning to add a footnote to Mansfield's statistics on the state's website to disclose the matter at hand.

"The good news though, on another note, the university announced mandatory vaccinations. So, I would expect, come the time of fall, Mansfield will probably have a higher percentage of vaccinated adults than anywhere else," state Rep. Gregg Haddad, D-Mansfield, said.

Follow Lisa Massicotte on Twitter - @LMassicotteTC.

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