

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda  
Zoom Meeting\*  
Thursday August 20, 2020, 4:30 PM

Call to Order

Approval of Minutes (June 18, 2020)

Public Comments

Old Business - none

New Business

1. Per Capita Grant in Aid Funding Application for SFY 2021

Town Reports

Subcommittee Reports

2. Finance Committee – Financial report, period ending 6/30/20

Directors Report

3. COVID-19 Response Activities Update
4. EHHD Isaias Response
5. Quarterly activity report, period ending 6/30/20

Communications/other

6. Associated Press re: Politics slows flow of US virus funds for local public health
7. CAES re: State Reports First Positive Mosquitoes for EEE
8. Blumshapiro re: Communication with Those Charged with Governance
9. R Miller re: Population Increase

Other business

Adjournment

*Next Board Meeting – October 15, 2020, 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](mailto:mbrosseau@ehhd.org) or call 860-429-3325 for the call in information.

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes - Draft

Virtual meeting Via  
Zoom\*  
Thursday June 18, 2020

**Members present:** E. Anderson (Andover), J. Carrington (Mansfield), J. Elsesser, (Coventry), W. Kaufold (Mansfield), J. Kelly (Bolton), T. Nuccio (Tolland), E. Paterson (Mansfield), M. Rosen (Tolland), B. Syme (Scotland) D. Walsh (Coventry), M. Walter (Columbia), E. Wicewski (Willington)

**Staff present:** R. Miller, M. Brosseau, K. Dardick

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

R. Miller welcomed and introduced Dr. William Kaufold to the board. W. Kaufold is a new representative of Mansfield. Board members introduced themselves.

D. Walsh made a MOTION seconded by E. Anderson to approve the minutes of the 4/23/2020 meeting as presented. MOTION PASSED with W. Kaufold abstaining.

**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 FY20/21- authorize**

R. Miller presented an overview of the agreement.

E. Anderson made a MOTION seconded E. Wicewski to authorize execution of the "Agreement for Local Public Health Emergency Preparedness Services by and between the Eastern Highlands Health District and the Northeast District Department of Health" as presented on June 18, 2020. MOTION Passed unanimously.

**Town Reports**

**Andover** E. Anderson reported that the Andover Town Hall is back to full staffing. The building is still closed to the public. Discussions are occurring regarding reopening athletics and developing procedures for softball league and soccer league to use the fields. Difficulties are being faced with senior transportation to stores.

**Willington** E. Wicewski reported that the Willington Town Hall will be fully staffed beginning Monday, June 29<sup>th</sup>. The building is still closed to the public. Town Playgrounds have been reopened. Schools have not reopened their playgrounds. The town hall is operating "business as usual" by appointment. Food drives have been done to help primarily seniors in the town.

**Mansfield** J. Carrington reported that the Mansfield Community Center will be reopening June 22<sup>nd</sup>; the library is still closed, but offering curbside pickup. There are plans to reopen the library in July.

Playgrounds have been reopened. The Mansfield Town Hall remains closed to the public. Currently there are no plans to bring everyone back to work. Restaurants are functioning. And concerns regarding UConn reopening are being addressed.

**Tolland** M. Rosen reported that playgrounds in Tolland reopened June 18<sup>th</sup>. All the playground equipment has been power washed and signage has been added indicating “Play at your own risk” and “Be Cognoscente of Social Distancing”. On June 29<sup>th</sup>, staff will be returning to The Tolland Town Hall. Plans for reopening to the public will be a phased approach.

M. Rosen noted that 2 restaurants in Tolland have outdoor seating. And that businesses are hurting. Twice weekly Emergency Operations meetings.

**Scotland** B. Syme reported that the Scotland Town Hall is still closed; the park is reopened and the library is open by appointment.

**Columbia** M. Walter reported that the Columbia Town Hall will be fully staffed and open to the Public by appointment as of July 6<sup>th</sup>. Installation of sneeze guards on senior buses is being investigated. Senior Center still is not open but meal delivery continues. Playgrounds in Columbia have reopened. The Columbia beach has reopened with a limit of 55 people. That number is based on what is believed to be how much separation is safe between family units on the beach. M. Walter informed the board that he is investigating the addition of a liability exemption to contracts for renting facilities. He further stated that the Chinese restaurant in town is open for take-out and The Main Moose is booming.

**Bolton** J. Kelly reported that the Bolton Town Hall has reopened. There are 2 groups of workers, alternating work weeks, Through July 4<sup>th</sup> weekend. Phase 2 will be full staff and remaining closed to the public. Weekly unified command meetings are being held. There is discussion about reopening fields and tennis courts. Currently, the Indian Notch beach remains closed. There is curbside pick-up and drop off from the library. No plans to reopen the senior center at this time.

**Coventry** J. Elsesser reported that the Coventry Town Hall has been fully staffed for 2 weeks. A full reopening will be fully staffed beginning June 29<sup>th</sup>. Monitors will be installed to limit the number of people in the building. 2 of 4 exterior doors will be locked; cameras and buzzers will be installed at these doors. More public meetings will be held. The Town is encouraging tax payers to pay via online or mailing a check. Summer camp is not going to be held. Permit activity is at high levels in the Building department. The annual lake treatment for hydrilla has been planned and in conjunction with Mansfield, Eagleville will be treated for fanwort. A 9 hole disc golf course will be opening. Fire departments are merging effective July 1. New Chief and deputy chiefs will be sworn in on June 29<sup>th</sup>. Black Lives Matter march held and it went well.

D. Walsh brought to the board questions from citizens.

How long does a person who is asymptomatic but tests positive for the virus need to quarantine? Rob noted that they should self isolate 10 days from the sample collection date.

How can people go back to work with no day camps available? Rob noted that Mansfield is planning to host summer camp, but have not met the threshold to hold the camp. Others shared reasons for cancelling summer camps.

M. Walter asked whether there were different rules for a gathering such as a Black Lives Matter gathering vs softball games. Rob noted there are separate rules for each.

### **Subcommittee Reports**

## **Executive Committee**

R. Miller presented an overview of the motion brought to the Executive Committee to waive fees related to expedited approvals for phase 1 reopening. Executive Committee approved the motion.

## **Director's Report**

### **COVID-19 Response Activities - Update**

R. Miller provided an update on some of the activities with which the health district is involved. There was additional discussion regarding the mass vaccination efforts, contact tracing and the epidemiological curve of total counts on a weekly basis. It was noted that a large team of contact tracers may be needed to catch the number of cases anticipated due to UConn's plans to test all students, staff, and faculty. Further, R. Miller noted that based on the H1N1 experience it may be necessary to hire additional staff to support a mass vaccination campaign.

### **Quarterly Activity Report for the periods ending 12/31/19 & 3/31/20**

R. Miller highlighted key points on these reports, noting that the cosmetology program was put on hold due to COVID-19.

R. Miller informed the board that he has been appointed to University of Connecticut Institutional Biosafety committee.

## **ViewPoint Cloud – Update**

R. Miller reported that the online permit and payment system has been launched and is working very well.

E. Paterson made a MOTION, seconded by M. Walter to adjourn at 5:49 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

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### Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 8/17/2020

Re: FY 2020/2021 State Per Capita Grant Application

Attached for your review is a copy of the fiscal year 2020/2021 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 2021 budget resulted in a 8.5% reduction in the per capita rate from \$1.85 to \$1.69, placing our FY20/21 award at \$136,253.08. (This funding reduction from the state was anticipated as part of the Adopted FY20/21 Operating Budget. Consequently, there is *no* adverse impact to our FY20/21 budgeted revenues.)

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

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 2020/2021 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 20, 2020.*

## APPLICATION CHECKLIST

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***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 2021

Copy of Health District Budget Narrative for SFY2020 and a copy of the most current Health District Annual Report prepared for the Chief Elected Official and/or community

NA Copies of checks from member towns

NA 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, 2019 -June 30, 2020

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**PLEASE EMAIL YOUR SIGNED COMPLETED APPLICATION TO:**

[OLHA.DPH@CT.GOV](mailto:OLHA.DPH@CT.GOV)

**PLEASE INCLUDE IN THE SUBJECT LINE: Per Capita App. SFY 2021 – Name of Health Dept.**

# 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

June 29, 2020

Robert Miller, Director of Health  
Eastern Highlands Health District  
4 South Eagleville Road  
Mansfield, CT 06475

Re: Per Capita Grant in Aid Funding Application for State Fiscal Year (SFY) 2021

Dear Mr. Miller:

Attached, please find the Per Capita Grant in Aid Funding Application for SFY 2021 (July 1, 2020 – June 30, 2021) and the SFY 2021 Per Capita Allocation Plan. Per capita funding is provided to support direct services to your community; the 10 essential public health services as outlined in CGS 19a-207a. 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.

The SFY 2021 State of Connecticut appropriated budget for the Department of Public Health reflects, 91.5% of the requested funding used to support the "Local and District Departments of Health" line item, thus reducing your total per capita allocation by 8.5%. Please complete the per capita application and return all required submittals by August 30, 2020. 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](mailto: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](http://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 2021 PER CAPITA FUNDING APPLICATION FOR:**

Eastern Highlands Health District  
4 South Eagleville Road  
Mansfield, CT 06475

**SFY 2021 Per Capita Allocation \$136,253.08 Population (2018) 80,481**

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, 2020 through June 30, 2021.
3. The Health District shall provide the services of a sanitarian certified under Chapter 395 as defined in **C.G.S. Section 19a-242(c)**.

Name of Sanitarian Lynette Swanson License # 647

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



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

**Name of Individual**

**Completing the Application:** Robert Miller  
(Please print or type)

Signature: \_\_\_\_\_

**Director of Health:**

Robert Miller  
(Please print or type)

Signature: \_\_\_\_\_

**Chairperson of the  
Board of Directors:**

Elizabeth Paterson  
(Please print or type)

Signature: \_\_\_\_\_

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

1. List Member Municipalities/Number of Board Members/Municipal Per Capita Contribution to District  
 Per Capita Rate 5.745

Name of District Member Municipalities	Name of Board Member(s)	Municipal Per Capita Contribution \$ _____
Ashford	Ralph Fletcher	\$24220
Bolton	Josh Kelly	\$27800
Coventry	John Elsesser, M. Deborah Walsh	\$70570
Mansfield	Elizabeth Paterson, John Carrington, William Kaufold	\$146770
Tolland	Mike Rosen, Tammy Nuccio	\$83310
Willington	Erika Wiencenski	\$33470
Andover	Eric Anderson	\$18370
Columbia	Mark Walter	\$30610
Chaplin	Vacant	\$12830
Scotland	Barbara Syme	\$9580

1. A public hearing on the SFY 2021 budget was held on (date) 1/16/20 at (location) 1712 Main St. Coventry CT. Public notice of the hearing and minutes of hearing are attached. Total Health District operating budget is \$883540.  
**TOTAL OPERATING/EXPENSES FOR PRIOR FISCAL YEAR** \$836362.
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 2021  
 July 1, 2020 – June 30, 2021**

DIRECTOR OF HEALTH Robert Miller POPULATION (2018) **80,481**

SIGNATURE of DOH \_\_\_\_\_ ALLOCATION (2021) **\$136,253.08**

BUDGET LINE ITEMS	SFY 2021 Per Capita Allocation	Carryover Funding from Prior Years	Total Per Capita Funding 2021
1. Salary and Wages*	95200	0	95200
2. Fringe Benefits* %43	41053.08	0	41053.08
3. Office Supplies			
4. Contractual **			
5. Equipment			
6. Other			
a.			
b.			
c.			
d.			
e.			
f.			
<b>TOTALS</b>	<b>136253.08</b>		<b>136253.08</b>

\*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 \$5903 Medicare \$1447 Life Insurance \$601 Retirement \$5704 Health Insurance \$27316	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
<b>Total Subcontract Amount:</b>	

Subcontractor Name:

Address:

Telephone: ( ) ( - )

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

Indicate One:     MBE     WBE     Neither

Line Item	Amount
<b>Total Subcontract Amount:</b>	

Subcontractor Name:

Address:

Telephone: ( ) ( - )

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

Indicate One:     MBE     WBE     Neither

Line Item	Amount
<b>Total Subcontract Amount:</b>	

**Per Capita Grant Salary/Fringe Position Schedule**

Position Detail	Site Location	Hours wk/wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Sanitarian II Name: Holly Hood	EHHD	1924hrs/year	\$39.89	\$76,748	43%	\$33,002
2.Position: Sanitarian II Name: Glenn Bagdoian	EHHD	464.5hrs / year	\$39.91	\$18534	43%	\$7969.08
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
16.Position: Name:		/			%	
<b>Totals</b>				95282		40971.08

<b>VENDOR INVOICE FOR GOODS OR SERVICES RENDERED TO THE STATE OF CONNECTICUT</b> CO-17 Rev 7/03 <b>VENDOR:</b> Please complete this form and send it to the <b>DEPARTMENT BILLING ADDRESS SHOWN ON PURCHASE ORDER</b>	<b>STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER CENTRAL ACCOUNTS PAYABLE DIVISION</b>
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(1) Business Unit Name	(1) Business Unit Number	(2) Invoice Number	(3) Invoice Amount <b>\$136,253.08</b>
(4) Document Date	(5) Invoice Date 7/1/20	(6) Accounting Date	(7) Rpt. Type T
(8) VENDOR FEIN/SSN – SUFFIX 000-000-June 29, 2020			

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

(9) <b>PAYEE:</b>  Eastern Highlands Health District ADDRESS: 4 South Eagleville Road, Mansfield, CT 06475	(10) Voucher Number  (11) Voucher Date: _____ Prepared by: _____
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(12) **VENDOR BILLING COMMENTS**  
 SFY 2021 Per Capita Grant

(13) Give a full description of goods or services completed	(14) Quantity	(15) Units	(16) Unit Price	(17) Amount
SFY 2021 State Aid pursuant to the SFY 2021 Governor's Resource Allocation Plan and Section 19a-245 of the Connecticut General Statutes. For the period 7/1/20– 6/30/21           I certify that the above is a valid claim and has not been paid   XX				<b>\$136,253.08</b>

(Contractor) Signature of Authorized Person Robert Miller Director of Health (Name & Title)	
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**BUSINESS UNIT USE ONLY**

REQUIRED							OPTIONAL		REQ
Amount	FUND	Department	SID	Program	Account	Project	Activity	Agency Chart	Budget Ref
\$136,253.08	11000	DPH48558	17009	42003	55070	DPH17009LOC	N/A	N/A	2021

(32) <b>DEPARTMENT NAME AND ADDRESS:</b> STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVENUE, MS# 13LOC PO BOX 340308 HARTFORD, CT. 06134-0308	(32) PO NO.  (34) PO BUS UNIT	(33) <b>COMMODITIES RECEIVED or SERVICES RENDERED- Signature</b>  <p style="text-align: center;"><b>(DPH AUTHORIZED SIGNATURE)</b></p> (35) Receiving Report No.      (36) Date of Receipt
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SHIPPING INFORMATION			
(37) Date shipped	(38) From City/State	(39) Via Carrier	(40) F.O.B.



Eastern Highlands Health District

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

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## Memo

**To:** Board of Directors  
**From:** Robert L Miller, Director of Health  
**Date:** 10/18/2019  
**Re:** **Approved** 2020 Regular Meeting Schedule EHHD Board of Directors

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Below is the approved regular meeting schedule for 2020 calendar year:

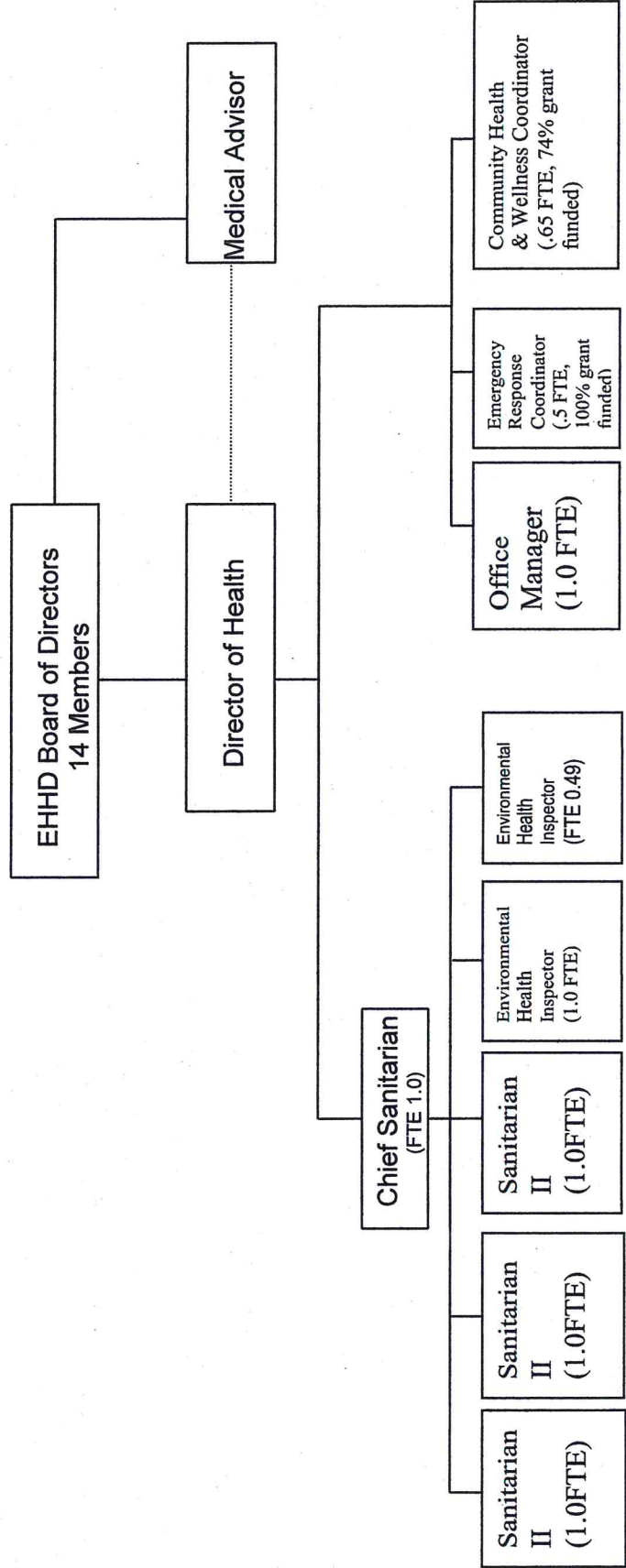
January 16 (Typically, Budget Public Hearing)  
February 20  
April 23  
June 18  
August 20  
October 15  
December 10

Location and time of each meeting will be the Coventry Town Hall, Annex at 4:30 pm, unless otherwise indicated. (With the exceptions of April 23 & December 10, all dates fall on the third Thursday of the Month.)



# Proposed Fiscal Year 2020/2021 Eastern Highlands Health District Organizational Chart

Andover Board of Selectmen Appoints One Member to District Board of Directors	Ashford Board of Selectmen Appoints One Member to District Board of Directors	Bolton Board of Selectmen Appoints One Member to District Board of Directors	Chaplin Board of Selectmen Appoints One Member to District Board of Directors	Columbia Board of Selectmen Appoints One Member to District Board of Directors	Coventry Town Council Appoints Two Member to District Board of Directors	Mansfield Town Council Appoints Three Member to District Board of Directors	Scotland Board of Selectmen Appoints One Member to District Board of Directors	Tolland Town Council Appoints Two Member to District Board of Directors	Willington Board of Selectmen Appoints One Member to District Board of Directors
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## **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

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## **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.

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## **SANITARIAN II**

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

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

### **QUALIFICATIONS:**

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

### **SPECIAL REQUIREMENTS**

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

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

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

Adopted August 21, 1997

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

**Fund: 634 Eastern Highlands Health District**  
**Activity: 41200**

Object	Description	Adopted/amend	Estimated	Adopted	%	Dollar
		19/20	19/20	Budget 20/21	change	change
<b>Revenues:</b>						
40220	Septic Permits	52,840	52,840	43,930	(16.9)	(8,910)
40221	Well Permits	13,890	13,890	9,970	(28.2)	(3,920)
40491	State Grant-In-Aid	119,990	134,430	133,600	11.3	13,610
40630	Health Inspec. Service Fees	3,301	3,301	3,500	6.0	199
40633	Health Services-Bolton	26,640	26,640	27,800	4.4	1,160
40634	Health Services-Coventry	67,420	67,420	70,570	4.7	3,150
40635	Health Services-Mansfield	140,440	140,440	146,770	4.5	6,330
40636	Soil Testing Service	35,610	35,610	36,760	3.2	1,150
40637	Food Protection Service	74,900	74,900	84,170	12.4	9,270
40638	B100a Review	29,680	29,680	24,410	(17.8)	(5,270)
40639	Engineered Plan Rev	30,700	30,700	27,240	(11.3)	(3,460)
40642	Health Services - Ashford	23,000	23,000	24,220	5.3	1,220
40643	Health Services - Willington	32,090	32,090	33,470	4.3	1,380
40645	Nonengineered Rev	-	-	-	-	-
40646	GroupHome/Daycare inspection	1,380	1,380	1,210	(12.3)	(170)
40647	Subdivision Review	1,050	1,050	1,000	(4.8)	(50)
40648	Food Plan Review	2,440	2,440	2,500	2.5	60
40649	Health Services - Tolland	79,790	79,790	83,310	4.4	3,520
40685	Health Services - Chaplin	12,150	12,150	12,830	5.6	680
40686	Health Services - Andover	17,600	17,600	18,370	4.4	770
40687	Health Services - Columbia	29,370	29,370	30,610	4.2	1,240
40688	Health Services - Scotland	9,090	9,090	9,580	5.4	490
	Cosmotology Inspections	6,800	-	6,800	-	-
40999	Appropriation of Fund Balance	26,211	2,329	50,920	94.3	24,709
	<b>Total Revenues</b>	<b>836,382</b>	<b>820,140</b>	<b>883,540</b>	<b>5.6</b>	<b>47,158</b>
<b>Expenditures:</b>						
51050	Grant deductions	(40,938)	(49,000)	(49,681)	21.4	(8,743)
51601	Regular Salaries - Non-Union	585,660	560,000	597,361	2.0	11,701
52001	Social Security	36,320	35,000	37,040	2.0	720
52002	Workers Compensation	10,160	10,160	10,150	(0.1)	(10)
52007	Medicare	8,500	8,100	8,620	1.4	120
52010	ICMA (Pension)	31,260	30,000	31,200	(0.2)	(60)
52103	Life Insurance	2,250	2,250	2,270	0.9	20
52105	Medical Insurance	98,130	98,130	135,540	38.1	37,410
52117	RHS	2,260	2,260	2,250	(0.4)	(10)
52112	LTD	650	650	650	-	-
52203	Dues & Subscriptions	2,000	2,000	2,100	5.0	100
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,120	18,870	7,120	-	-
53122	Legal	2,000	8,000	2,000	-	-
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	3,200	3,200	3,200	-	-
53801	General Liability	15,800	15,800	15,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,000	1,000	1,150	15.0	150
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	11,340	14,050	16,200	42.9	4,860
53964	Voice Communications	3,800	3,800	3,800	-	-
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,600	2,600	3,000	15.4	400
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	29,170	29,170	29,670	1.7	500
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	3,000	3,000	3,000	na	-
	<b>Total Expenditures</b>	<b>836,382</b>	<b>820,140</b>	<b>883,540</b>	<b>5.6</b>	<b>47,158</b>



# 2018-2019 ANNUAL REPORT



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

POPULATION: 80,466 SERVICE AREA: APPROXIMATELY 208 SQUARE MILES

## Health District Staff

Robert L. Miller, MPH, RS ..... Director of Health  
 Kenneth Dardick, MD..... Medical Advisor  
 Glenn Bagdoian, RS..... Sanitarian II  
 Millie Brosseau ..... Administrative Assistant  
 Diane Collelo, RS ..... Sanitarian I  
 Holly Hood, MPH, RS ..... Sanitarian II  
 Derek May ..... Public Health Emergency  
 Preparedness Coordinator  
 Sherry McGann, RS..... Sanitarian II  
 Jeff Polhemus, RS ..... Chief Sanitarian  
 Lynette Swanson ..... Environmental Health Specialist  
 Brian Clinton, MA, MCHES..... Community Health and  
 Wellness Coordinator



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

## EHHHD Board of Directors

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

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



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

## Mission Statement -

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

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



### Message from the Director *Another Year Gone By*

Once again I have the honor of sharing the highlights of another year gone by here at the Eastern Highlands Health District. These highlights are the culmination of the passion and dedication our staff applies to what we do. Protecting your environment, promoting wellness, and preventing illness is the result of this passion and dedication. With that, below is a rundown of the highlighted activities and initiatives for the 2018-2019 Fiscal Year.

**Community Health** – The Substance Abuse in Our Communities Workgroup was very active this year. Among other items, salient activities included partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. We are also very pleased to now employ a Registered Nurse, thereby improving our communicable disease control and public health clinical services.

**Emergency Public Health Preparedness** – The efforts and activities of our Medical Reserve Corps unit continues to expand, with new members and more exercises and real world events. A few examples include Medical Aid Station Team support for the Hartford Marathon, pop up flu clinics, and a deployment in response to Hurricane Florence. Additionally, in partnership with area local health district agencies we agreed upon a structure to consolidate the 5 Mass Dispensing Areas (MDA) in Region 4 into one MDA.

**Environmental Health** – We experienced a number of staffing changes and vacancies in the environmental health program this year. Most notably after 22 years we said good bye to our long time Chief Sanitarian, Jeff Polhemus, whose contribution to the agency cannot be understated. With this change comes renewed excitement as we welcomed Lynette Swanson. With 20 years of environmental health experience under her belt, she has admirably filled the role of Chief Sanitarian.

In closing and with the end of other year, I want to assure our communities that we here at the Eastern Highlands Health District remain committed, and dedicated to providing essential, quality local public health services. If you have any ideas, or suggestions on how we might better serve our communities, please feel free to email us at [ehhd@ehhd.org](mailto:ehhd@ehhd.org), or call 860-429-3325.

My door is always open.  
 Yours in Health,

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





## Public Health

Prevent. Promote. Protect.

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

### What is a Health District?

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

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

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

### 10 Essential Services of Local Public Health:

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



# EHHD'S PROGRAMS AND SERVICES

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

## Emergency Preparedness

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

EHHD works inside and outside of its health district borders on collaborative emergency planning. EHHD is an active participant in the CT DEMHS Region 4 ESF8 workgroup, which brings together healthcare and community health in Eastern Connecticut. Regional activities this year included participation in communications drills, a regional hospital evacuation exercise, and a full scale Drive-Thru infectious disease exercise. Although linked to Region 4 for grant deliverables and fiduciary reporting, EHHD also continues to support preparedness work in Region 3. EHHD staff participated in a preparedness forum in Bolton, an infectious disease tabletop exercise with University of Connecticut, and supported Mansfield/UConn in a FEMA-evaluated



radiological exercise by simulating distribution of potassium iodide (KI) tablets. As part of a statewide push to increase vaccination rates, EHHD provided seasonal flu clinics in Mansfield and in Coventry. The "Until Help Arrives" bystander first aid program was offered in Tolland and a Medical Aid Station Team (MAST) initial training was offered in Scotland.

EHHD continues to recruit and engage and organize medical and non-medical community volunteers with its Medical Reserve Corps (MRC) program. Throughout the year the volunteers are invited to participate in preparedness-related trainings, exercises, and real-world events. MRC volunteers supported multiple exercises, the statewide flu clinics, provided MAST medical support for the Hartford Marathon, and one MRC nurse deployed to support the response to Hurricane Florence. The recent addition of a Wellness Coordinator with a nursing background will be of great advantage to the EHHD MRC. This position will work closely with the EHHD preparedness coordinator to engage medical volunteers and to increase capacity to deliver vaccinations in case of pandemic or infectious disease outbreak. Anyone with interest in becoming an EHHD MRC volunteer can go to [www.EHHD.org](http://www.EHHD.org) and find the link under the Emergency Preparedness tab.

Although EHHD takes an all-hazards approach to emergency planning, Mass Countermeasures, the ability to rapidly distribute medications in an emergency, remains a key driver of our preparedness program. Building on years of detailed anthrax planning, we are working with federal, state, and regional partners to re-strategize and improve planning for pandemic flu and protecting individuals through vaccinations

## Environmental Programs

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



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

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

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

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

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

## Communicable Disease Surveillance & Control

**Disease Surveillance** – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: hepatitis, rabies, and foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns (it is generally acknowledged that these diseases are underreported within the population).

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

## Community Health

Health Promotion initiatives in the Health District focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our current focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors. In the summer months EHHD worked diligently to mitigate the spread of disease from mosquitos and ticks.



During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary. In response to the wide-spread flu activity this year EHHD conducted two flu clinics and created a flu prevention flyer. The flyer was distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD staff worked with several school districts to create model school health and wellness policies.

**Tobacco Free Living** – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found at [www.ehhd.org/Tobacco-Free-Living](http://www.ehhd.org/Tobacco-Free-Living). EHHD continues to assist the town of Mansfield with implementation of its smoke free workplaces policy. A toolkit was developed to assist other



organizations/communities to implement similar policies. This toolkit can be found at [www.ehhd.org/tobacco](http://www.ehhd.org/tobacco). In addition, EHHD continues to update a summary of smoking cessation resources. The resources include web, phone, text, and nicotine replacement therapy cessation methods and can be found at [www.ehhd.org/tobaccocessation](http://www.ehhd.org/tobaccocessation)

**Substance Abuse In Our Community Workgroup** –



In response to the opioid and substance use epidemic affecting our towns, EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The workgroup initiated several projects this year. Salient activities included partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. For information on treatment options, resources and walk-in services and emergency care information please go to [www.ehhd.org/opioidepidemic](http://www.ehhd.org/opioidepidemic). The brochures have been distributed to town leadership, libraries and social service departments.

**Be Well** – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program is provided as a full contracted service to four employers in health district towns (Town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland). Basic Be Well initiatives are also provided to member town, school employees and private sector businesses through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, monthly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at [www.ehhd.org/be\\_well](http://www.ehhd.org/be_well). If you're interested in having Be Well part of your business or organization please email Be Well at [Be\\_well@ehhd.org](mailto:Be_well@ehhd.org).



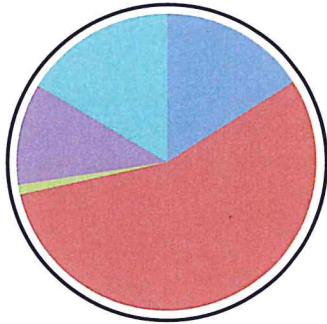
**Health Education:** EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook: [www.facebook.com/EHHDCHART](http://www.facebook.com/EHHDCHART)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

**Plan4Health Initiative:** **PLAN4Health**  
Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning and zoning boards and commissions of small and rural town in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced last year to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit and survey is available online at [www.healthyeasternct.com](http://www.healthyeasternct.com)

# EHHD

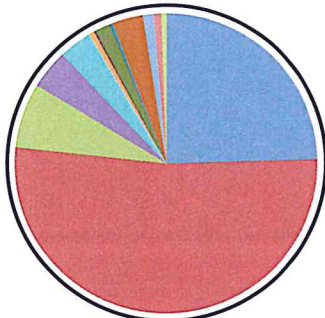
Budget Fiscal Year  
2018/2019\*

## FY 2018/2019 Revenue (see table below)



Licensure Fees	\$152,351
Local Funds	\$536,868
Other	\$4,910
Program Fees	\$105,586
State Funds	\$156,717
<b>Total Operating Revenues</b>	<b>\$956,432.50</b>

## FY 2018/2019 Expenses (see table below)



Personnel: Administrative/Management	\$215,396
Personnel: Environmental Health	\$457,911
Personnel: Community Health	\$61,224
Emergency Preparedness	\$36,989
Administrative Overhead	\$31,159
Communications	\$4,870
Education/Training	\$256
Equipment	\$1,401
Insurance	\$14,351
Legal	\$445
Other	\$3,000
Purchased Services	\$28,170
Supplies & Materials	\$10,176
Vehicles/Travel	\$7,117
Miscellaneous	\$4,844
<b>Total Operating Expenditures</b>	<b>\$877,308.65</b>

## EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
<b>COMPLAINTS</b>											
AIR QUALITY	0	0	0	0	0	0	0	0	3	0	3
ANIMALS/ANIMAL WASTE	0	2	0	1	0	0	2	0	1	0	6
ACTIVITY WITHOUT PROPER PERMITS	0	0	0	0	0	0	0	0	0	0	0
FOOD PROTECTION	1	2	1	1	0	0	9	0	5	2	21
HOUSING ISSUES	0	13	2	5	1	5	21	2	4	6	59
EMERGENCY RESPONSE	0	1	1	3	0	0	1	0	2	1	9
REFUSE/GARBAGE	0	1	0	0	0	0	1	0	1	1	4
RODENTS/INSECTS	0	0	1	1	0	0	1	0	1	1	5
SEPTIC/SEWAGE	1	6	3	2	0	1	2	0	6	0	21
OTHER	1	0	2	0	0	2	3	0	0	0	8
WATER QUALITY	0	1	0	2	1	2	2	0	6	5	19
<b>TOTAL</b>	<b>3</b>	<b>26</b>	<b>10</b>	<b>15</b>	<b>2</b>	<b>10</b>	<b>42</b>	<b>2</b>	<b>29</b>	<b>16</b>	<b>155</b>
<b>HEALTH INSPECTION</b>											
GROUP HOMES	0	0	0	0	0	1	0	0	0	0	1
DAY CARE	0	0	0	0	2	2	1	0	1	0	6
CAMPS	0	1	0	0	0	0	1	0	4	2	8
PUBLIC POOL	0	2	0	0	0	0	5	0	2	0	9
OTHER	0	0	0	1	0	0	1	0	0	0	2
SCHOOLS	0	0	0	0	0	0	4	0	0	0	4
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>12</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>30</b>
<b>ON-SITE SEWAGE DISPOSAL</b>											
SITE INSPECTION - ALL SITE VISITS	61	89	78	71	85	196	182	21	165	28	976
DEEP HOLE TESTS - NUMBER OF HOLES	44	52	66	37	54	169	107	6	113	48	696
PERCOLATION TESTS - NUMBER OF HOLES	15	15	19	13	16	26	33	4	42	11	194
PERMITS ISSUED, NEW	6	5	7	1	8	13	4	0	9	2	55
PERMITS ISSUED, REPAIR	20	22	26	12	27	32	46	2	49	10	246
SITE PLANS REVIEWED	21	25	31	9	35	55	48	2	48	12	286
PUBLIC HEALTH REVIEWS	33	41	50	9	47	90	73	5	153	24	525
<b>WELLS</b>											
WELL SITES INSPECTED	1	7	2	10	15	8	9	0	1	1	54
WELL PERMITS ISSUED	6	14	9	6	10	22	11	1	10	5	94
<b>LABORATORY ACTIVITIES (SAMPLES TAKEN)</b>											
POTABLE WATER	0	1	0	1	0	0	3	0	19	2	26
SURFACE WATER	15	16	30	0	31	133	14	0	31	30	300
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	1	0	0	0	0	0	1
LEAD	0	0	0	0	0	0	0	0	0	8	8
OTHER	2	1	3	3	2	3	6	1	5	0	26
<b>FOOD PROTECTION</b>											
INSPECTIONS	16	30	21	23	24	48	161	3	60	27	413
REINSPECTIONS	3	7	2	2	1	2	27	0	11	11	66
TEMPORARY PERMITS	4	19	12	7	6	123	29	13	16	10	239
TEMPORARY INSPECTIONS	0	4	8	1	0	90	7	7	0	1	118
PLAN REVIEWS	0	1	2	3	1	3	10	1	1	1	23
PRE-OPERATIONAL INSPECTIONS	2	4	0	4	2	1	16	1	1	0	31
<b>LEAD ACTIVITIES</b>											
HOUSING INSPECTION	0	0	1	0	0	2	0	0	0	0	3
ABATE PLAN REVIEWED	0	0	0	0	0	0	0	0	0	0	0
<b>MISCELLANEOUS ACTIVITIES</b>											
PLANNING AND ZONING REFERRALS	0	0	0	0	0	1	0	0	1	0	2
SUBDIVISION REVIEWED (PER LOT)	0	0	0	0	0	2	0	0	3	1	6

\* Figures not audited at the time of this publication.

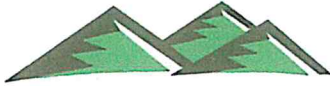
## Selected Reportable Diseases by Town\*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	2	1	0	0	1	0	2	0	1	1	8
Campylobacter	1	0	1	0	2	2	1	2	1	2	12
Cryptosporidium	0	0	0	0	0	0	1	0	1	0	2
Cyclospora	0	0	0	0	0	0	0	0	1	0	1
E. Coli 0157/STEC	0	0	0	0	0	1	0	0	0	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	1	0	0	1	0	0	0	1	3
Gonorrhea	2	1	1	0	0	2	17	0	1	1	25
Group A Streptococcus	0	0	2	0	1	0	0	0	1	0	4
Group B Streptococcus	1	0	0	0	0	1	2	0	2	0	6
Haemophilus Influenzae	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	1	1	2	1	1	4	3	0	3	2	18
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	2	0	0	0	0	2	2	0	3	6	15
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	1	1	0	1	0	0	0	0	0	1	4
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	5	2	0	4	5	5	9	1	10	5	46
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	1	0	0	0	0	0	0	0	1
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	0	1	0	3	1	3	0	4	0	12
Shigella	1	0	0	0	0	0	0	0	0	0	1
Streptococcus Pneumoniae	0	1	0	0	0	1	1	0	1	1	5
Syphilis	0	0	0	0	0	3	0	0	0	0	3
Tuberculosis Cases (Active)	0	0	0	1	0	0	0	0	1	0	2
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

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



4 South Eagleville Road  
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## Eastern Highlands Health District

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### Memorandum

**To:** Board of Directors

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

**CC:** Finance Committee

Cherie Trahan, Chief Financial Officer

**Date:** 12/12/2018

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

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### Proposed Fiscal Year 2019/2020 Operating Budget

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

### Primary Budget Drivers

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

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

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

The above changes are summarized on the following chart:

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

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

**Revenues**

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

- **Fees for Service.** A total combined increase is estimated at \$24,301, or 10.6%. The estimate is based on estimated revenue projections for the current fiscal year, increases in selected service fee rates, and new revenues from newly proposed fee for service categories. The new categories include “Private well Water Treatment Waste disposal plan reviews”, and “Cosmetology Registration/Inspection”. Fee schedule history, and the FY19/20 proposed fee schedule can be found on page 11. Comparison rates for other area health districts can be found on page 12 of the budget presentation.

Material changes in the proposed FY19/20 appropriation for 40639 (Engineered Plan Review) and 40645 (Nonengineered Plan Review) is the result of account consolidation.

- **General Fund Appropriation.** An appropriation of \$27,293 is proposed in this budget. This is a reduction of 13.1% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2020 will be 30% of the FY19/20 operating expenditures. (See page 4 for the GF roll forward report for FY19/20.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not been drawn down in the past four fiscal years. At this time, we are estimating a drawdown of approximately \$48,360, for FY18/19 (This includes a \$7,000 appropriation for anticipated additional legal fees, and \$20,000 end of the year transfer from the GF to CNR. Both of these item will require Board authorization).

### Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 7.9% in grant deductions. This is based on the improved reliability of both the Medical Reserve Corp, and Public Health Preparedness Grants. (See page 15 for details on total grant revenue anticipated.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$17,715, or 3.0%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund on average 2.5% merit increases for regular staff. The 2.5% rate increase is consistent with current state labor data.
- **52105 Medical Insurance.** The total decrease anticipated is \$1,090, or 0.9%. No change in enrollment is anticipated.
- **52210 Training.** A total increase of \$1,500 is proposed to fund attendance of the annual NACCHO conference for the Director.
- **53960 Other Purchased Services.** A total increase of \$13,500 is proposed. The increase in the appropriation will provide funding for a contracted environmental health inspector (FTE 0.2) that will address material increases in mandated inspection demands. There are two service areas at issue. First, CGS section 19a-231 requires an annual sanitary inspection of “salons”. There is an identified 61 salons in our jurisdiction. To date, this remains an unimplemented mandate. And second, over the past 10 years the number of temporary food permits issued by this agency has increased 245%. Due to field staffing limits, a material number of those permitted events go uninspected. (Please see page 17 for historic data on temporary food permits issued, and available inspection counts for the past eleven years.)

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

### Revenues

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

### Expenditures

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

### **Recommendation**

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

**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**June 30, 2020**  
(with comparative totals for June 30, 2019)

	<u>Adopted</u>	<u>Amended</u>	<u>Estimated</u>	<u>Percent of</u>		
	<u>Budget</u>	<u>Budget</u>	<u>Actuals</u>	<u>2020</u>	<u>Adopted</u>	<u>2019</u>
	<u>2019/20</u>	<u>2019/20</u>	<u>2019/20</u>		<u>Budget</u>	
<b>Revenues</b>						
Member Town Contributions	\$ 437,590	\$ 437,590	437,590	\$ 437,600	100.0%	\$ 429,260
State Grants	119,990	119,990	134,429	134,429	112.0%	133,327
Septic Permits	52,840	52,840	52,840	49,133	93.0%	51,145
Well Permits	13,890	13,890	13,890	10,680	76.9%	12,955
Soil Testing Service	35,610	35,610	35,610	49,490	139.0%	40,960
Food Protection Service	77,340	77,340	77,340	82,199	106.3%	88,251
B100a Reviews	29,680	29,680	29,680	33,690	113.5%	29,445
Septic Plan Reviews	31,750	31,750	31,750	34,235	107.8%	30,765
Other Health Services	4,681	4,681	4,681	10,581	226.0%	4,416
Miscellaneous	6,800	6,800	6,800			
Appropriation of Fund Balance	26,211	26,211	11,772	-	0.0%	-
<b>Total Revenues</b>	<b>836,382</b>	<b>836,382</b>	<b>836,382</b>	<b>842,037</b>	<b>100.7%</b>	<b>820,525</b>
<b>Expenditures</b>						
Salaries & Wages	585,660	585,660	585,660	548,798	93.7%	539,594
Grant Deductions	(40,938)	(40,938)	(40,938)	(62,502)	152.7%	(80,234)
Benefits	187,270	187,270	187,270	176,917	94.5%	196,871
Miscellaneous Benefits	8,360	8,360	8,360	9,951	119.0%	4,642
Insurance	15,800	15,800	15,800	13,870	87.8%	14,351
Professional & Technical Services	16,020	16,020	16,020	33,533	209.3%	14,231
Vehicle Repairs & Maintenance	3,200	3,200	3,200	2,119	66.2%	2,663
Health Reg*Admin Overhead	29,170	29,170	29,170	29,170	100.0%	28,120
Other Purchased Services	19,640	19,640	19,640	20,276	103.2%	15,028
Other Supplies	5,600	5,600	5,600	3,499	62.5%	6,644
Equipment - Minor	3,600	3,600	3,600	945	26.2%	1,401
<b>Total Expenditures</b>	<b>833,382</b>	<b>833,382</b>	<b>833,382</b>	<b>776,576</b>	<b>93.2%</b>	<b>743,311</b>
<b>Operating Transfers</b>						
Transfer to CNR Fund	3,000	3,000	3,000	3,000	0.0%	3,000
<b>Total Exp &amp; Oper Trans</b>	<b>836,382</b>	<b>836,382</b>	<b>836,382</b>	<b>779,576</b>	<b>93.2%</b>	<b>746,311</b>
Excess (Deficiency) of Revenues	-	-	-	62,461		74,214
Fund Balance, July 1	432,295	432,295	432,295	432,295		358,081
Fund Balance plus Cont. Capital, Mar. 31	\$ 432,295	\$ 432,295	432,295	\$ 494,756		\$ 432,295



**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Balance Sheet**  
**June 30, 2020**  
(with comparative totals for June 30, 2019)

	<u>2020</u>	<u>2019</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ <u>122,980</u>	\$ <u>131,780</u>
<b>Total Assets</b>	<u><u>122,980</u></u>	<u><u>131,780</u></u>
 <b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>-</u>	<u>-</u>
<b>Total Liabilities</b>	<u>-</u>	<u>-</u>
 Fund Balance	<u>122,980</u>	<u>131,780</u>
<b>Total Liabilities and Fund Balance</b>	<u><u>\$ 122,980</u></u>	<u><u>\$ 131,780</u></u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**June 30, 2020**  
(with comparative totals for June 30, 2019)

	<u>2020</u>	<u>2019</u>
<b>Revenues</b>		
General Fund	\$ <u>-</u>	\$ <u>1,910</u>
Total Revenues	<u>-</u>	<u>1,910</u>
<b>Operating Transfers</b>		
General Fund	<u>3,000</u>	<u>3,000</u>
Total Operating Transfers	<u>3,000</u>	<u>3,000</u>
Total Rev & Oper Trans	<u>3,000</u>	<u>4,910</u>
<b>Expenditures</b>		
Professional & Technical Services	-	-
Office Equipment	<u>11,800</u>	<u>-</u>
Total Expenditures	<u>11,800</u>	<u>-</u>
Excess (Deficiency) of Revenues	(8,800)	4,910
Fund Balance, July 1	<u>131,780</u>	<u>126,870</u>
Fund Balance plus Cont. Capital, Mar. 31	<u>\$ <u>122,980</u></u>	<u>\$ <u>131,780</u></u>

**Eastern Highlands Health District**  
**General Fund**  
**Balance Sheet**  
**June 30, 2020**  
(with comparative totals for June 30, 2019)

	<u>2020</u>	<u>2019</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 526,554	\$ 450,467
Accounts Receivable	<u>2,257</u>	<u>3,222</u>
Total Assets	<u><u>528,811</u></u>	<u><u>453,690</u></u>
 <b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>34,056</u>	<u>21,395</u>
Total Liabilities	<u>34,056</u>	<u>21,395</u>
Fund Balance	<u>494,756</u>	<u>432,295</u>
Total Liabilities and Fund Balance	<u><u>\$ 528,811</u></u>	<u><u>\$ 453,690</u></u>



## Eastern Highlands Health District

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### Eastern Highlands Health District COVID-19 Response Activities Update August 17, 2020

#### **Activation of Public Health Emergency Response Plan**

Currently implementing a bi-weekly planning cycle with a bi-weekly staff zoom meeting. An Incident Action Plan is updated every two weeks. We participate in weekly local public health virtual meetings with DPH.

#### **Contact Tracing**

We are investigating all laboratory confirmed and probable cases within our Jurisdiction. As of August 16, there are approximately 250 cases closed and 3 active cases. We have fully transitioned to the new state-wide web based contact tracing system called *ContaCT*. We anticipate an uptick in cases with the beginning of the UConn fall semester, and the reopening of public schools. A second surge is plausible in the fall and winter period. Below are updates to the contact tracing program that represent, in part, our efforts to be prepared:

- UConn student health and wellness (SHaW) is integrating their contact tracing team into the ContaCT software.
- SHaW is tracing all positive students. EHHD is tracing all staff and faculty.
- The EHHD has 5 regular health district staff persons and 3 MRC volunteers trained on the ContaCT software for a total team of eight (8) persons available if needed.
- Of the EHHD regular staff, we have 3 individuals qualified to lead a case contact investigation in a public school setting.

DPH has notified local health departments that \$20,000,000 in CDC funding will be allocated to local health departments in CT for infectious disease control primarily for contact tracing. The timing of the allocation is uncertain.

Resources available to support case contact investigations in a school setting are limited.

#### **University of Connecticut Storrs Re-population Plan**

This office participated as an active member of the University's task force, workgroup on contact tracing. The workgroup was tasked with developing a contact tracing plan for the Storrs and regional campuses. This office is also in regular communication with the Director of Medicine at UConn Student Health and Wellness. This agency continues to work in close partnership with UConn Student Health and Wellness to identify, and stand up the staffing and resources needed to meet this joint community challenge. The EHHD deployed 20 EHHD MRC volunteers in support of the reopen UConn student testing program.



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### **Surveillance**

Case counts, and weekly case count trends are reported to member towns and other community partners regularly. The DPH secure surveillance tracking system is regularly updated by staff with local case information. State data regarding testing, hospitalizations, and deaths for state, region, and local area is reviewed daily (See latest weekly EHHD report attached).

Weekly state and county leading and secondary indicators for public schools, in addition to local data, are part of a weekly monitoring of metric reports in support of area public school decision making. These weekly metric reports are issued by DPH in support of schools decision making regarding learning models.

### **Public School Reopening Plans**

This office has taken a number of steps in an effort to support area schools plans to reopen safely. These include but are not limited to:

- Development and distribution of template plans for health monitoring, infection containment, contact tracing in school setting, and return to work/school criteria.
- Hosted two virtual planning and preparedness meetings of area school superintendents (see attached presentation.)
- Currently developing screening guidance for school nurses and parents.
- Will be hosting a virtual preparedness meeting for school nurses on Friday 21, 2020.
- This office will be supporting school review of weekly metric reports on the risk of community spread (See report dated 8/13/2020 attached)
- This office will lead the contact tracing response to a confirmed case in school settings.

### **PPE Distribution**

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We continue to receive weekly allocations from the DEMHS Region 4 distribution site. To date, we have distributed approximately 34,000 items to 46 area healthcare, and personal care providers in our jurisdiction. We have been informed that the week of August 10<sup>th</sup> was the last week of receiving such PPE.

### **Kinsa Thermometers**

We are participating in a DPH initiative to distribute 85,000 “smart thermometers” state-wide. The thermometers are Bluetooth enabled linking to an app on your phone. Temperature and location data is anonymously uploaded to a cloud based database. This provides another tool for the DPH to monitor population health. The thermometers are free of charge, and downloading the app to your phone is



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voluntary. Our allocation of 200, which we have already received, will be distributed end of this summer.

### **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 on the application and interpretation of Reopen CT, both phase 1 and phase 2 of the business sector rules; providing modified inspections and infection control guidance for food service establishments (Approximately 163 are currently open, with 80 closed). During this response period staff have responded to 67 complaints regarding violations of the sector rules, or the Governors executive orders.

### **Governor's 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 regular COVID response staff meetings with a number of member towns.

### **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 continue to provide consultation regarding the travel advisory to a number of public sector employers.

### **Medical Reserve Corps retention and recruitment**

We have a total of 92 on our volunteer roster, with another 10 or so in various stages of the vetting process. Three have been active and are undergoing orientation and training on the new contact tracing software. We recently deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students.

### **COVID-19 Crisis Response Funding for State and Local Health Departments**

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596 to be expended by March 2021. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. Most of the staff time expended on the response is regular-time, and not covered for re-imburement. Consequently, our reimbursable expenses are relatively small at this time. Despite this, *the crisis funding allocation will be spent down*



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*near the beginning of November at our current monthly expenditure rate. We are nonetheless tracking all COVID related expenses.*

We have created an account in the FEMA Grants Portal as a second funding option, in the event health district expenses are reimbursable and the “squeeze is worth the juice”.

Additionally, DPH has informed us that \$20,000,000 in CDC will be allocated to local CT health departments in support of infection control and contact tracing.


### **Mass Vaccination**

Similar to our experience in 2009 during the H1N1 pandemic when the EHHD spearheaded an effort to vaccinate 9000 residents, local public health departments will once again be called onto action to stand up and operationalize a community level mass vaccination campaign to combat COVID-19. Pending the development and mass production of an effective, safe vaccine this campaign could begin as early as this winter. Local public health has participated in a number of preliminary vaccination related planning meetings with DPH. The DPH recently provided CDC guidance on mass vaccination planning. We are initiating efforts to review and update our current mass vaccination plans, ramping up preparedness efforts over the course of the summer. DPH has suggested we be prepared to vaccinate 10 to 30 percent of our population (8,000 to 24,000 individuals). *Based on the H1N1 experience, in the absence of substantial additional funding this agency is currently not in a position to mobilize and implement an effective community vaccination initiative.*

As part of our effort to prepare for this vaccination campaign, this agency will be hosting two small by appointment only flu clinics in the end of October. Further, we anticipate hosting a larger drive through flu clinic near the middle of November.


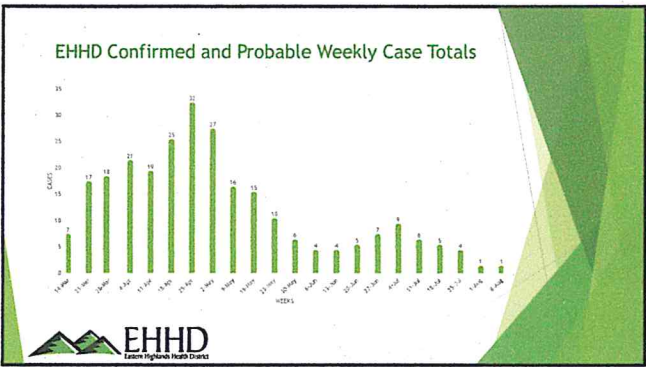
## COVID- 19 Planning and Preparedness

School Superintendent  
August 12, 2020  
Reopen School Meeting




### Presentation Outline

- ▶ EHD Update
- ▶ CSDE Addendum 4
- ▶ CSDE Addendum 5
- ▶ Scenarios not covered by Addendum 5
  - ▶ Confirmed case response
  - ▶ Family member confirmed case response
  - ▶ COVID Like Illness response
- ▶ Next steps


### Latest Data

- ▶ Incidence rates (8/3/20)
  - ▶ Connecticut - 2.0/100000 pop
  - ▶ Tolland County - 1.5/100000 pop
  - ▶ Windham County - 2.9/100000 pop




### CSDE Addendum 4

- ▶ Leading and Secondary Indicators (State & County)
  - ▶ 7 day rolling average of new cases/100,000
    - ▶ Incidence rate
  - ▶ Percent Positivity Rate
  - ▶ New hospitalizations per 100,000
  - ▶ COVID-Like Illness (CLI) Syndromic Surveillance
  - ▶ Weekly report released Thursday/Friday - multiple platforms
- ▶ Town level data poor indicator of community spread



### CSDE Addendum 4

- ▶ EHDH weekly report
  - ▶ Weekly EHDH case count trends
  - ▶ Report on town level data (weighted accordingly)
  - ▶ Community level contact tracing activity
  - ▶ Subject to format changes
- ▶ Weekly nurses report
- ▶ Holistic approach to reviewing metrics and other information
  - ▶ Physical and operational ability of school
- ▶ UConn Effect
  - ▶ Fall Semester Reopen Plan





## CSDE Addendum 5

- ▶ Scenarios
  - ▶ Items not covered in these scenario's
    - ▶ Family member - confirmed case
    - ▶ School affiliated - confirmed case
    - ▶ School affiliated - COVID Like Illness - notifications

**EHHD**  
Essex High School Health District

## Family Member - Confirmed Case - Response

- ▶ *EHHD Reported* - Once confirmed, EHHD will notify school same day
- ▶ *School Community Reported* - Same day notification to EHHD for confirmation
- ▶ EHHD will provide information to school needed to assure 14 day exclusion from school setting
- ▶ No additional public health response actions recommended
- ▶ Notifications?

**EHHD**  
Essex High School Health District

## Response Protocols - Confirmed Case

- ▶ *School Community Reported* - Same day notification to EHHD for confirmation
- ▶ *EHHD Reported* - Once confirmed school affiliated, same day notification to school liaison
  - ▶ Same day meeting between EHHD & school officials
    - ▶ Review of baseline information for preliminary assessment
    - ▶ EHHD determination of additional information needed from school to initiate case contact investigation
    - ▶ Preliminary assessment to inform decision on school dismissal
      - ▶ Subject to guidance from DPH
    - ▶ Messaging/notifications to stakeholders, and school community
    - ▶ Other items as needed

**EHHD**  
Essex High School Health District

## Case Contact Investigation Components

- ▶ EHHD to conduct individual interviews as needed, e.g. case, parent, and/or staff
- ▶ Exposure risk assessment conducted by EHHD to identify all close contacts
- ▶ School setting close contacts notified by EHHD or school district, pending number and type of close contacts identified
  - ▶ Guidance provided, testing encouraged
- ▶ EHHD to notify community setting close contacts
- ▶ Case and close contacts encouraged by EHHD/DPH to participate in daily health check program
- ▶ EHHD investigation final report out to school
  - ▶ Information school needs to assure 10 or 14 day exclusions
- ▶ *Lines of communication to remain open throughout investigation, and pandemic...This is a transmission risk mitigation partnership!*

**EHHD**  
Essex High School Health District

## COVID Like Illness Response

- ▶ Addendum 5 - Persons with COVID Symptoms (staff or student)
- ▶ Infection Control related responses provided in Addendum 5
- ▶ Notify school community?
  - ▶ Pros
    - ▶ Transparency
    - ▶ Informed school community
  - ▶ Cons
    - ▶ Subsequent requests for additional controls/information - not necessarily forth coming
    - ▶ Relative increase frequency of notices - alarm/anxiety
    - ▶ Most CLI not COVID-19 (based on current data)
  - ▶ School decision - pit falls on both sides of issue
- ▶ Weekly school nurse report to EHHD

**EHHD**  
Essex High School Health District

## Next Steps

- ▶ Send COVID-19 school liaison contact information to [MBrosseau@ehhd.org](mailto:MBrosseau@ehhd.org).
- ▶ Make note - EHHD contacts for *School Community Reported* confirmed cases:
  - ▶ Rob Miller 860-209-8990
  - ▶ Cecile Serazo 860-208-9943
- ▶ School nurses & medical advisor meeting schedule for 8/21/20
- ▶ DPH/CSDE Weekly Health & Safety Webinars - Tuesday 8AM
- ▶ Weekly EHHD/School District meeting?
- ▶ Other items?
- ▶ Additional Questions?

**EHHD**  
Essex High School Health District

## Contact Information

Robert Miller, MPH, RS  
Director of Health

[millerri@ehhd.org](mailto:millerri@ehhd.org)  
Twitter: @RobMillerMPH  
860-429-3325  
Cell 860-209-8990





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

## Eastern Highlands Health District COVID-19 Update

Date: 8/18/2020 Time: 10:30

Completed by: R. Miller

	Cases	Deaths	Hospitalizations
<b>US</b>	5382125	169350	NA
<b>CT</b>	51267	4456	42*
<b>EHHD</b>	259	11	36

**By Town:**

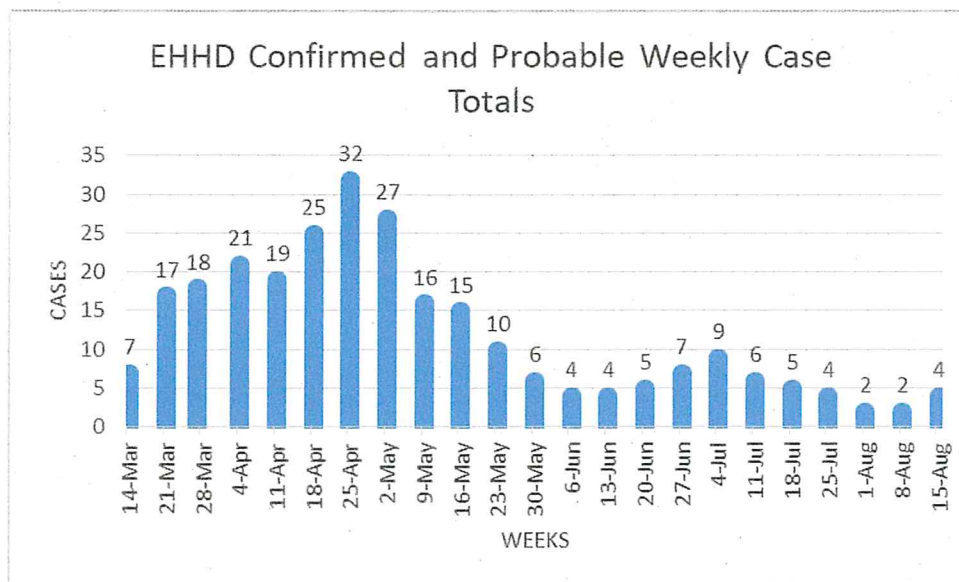
	Cases	Hospitalized	Deaths		Cases	Hospitalized	Deaths
Andover	9	1		Coventry	56	4	1
Ashford	23	4		Mansfield	44	2	2
Bolton	23	5	3	Scotland			
Chaplin	4			Tolland	55	14	4
Columbia	29	5	1	Willington	16	1	

**Recent EHHD News:**

All case counts above by town, except where indicated, are accumulative and include both confirmed and probable cases.

The EHHD deployed 20 Medical Reserve Corps volunteers to support the UConn testing program for on campus student arrivals.

The EHHD hosted a virtual meeting last week of area school Superintendents to review infection control and contact tracing protocols for schools.



\*This is the current (net) number of hospitalizations. It is not an accumulative count.

**Weekly update of indicators of COVID-19 community spread for schools  
August 13, 2020**

*This document is intended to assist school districts in determining the level of in-person education that they will offer. It is released every Thursday, using data for the previous Sunday through Saturday.*

<b>Leading and secondary indicators of COVID-19 infection levels</b>				
	<b>Leading Indicator</b>	<b>Secondary Indicators</b>		
<b>Risk Level</b>	<b>New COVID-19 cases per 100,000 population per day</b>	<b>Percent test positivity</b>	<b>New COVID-19 hospitalizations per 100,000 population per day</b>	<b>Percent COVID-19-like illness hospital ED visits</b>
<b>Low</b> Favors more in-person learning	<10	Trending down to flat No statistically significant changes		
<b>Moderate</b> Favors hybrid learning	10–25	Trending flat to upward Any statistically significant changes		
<b>High</b> Favors remote learning	>25	Trending upward Consistent statistically significant changes upward		

<b>Leading and secondary indicators of COVID-19 infection levels by county<sup>1</sup></b>				
	<b>Leading Indicator<sup>2</sup></b>	<b>Secondary Indicators<sup>3</sup></b>		
<b>County</b>	<b>New COVID-19 cases per 100,000 population per day</b>	<b>Percent test positivity</b>	<b>New COVID-19 hospitalizations per 100,000 population per day<sup>4</sup></b>	<b>Percent COVID-19-like illness hospital ED visits<sup>5</sup></b>
<b>Connecticut</b>	1.8	0.9%	0.5	1.1%
Fairfield	2.6	1.4%	0.5	1.8%
Hartford	1.3	0.8%	0.4	0.5%
Litchfield	0.5	0.2%	0.1	1.1%
Middlesex	1.3	0.6%	1.0	1.0%
New Haven	1.8	0.9%	0.6	1.7%
New London	1.1	0.8%	0.3	1.1%
Tolland	0.3	0.3%	0.0	0.4%
Windham	2.3	1.3%	0.0	0.4%

<sup>1</sup>Data represent daily averages for August 2-8 by date of specimen collection (cases and positivity), date of hospital admission, or date of ED visit. Metrics are based on data available on Wednesday, August 12, at 8:30 pm. All data are preliminary.

<sup>2</sup>Data are color coded based on average number of new cases: yellow (<10 cases per 100,000 per day), orange (10–<25 cases per 100,000 per day), or red (25 or more cases per 100,000 per day). Cases are reported based on specimen collection date.

<sup>3</sup>Data are color coded based on trend and speed of change in secondary indicators: yellow (secondary indicators trending down to flat), orange (secondary indicators trending flat to upward), or red (secondary indicators trending upward).

<sup>4</sup>Hospitalization data are based on hospital location, not county of patient residence.

<sup>5</sup>COVID-19-like illness includes fever and cough or shortness of breath or difficulty breathing or the presence of coronavirus diagnosis code and excludes patients with influenza-like illness.

## Trends in secondary indicators

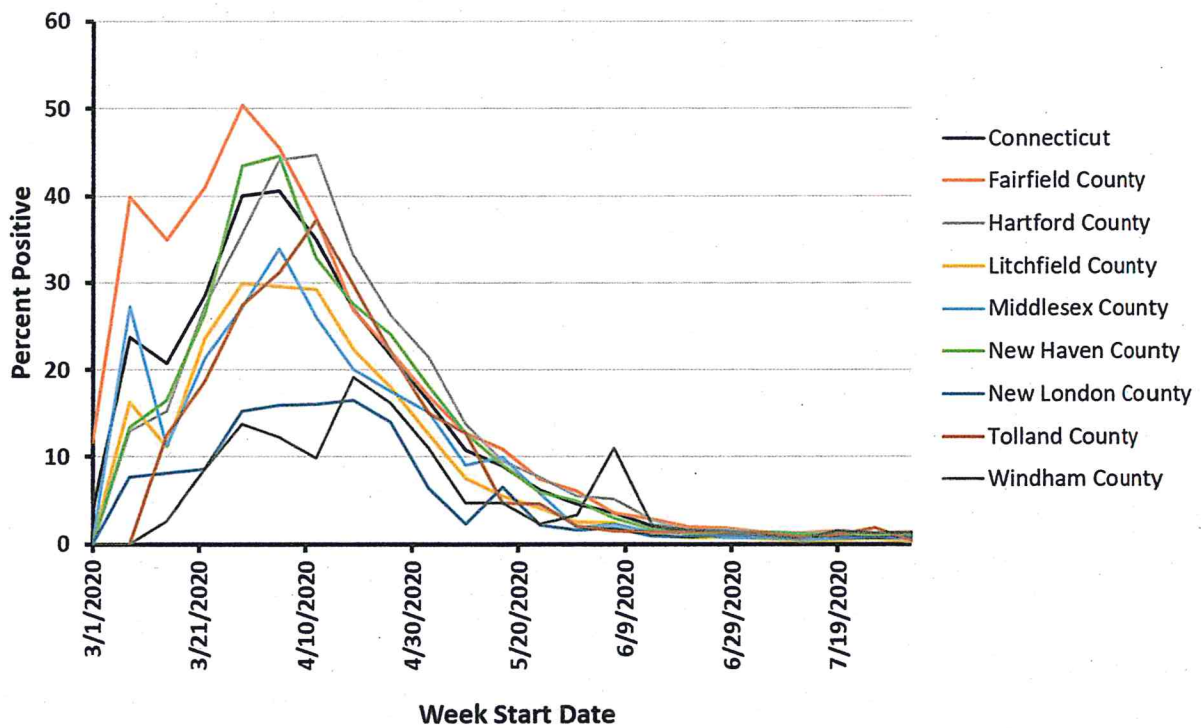
### Test Positivity

No upward or downward trends in test positivity were observed relative to recent weeks.

The national weekly test positivity for July 26–August 1, the most recent week available, was 7.8%.

- Source for national data: CDC COVID View  
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

### **Percentage of Positive Tests by County and Week**

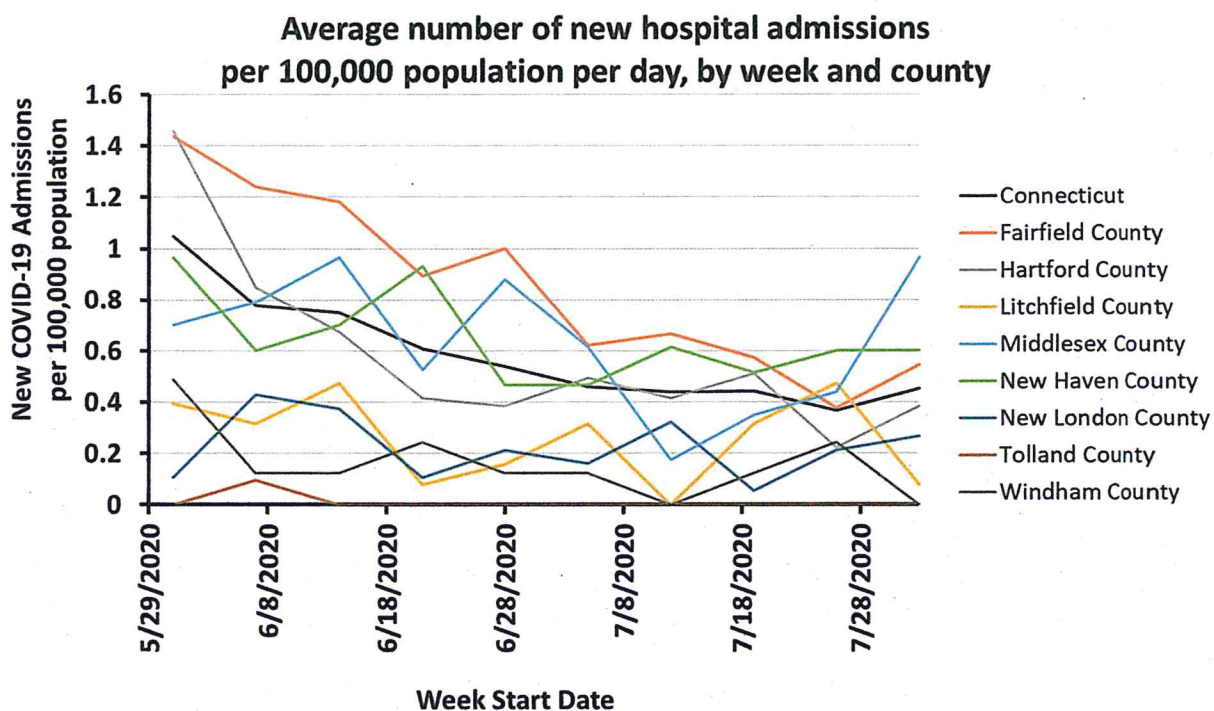


### New Hospital Admissions

No upward or downward trends in new COVID-19 hospital admissions were observed relative to recent weeks.

The average national daily hospital admission rate for July 26–August 1, the most recent week available, was 0.6 new admissions per 100,000 population per day.

- Source for Connecticut data: Connecticut Hospital Association
- Source for national data: CDC COVID View  
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>



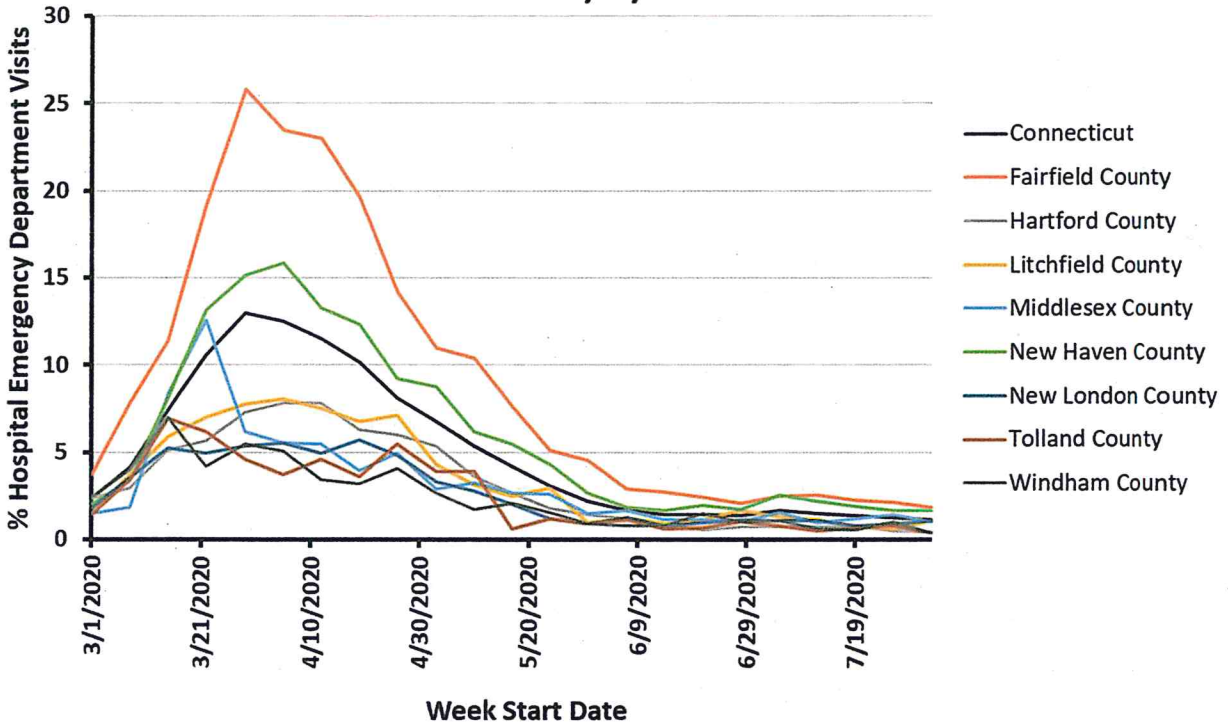
### COVID-19-like illness ED visits

No upward or downward trends in the percentage of emergency department visits for COVID-like illness were observed relative to recent weeks.

The national percentage of COVID-like illness visits for July 26–August 1, the most recent week available, was 2.9%.

- Source for national data: CDC COVID View  
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

### Average Percentage (%) of ED Visits for COVID-Like Illness by County by Week



**Robert L. Miller**

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**From:** Robert L. Miller  
**Sent:** Wednesday, August 5, 2020 12:22 PM  
**To:** Adam B. Libros; Andover - Paul Bancroft; Andover Assistant EMD; Andover EMD ; Andover Fire Chief, Ron Mike Jr; Andover Trooper; Ashford EMD (emd@ashfordtownhall.org); Bolton Fire; Bolton Fire Chief Bruce Dixon - Bolton (boltonchief34@gmail.com); Chaplin First Selectman; Charles Rexroad; Columbia Fire, Peter Starkel; Columbia First Selectman; Columbia Trooper, Gregory DeCarli; Coventry EMD; Coventry Volunteer Fire; Doug Racicot TollandCounty 911; Ellyssa Eror MD (ellyssa.eror@uconn.edu); Eric Anderson (eanderson@andoverct.org); Erika Wiecenski - 1st Selectman Willington; Ernie Mellor (emellor@sbcglobal.net); Fire Chief, Ashford; First Selectman Bolton; Francis P. Raiola; Gary Greenberg (firstselectman@scotlandct.org); Jason Beaumont (chief@svfd16.com); Jerry James (jjames246@earthlink.net); Jim Rupert; John Elsesser; John Littell (jlittell@tolland.org); Jordana Frost (jsfrost@bu.edu); Joseph Higgins; Joshua Kelly; Ken Dardick (kdardick@gmail.com); John C. Carrington; Keith M. Timme; Mark Walter; Michael Rosen; Mike Gardner; mpalmer@coventryct.org; Neil Prendergast - UConn fire; qvec@sbcglobal.net; rpalmer12@snet.net; scobb@willingtonfire.org; Sharon Cournoyer EO Smith; tmillix@tollandcounty911.org; Tolland County Coordinator; Travis Irons; UConn Fire; UConn OEM (Public Safety); UConn Police Chief; Willington #1 FD; Willington Fire Chief  
**Cc:** EHHD-Staff  
**Subject:** Power Outage COVID Guidance  
**Importance:** High

Greetings Emergency Managers – I realize everyone is currently in the throes of responding to the wide-spread power outages. It is important to remember that some of our regular responses to supporting our citizens need to be considered in the context of the current pandemic. Therefore, as you begin to consider *opening cooling centers, cell phone charging stations, public access potable water hydrants, and public showers* or other support services please do your best to incorporate the *following basic COVID guidance* when implementing these, or other like services:

**For indoor spaces:**

- Keep to 50% of capacity.
- Demarcate floor to facilitate 6' physical distancing between family units, and individuals.
- Arrange seating furniture accordingly to facilitate 6' separation.
- Set up one way flow in and out of indoor spaces if feasible.
- Staff to sign in persons with contact information for indoor spaces.

**For outdoor spaces:**

- Ground demarcated 6' separation when persons in line for services.
- For public access potable water hydrants if accessible by public should be disinfected after each use. Alternatively, a gloved staff person can dispense water.

**For both outdoor and indoor spaces:**

- Face masks should continue to be worn in public at all times.
- Provide hand sanitizer stations if you can.
- Post signage to reminding persons of COVID rules.
- Common touch point surfaces to be disinfected at least daily, and more often if used frequently.



Please keep in mind that this is guidance. These are challenging times with limited resources. Please apply due diligence in meeting this guidance.

Please me know if you have any questions.

Yours in health,  
Rob

*Robert L. Miller, MPH, RS*

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

**In order to prevent the spread of COVID-19, please maintain social distancing of at least 6 feet, avoid crowds, wash hands frequently with soap and water for 20 seconds, stay home if you're sick. For the most current updates and recommendations, visit [ct.gov/coronavirus](http://ct.gov/coronavirus). For general questions, call 2-1-1**



*Preventing Illness and Promoting Wellness in the Communities We Serve*



Eastern Highlands Health District  
 4 South Eagleville Rd. Mansfield, CT 06268  
 860-429-3325 www.ehhd.org

# Guidance for Setting up a temporary potable water hydrant

**1.**

From the wall spigot, attach a food-grade hose to run away from the wall to a suitable public access point for filling.



**TIP:** Use food-grade hose

**TIP:** Prop hose on saw horse or some other stable structure to keep the spigot at least 3 feet off the ground

**TIP:** Provide a squirt bottle of bleach water solution (1/2 tablespoon bleach to 1 quart water) – so residents can sanitize the spigot before using

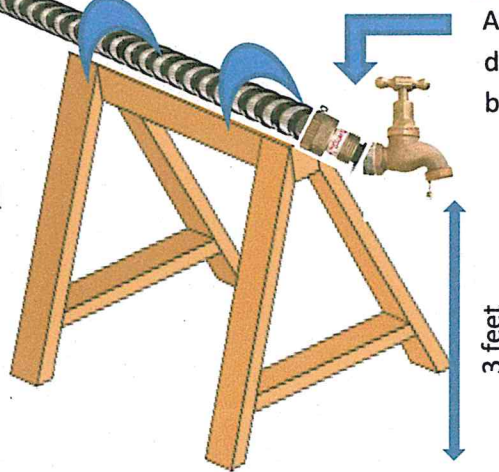


**2.**

Clamp hose to saw horse or other structure to ensure that it does not touch the ground.

**3.**

Attach a back-flow device to the hose before attaching a faucet.



3 feet

10/31/2012

Special thanks to Connecticut Water Company for technical assistance.

Recommendations from FEMA regarding containers: It is recommended to purchase food-grade water storage containers from surplus or camping supplies stores to use for water storage.

If you decide to re-use storage containers, **choose two-liter plastic soft drink bottles – not plastic jugs or cardboard containers that have had milk or fruit juice in them.** The reason is that milk protein and fruit sugars cannot be adequately removed from these containers and provide an environment for bacterial growth when water is stored in them. Also, do not use glass containers, because they are heavy and may break.

Thoroughly clean the bottles with dishwashing soap and water, and rinse completely so there is no residual soap. Additionally, for plastic soft drink bottles sanitize the bottles by adding a solution of 1 teaspoon of non-scented liquid household chlorine bleach to a quart (1/4 gallon) of water. Swish the sanitizing solution in the bottle so that it touches all surfaces. After sanitizing the bottle, thoroughly rinse out the sanitizing solution with clean water. (FEMA 477 A5055 August 2004)



## Eastern Highlands Health District

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

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August 04, 2020

**TO:** ALL FOOD SERVICE ESTABLISHMENTS  
**FROM:** Lynette Swanson, RS  
Chief Sanitarian

**SUBJECT: EMERGENCY PROCEDURE REMINDER**

This notice is being sent as a reminder of emergency procedures that may be necessary should weather conditions impact food service establishments.

Food service establishments are reminded that they must report extended power outages to their local health department. An extended power outage is one that lasts for four hours or longer and puts the establishment's ability to operate in accordance with the Connecticut Public Health Code Section 19-13-B42 at risk, especially with regard to keeping possible unsafe foods at safe internal temperatures of 135 degrees or above or 41 degrees or below. Other concerns include the ability to wash, rinse, and sanitize food contact surfaces and equipment, availability of approved water, whether equipment to prepare food is working properly, adequate lighting, etc.

**When there is a power outage, the food service establishment shall close and contact this office to notify us of the outage. You must contact this office, prior to re-opening, for a preoperational inspection.**

You must comply with the following:

- Report the outage at your establishment to the Eastern Highlands Health District.
- Know the time the outage happened and how long the establishment was without power.
- Monitor the temperatures of refrigerated and/or frozen food products in the establishment.
- Know whether or not perishable food items have been in the danger zone (above 41 or below 135) for more than 2 hours. **Voluntarily destroy perishable food products that have been in the danger zone for more than 2 hours.**
- Do not use/serve foods that have been in the danger zone for more than 2 hours even if you cook or reheat them.
- Wash, rinse and sanitize all food contact surfaces that come in contact with any unsafe foods (foods that were in the danger zone for more than 2 hours or more).
- DO NOT connect portable generators to equipment or begin using an alternative water source before getting approval from the local health department.
- Purchase fresh food only after power has been restored AND equipment has returned to proper temperatures. Have invoices for new stock available for review by the inspecting sanitarian.
- Know if the establishment's water supply was compromised by the outage and follow local and state health department guidance.
- Check that all equipment used for cooking and holding hot foods is working properly before beginning to prepare food again.

**REMEMBER: Improper holding and cooking temperatures are the most common causes for foodborne illness! Follow this guidance and keep your customers and employees safe!**



## Eastern Highlands Health District

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

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# Activity Report

## April 1, 2020 – June 30, 2020

### Highlighted Accomplishments/Activities

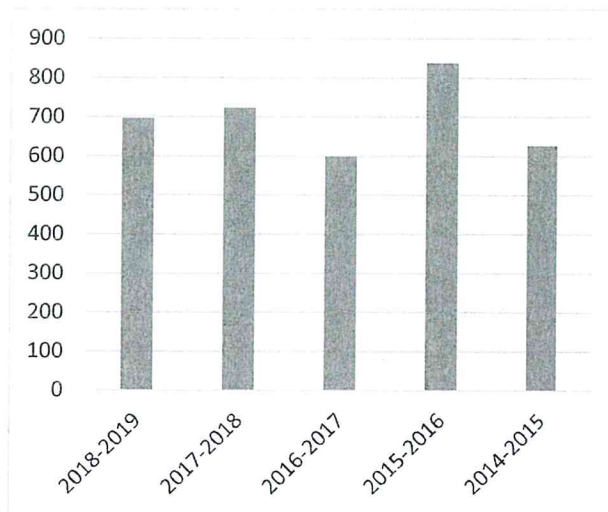
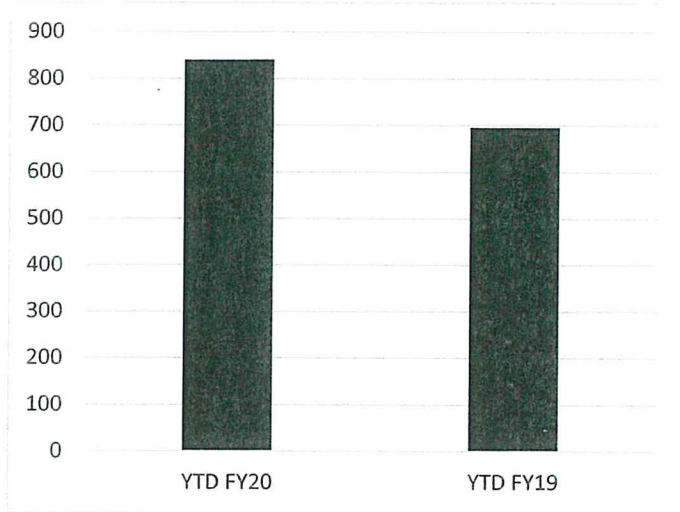
- See separate report on COVID-19 response activities.
- After a number of years of development and a significant investment in resources the Viewpoint Cloud online permit application and payment system was fully launched and became operational in March. Effective in April all applications and payments are received online. For those not willing or able to submit application or payment online may mail or deliver application and payment to the main office in the Mansfield Town Hall.
- During February, March, and April licenses to operate were renewed for approximately 240 food establishments in the health district.
- The health district initiated the bathing water quality testing program for all public bathing areas at lakes or ponds. Sampling is conducted weekly.
- *Emergency Preparedness Program:* The Public Health Emergency Response Coordinator is fully engaged in the pandemic response. Program activities during this quarter are reflected in the separate report on COVID-19 response activities.

### Plans for the Next Quarter

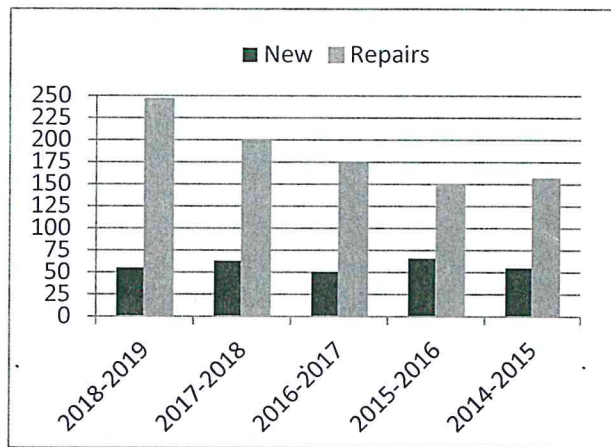
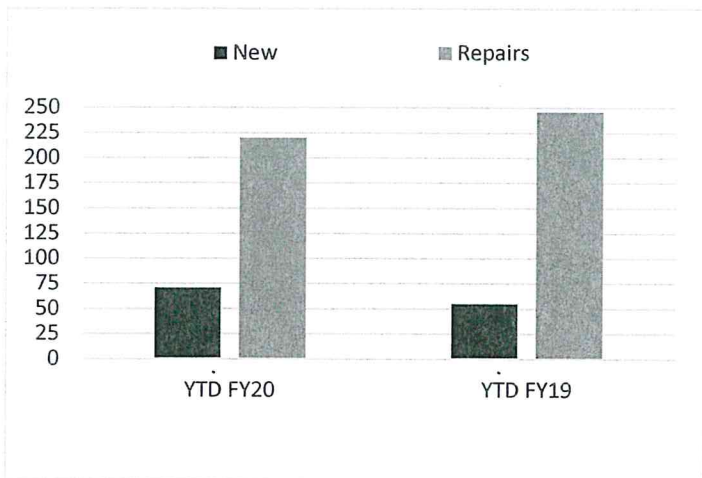
- See separate report on COVID-19 response activities.
- Implementation of the Ct state Eastern Equine Encephalitis response plan.
- Progress on expanding the functionality of the ViewPoint Cloud software to include food establishment license renewal, cosmetology, and complaint investigations.
- Continue to provide our core scope of public health services during this declared public health emergency.

### Statistical Report (Attached)

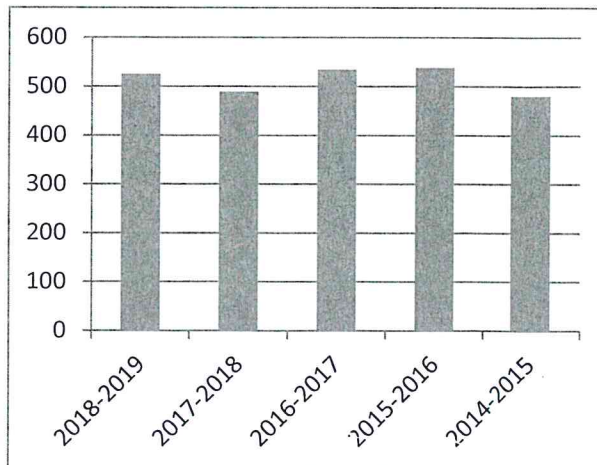
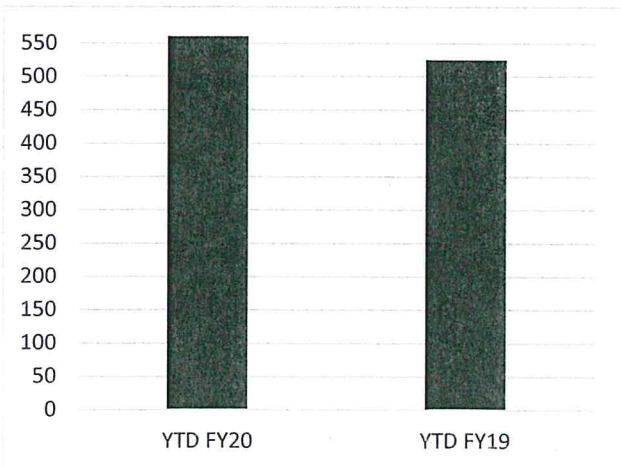
### Deep Test Holes



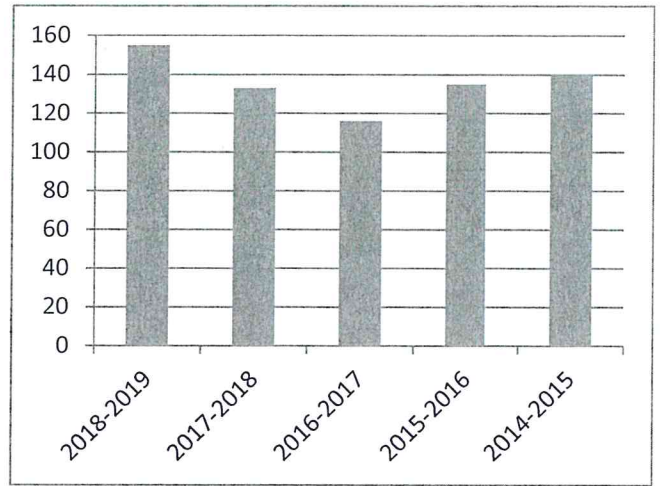
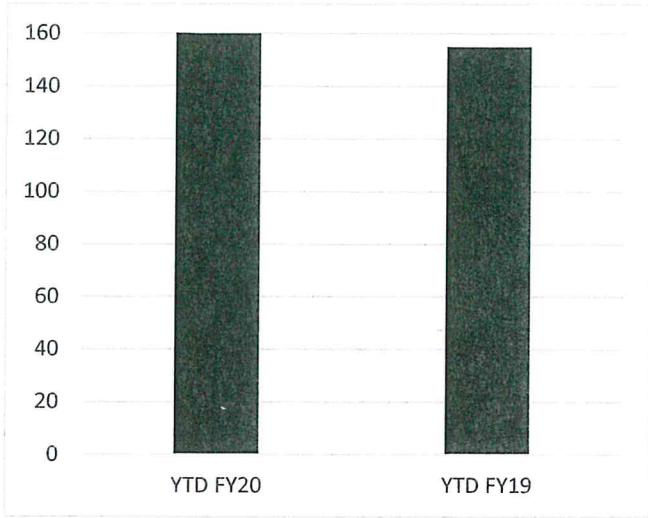
### Septic Permits Issued



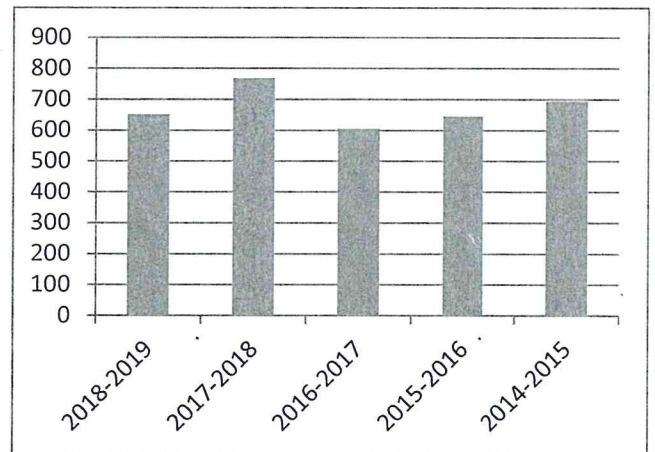
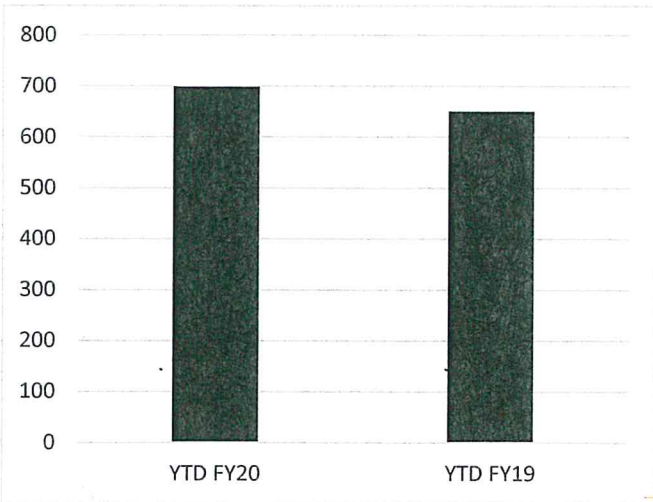
### Public Health Reviews



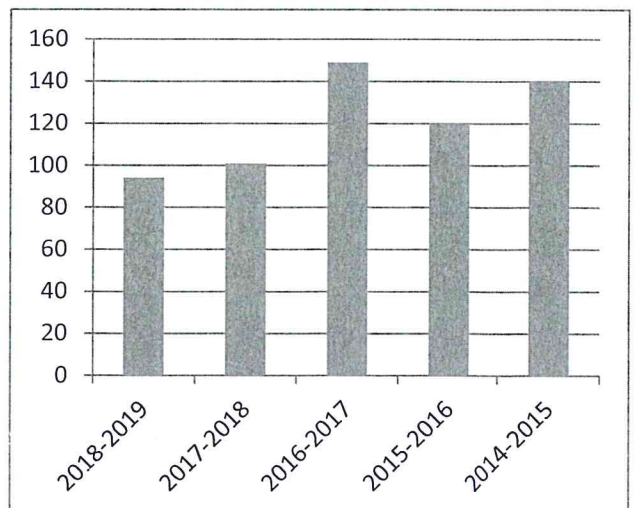
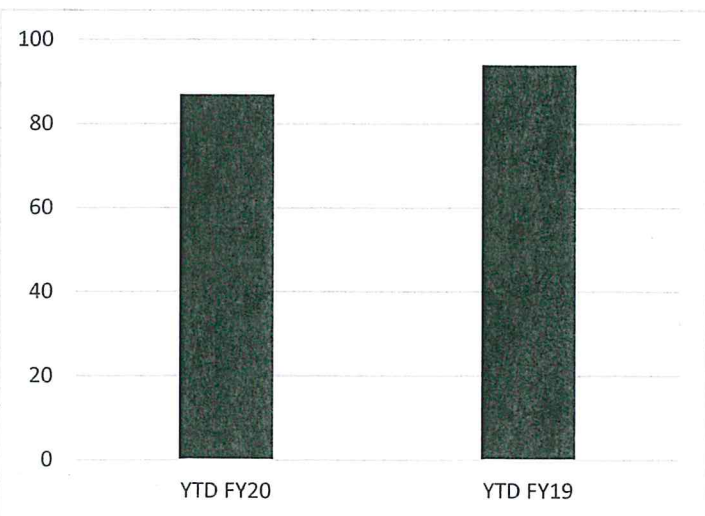
**Complaints**



**Food Service Inspections**



**Well Permits**



**EASTERN HIGHLANDS HEALTH DISTRICT FOURTH QUARTER FISCAL YEAR 2019-2020**

**April 1, 2020 - June 30, 2020**

Activity Indicators	MONTHS					
	April	May	June	Total	YTD FY20	YTD FY19
<b>COMMUNITY HEALTH ACTIVITIES</b>						
<i>Communicable Disease Control</i>						
Case reports reviewed	116	106	63	285	1055	1036
Preliminary follow ups				0	10	12
Investigations			1	1	14	10
<i>Public Health Education</i>						
Programs	(see narrative for program description)					
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality	1	0	0	1	3	3
Animals/Animal Waste	2	0	0	2	4	6
Activity without Permit	0	0	0	0	0	0
Food Protection	0	0	0	0	18	21
Housing Issues	0	0	2	2	28	59
Emergency Response	1	0	0	1	10	9
Refuse/Garbage	2	0	0	2	10	4
Rodents/Insects	0	0	0	0	2	5
Septic/Sewage	2	2	1	5	33	21
Other	0	0	1	1	8	8
Water Quality	0	0	0	0	20	19
Covid-19	9	14	13	36	43	
<b>Total</b>	<b>17</b>	<b>16</b>	<b>17</b>	<b>50</b>	<b>179</b>	<b>155</b>
<i>Health Inspection</i>						
Group homes	0	1	0	1	2	1
Day Care	0	0	0	0	14	6
Camps	0	1	1	2	4	8
Public Pool	0	0	1	1	14	9
Other	1	0	0	1	5	2
Schools	0	0	0	0	2	4
Mortgage, FHA, VA	0	0	0	0	0	0
Bathing Areas	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>41</b>	<b>30</b>
<i>On-site Sewage Disposal</i>						
Site inspection	65	66	97	228	900	976
Deep hole tests	130	110	79	319	853	696
Percolation tests	33	33	22	88	223	194
Permits issued, new	6	4	1	11	46	55
Permits issued, repair	17	34	28	79	247	246
Site Plans Reviewed	33	41	30	104	284	286
Public Health Reviews	76	88	95	259	607	525
<i>Wells</i>						
Well sites inspected	3	1	3	7	34	54
Well permits issued	6	2	11	19	89	94
<i>Laboratory Activities (samples taken)</i>						
Potable water	0	0	0	0	28	26
Surface water	0	0	97	97	253	300
Ground water	0	0	0	0	0	0
Rabies	0	0	0	0	1	1
Lead	0	0	0	0	1	8
Other	2	2	3	7	40	26
<i>Food Protection</i>						
Inspections	46	16	47	109	542	413
Reinspections	2	1	2	5	97	66
Temporary permits	1	5	1	7	119	239
Temporary inspections*	0	0	0	0	61	118
Plan review	2	3	0	5	18	23
Pre-operational inspections	0	10	3	13	33	31
<b>Total Inspections</b>	<b>48</b>	<b>27</b>	<b>52</b>	<b>127</b>	<b>733</b>	<b>651</b>
<i>Lead Activities</i>						
Housing inspection	0	0	0	0	4	3
Abate plan reviewed	0	0	0	0	0	0
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals	0	0	0	0	2	2
Subdivision reviewed (# of lots)	0	0	0	0	11	6

**ANDOVER QUARTERLY REPORT**

April 1, 2020 - June 30, 2020

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage		1		1	5
Other				0	1
Water Quality				0	0
COVID-19		1		1	36
<b>Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>50</b>

*Health Inspection*

Group homes				0	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	4	5	2	11	228
Deep hole tests -- number of holes	9	3	6	18	319
Percolation tests -- number of holes	3	1	2	6	88
Permits issued, new				0	11
Permits issued, repair	1		3	4	79
Site plans reviewed			4	4	104
Public Health Reviews	4	5	3	12	259

*Wells*

Well sites inspected				0	7
Well permits issued	1			1	19

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water			6	6	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	7

*Food Protection*

Inspections	2	1	2	5	109
Reinspections				0	5
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews				0	5
Pre-operational inspections			1	1	13

*Lead Activities*

Housing inspection				0	0
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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



## ASHFORD QUARTERLY REPORT

April 1, 2020 - June 30, 2020

### Activity Indicators

	April	May	June	Total	District Total
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### Complaints

Air Quality				0	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	1
Water Quality				0	0
COVID-19		2		2	36
<b>Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>50</b>

#### Health Inspection

Group homes				0	1
Day Care				0	0
Camps		1		1	2
Public Pool			1	1	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>5</b>

#### On-site Sewage Disposal

Site inspection -- all site visits	9	3	3	15	228
Deep hole tests -- number of holes	6	20	6	32	319
Percolation tests -- number of holes	1	5	2	8	88
Permits issued, new				0	11
Permits issued, repair	3	1	1	5	79
Site plans reviewed	2	4	1	7	104
Public Health Reviews	6	6	2	14	259

#### Wells

Well sites inspected				0	7
Well permits issued	1			1	19

#### Laboratory Activities (samples taken)

Potable water				0	0
Surface water			4	4	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	7

#### Food Protection

Inspections	2		5	7	109
Reinspections			1	1	5
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews				0	5
Pre-operational inspections		2		2	13

#### Lead Activities

Housing inspection				0	0
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

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

**BOLTON QUARTERLY REPORT**

April 1, 2020 - June 30, 2020

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	1
Water Quality				0	0
COVID-19		2	2	4	36
Total	0	2	2	4	50

*Health Inspection*

Group homes				0	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	5

*On-site Sewage Disposal*

Site inspection -- all site visits	7	7	10	24	228
Deep hole tests -- number of holes	6	9	6	21	319
Percolation tests -- number of holes		3	1	4	88
Permits issued, new				0	11
Permits issued, repair		3	2	5	79
Site plans reviewed	1	4	1	6	104
Public Health Reviews	3	8	5	16	259

*Wells*

Well sites inspected				0	7
Well permits issued				0	19

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water			10	10	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other		1		1	7

*Food Protection*

Inspections	3		2	5	109
Reinspections				0	5
Temporary permits		1		1	7
Temporary inspections				0	0
Plan reviews		1		1	5
Pre-operational inspections			2	2	13

*Lead Activities*

Housing inspection				0	0
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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

## CHAPLIN QUARTERLY REPORT

April 1, 2020 - June 30, 2020

### Activity Indicators

	April	May	June	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste	1			1	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	1
Water Quality				0	0
COVID-19	1			1	36
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>50</b>
<i>Health Inspection</i>					
Group homes				0	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	1	5	4	10	228
Deep hole tests -- number of holes	10	3	16	29	319
Percolation tests -- number of holes	3	1	6	10	88
Permits issued, new				0	11
Permits issued, repair	2	3		5	79
Site plans reviewed	3	2	1	6	104
Public Health Reviews	3	1		4	259
<i>Wells</i>					
Well sites inspected				0	7
Well permits issued				0	19
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water				0	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	7
<i>Food Protection</i>					
Inspections	2	1	2	5	109
Reinspections	1			1	5
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews				0	5
Pre-operational inspections		1		1	13
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

## COLUMBIA QUARTERLY REPORT

April 1, 2020 - June 30, 2020

### Activity Indicators

	April	May	June	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	1
Water Quality				0	0
COVID-19				0	36
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>
<i>Health Inspection</i>					
Group homes				0	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	8	9	11	28	228
Deep hole tests -- number of holes	18			18	319
Percolation tests -- number of holes	3			3	88
Permits issued, new	1			1	11
Permits issued, repair	2	3	1	6	79
Site plans reviewed	6	4	2	12	104
Public Health Reviews	5	3	14	22	259
<i>Wells</i>					
Well sites inspected	1		1	2	7
Well permits issued	1		4	5	19
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water			9	9	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1			1	7
<i>Food Protection</i>					
Inspections	2	1	2	5	109
Reinspections				0	5
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews				0	5
Pre-operational inspections		1		1	13
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	0

**COVENTRY QUARTERLY REPORT**

April 1, 2020 - June 30, 2020

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage			1	1	5
Other				0	1
Water Quality				0	0
COVID-19		3		3	36
<b>Total</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>50</b>

*Health Inspection*

Group homes				0	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	19	15	29	63	228
Deep hole tests -- number of holes	48	34	3	85	319
Percolation tests -- number of holes	13	3		16	88
Permits issued, new	2	3	1	6	11
Permits issued, repair	2	9	4	15	79
Site plans reviewed	5	14	5	24	104
Public Health Reviews	25	28	25	78	259

*Wells*

Well sites inspected	2	1	2	5	7
Well permits issued	2		3	5	19

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water			44	44	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other			1	1	7

*Food Protection*

Inspections	3	4	5	12	109
Reinspections				0	5
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews				0	5
Pre-operational inspections		1		1	13

*Lead Activities*

Housing inspection				0	0
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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

**MANSFIELD QUARTERLY REPORT**

April 1, 2020 - June 30, 2020

**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	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues			1	1	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage		1		1	5
Other			1	1	1
Water Quality				0	0
COVID-19	4	4	2	10	36
Total	4	5	4	13	50

*Health Inspection*

Group homes				0	1
Day Care				0	0
Camps			1	1	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	1	1	5

*On-site Sewage Disposal*

Site inspection -- all site visits	2	12	14	28	228
Deep hole tests -- number of holes	9	17	6	32	319
Percolation tests -- number of holes	3	12	1	16	88
Permits issued, new				0	11
Permits issued, repair	1	6	4	11	79
Site plans reviewed	2	3	4	9	104
Public Health Reviews	10	14	20	44	259

*Wells*

Well sites inspected				0	7
Well permits issued		1	1	2	19

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water			5	5	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other	1	1		2	7

*Food Protection*

Inspections	24	8	20	52	109
Reinspections		1	1	2	5
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews		2		2	5
Pre-operational inspections		3		3	13

*Lead Activities*

Housing inspection				0	0
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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

**SCOTLAND QUARTERLY REPORT**

April 1, 2020 - June 30, 2020

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	1
Animals/Animal Waste	1			1	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response				0	1
Refuse/Garbage				0	2
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	1
Water Quality				0	0
COVID-19				0	36
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>50</b>

*Health Inspection*

Group homes				0	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

*On-site Sewage Disposal*

Site inspection -- all site visits	2	3	4	9	228
Deep hole tests -- number of holes	3	3		6	319
Percolation tests -- number of holes	1	1		2	88
Permits issued, new				0	11
Permits issued, repair	2		1	3	79
Site plans reviewed	2		1	3	104
Public Health Reviews				0	259

*Wells*

Well sites inspected				0	7
Well permits issued				0	19

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water				0	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	7

*Food Protection*

Inspections				0	109
Reinspections				0	5
Temporary permits				0	7
Temporary inspections				0	0
Plan reviews	1			1	5
Pre-operational inspections				0	13

*Lead Activities*

Housing inspection				0	0
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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

**TOLLAND QUARTERLY REPORT**

April 1, 2020 - June 30, 2020

**Activity Indicators**

	April	May	June	Total	District Total
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality				0	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues				0	2
Emergency Response	1			1	1
Refuse/Garbage	1			1	2
Rodents/Insects				0	0
Septic/Sewage	2			2	5
Other				0	1
Water Quality				0	0
COVID-19	1	1	4	6	36
Total	5	1	4	10	50

*Health Inspection*

Group homes		1		1	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other	1			1	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	1	1	0	2	5

*On-site Sewage Disposal*

Site inspection -- all site visits	12	7	13	32	228
Deep hole tests -- number of holes	21	15	27	63	319
Percolation tests -- number of holes	6	5	7	18	88
Permits issued, new	3	1		4	11
Permits issued, repair	3	7	10	20	79
Site plans reviewed	11	8	7	26	104
Public Health Reviews	18	22	25	65	259

*Wells*

Well sites inspected				0	7
Well permits issued	1	1	2	4	19

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water			10	10	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other			2	2	7

*Food Protection*

Inspections	5	1	6	12	109
Reinspections	1			1	5
Temporary permits		1		1	7
Temporary inspections				0	0
Plan reviews				0	5
Pre-operational inspections		2		2	13

*Lead Activities*

Housing inspection				0	0
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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



**WILLINGTON QUARTERLY REPORT**

April 1, 2020 - June 30, 2020

**Activity Indicators**

	April	May	June	<i>Total</i>	<i>District Total</i>
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**ENVIRONMENTAL HEALTH ACTIVITIES**

*Complaints*

Air Quality	1			1	1
Animals/Animal Waste				0	2
Activity Without Proper Permits				0	0
Food Protection				0	0
Housing Issues			1	1	2
Emergency Response				0	1
Refuse/Garbage	1			1	2
Rodents/Insects				0	0
Septic/Sewage				0	5
Other				0	1
Water Quality				0	0
COVID-19	3	1	5	9	36
<b>Total</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>12</b>	<b>50</b>

*Health Inspection*

Group homes				0	1
Day Care				0	0
Camps				0	2
Public Pool				0	1
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

Site inspection -- all site visits	1		7	8	228
Deep hole tests -- number of holes		6	9	15	319
Percolation tests -- number of holes		2	3	5	88
Permits issued, new				0	11
Permits issued, repair	1	2	2	5	79
Site plans reviewed	1	2	4	7	104
Public Health Reviews	2	1	1	4	259

*Wells*

Well sites inspected				0	7
Well permits issued			1	1	19

*Laboratory Activities (samples taken)*

Potable water				0	0
Surface water			9	9	97
Ground water				0	0
Rabies				0	0
Lead				0	0
Other				0	7

*Food Protection*

Inspections	3		3	6	109
Reinspections				0	5
Temporary permits	1	3	1	5	7
Temporary inspections				0	0
Plan reviews	1			1	5
Pre-operational inspections				0	13

*Lead Activities*

Housing inspection				0	0
Abate plan reviewed				0	0

**MISCELLANEOUS ACTIVITIES**

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



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# Politics slows flow of US virus funds to local public health

by MICHELLE R. SMITH, LAUREN WEBER, HANNAH RECHT and LAURA UNGAR Associated Press and Kaiser  
Monday, August 17th 2020



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FILE - White House chief of staff Mark Meadows, left, accompanied by Treasury Secretary Steven Mnuchin, right, speaks to members of the media following a meeting with Senate Majority Leader Mitch McConnell of Ky. (AP Photo/Andrew Harnik)



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WASHINGTON (AP) — As the novel coronavirus began to spread through Minneapolis this spring, Health Commissioner Gretchen Musicant tore up her budget to find funds to combat the crisis. Money for test kits. Money to administer tests. Money to hire contact tracers. And yet even more money for a service that helps tracers communicate with residents in dozens of languages.

While Musicant diverted workers from violence prevention and other core programs to the COVID-19 response, state officials debated how to distribute \$1.87 billion Minnesota received in federal aid.

As she waited, the Minnesota Zoo got \$6 million in federal money to continue operations, and a debt collection company outside Minneapolis received at least \$5 million from the federal Paycheck Protection Program, according to federal data.



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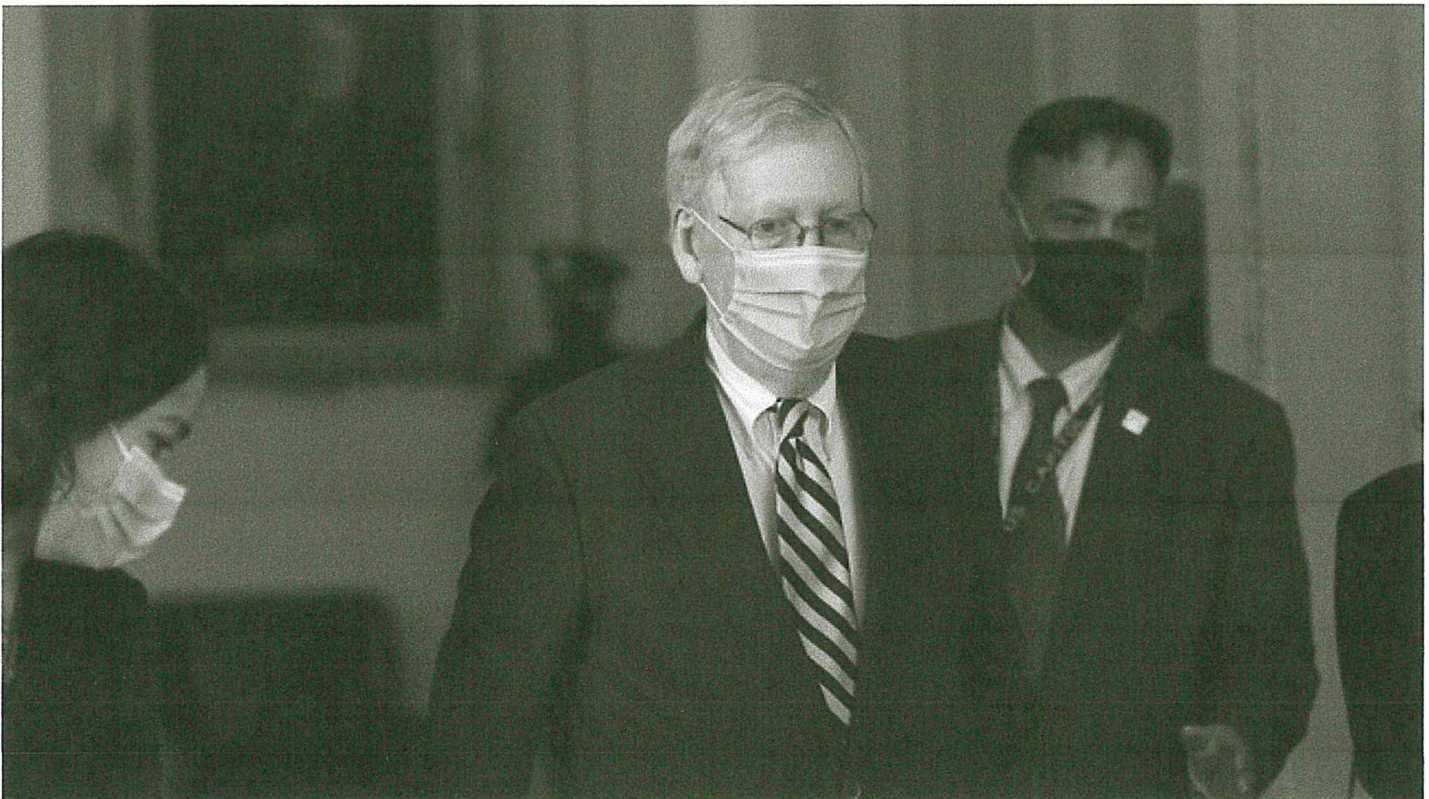
department finally received \$1.7 million, the equivalent of \$4 per Minneapolis resident.

“It’s more a hope and a prayer that we’ll have enough money,” Musicant said.

Since the pandemic began, Congress has set aside trillions of dollars to ease the crisis. A joint Kaiser Health News and Associated Press investigation finds that many communities with big outbreaks have spent little of that federal money on local public health departments for work such as testing and contact tracing. Others, like in Minnesota, were slow to do so.

For example, the states, territories and 154 large cities and counties that received allotments from the \$150 billion Coronavirus Relief Fund reported spending only 25% of it through June 30, according to reports that recipients submitted to the U.S. Treasury Department.

Many localities have deployed more money since that June 30 reporting deadline, and both Republican and Democratic governors say they need more to avoid layoffs and cuts to vital state services. Still, as cases in the U.S. top 5 million and deaths soar past 165,000, Republicans in Congress are pointing to the slow spending to argue against sending more money to state and local governments to help with their pandemic response.



Senate Majority Leader Mitch McConnell of Ky., walks back to his office on Capitol Hill in Washington, Monday, Aug. 3, 2020. (AP Photo/Susan Walsh)



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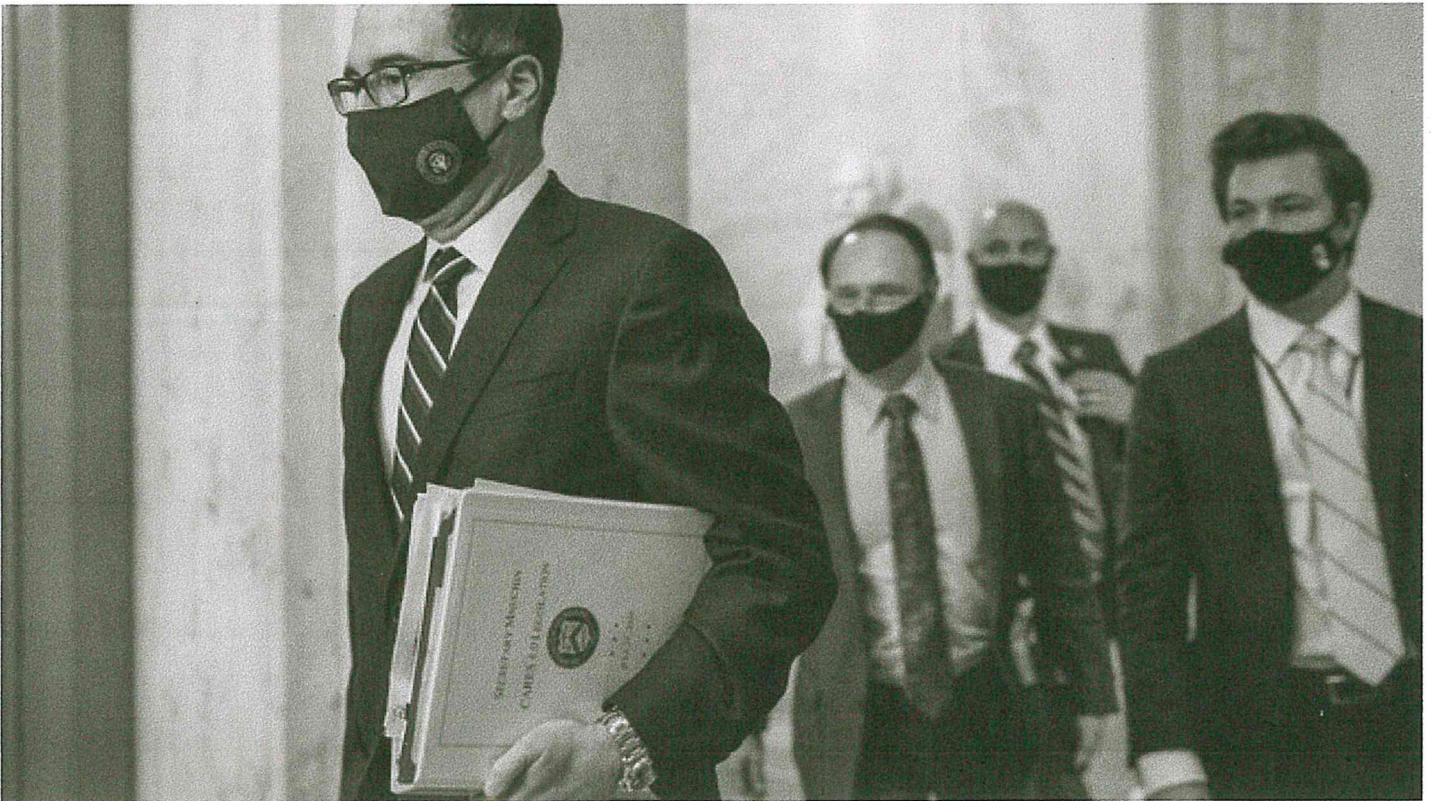
get more money for states, he said, "aren't based on math. They aren't based on the pandemic."

Negotiations over a new pandemic relief bill broke down last week, in part because Democrats and Republicans could not agree on funding for state and local governments.

KHN and the AP requested detailed spending breakdowns from recipients of money from the Coronavirus Relief Fund — created in March as part of the \$1.9 trillion CARES Act — and received responses from 23 states and 62 cities and counties. Those entities dedicated 23% of their spending from the fund through June to public health and 7% to public health and safety payroll.

An additional 22% was transferred to local governments, some of which will eventually pass it down to health departments. The rest went to other priorities, such as distance learning.

So little money has flowed to some local health departments for many reasons: Bureaucracy has bogged things down, politics have crept into the process, and understaffed departments have struggled to take time away from critical needs to navigate the red tape required to justify asking for extra dollars.



Treasury Secretary Steven Mnuchin, left, leaves a meeting with Senate Majority Leader Mitch McConnell of Ky. as negotiations continue on a coronavirus relief package on Capitol Hill in Washington, Tuesday, Aug. 4, 2020. (AP Photo/Andrew Harnik)

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*never going to get ahead of the pandemic response if we are still handicapped."*

Last month, KHN and the AP detailed how state and local public health departments across the U.S. have been starved for decades. Over 38,000 public health worker jobs have been lost since 2008, and per capita spending on local health departments has been cut by 18% since 2010. That's left them underfunded and without adequate resources to confront the coronavirus pandemic.

"Public health has been cut and cut and cut over the years, but we're so valuable every time you turn on the television," said Jan Morrow, the director and 41-year veteran of Ripley County health department in rural Missouri. "We are picking up all the pieces, but the money is not there. They've cut our budget until there's nothing left."

## **POLITICS AND RED TAPE**

Why did the Minneapolis health department have to wait so long for CARES Act money?

Congress mandated that the Coronavirus Relief Fund be distributed to states and local governments based on population. Minneapolis, with 430,000 residents, missed the threshold of 500,000 people that would have allowed it to receive money directly.

The state of Minnesota, however, received \$1.87 billion, a portion of which was meant to be sent to local communities. Lawmakers initially sent some state money to tide communities over until the federal money came through — the Minneapolis health department got about \$430,000 in state money to help pay for things like testing.

But when it came time to decide how to use the CARES Act money, lawmakers in Minnesota's Republican-controlled Senate and Democratic-controlled House were at loggerheads.

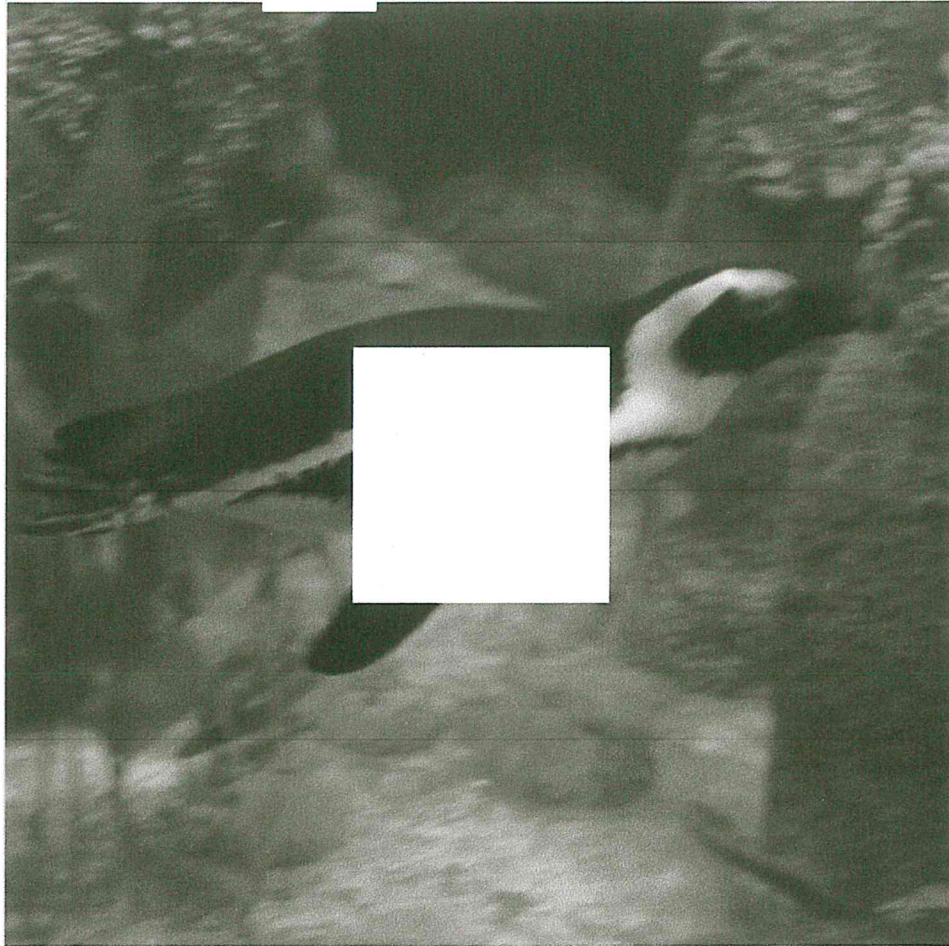


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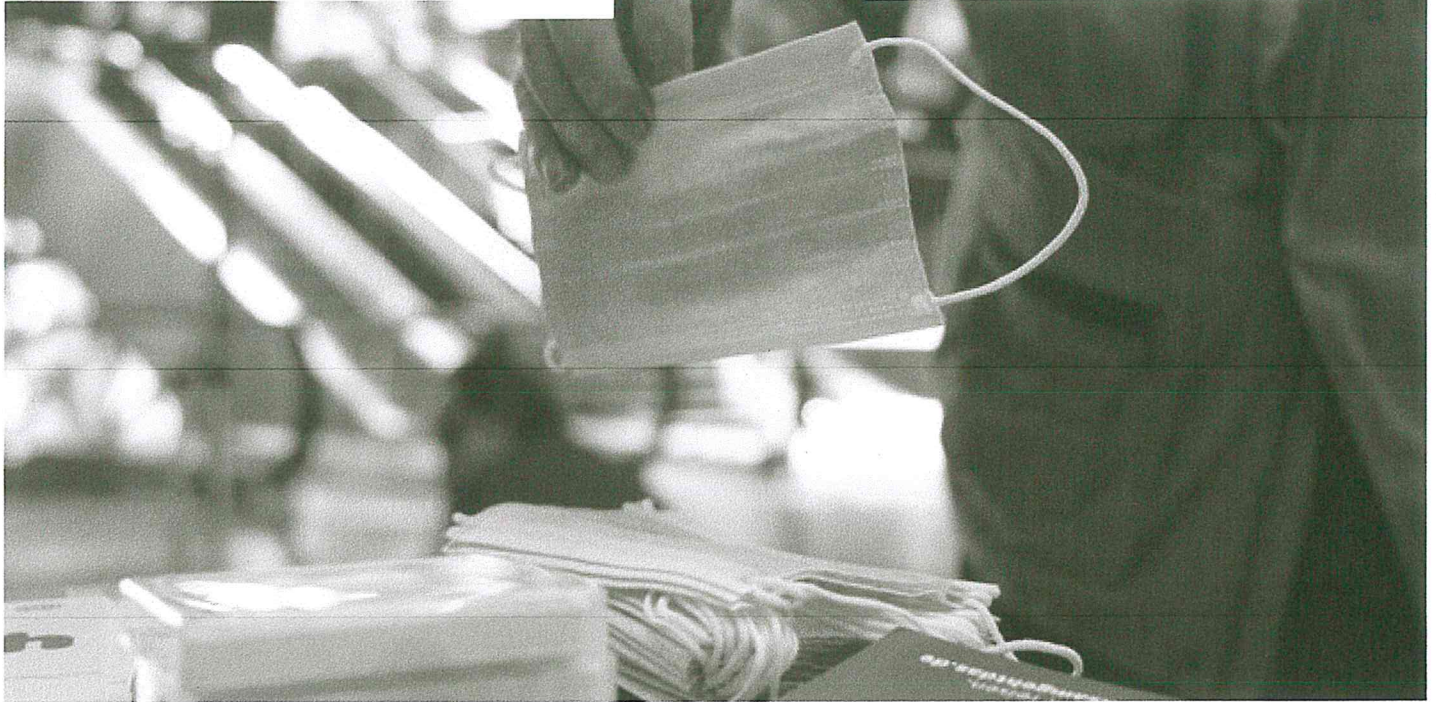
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FILE - A face mask (Photo by Sean Gallup/Getty Images)

Myron Frans, commissioner of Minnesota Management and Budget, said that disagreement, on top of the economic crisis and pandemic, left the legislature in turmoil.

Then following the police killing of George Floyd, the city erupted in protests over racial injustice, making a difficult situation even more challenging.

Democratic Gov. Tim Walz favored targeting some of the money to harder-hit communities, a move that might have helped Minneapolis, where cases have surged since mid-July. But lawmakers couldn't agree. Negotiations dragged on, and a special session merely prolonged the standoff.

Finally, the governor divvied up the money using a population-based formula developed earlier by Republican and Democratic legislative leaders that did not take into account COVID-19 caseloads or racial disparities.

“We knew we needed to get it out the door,” Frans said.

The state then sent hundreds of millions of dollars to local communities. Still, even after the money got to Minneapolis a month ago, Musicant had to wait as city leaders made difficult choices about how to spend the money as the economy cratered and the list of needs grew.





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Meanwhile, some in Minneapolis have noticed a lack of services. Dr. Jackie Kawiecki has been providing help to people at a volunteer medical station near the place where Floyd was killed — an area that at times has drawn hundreds or thousands of people per day. She said the city did not do enough free, easy-to-access testing in its neighborhoods this summer.

“*I still don’t think that the amount of testing offered is adequate, from a public health standpoint,” Kawiecki said.*

A coalition of groups that includes the National Governors Association has blamed the spending delays on the federal government, saying the final guidance on how states could spend the money came late in June, shortly before the reporting period ended. The coalition said state and local governments had moved “expeditiously and responsibly” to use the money as they deal with skyrocketing costs for health care, emergency response and other vital programs.

New York’s Nassau County was among six counties, cities and states that had spent at least 75% of its funds by June 30.

While most of the money was not spent before then, the National Association of State Budget Officers says a July 23 survey of 45 states and territories found they had allocated, or set aside, an average of 74% of the money.

But if they have, that money has been slow to make it to many local health departments.

As of mid-July in Missouri, at least 50 local health departments had yet to receive any of the federal money they requested, according to a state survey. The money must first flow through local county commissioners, some of whom aren’t keen on sending money to public health agencies.

“You closed their businesses down in order to save their people’s lives and so that hurt the economy,” said Larry Jones, executive director for the Missouri Center for Public Health Excellence, an organization of public health leaders. “So they’re mad at you and don’t want to give you money.”

The winding path federal money takes as it makes its way to states and cities also could exacerbate the stark economic and health inequalities in the U.S. if equity isn’t considered in decision-making, said Wizdom Powell, director of the University of Connecticut Health Disparities Institute.



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## 'EVERYTHING FELL BEHIND'

The amounts eventually distributed can induce head-scratching.

Some cities received large federal grants, including Louisville, Kentucky, whose health department was given \$42 million by April, more than doubling its annual budget. Because of the way the money was distributed, Louisville's health department alone received more money from the CARES Act than the entire government of the city of Minneapolis.

Philadelphia's health department was awarded \$100 million from a separate fund from the Centers for Disease Control and Prevention.

Honolulu County, where cases have remained relatively low, received \$124,454 for every positive COVID-19 case it had reported as of Aug. 9, while El Paso County in Texas got just \$1,685 per case. Multnomah County, Oregon — with nearly a quarter of its state's COVID-19 cases — landed only 2%, or \$28 million, of the state's \$1.6 billion allotment.

Rural Saline County in Missouri received the same funding as counties of similar size, even though the virus hit the area particularly hard. In April, outbreaks began tearing through a Cargill meatpacking plant and a local factory. By late May, the health department confirmed 12 positive cases at the local jail.

Tara Brewer, Saline's health department administrator, said phone lines were ringing off the hook, jamming the system. Eventually, several department employees handed out their personal cell phone numbers to take calls from residents looking to be tested or seeking care for coronavirus symptoms.

"Everything fell behind," Brewer said.

The school vaccination clinic in April was canceled, and a staffer who works as a Spanish translator for the Women, Infants and Children nutritional program was enlisted to contact trace for additional coronavirus exposures. All food inspections stopped.

It was late July when \$250,000 in federal CARES Act money finally reached the 11-person health department, Brewer said — four months after Congress approved the spending and three months after the county's first outbreak.



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and reimbursements for groceries and medical equipment the department had bought for quarantined residents.

Another problem: Some local health officials say that the laborious process required to qualify for some of the federal aid discourages overworked public health officials from even trying to secure more money and that funds can be uneven in arriving.

Lisa Macon Harrison, public health director for Granville Vance Public Health in rural Oxford, North Carolina, said it's tough to watch major hospital systems — some of which are sitting on billions in reserves — receive direct deposits, while her department received only about \$122,000 through three grants by the end of July. Her team filled out a 25-page application just to get one of them.

She is now waiting to receive an estimated \$400,000 more. By contrast, the Duke University Hospital System, which includes a facility that serves Granville, already has received over \$67.3 million from the federal Provider Relief Fund.

"I just don't understand the extra layers of onus for the bureaucracy, especially if hundreds of millions of dollars are going to the hospitals and we have to be responsible to apply for 50 grants," she said.

The money comes from dozens of funds, including several programs within the CARES Act. Nebraska alone received money from 76 federal COVID relief funding sources.

Robert Miller, director of health for the Eastern Highlands Health District in Connecticut, which covers 10 towns, received \$29,596 of the \$2.5 million the state distributed to local departments from the CDC fund and nothing from CARES. It was only enough to pay for some contact tracing and employee mileage.

Miller said that he could theoretically apply for a little more from the Federal Emergency Management Agency, but that the reporting requirements — which include collecting every receipt — are extremely cumbersome for an already overburdened department.

So he wonders: "Is the squeeze worth the juice?"

Back in Minneapolis, Musicant said the new money from CARES allowed the department to run a free COVID-19 testing site Saturday, at a church that serves the Hispanic community about a mile from the site of Floyd's killing.



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## The Connecticut Agricultural Experiment Station

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*Founded 1875*

### PRESS RELEASE

#### FOR IMMEDIATE RELEASE

Tuesday, August 11, 2020

#### MEDIA CONTACTS:

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## State Reports First Positive Mosquitoes for EEE Virus in Stonington

*Continued detection of West Nile virus in mosquitoes from 7 Connecticut towns*

**New Haven** – The State of Connecticut Mosquito Management Program (MMP) announced that mosquitoes trapped in Stonington on August 5 tested positive for eastern equine encephalitis (EEE) virus. These results represent the first EEE positive mosquitoes identified in the state by the Connecticut Agricultural Experiment Station (CAES) this year. In addition, West Nile virus (WNV) infected mosquitoes have been identified in 7 Connecticut towns this year: Bridgeport, Darien, Greenwich, Guilford, Newington, Norwalk, and Stamford. Connecticut residents are reminded to protect themselves from mosquito bites and mosquito-borne diseases.

"The detection of EEE virus in mosquitoes in early August and the continued spread of West Nile virus is cause for concern," said Dr. Philip Armstrong, Medical Entomologist at the CAES. "Virus activity can quickly escalate so we'll continue to closely monitor mosquitoes for further virus amplification and spread."

"Now is the time to take precautions against mosquito bites," said Dr. Jason White, Director of the CAES. "We encourage everyone to take simple measures such as wearing mosquito repellent and covering bare skin, especially during dusk and dawn when mosquitoes are most active."

To reduce the risk of being bitten by mosquitoes residents should:

Phone: (203) 974-8500      Fax: (203) 974-8502  
Toll Free: 1-(877) 855-2237, [CAES@CT.GOV](mailto:CAES@CT.GOV)  
[PORTAL.CT.GOV/CAES](http://PORTAL.CT.GOV/CAES)

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- Minimize time spent outdoors between dusk and dawn when mosquitoes are most active.
- Be sure door and window screens are tight-fitting and in good repair.
- Wear shoes, socks, long pants, and a long-sleeved shirt when outdoors for long periods of time, or when mosquitoes are more active. Clothing should be light colored and made of tightly woven materials that keep mosquitoes away from the skin.
- Use mosquito netting when sleeping outdoors or in an unscreened structure and to protect small babies when outdoors.
- Consider the use of mosquito repellents recommended by the Centers for Disease Control and Prevention (CDC), such as ones containing DEET, picaridin, oil of lemon eucalyptus, IR3535, or 2-undecanone, and apply according to directions, when it is necessary to be outdoors.

Last season, EEE was detected in 28 communities in Connecticut with a total of 122 positive mosquito samples. There were four confirmed human cases of EEE and three individuals died. Most virus activity occurred in Middlesex, New London, and Windham Counties consistent with prior years. EEE is a rare but serious illness in humans with 4-8 cases reported in a typical year in the U.S. During 2019, the number of confirmed human cases rose to 38 with 19 cases occurring in New England. EEE is the most severe mosquito-transmitted disease in the U.S. with approximately 33 percent mortality and significant brain damage in most survivors.

West Nile virus is the most prevalent mosquito-borne disease in the U.S. and has been detected in Connecticut every year since 1999. Last year, CAES detected WNV in 82 mosquito samples from 23 towns. The majority of WNV activity was detected in densely populated urban and suburban regions in Fairfield, Hartford and New Haven Counties, consistent with prior years.

### **Connecticut Mosquito Management Program**

The response to mosquito transmitted diseases in Connecticut is a collaborative inter-agency effort involving the Department of Energy and Environmental Protection (DEEP), the Connecticut Agricultural Experiment Station (CAES) the Department of Public Health (DPH), the Department of Agriculture and the Department of Pathobiology at the University of Connecticut (UCONN). These agencies are responsible for monitoring mosquito populations and the potential public health threat of mosquito-borne diseases.

The CAES maintains a network of 108 mosquito-trapping stations in 87 municipalities throughout the state. Mosquito traps are set Monday – Thursday nights at each site every ten days on a rotating basis and then twice a week after detection of virus. Mosquitoes are grouped (pooled) for testing according to species, collection site, and date. Positive findings are reported to local health departments and on the CAES website at <https://portal.ct.gov/CAES/Mosquito-Testing/Introductory/State-of-Connecticut-Mosquito-Trapping-and-Arbovirus-Testing-Program>.

For information on EEE, WNV, what can be done to prevent getting bitten by mosquitoes, the latest mosquito test results and human infections, visit the Connecticut Mosquito Management Program web site at <https://portal.ct.gov/mosquito>.

###

Phone: (203) 974-8500 Fax: (203) 974-8502  
 Toll Free: 1-(877) 855-2237, CAES@CT.GOV  
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**MEMO - COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE**

To: Board of Directors, Eastern Highlands Health District  
From: Vanessa E. Rossitto, CPA, Audit Partner  
Blum Shapiro & Company, P.C.  
Date: July 16, 2020  
Re: Auditing Standard No. 114, "The Auditor's Communication with Those Charged with Governance" regarding audit of Eastern Highlands Health District

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We are engaged to audit the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District for the year ended June 30, 2020. Professional standards require that we provide you with the following information related to our audit. We would also appreciate the opportunity to meet with you to discuss this information further since a two-way dialogue can provide valuable information for the audit process.

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

As stated in our engagement letter dated April 3, 2020, our responsibility, as described by professional standards, is to express opinions as to whether the financial statements, prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve those charged with governance or management of their responsibilities.

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

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

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

### **Planned Scope, Timing of the Audit and Other**

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

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

### **Nonattest Services**

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

- preparing a draft of the financial statements,

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

### **Independence**

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

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

#### **Management's responsibilities include:**

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



**Auditor's responsibilities include:**

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

**Audit Areas of Focus**

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

**Engagement Timing**

*NOTE: Due to COVID-19, we recognize that there has been disruption in your operations. We will communicate with management to ensure our fieldwork is conducted at mutually agreeable dates but due to the disruptions you have encountered, please recognize that we might not meet the exact dates outlined below. At this time, we do not anticipate any delays in issuance of the financial statements.*

Our initial planning for the year-end audit was performed during May 2020. Our focus was on documentation of the internal controls as required by auditing standards, fraud inquiry interviews with management and key personnel, preparation of certain confirmations some overall analytical procedures and audit fieldwork as applicable to the federal and state single audits and procedures performed relevant to the tax collector's office.

- Audit Timing:

Trial Balance Files to BlumShapiro	8/31/2020
Commencement of Fieldwork	9/08/2020
End of Fieldwork	9/18/2020
Issuance of Draft Financial Statements	10/09/2020
Client Approval of Draft Statements	10/16/2020
MD+A Finalized	10/16/2020
Issuance of Financial Statements	10/30/2020
Issuance of Management Letter, if applicable	10/30/2020
Post Audit Meeting with Management	TBD

### Engagement Team

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

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

### Other Communications

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

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

### Knowledge of Fraud

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

## **Best Practices and Industry Updates**

### **Fraud Risk Assessment**

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

### **Cybersecurity Threats**

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

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

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

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

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

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

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

### **Future Accounting Standards and Industry Developments**

***NOTE:** Due to COVID-19, the GASB has delayed the implementation dates of these standards by at least 12 months. The dates below reflect the new implementation date.*

#### **Industry Developments - Current Year - June 30, 2020 - Accounting Standards**

- None

#### **Industry Developments - Future Accounting Standards - June 30, 2021**

- **GASB Statement 84 – Fiduciary Activities** This statement establishes criteria for identifying fiduciary activities. The focus of the criteria generally is on (1) whether a government is controlling the assets of the fiduciary activity and (2) the beneficiaries with whom a fiduciary relationship exists. The objective of this statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported.
- **GASB Statement 90 – Majority Equity Interests** This statement defines majority equity interest and specifies that a majority equity interest in a legally separate organization should be reported as an investment if a government's holding of the equity interest meets the definition of an investment, and measured using the equity method unless it is held by a special-purpose government engaged only in fiduciary activities and then would be measured at fair value.
- **GASB Statement 92 – Omnibus 2020** The objectives of this Statement are to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing practice issues that have been identified during implementation and application of certain GASB Statements.

Effective upon issuance:

- Clarification of the effective date of GASB Statement 87, Implementation Guide 2019-3
- Risk financing and insurance-related activities of public entity risk pools reinsurance recoveries
- Terminology used to refer to derivative instruments

## Industry Developments - Future Accounting Standards - June 30, 2022

- **GASB Statement 87 – Leases** This statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources.
- **GASB Statement 89 – Accounting for Interest Cost Incurred Before the End of a Construction Period** This statement requires interest cost incurred before the end of a construction period to be expensed in the period in which the cost is incurred.
- **GASB Statement 92 – Omnibus 2020** The objectives of this Statement are to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing practice issues that have been identified during implementation and application of certain GASB Statements.
  - Intra-entity transfers of assets between a governmental employer or nonemployer contributing entity and a defined benefit pension plan or a defined benefit other postemployment benefit (OPEB) plan that are within the same financial reporting entity
  - Reporting assets accumulated for defined benefit postemployment benefits provided through plans that are not administered through trusts that meet specific criteria
  - Measurement of liabilities (and assets, if any) related to asset retirement obligations (AROs) in a government acquisition
  - Nonrecurring fair value measurements
- **GASB Statement 93 – Replacement of Interbank Offered Rates** This statement addresses the issues raised about how the London Interbank Offered Rate (LIBOR) was determined and its expected cessation by the end of 2021. The removal of LIBOR as an appropriate benchmark interest rate is effective for reporting periods ending after December 31, 2021 (June 30, 2022 or December 31, 2022). *This statement is also not included in the ED to delay implementation of various standards and implementation guides.*

## Industry Developments - Future Accounting Standards - June 30, 2023

- **GASB Statement 91 – Conduit Debt Obligations** - Conduit debt obligations are debt instruments issued by a state or local government to provide financing for a specific third party, which is primarily liable for repaying the debt instrument. The GASB's existing standards, Interpretation No. 2, Disclosure of Conduit Debt Obligations, allowed variation in practice among governments that issue conduit debt obligations, which adversely affects the comparability of financial statement information. The variation arose from the option for government issuers either to recognize conduit debt obligations as their own debt or to disclose them.

Statement 91 eliminates the option for government issuers to recognize conduit debt obligations, thereby providing a single method of reporting;

Although government issuers will no longer report conduit debt obligations as liabilities, they may need to recognize a liability related to commitments they make or voluntarily provide associated with that conduit debt. Statement 91 requires a government issuer to recognize a liability if qualitative factors indicate that it is more likely than not that it will support one or more debt service payments for a conduit debt obligation.

## **Areas of Concerns**

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



Eastern Highlands Health District

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

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John Carrington  
Interim Town Manager  
Town of Mansfield  
4 South Eagleville Road  
Mansfield, CT 06268

August 17, 2020

RE: Population Increase

Dear Mr. Carrington,

Per your request, please note the following statement.

The current influx of residents to the Storrs area associated with the fall UConn semester will result in a near doubling of the town population within a one week period of time. This influx will result in a significant increase in the population density for the area. Such an increase in density during this pandemic period poses a unique and material challenge to controlling community disease transmission.

This circumstance warrants a special approach to controlling disease spread. No one disputes that a reduction in social gathering policy thresholds improves the mitigating effects on community transmission. Given the circumstances associated with the abrupt increase in population density in the Storrs area, it is reasonable to consider lowering the threshold at which a social gathering poses an undue, and actionable risk to public health.

This influx of residents associated with the University of Connecticut is not unique to the Storrs Area. Many communities playing host to colleges and universities in the state experience a similar migration.

Based on the above, this office agrees that special consideration be given to lowering social gathering thresholds in the Storrs area, and other like host communities around the state. This office stands ready to support the Town of Mansfield and other health district communities in their efforts to address actionable risks to public health at a lower social gathering threshold.

Sincerely,

Robert L. Miller, MPH, RS  
Director of Health

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