Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Thursday October 21, 2021, 4:30 PM
Via Zoom*

Call to Order

Approval of Minutes (August 19, 2021)

Public Comments

Old Business – None

New Business

1. Proposed 2022 Regular Meeting Schedule
2. Salary Survey – Proposed Salary Ranges

Subcommittees

3. Personnel Committee – Director of Health performance evaluation (no attachment)
4. Finance Committee
    a) Quarterly Financial Report – period ending 6/30/21
    b) FY 2021/2022 Budget Changes

Town Reports

Directors Report

5. COVID-19 Response Activity Update, 10-18-21
6. R Miller re: Town of Mansfield Facilities Study
7. Staffing update (no attachment)

Communications/other

8. DPH re: An act concerning the mandatory use of the Lead Surveillance System
9. DPH re: Funding Delivered to LHD to Support Volunteer Management Capability
10. DPH re: Revisions to CT General Statutes Pertaining to Municipal and District Departments of Health
11. DPH re: Mask and Quarantine Requirements (in schools)
12. K Howard-Bender re: School Masking Petition
13. J Brennan re: School Masking Petition
14. C Griffin re: Mask wearing in K-12 schools
15. J Marie re: Mask wearing in K – 12 schools
16. New York Times re: Why Public Health is in Crisis
17. Governor Lamont re: Congratulations CT Contact Tracing

18. Betsy Paterson, Farewell!

Adjournment

Next Board Meeting – December 9, 2021 (FY 22/23 budget presentation)

In accordance with PA 21-2 §149 and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting will be held virtually. A video recording of the meeting will be available on www.ehhd.org within seven (7) days after the meeting. Public Comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received prior to the meeting (public comment received after the meeting will be shared at the next meeting). Please email mbrosseau@ehhd.org or call 860-429-3325 by 12:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live.

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes - Draft

Virtual meeting Via
Zoom*
Thursday August 19, 2021

Members present: E. Anderson (Andover), L. Hancock (Tolland), E. Paterson (Mansfield), S. Powers (Scotland), C. Silver-Smith (Ashford), D. Walsh (Coventry), M. Walter (Columbia), E. Wiecenski (Willington)

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

E. Paterson called the meeting to order at 4:30 pm. E. Paterson welcomed Susan Powers, Lisa Hancock and Cathryn Silver-Smith. Introductions were made.

E. Wiecenski made a MOTION seconded by D. Walsh to approve the minutes of the 6/17/2021 meeting as presented. MOTION PASSED unanimously with C Silver-Smith abstaining.

Public Comments

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

Per Capita Grant in Aid Funding Application for SFY 2022

R. Miller presented an overview of the per capita grant.

D. Walsh made a MOTION, seconded by E. Anderson to authorize the execution and submittal of the Eastern Highlands Health District Fiscal Year 2021/2022 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 19, 2021. MOTION PASSED unanimously

D. Walsh commented on the Health Districts struggle with staff retention and salaries and expressed hope that some of the additional funding can be directed toward personnel.

EHHD staff recognition

E. Wiecenski made a MOTION, seconded by C. Silver-Smith to authorize the Director of Health to disperse one-time COVID-19 pandemic response performance bonuses in an aggregate sum not to exceed $8000 consistent with conditions set forth in the proposal dated August 17, 2021, as presented; further to authorize a corresponding $8000 increase in total operating expenditures for FY2021/2022. MOTION PASSED unanimously

Tolland Employee Wellness Service Agreement – Ratification

D. Walsh made a MOTION, seconded by M. Walter to ratify the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented August 19, 2021. MOTION PASSED unanimously

Town Reports

Tolland L. Hancock informed the board that she is drafting a mask policy for the town of Tolland. R. Miller is assisting.

Andover E. Anderson reported there is a mask mandate in place at all town buildings. Extending the mandate town-wide is under consideration. E. Anderson noted that a project funded by a connectivity grant will allow additional walking and cycling connections.

Ashford C. Silver-Smith reported there is a mask policy in place for all town buildings. C. Silver-Smith commented on the difficulty of municipal leaders implementing mask mandates for the town.

Willington E. Wiecenski informed the board that a mask policy is in place for all municipal buildings. She echoed C. Silver-Smiths comment regarding municipal leaders implementing mask mandates town-wide.

Columbia M. Walter reported that a mask policy is in place for all municipal buildings. M. Walter noted that the Senior Center is closed except for transportation. Columbia participated in a program creating an airline trail brochure for the town of Columbia.

Scotland S. Powers inquired whether EHHD recommends that towns have a mask policy. R. Miller responded that yes. S. Powers questioned if closure of municipal buildings is on the table. R. Miller responded that postponing indoor activities is still part of the DPH town response framework.

Subcommittee Reports

Executive Committee – staff retention

R. Miller reported on the meeting of the Executive Committee and informed the board that the Personnel Committee will be taking on the issue of staff retention and conducting a salary survey.

E. Anderson made a MOTION seconded by E. Wiecenski to endorse the Executive Committee decision on this item. MOTION PASSED unanimously.

Director's Report

COVID-19 Response Activities - Update

R. Miller highlighted salient items:

- cases have gone up 500% since the beginning of July.
- Vaccination rates for Mansfield are artificial and are significantly higher than reported due to the way data is entered into CT-WIZ.
- EHHD continues to offer pop-up clinics to address areas of lower vaccination rates.
- Contact tracing has ramped up
- EHHD will staff vaccination clinics at UCONN during move in weekend
- Governor issued an executive order mandating all k-12 teachers be vaccinated
- PPE distribution continues

- Mansfield has issued a town-wide mask policy
- The Governor also issued an order mandating Long term care facilities, state employees and daycares
- Town contributions from the American Rescue Plan Act funds have been received from Columbia, Coventry, Scotland and Tolland. Bolton has declined.
- EHHD has been hosting and coordinating vaccination clinics with the DPH vans

Staff Vacancies (no attachment)

R. Miller reported that there are 3 vacant positions at this time:

- Part-time Environmental Health Inspector
- Sanitarian
- Public Health Nurse

To address the staffing issues, a salary survey being conducted by the personnel committee.

Quarterly activity report, period ending 6/30/21

R. Miller reported that permits and fees for service revenues are up.

Food service inspections are down due to staff dedicating time to pandemic response and vacancy of the Sanitarian position.

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

Respectfully submitted,

Robert Miller
Secretary

Eastern Highlands Health District

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Memo

To: Board of Directors

From: Robert L Miller, Director of Health

Date: 10/13/2021

Re: Proposed 2022 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2022 calendar year:

January 20 (Typically, Budget Public Hearing)

February 17

April 21 (Last day of Passover is April 23)

June 16

August 18

October 20

December 8

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that alternatively these meetings may be held virtually until such time board leadership determines it is appropriate and safe to go back to in-person meetings. (With the exceptions of December 8, all dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2022 regular meeting schedule as presented.

Eastern Highlands Health District

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Memo

To: Board of Directors
Cc: Holly Schaefer, Director of Human Resources
From: Robert Miller, Director of Health
Date: October 18, 2021
Re: EHHD Proposed FY 22/23 Pay Ranges

Background

Pursuant to the EHHD Personnel Rules the agency shall make comparative compensation studies for positions within the Health District periodically. On the basis of the information derived from the studies, requests for adjustments in salary ranges shall be initiated by the Director of Health/Personnel Committee, and submitted to the District Board of Directors for action.

The objective is to assure that the level of compensation for Health District employees compares equitably with prevailing rates in the relevant labor market in order to assure the recruitment and retention of personnel necessary to maintain a continued high level of public service. In determining actual compensation, consideration can be given to the various position characteristics, rates paid for comparable services in public and private employment, experience in recruiting for such positions, and availability of funds.

Attached for your review is a report titled, " FY2021/2022 Salary Survey and FY2022/2023 Proposed Broadband Pay Ranges". The report includes summary pay range data for each regular health district position. The report also provides proposed FY22/23 salary ranges for each regular position adjusted to integrate with the broadband pay plan. Please recall that in 2014, the Board of Directors eliminated the traditional governmental step system, and adopted a merit based, broadband pay plan.

Methodology of Proposed Broadband Pay Ranges

- The proposed minimum FY22/23 rate for each pay range is adjusted to the FY 21/22 salary survey average and median results.
- The proposed maximum rate is then established by multiplying the adjusted minimum rate by a factor of 1.35, or 35%, which generates the broadband range pursuant to our personnel policy.
- With few exceptions, wage data was not solicited from larger city health departments, nor municipal health departments in Fairfield County.

Implementation

It is preferable for the Board to approve the proposed pay ranges prior to the start of the FY22/23 budget develop process, which begins the end of October 2021. Pending Board of Directors approval, the new broadband salary rates would be effective July 1, 2022.

Salary ranges as currently proposed will require an increase in salary rates for the *current Office Manager*, *Community Health & Wellness Coordinator*, two Sanitarian II positions, and *Environmental Health Inspector* on July 1st.

With regards to the two Sanitarian II positions, both of these individuals reached the current maximum annual pay rate on or about FY18/19, and subsequently the maximum annual one-time merit payment in FY20/21. Therefore, in order to avoid a disruption in their annual compensation increase for FY21/22, a separate board action authorizing an increase above the maximum one-time merit payment threshold will be necessary prior to their next annual performance evaluation in June 2022. At which point, their current base annual salary, and final one-time annual merit payment will be added together as a base to determine the salary rate adjustments that would go to effect July 1, 2022 for these two positions.

Other staff salary rate adjustments in fiscal year 2022/2023 would occur pursuant to the broadband, merit based pay plan.

Fiscal Impact

The fiscal impact depends in part upon the amount of funds allocated by the Board for merit pay, staff's progress towards meeting performance goals and expectations, and other budget considerations. However, based on the wage rates for the five positions currently proposed for July 1st increases, an additional salary and benefit appropriation of $19,500 is estimated for the fiscal year 2022/2023 budget. (To provide prospective, this figure represents a 2.7% increase in the current FY21/22 salary/benefit accounts.)

There is no impact to the fiscal year 2021/2022 budget.

Recommendation

The survey report provides pay ranges that are based on both a rate average and a rate median. It is recommended that the median ranges be put forth for consideration. They are less affected by any outlier rates, which are of particular concern with small sample sizes.

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At their October 14, 2021 special meeting, the personnel committee conducted their review of the proposed pay range report, and passed the following motion unanimously that states in part, "…to recommend the EHHD Board approve the median broadband pay ranges as presented…pending final review by the Mansfield Director of Human Resources."

It is anticipated that Human Resources will complete this review for the 10/21/2021 meeting. If the Board concurs with this recommendation, and pending Human Resources final review, then the following motion is in order: *Move, to approve the median proposed broadband pay ranges as presented on October 21, 2021, in the report titled,* "FY2021/2022 Salary Survey and FY2022/2023 Proposed Broadband Pay Ranges", *with an effective date of July 1, 2022.*

FY 2021/2022 Salary Survey and FY2022/2023 Proposed Broadband Pay Ranges

SUMMARY DATA OF ALL RESPONSES

	Position	Sample Size	Population	Hrs/ Wk	Salary Range - Reported Work Wk Minimum	Salary Range - Reported Work Wk Maximum	Salary Range - Adjusted to 37hrs/wk Minimum	Salary Range - Adjusted to 37hrs/wk Maximum	EHHD FY 21/22 Minimum	EHHD FY 21/22 Maximum	EHHD Above/Below Avg. & Median Minimum	EHHD Above/Below Avg. & Median Maximum	EHHD Proposed FY22/23 Broad Band (35% Range Spread) Minimum	EHHD Proposed FY22/23 Broad Band (35% Range Spread) Maximum
AVERAGE	Director	25	78,029	37.5	$97,397	$121,072	$96,951	$119,545	$81,836	$113,199	-$15,115	-$6,346	$96,951	$130,884
MEDIAN	Director	25	70,615	37.5	$99,365	$117,000	$98,050	$117,562	$81,836	$113,199	-$16,214	-$4,363	$98,050	$132,368
AVERAGE	Office Manager	13	80,033	36.4	$57,378	$70,568	$59,008	$72,032	$50,890	$68,830	-$8,118	-$3,202	$59,008	$79,661
MEDIAN	Office Manager	13	72,767	36.3	$57,378	$68,830	$63,429	$68,830	$50,890	$68,830	-$12,539	$0	$63,429	$85,629
AVERAGE	Chief Sanitarian	17	85,230	36.5	$75,338	$87,674	$74,793	$88,903	$66,136	$89,284	-$8,657	$381	$74,793	$100,970
MEDIAN	Chief Sanitarian	17	80,481	36.3	$75,000	$88,200	$73,084	$89,284	$66,136	$89,284	-$6,948	$0	$73,084	$98,664
AVERAGE	Senior Sanitarian (Sanitarian II)	6	82,851	37.1	$70,522	$86,803	$66,679	$86,705	NA	NA	NA	NA	$66,679	$90,016
MEDIAN	Senior Sanitarian (Sanitarian II)	6	84,357	36.3	$70,336	$86,386	$67,146	$86,551	NA	NA	NA	NA	$67,146	$90,647
AVERAGE	Registered Sanitarian (Sanitarian I)	24	79,907	37.3	$59,963	$75,374	$59,114	$74,867	$56,026	$75,635	-$3,088	$768	$59,114	$79,804
MEDIAN	Registered Sanitarian (Sanitarian I)	24	71,691	37.5	$58,233	$74,819	$57,350	$75,172	$56,026	$75,635	-$1,324	$463	$57,350	$77,423
AVERAGE	Env Health Inspector	17	85,918	36.9	$46,478	$58,187	$46,478	$58,187	$42,439	$57,293	-$4,039	-$894	$46,478	$62,745
MEDIAN	Env Health Inspector	17	83,819	37.0	$44,285	$58,240	$44,285	$58,240	$42,439	$57,293	-$1,846	-$947	$44,285	$59,784
AVERAGE	Community Health & Wellness Coordinator	10	98,086	36.9	$65,428	$77,028	$68,038	$77,479	$59,236	$70,264	-$8,802	-$7,215	$68,038	$91,851
MEDIAN	Community Health & Wellness Coordinator	10	98,166	36.0	$68,524	$75,000	$70,878	$77,565	$59,236	$70,264	-$11,642	-$7,301	$70,878	$95,686

NOTES:

** "Current salary" data was input to the "maximum" salary field when no range data was available.*

** "Sanitarian I & Sanitarian II" job descriptions to be adjusted to reflect higher pay range.*

DIRECTOR OF HEALTH POSITION

Health District/ Department	Population	Union Y/N	Y/N	If Yes, # of Steps	Hours Per Week	Annual Salary		Adjusted to 37 hrs/wk		Current FY21/22	Yrs PH exp	Years as DOH
						Minimum	Maximum	Minimum	Maximum			
Eastern Highlands	**80,481**	**N**	**N**		**37.0**		**$113,199**		**$113,199**	**$113,199**	34	24
East Hartford	51,252	n	n		40.0		$114,467		$105,882	$114,467	21	1
Bristol-Burlington	69,834	N	N		37.5		$114,774		$113,244	$114,774	34	3
Central CT	96,880	N	N		37.5		$110,686		$109,210	$110,686	7	7
Chatham	62,712	N	N		35.0		$105,062		$111,066	$105,062	16	2
Chesprocott	55,258	N	N		35.0		$115,000		$115,000	$115,000	9	7
CT River Area	40,000	N	N		37.5		$100,300		$98,963	$100,300	20	4
East Shore	70,615	N	N		40.0		$150,000		$138,750	$150,000	30	11
Farmington Valley	108,042	N	N		35.0		$123,058		$130,090	$123,058	35	9
Glastonbury	34,454	N	Y	7	37.5	$88,491	$119,151	$87,311	$117,562	$119,151	35	7
Ledgelight	121,227	N	N		40.0		$138,761		$128,354	$138,761 ?	?	
Manchester	58,287	N	N		37.5	$77,064	$130,558	$76,036	$128,817	$108,000	20	6
Meriden	60,000	N	N		40.0		$117,000		$108,225	$117,000	20	6
Middletown	46,258	n	y		40.0	$86,174	$127,587	$79,711	$118,018	$103,938	20	1
Naugatuck Valley	125,889	N	N		35.0	$110,000	$115,497	$116,286	$122,097	$110,000	10	3
New Britain	73,261	Y	Y	8	36.25	$105,959	$136,335	$108,151	$139,156	$136,335	10	9
North Central HD	166,275	N	N		37.50		$120,000		$118,400	$120,000	36	13
Northeast District	84,894	N	N		40.0		$111,172		$102,834	$111,172	35	11
Plainville/Southington	60,833	N	N		35.0		$107,000		$113,114	$107,000 ?	?	
Quinnipiack Valley	98,500	N	N		35.0		$106,000		$112,057	$102,500	15	1
Torrington Area	130,000	N	Y	12	35.0	$99,365	$135,942	$105,043	$143,710	$111,281	26	8
Wallingford	45,062	N	Y	3	40.0	$106,000	$137,000	$98,050	$126,725	$124,126	16	3
W. Htfd-Bloomfield	83,819	N	N		40.0		$130,000		$130,000	$130,000	17	1.5
Windsor	28,000	N	N		40.0	$94,900	$138,420	$87,783	$128,039	$103,500	21	8
Uncas HD	98,897				35.0		$109,837		$116,113	$109,837	22	17
AVERAGE	78,029				38	$97,397	$121,072	$96,951	$119,545	$115,966	22	7
MEDIAN	70615				37.5	$99,365	$117,000	$98,050	$117,562	$113,199	20	7
SAMPLE SIZE	25											

OFFICE MANAGER POSITION

						Annual Salary		Adjusted to 37 hrs/wk	
Health District/ Department	Population	Union Y/N	Y/N	If Yes, # of Steps	Hours Per Week	Minimum	Maximum	Minimum	Maximum
Eastern Highlands	**80,738**	**N**			**37.0**	**$50,890**	**$68,830**	**$50,890**	**$68,830**
Bristol burlington	69,651	n	n		37.5		$67,376		$66,478
Central CT	96,880				37.5		$71,740		$70,783
Chatham	62,712	N	N		35.0		$63,553		$67,185
Chesprocott	55,258	n	n		35.0		$53,000		$56,029
CT River Area	40,000				37.5	$40,000	$50,000	$39,467	$49,333
East Shore	70,615				40.0		$63,960		$59,163
Bristol burlington	69,863				37.5		$67,376		$66,478
Ledgelight									
Naugatuck Valley	125,889				35.0		$76,373		$80,737
New Britain	72,767	Y	Y	4	36.25	$68,952	$80,184	$70,379	$81,843
Torrington Area	131,478				35.0	$67,047	$92,167	$70,878	$97,434
W. Htfd-Bloomfield	84,539				35.0		$92,820		$98,124
Uncas	98,897				35.0	$60,000	$70,000	$63,429	$74,000
AVERAGE	80,033				36.4	$57,378	70,568	$59,008	72,032
MEDIAN	72,767				36.3	$57,378	68,830.0	$63,429	68,830
SAMPLE SIZE	13								

If no range available current figure placed in maximum rate

CHIEF SANITARIAN/ Supervisor POSITION

Health District/ Department	Population	Union Y/N	Y/N	If Yes, # of Steps	Hours Per Week	Annual Salary		Adjusted to 37 hrs/wk	
						Minimum	Maximum	Minimum	Maximum
Eastern Highlands	**80,481**	**N**	**N**		**37.0**	**$66,136**	**$89,284**	**$66,136**	**$89,284**
East Hartford	51,252	y	y	8	40.0	$78,860	$94,051	$72,946	$86,997
Bristol-Burlington	69,834	Y	Y	7	37.5	$83,740	$99,450	$82,623	$98,124
Central CT	96,880	y	y	10	37.5	$72,787	$81,396	$71,817	$80,311
Chatham	62,712	n	n		35.0		$89,175		$94,271
Chesprocott	55,258	n	n		35.0		$80,000		$84,571
CT River Area	40,000	N	N		37.5	$65,000	$85,000	$64,133	$83,867
Farmington Valley	108,042	N	N		35.0		$91,792		$97,037
Ledgelight	121,227	N	N		40.0		$88,200		$81,585
Manchester	58,287	Y	Y	5	37.5	$79,405	$91,932	$78,346	$90,706
Naugatuck Valley	122,889	N	N		35.0		$71,448		$75,531
New Britain	72,767	Y	Y	4	36.3	$83,044	$101,632	$84,762	$103,735
North Central HD	166,275	N	Y	6	37.5	$74,072	$87,500	$73,084	$86,333
Plainville/Southington	60,833	N	N		35.0		$85,000		$89,857
Quinnipiack Valley	99,452	N	N		35.0		$76,773		$81,160
W. Htfd-Bloomfield	83,819	N	N		35.0		$92,820		$98,124
Uncas	98,897	n	n		35.0	$75,000	$85,000	$79,286	$89,857
AVERAGE	85,230				37	$75,338	$87,674	$74,793	$88,903
MEDIAN	80,481				36	$75,000	$88,200	$73,084	$89,284
SAMPLE SIZE	17								

Senior SANITARIAN (San II)

Health District/ Department	Population	Union Y/N	Y/N	If Yes, # of Steps	Hours Per Week	Annual Salary		Adjusted to 37 hrs/wk		
						Minimum	Maximum	Minimum	Maximum	
Chatham	62,712	N	N		35.0		$81,518		$86,176	based on top waged pos
Farmington Valley	110,000	N	N		35.0		$84,866		$89,715	
Glastonbury	34,454	N	Y	7	37.5	$70,336	$87,906	$69,398	$86,734	
Ledgelight*	121,227	Y	N		40.0	$72,590	$93,370	$67,146	$86,367	based lowest and high
Northeast District	84,894	Y	N		40.0	$68,640	$89,440	$63,492	$82,732	
W. Htfd-Bloomfield	83,819	N	N		35.0		$83,720		$88,504	
AVERAGE	82,851				37	$70,522	86,803	$66,679	86,705	
MEDIAN	84,357				36	$70,336	86,386	$67,146	86,551	
sample	6									

* Range between two existing Senior San positions

REGISTERED SANITARIAN (San I)

Health District/ Department	Population	Union Y/N	Y/N	If Yes, # of Steps	Hours Per Week	Annual Salary		Adjusted to 37 hrs/wk	
						Minimum	Maximum	Minimum	Maximum
Eastern Highlands	**80,481**	**N**	**N**		**37.0**	**$56,026**	**$75,635**	**$56,026**	**$75,635**
East Hartford	51,252	y	y	5	40.0	$60,796	$73,892	$56,236	$68,350
Bristol-Burlington	69,834	Y	Y	7	37.5	$66,918	$81,242	$66,026	$80,159
Central CT	96,880	y	y	10	37.5	$62,587	$72,519	$61,753	$71,552
Chatham	62,712	N	N		35.0	$55,036	$74,638	$58,181	$78,903
Chesprocott	55,258	Y	N		35.0		$61,800		$65,331
CT River Area	40,000	N	N		37.5	$55,000	$75,000	$54,267	$74,000
East Shore	70,615	Y	Y	1	40.0	$62,000	$75,000	$57,350	$69,375
Farmington Valley	108,042	N	N		35.0	$64,890	$74,263	$68,598	$78,507
Ledgelight	121,227	Y	N		40.0	$56,453	$73,389	$52,219	$67,885
Manchester	58,287	Y	Y	3	37.5	$57,744	$68,963	$56,974	$68,043
Meriden	60,770	Y	Y	6	40.0	$62,524	$84,864	$57,835	$78,499
Middletown	46,258	y	y	6	40.0	$54,479	$80,766	$50,393	$74,709
Naugatuck Valley	126,417	N	N		35.0	$65,000	$72,027	$68,714	$76,143
New Britain	72,767	Y	Y	4	36.25	$72,436	$84,292	$73,935	$86,036
North Central HD	166,275	N	Y	6	37.50	$56,823	$71,429	$56,065	$70,477
Northeast District	84,894	Y	N		40.0	$60,320	$68,640	$55,796	$63,492
Plainville/Southington	60,833	N	N		35.0		$66,415		$70,210
Quinnipiack Valley	99,452	Y	Y	5	35.0	$58,159	$73,835	$61,482	$78,054
Torrington Area	130,258	N	Y	12	35.0	$58,233	$80,373	$61,561	$84,966
Wallingford	44,535	N	N		40.0	$58,000	$79,500	$53,650	$73,538
W. Htfd-Bloomfield	83,819	N	N		35.0		$80,080		$84,656
Windsor	28,000	N	N		40.0	$61,202	$85,421	$56,612	$79,014
Uncas	98,897	n	n		35.0	$54,600	$75,000	$57,720	$79,286
AVERAGE	79,907				37	$59,963	$75,374	$59,114	$74,867
MEDIAN	71,691				38	$58,233	$74,819	$57,350	$75,172
SAMPLE SIZE	24								

adjusted lo

ENVIRONMENTAL HEALTH INSPECTOR (non-RS) POSITION

Health District/ Department	Population	Union Y/N	Steps? Y/N	If Yes, # of Steps	Hours Per Week	Annual Salary		Adjusted to 37 hrs/wk		
						Minimum	Maximum	Minimum	Maximum	
Eastern Highlands	**80,481**	**N**	**N**		**37.0**	**$42,439**	**$57,293**	**$42,439**	**$57,293**	
Central CT	96,880	y	y	20	37.5	$43,569	$62,224	$42,988	$61,394	Two non-R
Chatham	62,712	N	N		35.0		$50,368		$53,246	
Chesprocott	55,258	n	n		35.0		$52,000		$54,971	
CT River Area	40,000				37.5	$45,000	$60,000	$44,400	$59,200	
East Shore	70,615	Y	Y		40.0		$46,920		$43,401	
Farmington Valley	108,042	N	N		35.0	$53,000	$55,160	$56,029	$58,312	
Glastonbury	34,454	N	Y		37.5	$63,765	$79,735	$62,915	$78,672	
Ledgelight	121,227	Y	N		40.0	$36,528	$47,487	$33,788	$43,925	
Meriden	60,770	Y	Y	6	40.0	$53,622	$72,779	$49,600	$67,321	
North Central HD	166,275	N	Y	3	37.5	$41,900	$45,300	$41,341	$44,696	
Northeast District	84,894	Y	N		40.0	$49,920	$58,240	$46,176	$53,872	
Plainville/Southington	60,833				35.0		$60,750		$64,221	
Quinnipiack Valley	99,452	Y	Y	5	35.0	$51,159	$67,162	$54,082	$71,000	
Torrington Area	135,996	N	Y	24	35.0	$40,429	$70,520	$42,739	$74,550	Two non-R
W. Htfd-Bloomfield	83,819	n	n		35.0		$58,240		$61,568	
Uncas	98,897	n	n		35.0	$36,400	$45,000	$38,480	$47,571	
AVERAGE	85,918				37	$46,478	$58,187	$46,248	$58,542	
MEDIAN	83,819				37	$44,285	$58,240	$43,694	$58,312	
SAMPLE SIZE	17									

COMMUNITY HEALTH & WELLNESS COORDINATOR POSITION

Health District/ Department	Population	Union Y/N	Y/N	If Yes, # of Steps	Hours Per Week	Annual Salary		Adjusted to 37 hrs/wk		
						Minimum	Maximum	Minimum	Maximum	
Eastern Highlands	**82,082**	**N**	**N**		**37.0**	**$59,236**	**$70,264**	**$59,236**	**$70,264**	
Central CT	96,880	N	N		37.5		$62,731		$61,895	
Chesprocott	55,258	n	n		35.0		$75,000		$79,286	
East Shore	70,615	N	N		40.0		$73,424		$67,917	Health Ed S
Farmington Valley	108,042	N	N		35.0		$74,160		$78,398	
Ledgelight	121,227	Y	N		40.0		$82,954		$76,732	Senior Hea
Naugatuck Valley	126,417	N	N		35.0		$85,794		$90,697	
Northeast District	84,894	n	n		40.0		$78,790		$72,881	Education a
Quinnipiack Valley	99,452	N	N		35.0	$70,000	$75,000	$74,000	$79,286	
Torrington Area	135,996	n	y	12	35.0	$67,047	$92,167	$70,878	$97,434	
AVERAGE	98,086				36.9	$65,428	$77,028	$68,038	$77,479	
MEDIAN	98,166				36	$68,524	$75,000	$70,878	$77,565	
SAMPLE SIZE	10									

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2021
(with comparative totals for June 30, 2020)

	Adopted Budget 2020/21	Amended Budget 2020/21	2021	Percent of Adopted Budget	2020
Revenues					
Member Town Contributions	$ 457,530	$ 457,530	$ 457,535	100.0%	$ 437,600
State Grants	133,600	133,600	136,253	102.0%	134,429
Septic Permits	43,930	43,930	61,170	139.2%	49,133
Well Permits	9,970	9,970	22,395	224.6%	10,680
Soil Testing Service	36,760	36,760	46,388	126.2%	49,490
Food Protection Service	86,670	86,670	81,930	94.5%	82,199
B100a Reviews	24,410	24,410	38,175	156.4%	33,690
Septic Plan Reviews	28,240	28,240	39,215	138.9%	34,235
Other Health Services	4,710	4,710	6,125	130.0%	10,581
Miscellaneous	6,800	6,800			
Appropriation of Fund Balance	50,920	50,920	-	0.0%	-
Total Revenues	883,540	883,540	889,185	100.6%	842,036
Expenditures					
Salaries & Wages	597,361	597,361	591,565	99.0%	548,798
Grant Deductions	(49,681)	(49,681)	(156,240)	314.5%	(63,084)
Benefits	225,470	225,470	220,237	97.7%	176,917
Miscellaneous Benefits	8,450	8,450	9,637	114.1%	9,951
Insurance	15,800	15,800	14,603	92.4%	13,870
Professional & Technical Services	16,020	16,020	16,574	103.5%	33,533
Vehicle Repairs & Maintenance	3,200	3,200	1,522	47.6%	2,119
Health Reg*Admin Overhead	29,670	29,670	29,670	100.0%	29,170
Other Purchased Services	24,650	24,650	20,945	85.0%	20,276
Other Supplies	6,000	6,000	20,084	334.7%	3,499
Equipment - Minor	3,600	3,600	2,774	77.0%	945
Total Expenditures	880,540	880,540	771,370	87.6%	775,994
Operating Transfers					
Transfer to CNR Fund	3,000	3,000	3,000	0.0%	3,000
Total Exp & Oper Trans	883,540	883,540	774,370	87.6%	778,994
Excess (Deficiency) of Revenues	-	-	114,815		63,042
Fund Balance, July 1	495,337	495,337	495,337		432,295
Fund Balance plus Cont. Capital, Jun.30	$ 495,337	$ 495,337	$ 610,152		$ 495,337

Eastern Highlands Health District
General Fund
Balance Sheet
June 30, 2021
(with comparative totals for June 30, 2020)

	2021	2020
Assets		
Cash and Cash Equivalents	$ 647,466	$ 527,135
Accounts Receivable	1,442	2,257
Total Assets	648,908	529,393
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	38,756	34,056
Total Liabilities	38,756	34,056
Fund Balance	610,152	495,337
Total Liabilities and Fund Balance	$ 648,908	$ 529,393

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
June 30, 2021
(with comparative totals for June 30, 2020)

	2021	2020
Assets		
Cash and Cash Equivalents	$ 125,980	$ 122,980
Total Assets	125,980	122,980
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	-	-
Total Liabilities	-	-
Fund Balance	125,980	122,980
Total Liabilities and Fund Balance	$ 125,980	$ 122,980

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2021
(with comparative totals for June 30, 2020)

	2021	2020
Revenues		
General Fund	$ -	$ -
Total Revenues	-	-
Operating Transfers		
General Fund	3,000	3,000
Total Operating Transfers	3,000	3,000
Total Rev & Oper Trans	3,000	3,000
Expenditures		
Professional & Technical Services	-	-
Office Equipment	-	11,800
Total Expenditures	-	11,800
Excess (Deficiency) of Revenues	3,000	(8,800)
Fund Balance, July 1	122,980	131,780
Fund Balance plus Cont. Capital, Jun.30	$ 125,980	$ 122,980

Eastern Highlands Health District

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Memo

To: Finance Committee

Cc: Charmaine Bradshaw-Hill, Director of Finance

From: Robert Miller, Director of Health

Date: October 18, 2021

Re: Proposed FY 21/22 Budget Changes

Attached for your review, and consideration is a document detailing proposed FY21/22 budget changes. These changes include:

Revenues
- Material increase in the states per capita grant in aid to local health departments.
- A proposal to adjust the member towns per capita assessment *holding it flat to the FY20/21 rate*.
- Deferring revenue from the Cosmetology inspections program (Implementation is delayed to FY22/23).
- Reduction in appropriation from fund balance needed to balance the FY21/22 operating budget.

Expenditures
- Increase in Regular Salaries/benefits to reflect COVID performance bonuses, and staff increases that were previously authorized by the board.
- Increase in Health Insurance premiums that occurred after the budget was adopted.

If the Finance Committee Concurs with the proposed changes, then the following motion is in order: *Move, to recommend the full board approve the changes to the FY21/22 operating budget as presented on October 21, 2021, with total authorized spending of $939,534.*

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

Fund: 634 Eastern Highlands Health District
Activity: 41200

Object	Description	Adopted 20/21	Adopted Budget 21/22	Change 21/22	Proposed Amendment 21/22
Revenues:					
40220	Septic Permits	43,930	48,470		
40221	Well Permits	9,970	14,400		
40491	State Grant-In-Aid	133,600	135,270	72,836	208,106
40630	Health Inspec. Service Fees	3,500	3,500		
40633	Health Services-Bolton	27,800	28,770	(1,000)	27,770
40634	Health Services-Coventry	70,570	73,080	(2,550)	70,530
40635	Health Services-Mansfield	146,770	150,120	(5,230)	144,890
40636	Soil Testing Service	36,760	33,740		
40637	Food Protection Service	84,170	80,000		
40638	B100a Review	24,410	33,540		
40639	Engineered Plan Rev	27,240	27,880		
40642	Health Services - Ashford	24,220	25,060	(870)	24,190
40643	Health Services - Willington	33,470	34,540	(1,200)	33,340
40645	Nonengineered Rev	-	-		
40646	GroupHome/Daycare inspectior	1,210	1,200		
40647	Subdivision Review	1,000	1,500		
40648	Food Plan Review	2,500	2,500		
40649	Health Services - Tolland	83,310	86,100	(3,000)	83,100
40685	Health Services - Chaplin	12,830	13,190	(460)	12,730
40686	Health Services - Andover	18,370	19,060	(660)	18,400
40687	Health Services - Columbia	30,610	31,680	(1,100)	30,580
40688	Health Services - Scotland	9,580	9,850	(340)	9,510
	Cosmotology Inspections	6,800	6,800	(6,800)	0.0
40999	Appropriation of Fund Balance	50,920	49,807	(20,149)	29,658
	Total Revenues	883,540	910,057	29,477	939,534

Expenditures:

51050	Grant deductions	(49,681)	(62,586)		
51601	Regular Salaries - Non-Union	597,361	625,750	14,920	640,670
52001	Social Security	37,040	39,130	925	40,055
52002	Workers Compensation	10,150	10,150		
52007	Medicare	8,620	9,152	216	9,368
52010	ICMA (Pension)	31,200	32,545	895	33,440
52103	Life Insurance	2,270	2,390		
52105	Medical Insurance	135,540	138,250	12,520	150,770
52117	RHS	2,250	2,320		
52112	LTD	650	672		
52203	Dues & Subscriptions	2,100	2,100		
52220	Vehicle allowance		5,400		
52210	Training	3,500	3,500		
52212	Mileage Reimbursement	600	600		
53120	Professional & Tech	7,120	7,495		
53122	Legal	2,000	3,000		
53125	Audit Expense	6,900	6,900		
53303	Vehicle Repair & Maintenance	3,200	2,500		
53801	General Liability	15,800	14,800		
53924	Advertising	1,000	1,000		
53925	Printing & Binding	1,150	1,150		
53926	Postage	1,500	1,500		
53940	Copier maintenance	1,000	1,000		
53960	Other Purchased Services	16,200	18,350		
53964	Voice Communications	3,800	3,800		
54101	Instructional Supplies	800	800		
54214	Books & Periodicals	200	200		
54301	Office Supplies	2,000	2,000		
54601	Gasoline	3,000	2,500		
55420	Office Equipment	3,000	3,000		
55430	Equipment - Other	600	600		
56302	Admin. Overhead	29,670	30,090		
56303	Other General Expenditures	-	-		
56312	Contingency	-	-		
58410	Capital Nonrecurring Fund	3,000	-		
	Total Expenditures	883,540	910,057	29,477	939,534

Eastern Highlands Health District
COVID-19
Response Activity Update
October 18, 2021
(Updates are in red)

Activation of Public Health Emergency Response Plan

The internal staff meeting frequency have been decreased to every two weeks. The coordinating meeting between DPH and Local Health Departments was increased to weekly in response to delta variant.

Public Health Surveillance

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

Our latest weekly report dated October 15, 2021 is attached to this report.

COVID Testing

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

Mansfield Site Results
MMS 12/9 – 242 tests, 236 negatives, 4 positives, 2 inconclusive – 1.7%
MMS 12/16 – 238 tests, 228 negatives, 9 positives – 3.7%
MMS 12/23 – 207 tests, 203 negatives, 4 positives -1.9%
MMS 12/30- 130 tests, 125 negatives, 3 positives, 2 inconclusive – 2.3%
MMS 1/6 – 193 tests, 184 negatives, 8 positives, 1 inconclusive – 4.1%
MMS 1/13 – 192 tests, 188 negatives, 3 positives, 1 Inconclusive – 1.2%
MMS 1/20 – 230 tests, 212 negatives, 13 positives, 5 inconclusive – 5.7%
MMS 1/27 - 175 tests, 166 negatives, 9 positives – 5.1%
MSS 2/3 – 152 tests, 148 negatives, 1 positives, 3 inconclusive - <1%
MMS 2/10 – 149 tests, 146 negatives, 3 positives – 2.0%
MMS 2/17 – 113 tests, 111 negatives, 2 inconclusive – 0%
MMS 2/24 – 113 tests, 112 negatives, 1 positive - <1%
MMS 3/3 – 105 tests, 103 negatives, 1 positive, 1 inconclusive <1%
MMS 3/10 – 111 tests, 108 negatives, 1 positive, 2 inconclusive - <1%
MMS 3/17 – 91 tests, 91 negatives, 0 positives – 0%
MMS 3/24 – 108 tests, 1o7 negatives, 1 positive - 0.9%
MMS 3/31 – 142 tests, 163 negatives, 4 positives, 2 inconclusive – 2.8%
MMS 4/7 – 99 tests, 98 negatives, 1 positive - 1%
MMS 4/14 – 82 tests, 82 negatives – 0%
MMS 4/21 – 64 tests, 64 negatives – 0%
MMS 4/28 – 48 tests, 45 negatives, 3 positives – 6.25%
MMS 5/5 – 48 tests, 48 negatives – 0%
MMS 5/12 – 42 tests, 41 negatives, 1 positive – 2.38%
MMS 5/19 – 42 tests, 41 negatives, 1 positive – 2.38%
MMS 5/26 – 17 tests, 17 negatives – 0%

Tolland Site Results
THS 12/13 – 371 tests, 360 negatives, 11 positives – 3.0%
THS 12/27 – 350 tests, 322 negatives, 23 positives, 1 inconclusive – 6.5%
THS 1/10 – 222 tests, 199 negatives, 23 positives – 10.3%
THS 1/24 – 173 tests, 159 negatives, 10 positives, 4 inconclusive – 5.9%
THS 2/7 - CANCELLED
THS 2/21 – 82 tests, 80 negatives, 1 positive – 1.25%
THS 3/7 – 76 tests, 75 negatives, 1 positive – 1.3%
THS 3/21 – 48 tests, 43 negatives, 5 positives – 10.4%
THS 4/4 – 38 tests, 36 negatives, 2 positives – 5.3%
THS 4/18 – 44 tests, 44 negatives – 0%

The testing has ended for both these sites.

Since our last update, this office has received a number of calls regarding the challenges of obtaining easy access COVID testing resources in the area. To address this the health district provides detailed listing of regional testing sites on agency website, which are updated weekly. Additionally, this office in partnership with the Northeast District Health Department submitted a formal request for additional testing resources to backfill a recent reduction of testing resources in the south part of the health district. So far, the state DPH has not yet approved this request.

Contact Tracing

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

- During the months of August and September an average of **54 community cases per week were investigated.**
- Since the beginning of the school year we investigated or supported the investigation of approximately **89 public school affiliated cases.**
- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- During August and September we investigate approximately **6 town governmental affiliated cases.**
- The health district currently has one staff person conducting contact tracing on a part-time basis.
- In response to the delta variant increase in cases, the health district recently added one additional part-time contact tracer to our staff.

University of Connecticut Storrs

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

The EHHD supported Student Health and Wellness efforts to assure all students are vaccinated. Specifically, EHHD staff and volunteers staffed mass vaccination on campus student clinics scheduled for August 27th & August 28th.

Schools

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

EHHD continues to work with schools to expand vaccination opportunities for vaccine eligible kids.

PPE Distribution

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

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

Reopen CT Sector Rules

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support to area businesses. Since March of 2020 we have responded to **153 complaints** regarding violations of the sector rules, or the Governors executive orders.

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

Governors Executive Orders and other state guidance - Application and Interpretation

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

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

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

Public Health Education, Communications, Messaging

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

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

Agency updates routinely provided to community partners.

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

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

Medical Reserve Corps retention and recruitment

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

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

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

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We

have been allocated $29,596. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. This grant is fully expended.

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

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

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

Coronavirus Relief Fund

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

American Rescue Plan Act

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

COVID-19 Vaccination Campaign Planning and Activities

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

- *As of the writing of this report, the EHHD has administered over 10,000 doses (of which 5,200 are 2nd doses Moderna, or one dose J&J) in 144 clinics throughout the Eastern Highlands Health District. Twenty (23) clinics have been hosted during the months of August, September.*
- *We expanded our COVID-19 vaccine inventory to include Pfizer so that we can target school aged children.*
- *Of the above number, 1400 are teachers and educators vaccinated at 9 different school located clinics.*
- *This office arranged to have UConn Health hold vaccination clinics for those 12 and older at school located clinics. Six different school located clinics have been conducted to date, with 410 vaccines administered. Second dose clinics are scheduled for June 15th at THS, and June 22nd at CHS.*
- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district. That number is estimated at 600.*
- *The health district has initiated a program to vaccinate the homebound. We have vaccinated twelve 44 homebound individuals as of 7/27/21.*
- *As if April 1st, the Governor's opened vaccine eligibility to anyone 16 or older. The EHHD is vaccinating those 18 or older.*
- *This office is an active member of the UConn Health, UConn Storrs workgroup charged with coordinating a public mass vax site at the Storrs UConn campus. The site opened on March 29, four days per week, with maximum through put of 1600 to 2000 doses per week. The vax site on the Storrs Campus ceased operations July 1st.*
- The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual. The EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals.
- This office will continues to work with member towns and local social services officials to facilitate vaccine access.
- We are participating as an active partner with the North Central District Health Department in the Vulnerable Equity Partnership Funding initiative targeting groups and individuals effected by challenges to access, and/or vaccine hesitancy.
- We have moved to weekly walk-in clinic from the Mansfield Community Center to the Mansfield Town Hall, effective June 21st. Clinic hours are weekly on Monday morning, and Thursday evening.
- The EHHD is leveraging the use of DPH funded mobile vaccination units made available by the DPH for pop-up clinic opportunities when it makes since to do so. We have coordinated or supported approximately 14 pop up clinics using the DPH Griffin Health mobile vaccination units to date.

Plans for the Future

- Optimize our clinic schedule to accommodate accessibility to booster shots for our patients as they are authorized by the FDA.
- Coordinate with school districts to host school located mass vaccination events for children ages 5 to 11, when authorized by the FDA.
- Ongoing Health Education Program targeting vaccine hesitancy, access, and infection control.
- Finalizing our flu clinic schedule for seasonal influenza.
- Apply lessons learned, and update all emergency response plans.

- Continue case contact investigation program.
- Implement improvements on surveillance and disease reporting.

Eastern Highlands Health District

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Eastern Highlands Health District COVID-19 Update

DATE: 10/15/2021 TIME: 9:00 AM COMPLETED BY: A. Bloom

TOWN LEVEL DATA

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Non-student	Scotland ++	Tolland	Willington	EHHD Totals
Cumulative Cases	204	311	346	153	406	867	1,635		51	1,106	351	**5,430**
Change from last week	0	1	0	1	1	6	4	(4)	0	14	3	**30**
Two week change	1	4	1	2	6	12	8	(8)	0	26	7	**67**
Deaths	3	5	6	0	6	8	27	(27)	2	20	3	**80**

CONNECTICUT TOTALS (October 13, 2021)

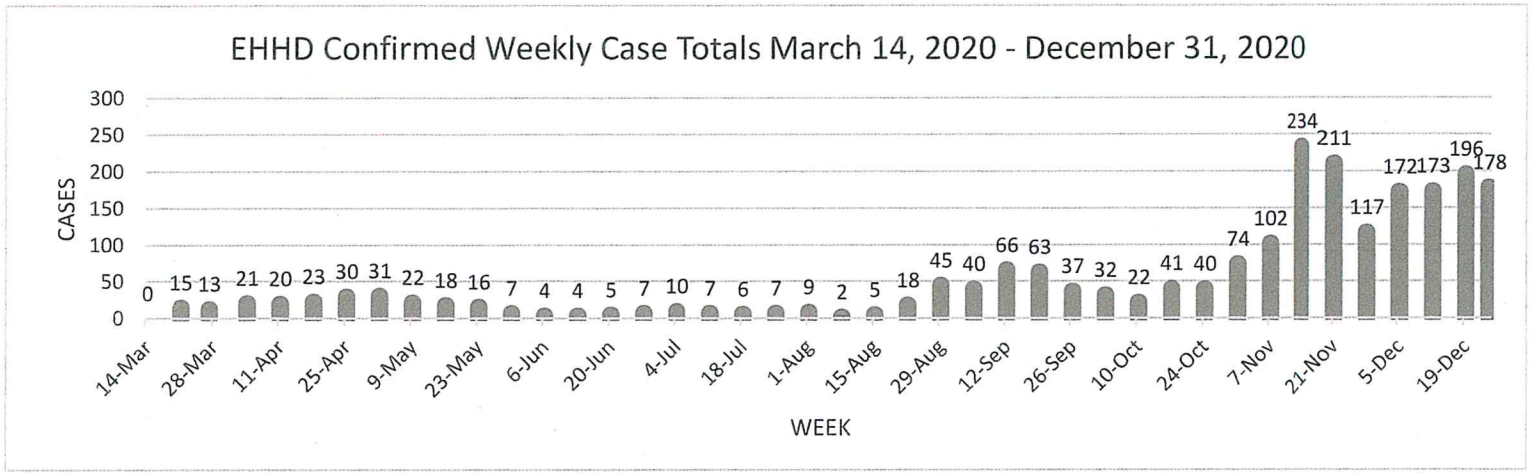
Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations*	Two week change in hospitalizations	Deaths
396.629	**3,130**	**6,284**	**244**	**10**	**8,707**

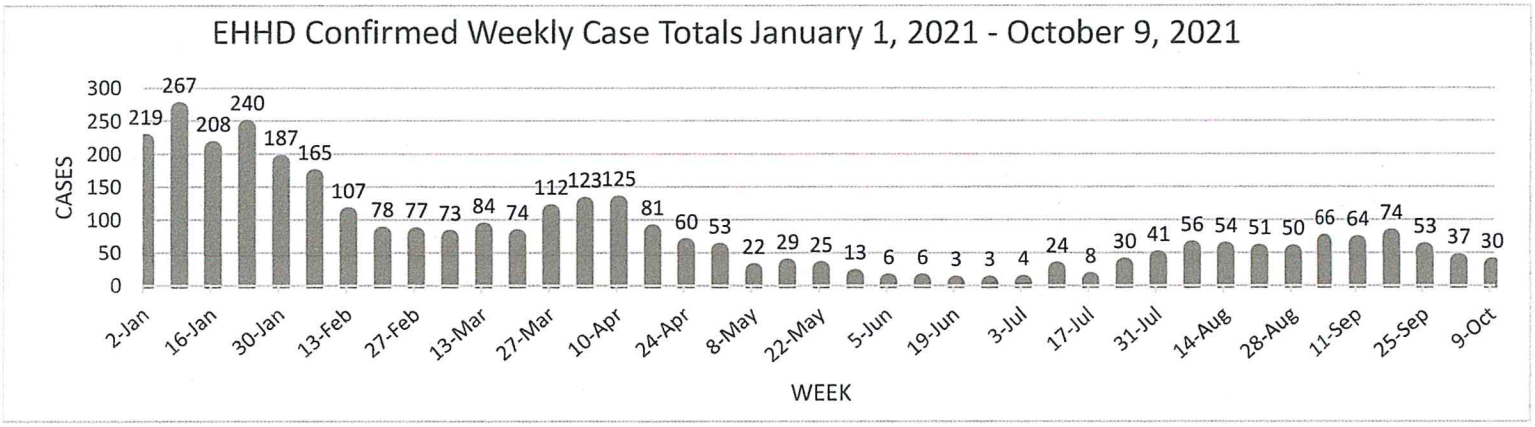
Data Sources: CTEDSS and CT DPH; cumulative town counts as of 10/13/2021; reporting period for two week town level case counts is 9/26/2021 through 10/9/2021. *Current (net) number of hospitalizations; it is not a cumulative count. ++ Scotland likely to be lower than actual positive cases due to residents using Baltic, North Windham and Hampton as a mailing address.

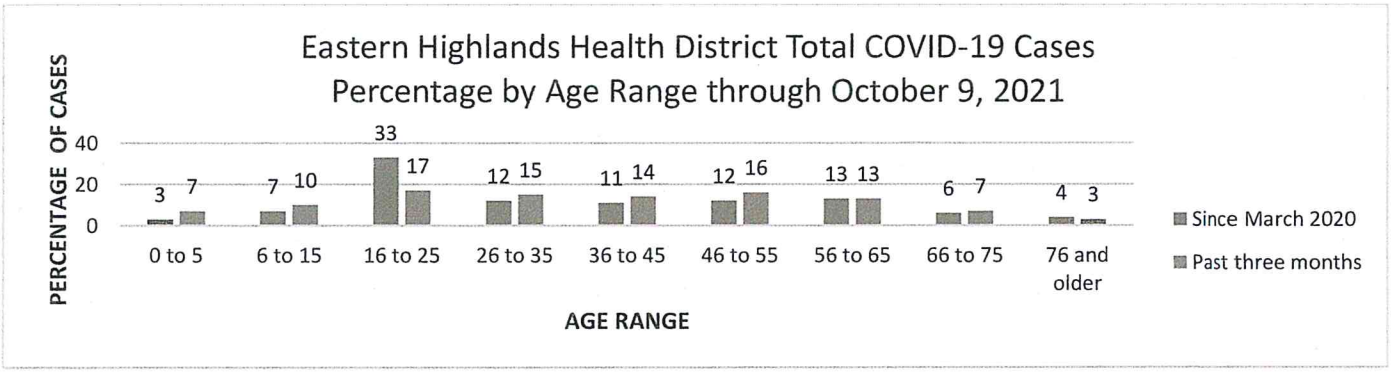
EHHD residents who received COVID-19 vaccine

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield^	Scotland ++	Tolland	Willington	EHHD Totals	Connecticut Totals
Estimated pop.	3,236	4,255	4,884	2,239	5,379	12,407	25,487	1,672	14,618	5,864	80,041	3,631,470
Received 1st dose COVID vaccine % of pop.	2,211 68%	2,745 65%	3,441 70%	1,366 61%	3,683 68%	8,438 68%	20,159 79%	962 58%	10,607 73%	3,589 61%	57,201 71%	71%
Fully vaccinated % of pop.	2,118 65%	2,620 62%	3,289 67%	1,286 57%	3,512 65%	8,075 65%	19,542 77%	905 54%	10,141 69%	3,395 58%	54,883 69%	65%
Fully vaccinated % 12-17	53%	59%	64%	56%	46%	57%	65%	38%	66%	49%	59%	**
Fully vaccinated % 18-24	65%	55%	63%	45%	61%	56%	82%	51%	79%	26%	75%	**
Fully vaccinated % 25-44	65%	58%	76%	55%	67%	71%	80%	44%	72%	72%	71%	71%
Fully vaccinated % age 45-64	71%	67%	67%	60%	69%	71%	80%	63%	75%	65%	71%	82%
Fully vaccinated % 65+	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%

Data Source: Connecticut immunization registry CT DPH as of 10/13/2021. ^ Vaccination data for Mansfield includes current 10/13/2021 data from UCONN (https://coviddashboard.uconn.edu/) ++ See Scotland note above. **At this time the state vaccination numbers are not broken down into the same age groups as the town level data and cannot be reported here. NOTE: census estimates for 65 and older is likely low, resulting in 100% rates based on actual number of vaccines provided to this age group.







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

Robert L. Miller

From: Ryan J. Aylesworth
Sent: Friday, September 24, 2021 9:32 AM
To: Robert L. Miller
Subject: RE: Facilities Study

Thank you, Rob. EHHD's space needs will certainly receive focus/attention comparable to that of all Mansfield's "traditional" municipal departments.

Ryan J. Aylesworth
Town Manager

860.429.3336
aylesworthrj@mansfieldct.org
mansfieldct.gov

MANSFIELD
CONNECTICUT
Your place to grow

From: Robert L. Miller <MillerRL@ehhd.org>
Sent: Friday, September 24, 2021 8:36 AM
To: Ryan J. Aylesworth <AylesworthRJ@mansfieldct.org>
Subject: Facilities Study
Importance: High

Hello Ryan – The purpose of this email is to request that the health districts disposition within Mansfield facilities be part of the impending facilities study, with the objective of increasing available centralized space for health district operations. As you are aware, our day to day operations have expanded significantly in the past 18 months due to material increase in local public health service demands from the public. While we do anticipate an waning of the pandemic affects over time, the expanded scope of *local public health services established in response to the pandemic are here to stay.* This expanded scope in conjunction with what was already a severe space restriction is a major limiting factor in decision making regarding grants, staffing, and operations.

The health district greatly appreciates, and values the support provided by the Town of Mansfield over the years. This office looks forward to participating, and *providing any necessary support* to the impending development of the facilities plan.

Please let me know if you have any questions, or wish to discuss this matter further.

Yours in health,
Rob

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

DRINKING WATER AND ENVIRONMENTAL HEALTH BRANCH

EHS Circular Letter # 2021-75

DATE: September 27, 2021

TO: Directors of Health

FROM: Lori Mathieu, Public Health Branch Chief, EHDW, DPH Lori J. Mathieu '21

RE: An act concerning the mandatory use of the Lead Surveillance System

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Starting October 1, 2021 local health departments (LHD) are required to use the DPH Lead Surveillance System (LSS) to electronically report lead found during an epidemiological investigation. Connecticut General Statue (CGS) 19a-111 specifically requires that the local director of health shall submit to the Commissioner of Public Health, not later than thirty days after the conclusion of an environmental investigation, the result of the investigation using the LSS web-based surveillance system. The information to be provided includes the result of such investigation and the action taken to ensure against further lead poisoning from the same source, including any measures taken to effect relocation of families. Such reports shall include information relevant to the identification and location of the source of lead poisoning and such other information as the commissioner may require pursuant to regulations adopted in accordance with the provisions of Chapter 54.

Per 19a-111-1 of the Lead Poisoning Prevention Regulations an **epidemiological investigation** is defined as "an examination and evaluation to determine the cause of elevated blood lead levels. An epidemiological investigation will include an inspection conducted by a lead inspector to detect lead-based paint and report of findings. This investigation must also include evaluation of other sources such as soil, dust, pottery, gasoline, toys or occupational exposures, to determine the causes of elevated blood lead levels.

Whenever an inspector finds a toxic level of lead requiring abatement to the Commissioner. This report shall include a properly completed copy of the Lead Inspection Testing and Summary Form (LITSF) as prescribed by the department. Local health staff shall enter the environmental data from the LITSF into the LSS. The data shall include the property owner(s), the certified code enforcement official and the local health department they are employed by and/or the certified lead inspector/risk assessor and the licensed lead consultant they are employed by, location(s) of positive intact and/or defective surfaces within the interior and exterior of a dwelling and the highest result(s) of dust, water, soil and XRF or paint chip sampling.

Local health officials are currently using the LSS to monitor the blood lead levels of children in their coverage area so staff working on lead poisoning are familiar with the system. Training on the new reporting requirements will be conducted later in September so Local Health Departments that currently do not report environmental investigations through the LSS can learn the process and be provided login credentials. If you have any questions, please contact Kimberly Ploszaj at (860) 509-7959.

c: Heather Aaron, MPH, LNHA, Deputy Commissioner, DPH
Jim Vannoy, MPH, Section Chief, Environmental Health Section
Kimberly Ploszaj, Supervising Environmental Analyst, Lead Poisoning Prevention Program

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

TO: Cities Readiness Initiative (CRI) Regional Fiduciaries OPHPR-2021-009

FROM: Francesca Provenzano, MPH, RS, Chief
Public Health Preparedness and Local Health Section

DATE: October 7, 2021

RE: Funding Delivered to Local Public Health to Support Volunteer Management Capability

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Currently, the Connecticut Department of Public Health (CT DPH) utilizes its funding from the Hospital Preparedness Program (HPP) Cooperative Agreement and the Public Health Emergency Preparedness (PHEP) Cooperative Agreement to support Medical Reserve Corp (MRC) activities conducted at the regional and local health department levels through your existing PHEP contracts and subcontracts.

The Assistant Secretary for Preparedness and Response, over the past several years, has periodically questioned DPH's use of HPP Cooperative Agreement funds to support the local and regional MRC activities in Connecticut; although acceptable, it is unusual. Our federal partners have encouraged the use of PHEP funds to support Volunteer Management as this is a PHEP capability and as such, PHEP contract funds can support local public health driven volunteer management activities. HPP Cooperative Agreement funds are typically invested in the state Healthcare Coalition (HCC), where members make determinations regarding HCC investments and work priorities.

Effective July 1, 2022, the regional public health preparedness contracts will be solely funded through the PHEP Cooperative Agreement and will no longer include an investment of HPP funds earmarked for MRC activities. As of July 1, 2022, MRC regional leads who are interested in acquiring additional funding for MRC activities that support regional healthcare and medical surge missions are urged to submit a project proposal to the Connecticut Healthcare Coalition's local public health representative, Stephen Mansfield, for consideration. It is our intent to align funding sources with their intended purpose, while also fostering greater collaboration between the CRI regions and the healthcare coalition through deliberate action.

The CT DPH is also aware of the federal government's recent investment in the nationwide MRC program, as well as initiatives promoted through the National Association of City and

County Health Officials (NACCHO) meant to support volunteer management. As always, we encourage all MRC units to directly apply for such federal funding opportunities as they become available.

In summary, MRC chapters will continue to be supported through the regional public health preparedness contracts, and may also seek additional funding through the CT Healthcare Coalition or directly through the federal government. We look forward to your collaboration and dedication to public health emergency preparedness.

cc: Ellen Blaschinski, Branch Chief
William Gerrish, Health Program Supervisor
Sue Walden, Health Program Supervisor
Directors of Health
OPHPR Staff

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

DATE: September 15, 2021 OLHA-2021-01

TO: Directors of Health, Acting Directors of Health

FROM: Krista M. Veneziano, Epidemiologist 4
Office of Local Health Administration

RE: Revisions to Connecticut General Statutes Pertaining to Municipal and District Departments of Health

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On July 1, 2021, various revisions to the Connecticut General Statutes (CGS) pertaining to municipal and district departments of health took effect.

The Connecticut Department of Public Health (DPH), Office of Local Health Administration (OLHA) compiled the revisions for Chapters 368e and 368f of the CGS. The table below provides a summary of the statutory revisions, with hyperlinks and reference to sections for each associated Public Act:

Public Act	Public Act Section	Statutory Reference	Revision
21-2 An Act Concerning Provision Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30th, 2023	20	19a-202	Increase in per capita funding for municipal health departments, by $0.75 from $1.18 per capita to $1.93 per capita.
	21	19a-245	Increase in per capita funding for local health districts, by $0.75 from $1.85 per capita to $2.60 per capita.
Public Act 21-35 An Act Equalizing Comprehensive Access To Mental, Behavioral And Physical Health Care In Response To The Pandemic	20	19a-200	Municipal Health Departments: 1) Formatted into sub-sections. 2) Requires DPH Commissioner approval for appointment of municipal directors of health. 3) Prohibits municipal health directors from having a financial interest in or engaging in a job, transaction, or professional

			activity that substantially conflicts with the director's duties. Existing law already prohibits this for district health directors (CGS § 19a-244). 4) Requires the municipality to submit to DPH its written agreement with the director of health upon the director's appointment or reappointment. 5) Increases the minimum vacancy of a municipal health director position from 30 to 60 days before the DPH Commissioner may appoint someone to fill the vacancy. 6) Requires the municipality to appoint an acting director of health within thirty days of the absence of a director of health during a public health emergency declared pursuant to CT General Statutes, section 19a-131a. Requires the Commissioner to appoint an acting director of health if the municipality fails to notify DPH or fails to appoint a candidate within 30 days. 7) Requires district directors of health, at the end of each fiscal year, to report to DPH on their activities during the prior year. (This requirement already applies to municipal health departments.)
21-121 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes	24	19a-202a	Part-time Health Departments: 1) Language revised to match the intent of the statute. Once a municipality provides full-time health department services, they cannot revert back to part-time health department services. 2) Removes the requirement for DPH to approve the town's public health program plan and budget for part-time health departments. 3) includes language that the equivalent of one full-time employee must be a person who performs public health functions required by the general statutes and regulations
	25	19a-244	District Departments of Health: 1) Minor language change updates the term 'Public Health Code' to 'regulations of State Agencies.' 2) Requires the district board to submit to DPH its written agreement with the

			director upon the director's appointment or reappointment. 3) Standardizes the language in 19a-244 to make it consistent with 19a-200(j), which requires an annual report to be submitted detailing the activities of such director during the preceding fiscal year.

Should you have any questions please contact Krista Veneziano at krista.veneziano@ct.gov or (860) 936-6441.

Cc: Heather Aaron, MPH, LNHA Deputy Commissioner
Ellen Blaschinski, Branch Chief
Francesca Provenzano, Section Chief
Juanita Estrada, Epidemiologist 3
Leonard Zwack, Epidemiologist 3

Robert L. Miller

From: Millie C. Brosseau
Sent: Friday, August 20, 2021 10:39 AM
To: Robert L. Miller
Subject: FW: Mask and Quarantine Requirements

DPH response below...

Millie

Millie CW Brosseau
Office Manager
Eastern Highlands Health District
860-429-3325

From: St. Louis, Thomas [mailto:Thomas.St.Louis@ct.gov]
Sent: Friday, August 20, 2021 10:30 AM
To: Marie, Jacob <jmarie@tolland.k12.ct.us>; EHHD General Info <ehhd@ehhd.org>; john.frassinalli@ct.gov; Russell-Tucker, Charlene <Charlene.Russell-Tucker@ct.gov>
Cc: Sosa, Lynn <Lynn.Sosa@ct.gov>
Subject: RE: Mask and Quarantine Requirements

Good morning,

Thank you for your email to the Connecticut Department of Public Health (DPH). We receive many emails and other communications every day from people passionate about these topics, either expressing support for our current recommendations or their lack of support for the same. The information and opinions that you shared will be summarized along with the others we receive for our agency's Commissioner, Executive Management Team, and scientific staff to consider as the agency reevaluates our guidance and recommendations on a continuous basis.

Our current school mask use and quarantine guidance, and Governor Lamont's current Executive Order (13A) and the DPH Commissioner's Order requiring mask use inside schools and in other settings, are consistent with existing guidance from the Centers for Disease Control and Prevention regarding the same. (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html)

Additionally, the American Academy of Pediatrics continues to advise that mask use (even in very young children) is generally well-tolerated, protective, and should be utilized in schools and other settings. (https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx).

Finally, a study published in the CDC's Morbidity and Mortality Weekly Review confirmed the effectiveness of universal masking as a COVID-19 mitigation strategy in school settings. (https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm?s_cid=mm7021e1_w)

With the emergence of the Delta variant of SARS-CoV-2 (the virus that causes COVID-19), Connecticut has seen exponential increases in community case rates over the past 4-6 weeks. There are also some indications that the Delta variant may affect children differently than the original strain of SARS-CoV-2, leading to more severe cases and hospitalizations of unvaccinated children.

Tolland is currently in the "Orange" alert category, with a case rate of over 10 per 100,000 and rising. This is consistent with most other towns in our state, where the Delta variant has caused sharp increases in the number of cases reported week-over-week for the past month-plus. As we anticipate that community case rates will be near current rates or possibly higher with the start of the 2021-2022 school year in just over a week, DPH strongly believes that universal masking inside schools is the safest way to bring all students back to in-person learning on time, and to keep them there without major disruptions to school operations.

We would invite you to monitor the websites for these organizations for any important changes they may provide for the proper and appropriate use of masks by children, and DPH will update our guidance accordingly if and when changes are made.

Thank you and be well,
Tom

****currently working partial remote schedule****
Thomas St. Louis, MSPH
Epidemiologist 4
Connecticut Department of Public Health
410 Capitol Avenue, MS 11EOH
Hartford, CT 06134-0308
Office: (860) 509-7759
Remote #: (860) 531-8121

www.ct.gov/dph

From: Marie, Jacob <jmarie@tolland.k12.ct.us>
Sent: Friday, August 20, 2021 9:57 AM
To: ehhd@ehhd.org; St. Louis, Thomas <Thomas.St.Louis@ct.gov>; john.frassinalli@ct.gov; Russell-Tucker, Charlene <Charlene.Russell-Tucker@ct.gov>
Subject: Mask and Quarantine Requirements

Robert L. Miller

From: k8howard@aol.com
Sent: Tuesday, August 17, 2021 12:52 PM
To: Robert L. Miller
Subject: Re: Tolland and Mask Mandates
Attachments: petition signatures.pdf

Hello Mr. Miller,

Please see below for a petition regarding masking in Tolland. Signatures of 65 residents of Tolland are attached to this email.

Living in the town of Tolland are approximately 1,500 children under the age of 12. These precious human beings are not yet eligible to get the Covid-19 vaccine. There are a number of people who feel that masking is no longer necessary, or that it is too inconvenient. We, the undersigned residents of Tolland, are asking that the decision makers make the decision to keep our children safe from the coronavirus.

We ask that you mandate masking in all school buildings, regardless of vaccination status, in accordance with the latest guidance from the CDC (resource #1). Governor Lamont has left the decision about municipal buildings up to the officials in the municipalities (#4), but we believe a strong statement about the physical health and safety of our children must be made. Currently, Connecticut's Department of Public Health is mandating universal masking in school buildings (#6), and we are asking that you comply with this, and extend it as necessary to make sure all of our children are safe, especially our immunocompromised community members who depend on the rest of us for "herd immunity."

Tolland's class sizes are too large to allow for adequate social distance. The Delta variant is too pernicious to ignore. Every single child and adult associated with our schools deserve to be as safe as possible from possibly contracting this deadly virus at school.

Tolland County has already endured 188 deaths, and we are not willing to add any more to that number when there is a safe, effective method of discouraging the transmission of the virus.

Please see the following resources:

National Masking Guidelines from the CDC: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

2. Willington, CT's decision to mandate masking in municipal buildings: https://patch.com/connecticut/stafford-willington/town-willington-reinstituting-face-mask-requirements

3. Mansfield, CT's decision to mandate masking in municipal buildings: https://mansfieldct.gov/CivicAlerts.aspx?AID=831

4. Governor Lamont's decision to leave it to municipal leaders regarding masking in municipal buildings: https://ctmirror.org/2021/08/05/lamont-issues-order-allowing-cities-and-towns-to-impose-mask-mandates/

5. Statement about Governor Lamont's choice to delay making a decision about school masking until later in the summer: https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2021/08-2021/Governor-Lamont-Issues-Executive-Order-Allowing-Municipalities-To-Implement-Universal-Mask
6. Connecticut Department of Public Health Order regarding masking after 5/19/21 in all school buildings: https://portal.ct.gov/-/media/Coronavirus/20210807-DPH-Order-Regarding-Universal-Masking.pdf
7. General information from CNN regarding children's susceptibility to the coronavirus: https://www.cnn.com/2021/08/07/health/children-covid-19-protection/index.html

Thank you,

Kate Howard-Bender

Keep Tolland Children and Community Safe and Masked in Schools

65 people have signed this petition.

#	Name	City	Email address	Comment	Date
1.	Kate Howard-Bender	Tolland	k8howard@aol.com	My neighbors are #worthit	2021-08-07
2.	Jason Philbin	Tolland	jphilbin84@gmail.com		2021-08-07
3.	Amber Comeau	Tolland	ambercomeau917@gmail.com		2021-08-07
4.	Michelle Harrold	TOLLAND	cranwater@comcast.net		2021-08-07
5.	Liz Costa	Tolland	graylizb@yahoo.com	I want my student, though vaccinated, not to miss a single day of school due to a breatkthrough case or to pass it to another student or educator Wearing masks-until this virus is far behind us is a small, manageable to say we care about those not able to be vaccinated	2021-08-07
6.	Rebecca Risley	Tolland	bekka7373@aol.com	The safety of all children is important to me, a community needs to support all its members, especially the most vulnerable.	2021-08-07
7.	Blake Meluch	Tolland	bmeluch@hotmail.com	Masks are in the best interest of the community as a whole.	2021-08-07
8.	Brian Schmalberger	Tolland	brian.schmalberger@gmail.com	Keep our kids safe!	2021-08-07
9.	Geneva Alford	Tolland	gfalford@msn.com	I have a child under 12 who is not yet eligible to be vaccinated & needs to be protected from other parents "choices".	2021-08-07
10.	Santino Guachione	Tolland	sguachione@hotmail.com		2021-08-07
11.	Jamie Davis	Tolland, CT	jamie.davis110@gmail.com	My kids are too young for vaccines and we cannot handle more quarantined and remote learning.	2021-08-07
12.	Karen Moran	Tolland	4morans@gmail.com	There should be no "choice" when we are in a public health crisis….we take care of one another, especially our most vulnerable - period.	2021-08-07
13.	Erik harrold	Tolland	rednammoc@comcast.net	Because it's the safest option.	2021-08-07
14.	Meranda VanDeventer	Tolland	merandavandeventer@yahoo.com		2021-08-07
15.	Jill Klinowski	Tolland	jillklin@gmail.com	I believe in science	2021-08-07

#	Name	City	Email address	Comment	Date
16.	Samantha Dion	Tolland	samantha.dion1105@gmail.com	I prefer my 6 year old child alive and medically unaffected from this pandemic.	2021-08-07
17.	Linda Scheidel	Tolland	linda.scheidel@gmail.com	I want to keep those that cannot get vaccinated as safe as possible.	2021-08-07
18.	Tony Klinowski	Tolland	klink_98@hotmail.com	I'm signing this petition to keep our children safe and healthy until we truly are free and clear of this pandemic.	2021-08-07
19.	Sarah Goldman	Tolland	sarahdagon@gmail.com		2021-08-07
20.	Andrew Mangiafico	Tolland	andy@mangiafico.net		2021-08-07
21.	Adam Bender	Tolland	adambender@hotmail.com		2021-08-07
22.	Brenda Falusi	Tolland	bfalusi@aol.com		2021-08-07
23.	Amy Heavisides	Tolland	amybj3@yahoo.com		2021-08-07
24.	Amanda Doyle	Tolland	doyle.amanda@gmail.com		2021-08-07
25.	Rebecca Doster	Tolland	rebmun23@hotmail.com		2021-08-07
26.	Macie Tozzoli	Tolland	tozzolim@yahoo.com		2021-08-07
27.	Kristen Morgan	Tolland	mamaspike@gmail.com	I don't want our children, teachers, or staff to die of an early preventable disease.	2021-08-07
28.	Sandeep Kaushal	Tolland	sandeep_kaushal@hotmail.com		2021-08-08
29.	Kayla Little	Tolland	kjlachut@gmail.com		2021-08-08
30.	Annelyse Cyr	Tolland	annelysec@gmail.com		2021-08-08
31.	Saoirse Ward	Tolland	saoirseward@hotmail.co.uk		2021-08-08
32.	Mark Farrell	Tolland	mrkfarrell4@gmail.com	Apparently we have to argue for public health of kids	2021-08-08
33.	Morgan Vose	Tolland	mvose630@comcast.net		2021-08-08
34.	Dianna Moore	Tolland	dianna.le@gmail.com		2021-08-08
35.	Deanna Nickels	Tolland	dnickels@snet.net		2021-08-08
36.	Jennifer Callahan	Tolland	jenniferlcallahan@gmail.com		2021-08-08

#	Name	City	Email address	Comment	Date
37.	Richard Clifford	Tolland	rickcliffordtolland@gmail.com		2021-08-08
38.	Heather McCann	Tolland	heatherannemccann@gmail.com		2021-08-08
39.	Diana Shaw	Tolland	dianalejardi@yahoo.com	As COVID cases are on the rise, it's important that we take important public health measures, including mandating masks for all residents, especially when indoors, to prevent the spread of this deadly virus that continues to claim the lives of our families, friends and neighbors.	2021-08-08
40.	Luke Anderson	Tolland, CT	luke.anderson@uconn.edu	Masking is an essential way to limit spread of not only COVID but also the flu. There are so many good reasons to require them, and we've seen that when we don't take every measure possible to limit spread COVID will just mutate and try again. We don't want COVID to be something we have to worry about going through our schools every year as a new variant just like the flu. We still have time before transmission gets that out of control.	2021-08-08
41.	Katie Murray	Tolland	kstar.murray@gmail.com	I have 2 children under 12 who cannot yet be vaccinate, and 1 child over 12 who is fully vaccinated. I'm worried about exposure to my youngest children, who could then unknowingly spread to my older child. My older child, if asymptomatic, could spread the virus in school if members of the school community do not wear masks. While masks do have some unwanted impacts on our children, I worry so much about ANY children getting sick that I believe the prevention is worth it. Please keep our kids safe! If EVERYONE is not required to wear masks in schools, then very, very few will. Requiring our teachers to enforce mask wearing for some children but not others is not only unfair, but adding an unnecessary administrative burden to our already over-worked teachers.	2021-08-08
42.	Kait D	Tolland	noaverageangel@sbcglobal.net		2021-08-08
43.	Katrina Mojica	Tolland	katmojica4480@gmail.com		2021-08-09
44.	Gary Lotreck	Tolland	glotreck@gmail.com	Let's keep everyone safe, our schools open with students in person, and our economy back on track!	2021-08-09

#	Name	City	Email address	Comment	Date
45.	Polly Painter	Tolland	justfran88@gmail.com	We are still at war against this virus. We are exhausted by it. All the more reason for local public health policy decisions to be based on the most current guidance set forth by our public health professionals at the state department of public health. Today, they say getting the vaccine and wearing a mask will help defeat the virus. Tomorrow, it may be different. But that's how it goes when you're at war, and I'll do whatever it takes to defeat COVID with our public health experts leading the charge.	2021-08-10
46.	Amanda Irwin	Tolland	amanda.greene1@gmail.com		2021-08-10
47.	Dan Storer	Tolland	dbstorer@gmail.com		2021-08-10
48.	Lizabeth Geissler	Tolland	lizabeth.geissler@gmail.com		2021-08-10
49.	Matthew Murray	Tolland	murray.r.matt@gmail.com		2021-08-14
50.	Janet Belval	Tolland	jbelval108@comcast.net		2021-08-14
51.	Samar Bush	Tolland	samar.bush@gmail.com	Delta is too transmissible for us to stop using masks yet. This is a public health issue. This is what we can do to protect our unvaccinated young and all vulnerable people in our community.	2021-08-15
52.	Merry Renduchintala	Tolland	tarotbymerry@gmail.com		2021-08-15
53.	Jennifer Forrest	Tolland	jenn.slack@gmail.com		2021-08-15
54.	Vickie Hadge	Tolland	vlhadge@yahoo.com	I'm signing because sacrificing children's safety is not an option. We must do whatever it takes to protect them even if it means wearing a simple covering over our mouth and nose.	2021-08-15
55.	Patrick Doyle	Tolland	patrickedoyle@gmail.com		2021-08-15
56.	David Risley	Tolland	risley.davidg@gmail.com		2021-08-16
57.	Robert Barduca	Tolland	rbarduca2@gmail.com	My families diligent use of masks and best sanitary practices has resulted in lower frequency of the sniffles, etc. when coworkers or classmates have had to miss days due to quarantining while waiting for test results. Seems like a minor inconvenience to slow the spread of illness.	2021-08-16
58.	Stacey Navratil	Tolland	stacecakes@yahoo.com	Masks are the least invasive option to keep our community safe(r) from Covid 19 and it's variants.	2021-08-17
59.	Nancy McGrath	Tolland	nmcgrath17@comcast.net		2021-08-17

#	Name	City	Email address	Comment	Date
60.	Ashley Oldham	Tolland	ashleyoldhamusj@gmail.com		2021-08-17
61.	Laura Mahon	Tolland	marielaura2@gmail.com		2021-08-17
62.	Mary Rose Duberek	Tolland	mrd06084@gmail.com	To protect my child and yours.	2021-08-17
63.	Catherine Polance	Tolland	cada1203@yahoo.com		2021-08-17
64.	Diana Gascon	Tolland	dcancellieri@sbcglobal.net	It's the safest thing to do for our children and our community. I believe in science.	2021-08-17
65.	John McGee	Tolland	smfdfyrftr@aol.com		2021-08-17

From: Lynette S. Swanson
Sent: Wednesday, August 18, 2021 7:58 AM
To: Robert L. Miller
Cc: Millie C. Brosseau
Subject: FW: Tolland, CT Petition

From: Julie Brennan [mailto:juliereutter@comcast.net]
Sent: Tuesday, August 17, 2021 4:50 PM
To: EHHD General Info <ehhd@ehhd.org>; lynn.sosa@ct.gov; thomas.st.louis@ct.gov; COVID19.DPH@ct.gov; webmaster.dph@ct.gov; ask.dph@ct.gov; matt.cartter@ct.gov; charlene.russell-tucker@ct.gov; jessa.mirtle@ct.gov; john.frassinelli@ct.gov; stephanie.knutson@ct.gov; beth.bye@ct.gov; laurieann.wagner@ct.gov; cameron.cross@ct.gov
Subject: Tolland, CT Petition

Unmasked Parents' Choice!
Make Masks Optional For Our Kids in Tolland, CT Petition
We, as local residents here in Tolland, CT, are opposed to a mandate being implemented on our children to wear mandatory masks/face coverings for the upcoming school year. Moving forward, we believe this choice should be optional, regardless of vaccination status, age, etc. There is enough science, enough evidence, and enough facts at this time to Unmask Our Kids. Thank you.

Signed,
Name
Julie Brennan
Jessica Soucy
Laura Howe
Amber Lineen
Sara Briggs
Henry Stone
Michele DeRosier
Joe DeMartino
Pamela Petoskey
Julie Kleinberg
amanda Olson
Jeff Zanks
Kerri Schneider
Angela Krok
Tiffani Demeusy
Kate Bombara
Stephanie Ruest
Christie Krol
Paul Krol

Sarah Raymond
Heather Hendricks
Jeff Ruest
Brian Thompson
Gina Benware
Daniela Weiser
Sarah Jordan Usher
Brandon Usher
Viktoriya Parker
Annie Guidone
Raymond Guidone
Cristina Melanson
Jessica Narkawicz
Laura Fortin
Dan Lane
Nicole Corso
Shane Schaffer Sr
Katie Kessel
Shannon McKinstry
Tami Maynard
Cristina Goscicki
Sara Girard
Harper Redfield
Kristin Marcous
Marla Stevens
Rebecca Robinson
Bennett Kleinberg
Melissa Abercrombie
Courtney Dumas
Brieonna Wanegar
Joshua Beaulieu
Scott Johnson
Shirley Gerich
Cecilia Klember
Vanessa Graham
Jennifer Grover
Cindy Soucy
Tiffany Street
Linda Beyer
Peter Semerzaki
Sela Saunders
Tamara West
Melissa Fargo
Katie Lombardo
Cassandra Forsythe
Nicholle El-Hachem
Amber dyer

Jeremy Jenkins
Haley Bohadik
Allison Fluckiger
Heidi Jenkins
Matthew Rood
Meghan Lewis
Jon Crickmore
Glenna Luginbuhl
Holly Reutter
Sandra Jenkins
Laura Medeiros
Jennifer DesRocher
Annette Spadjinske
Deanna Sullivan
Cindy Boor
Jennifer Percy
Renée Furbush
Kevin Furbush
Bridget Freeman
Nichole Cerrigione
Mark Charest
Andrea Reutter
Autumn Falco
Brian Fluckiger
Sara Pereira
Taryn Bracken
Daniel Briggs
Jesse Brennan
Steven Johnston
Denise Bowss
Megan Carmichael
Susan Roberts
Tara Cange
Christina Plourd
Wendy Crawford
Katie Henry
Steven D'Onofrio
Christina Sawyer
Tammy Castonguay
Justin Alger
Tricia Perkett
Michelle Frazee
Carrie Johnson
Dyana Childree
Caitlin Flores
Danielle Sebben
Marisol Reyes Roberts

Joseph LaPointe
Shannon Joubert
Jonathan Neihengen
Danele Rhoads
Denise Dezi Bowes
Elaine Fish
Ann Marie Jones
Robert Dube
Eddie Dionne
Kyla Fregeau
Jacob Marie
Cori Gorcenski
Scott Czerwinski
Courtney George
Christine Zonghetti
Chris Prytko
Diana Bump
Michelle McCartney
Maryanne Edwards
Meghan Soroka
Kendra Slack
Tina Chokas
Kelley Hunter-Morales
MIchael Chokas
Nancy Hanks
David Griffin
John Olynyk
Rebecca morrill
Todd Hollenbach
Cody Johanson
Jaime Galligan
Irene O'Brien
Nicole Foote
Asia Stone
Danielle Mitchell
jennifer lane
Amy West
Armand Soucy
Kathleen Wilson
Scott Fortin
Alivia Brennan
Autumn Brennan
Stacey Laplante
Christina Alger
Richard Hendricks
Linda Heppler
Susan Bezzina

Deb Bruhl
Sushma Jainapur
Javier Garcia
Bala G
Lauren Kidwell
Maureen Demartino
Jane Mahaney
Janice Allen
Mona Sachdeva
Here is 170 signatures in Tolland, CT against mask mandates on our kids. It's time to Unmask Our Kids!

From: Lynette S. Swanson
Sent: Wednesday, August 25, 2021 2:32 PM
To: Robert L. Miller
Subject: FW: Mask wearing in K-12 schools

FYI

From: Griffin, Christine <cgriffin@tolland.k12.ct.us>
Sent: Wednesday, August 25, 2021 11:29 AM
To: governor.lamont@ct.gov; EHHD General Info <ehhd@ehhd.org>; thomas.st.louis@ct.gov; john.frassinelli@ct.gov; charlene.russell-tucker@ct.gov
Subject: Mask wearing in K-12 schools

To whom it may concern:

My name is Christine Griffin, and I speak as an individual member of the Tolland Board c whole. I request that the State of Connecticut stops implementing quarantines of asymp wearing optional for all students and school staff for the 2021-2022 school year. I reques remain at low levels and the virus does not mutate in such a way that it poses a serious

Mask wearing, like all public health measures have their time and place, but each measu heat of the pandemic, those costs were justified. Many years from now Americans will lo for the great sacrifices students, parents, and teachers made to protect the vulnerable by mask wearing. The Board does not want to understate this point, and believes that coun measures.

Luckily, vaccines have turned the tide of the pandemic, and deaths and case-counts hav This is something to be celebrated, but with each passing day the costs of many public h wearing, become greater relative to the benefits they provide.

The costs of wearing a mask are not trivial. Besides the discomfort experienced by the w the focal point of human interaction. After the mask mandate was lifted for vaccinated in that the end of a dark era had arrived, that the most visible symbol of the pandemic that was gone. For young students who have lived through a pandemic that has lasted more kindergartner's life), the joy of seeing their friend's faces, of being back to normal, will be health.

Furthermore, even though the youngest students cannot be vaccinated as of the writing Connecticut still has one of the highest vaccination rates in the country, and this protects young children are the least likely to be severely affected by Covid-19, whereas the age mostly vaccinated. Per CDC data, 331 people aged 0-17 have died from Covid-19, wher

have died of the virus. Every death is tragic, but there is a clear risk and vulnerability diff
These factors are incredibly important in determining the Board's view on this subject. S
we believe that with the vastly improved outlook, we are ready to help our students' men
towards normalcy.

Thank you for your time.

Sincerely,
Christine Griffin

--
Christine Griffin, CPA
Tolland Board of Education
Finance and Facilities Chairman
Curriculum Committee Member

To whom it may concern:

My name is Jacob Marie, and I speak as an individual member of the Tolland Board of Education, and not for the board as a whole. I request that the State of Connecticut stop requiring quarantines for asymptomatic children and make mask-wearing optional for all students and school staff for the 2021-2022 school year. I request this, provided that Covid-19 cases remain at low levels and the virus does not mutate in such a way that it poses a serious risk to unvaccinated children.

Mask wearing, like all public health measures have their time and place, but each measure also comes with costs. During the heat of the pandemic, those costs were justified. Many years from now Americans will look back at this time and have respect for the great sacrifices students, parents, and teachers made to protect the vulnerable by quarantining, social distancing, and mask wearing. The Board does not want to understate this point, and believes that countless lives were saved by these measures.

Luckily, vaccines have turned the tide of the pandemic, and deaths and case-counts have plummeted in the past few months. This is something to be celebrated, but with each passing day the costs of many public health measures, particularly mask wearing, become greater relative to the benefits they provide.

The costs of wearing a mask are not trivial. Besides the discomfort experienced by the wearer, masks conceal the face, which is the focal point of human interaction. After the mask mandate was lifted for vaccinated individuals outside of school, many felt that the end of a dark era had arrived, that the most visible symbol of the pandemic that had caused so much death and pain was gone. For young students who have lived through a pandemic that has lasted more than a year (that is 20% of a kindergartner's life), the joy of seeing their friend's faces, of being back to normal, will be of enormous benefit to their mental health.

Furthermore, even though the youngest students cannot be vaccinated as of the writing of this letter, it should be noted that Connecticut still has one of the highest vaccination rates in the country, and this protects everyone. Additionally, it is known that young children are the least likely to be severely affected by Covid-19, whereas the age group most affected, the elderly, are mostly vaccinated. Per CDC data (and at the writing of this letter), 331 people aged 0-17 have died from Covid-19, whereas 340,853 people aged 75 and older have died of the virus. Every death is tragic, but there is a clear risk and vulnerability differential that needs to be considered. These factors are incredibly important in determining the Board's view on this subject. Safety will always be our top

priority, but we believe that with the vastly improved outlook, we are ready to help our students' mental health recover by taking this step towards normalcy.

Sincerely,

Jacob Marie - Tolland Board of Education

Robert L. Miller

From: Danielle Ivory <danielle.ivory@nytimes.com>
Sent: Monday, October 18, 2021 11:18 AM
To: Robert L. Miller
Subject: thank you

Hi Rob,

This story was published very early this morning: https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html.

Much ended up on the cutting room floor, and I was not able to get our conversation into the story, but our talks greatly impacted the story overall. I think you'll see a lot of the themes we spoke of woven throughout, and I hope we'll be able to follow up with more.

I wanted to thank you again for your help. I really appreciate the time you took to help me understand the issues and challenges public health officials are facing. I know I have said this before, but I do not think it would have been possible to do this story without the help and candor of so many local health officials like you.

Biggest thanks,

Danielle

--
Danielle Ivory
The New York Times
Office: 212-556-1596
Cell: 917-280-2607
Fax: 646-349-2536
Signal encrypted chat: 917-280-2607

The New York Times https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html

Threats, Resignations and 100 New Laws: Why Public Health Is in Crisis

An examination of hundreds of health departments around the country shows that the nation may be less prepared for the next pandemic than it was for the current one.


By Mike Baker and Danielle Ivory

Oct. 18, 2021, 3:00 a.m. ET

PORT ANGELES, Wash. — As she leaves work, Dr. Allison Berry keeps a vigilant eye on her rearview mirror, watching the vehicles around her, weighing if she needs to take a more circuitous route home. She must make sure nobody finds out where she lives.

When the pandemic first hit the northern edge of Washington's Olympic Peninsula, Dr. Berry was a popular family physician and local health officer, trained in biostatistics and epidemiology at Johns Hopkins University. She processed Covid-19 test kits in her garage and delivered supplies to people in quarantine, leading a mobilization that kept her counties with some of the fewest deaths in the nation.

But this summer, as a Delta variant wave pushed case numbers to alarming levels, Dr. Berry announced a mask mandate. In September, she ordered vaccination requirements for indoor dining.

By then, to many in the community, the enemy was not the virus. It was her.

Dr. Berry should be attacked "on sight," one resident wrote online. Someone else suggested bringing back public hangings. "Dr. Berry, we are coming for you," a man warned at a public meeting. An angry crowd swarmed into the courthouse during a briefing on the Covid-19 response one day, looking for her, and protesters also showed up at her house, until they learned that Dr. Berry was no longer living there.

"The places where it is most needed to put in more stringent measures, it's the least possible to do it," Dr. Berry said. "Either because you're afraid you're going to get fired, or you're afraid you're going to get killed. Or both."

State and local public health departments across the country have endured not only the public's fury, but widespread staff defections, burnout, firings, unpredictable funding and a significant erosion in their authority to impose the health orders that were critical to America's early response to the pandemic.

While the coronavirus has killed more than 700,000 in the United States in nearly two years, a more invisible casualty has been the nation's public health system. Already underfunded and neglected even before the pandemic, public health has been further undermined in ways that could resound for decades to come. A New York Times review of hundreds of health departments in all 50 states indicates that local public health across the country is less equipped to confront a pandemic now than it was at the beginning of 2020.

Dr. Allison Berry, left, health officer for Clallam and Jefferson Counties in Washington, is escorted to her car by Undersheriff Ron Cameron after a Covid-19 briefing in Port Angeles, Wash., in September. Ruth Fremson/The New York Times

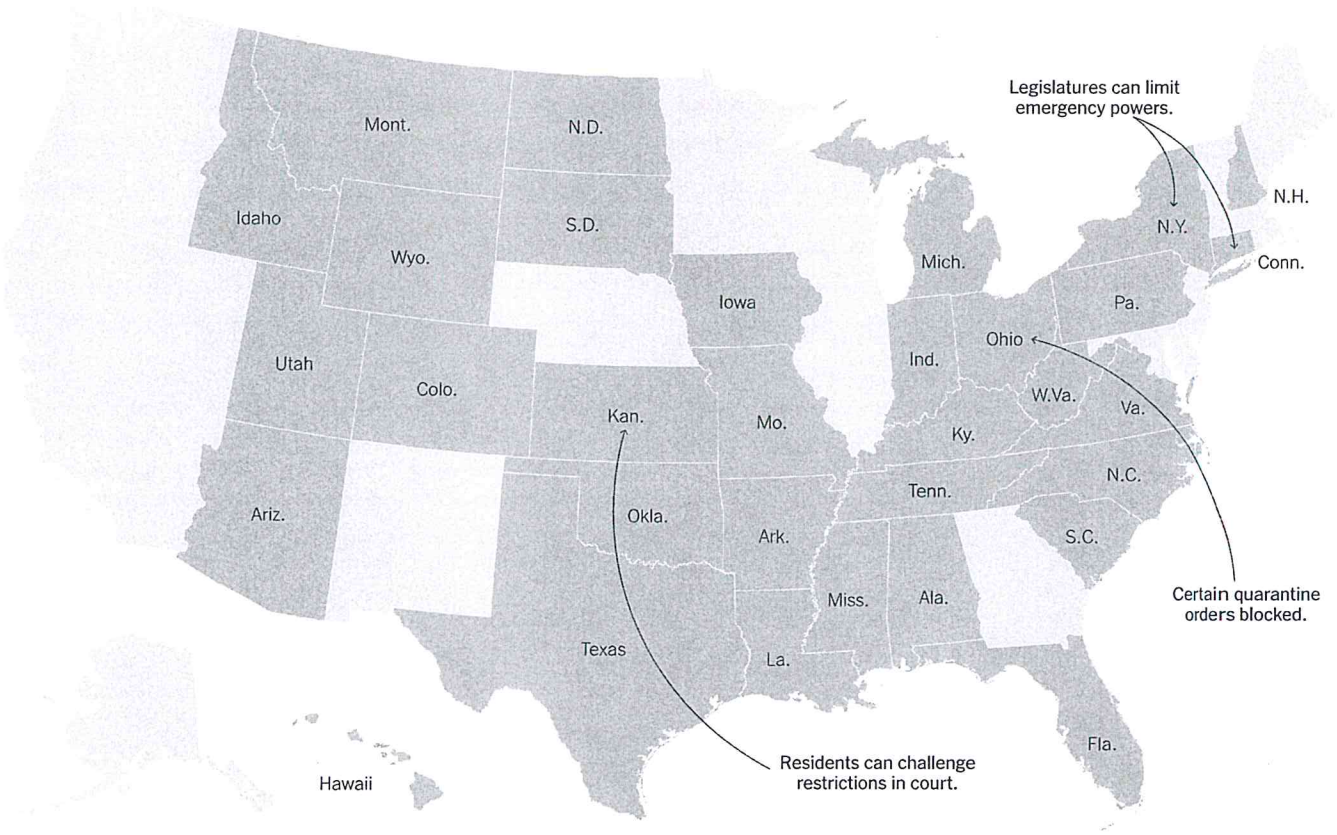
"We have learned all the wrong lessons from the pandemic," said Adriane Casalotti, chief of public and government affairs for the National Association of County and City Health Officials, an organization representing the nearly 3,000 local health departments across the nation. "We are attacking and removing authority from the people who are trying to protect us."

The Times interviewed more than 140 local health officials, public health experts and lawmakers, reviewed new state laws, analyzed local government documents and sent a survey to every county health department in the country. Almost 300 departments responded, discussing their concerns over long-term funding, staffing, authority and community support. The examination showed that:

- Public health agencies have seen a staggering exodus of personnel, many exhausted and demoralized, in part because of abuse and threats. Dozens of departments reported that they had not staffed up at all, but actually lost employees. About 130 said they did not have enough people to do contact tracing, one of the most important tools for limiting the spread of a virus. The Times identified more than 500 top health officials who left their jobs in the past 19 months.
- Legislators have approved more than 100 new laws — with hundreds more under consideration — that limit state and local health powers. That overhaul of public health gives governors, lawmakers and county commissioners more power to undo health decisions and undermines everything from flu vaccination campaigns to quarantine protocols for measles.
- Large segments of the public have also turned against agencies, voting in new local government leaders who ran on pledges to rein in public health departments. In Idaho, commissioners last month appointed a new physician representative to the health board in the Boise region who advocates unapproved treatments for Covid-19 and refers to coronavirus vaccinations as "needle rape." "We have heard from the voters," Ryan Davidson, one of the commissioners, said.
- Billions of dollars have been made available to public health by the federal government, but most of it has been geared toward stemming the emergency, rather than hiring permanent staff or building long-term capability. Most of the departments that responded to The Times's survey said they were worried about their funding levels, which in most cases had been decreasing or flat before the pandemic. About three dozen departments said their budgets were the same or smaller than they were at the beginning of the pandemic.

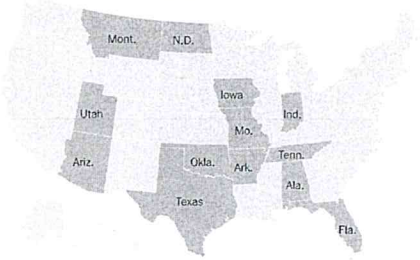
Where State Laws Newly Limit Public Health Powers

At least 32 states have enacted legislation restricting state or local authority over health and emergency decisions.



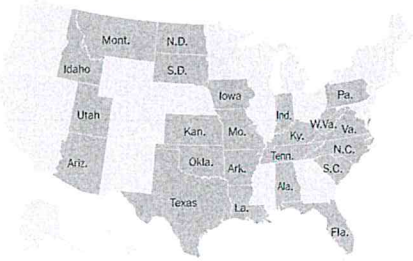
The laws also include limits on the following measures in at least these states:

Vaccine orders



Mask orders

Restrictions on businesses, schools or churches



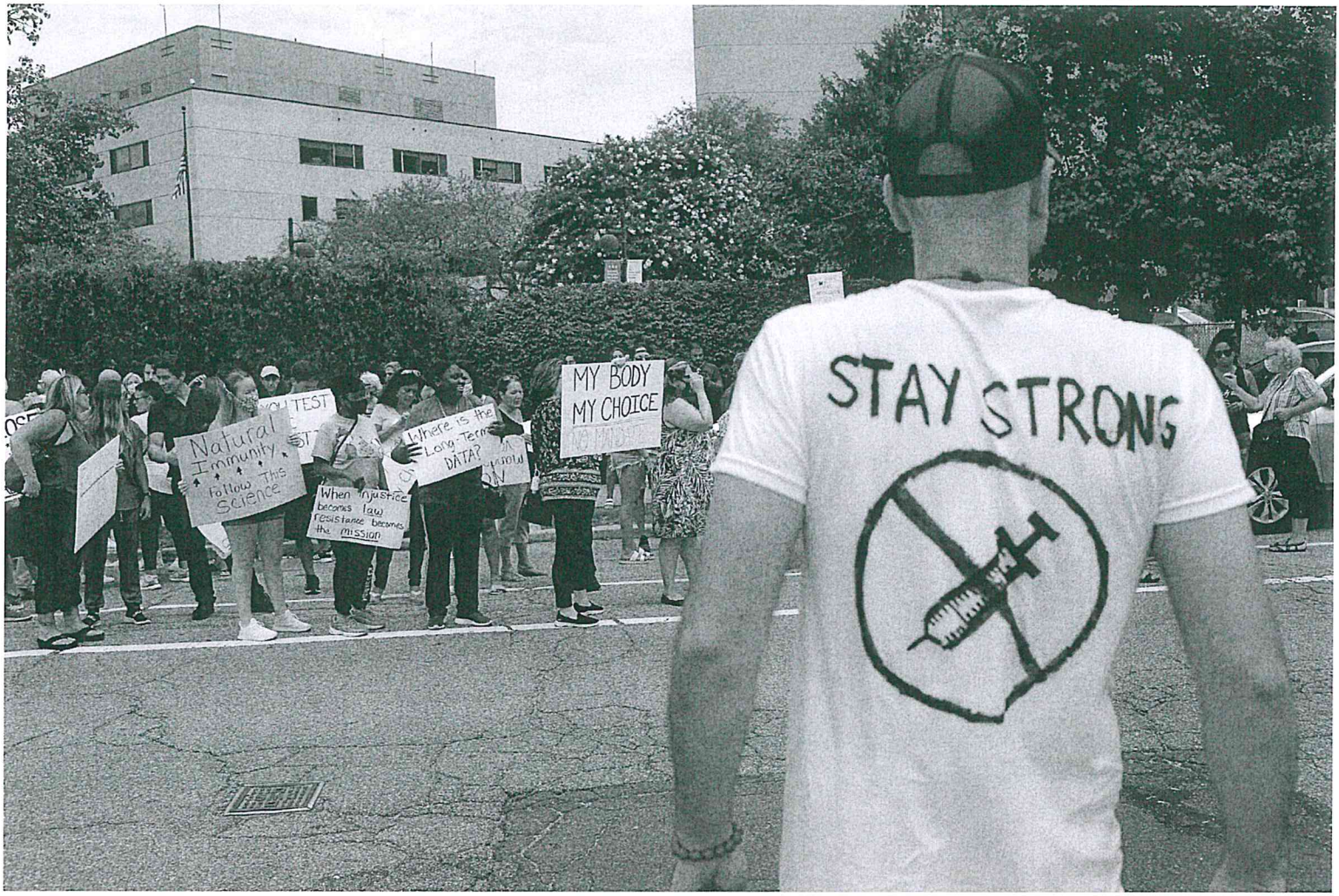
Note: Some of these laws have been challenged in court. • Source: State legislatures • By Taylor Johnston

There are already signs that the growing shortfalls in public health could have lasting impacts beyond the pandemic.

More than 220 departments told The Times they had to temporarily or permanently abandon other public health functions to respond to the pandemic, leading to a spike in drug overdoses and a disturbing drop in reports of child abuse. Several health officials pointed to runaway infections of sexually transmitted diseases, with gonorrhea cases doubling and syphilis on pace to triple in one county in Pennsylvania. Oswego County, N.Y., recorded a surge in lead poisoning. In Texas, requests for exemptions to the usual suite of required childhood immunizations have risen sharply.

Mandates and mobilizations to protect public health have long been part of American life; colonists issued quarantine laws and fines for disobeying them as early as the 1700s. Public health departments later delivered vaccines to halt diseases such as smallpox and polio, upgraded water systems to limit typhoid and cholera, curbed sexually transmitted diseases and helped guarantee the safety of food in restaurants.

But not since the flu pandemic of 1918 has the country faced a disease outbreak that called for unelected health officials to impose widespread mask mandates and business closures.



A protest against a vaccination mandate in Staten Island, N.Y., in August. Yana Paskova for The New York Times

As scientists helped overcome many infectious diseases, the focus on keeping Americans healthy turned more to individualized treatment for ailments such as heart disease and cancers, said David Rosner, a historian at Columbia University who specializes in the history of public health.

Many, particularly in conservative circles, have increasingly embraced individual rights over collective responsibilities, a trend that Dr. Rosner said is undercutting the notion of a social contract in which people work together to achieve a greater good.

"It's a depressing moment," he said. "What makes a society if you can't even get together around keeping your people healthy?"

During the pandemic, the federal government made tens of billions of dollars available to bolster testing, contact tracing and vaccinations.

In May, the Biden administration announced that it would invest an additional $7.4 billion from the Covid-19 stimulus package to train and recruit public health workers.

But while health officials described the money as critical to helping them quickly build out teams after years of budget cuts, many of those new hires were temporary workers and much of the spending went to urgent needs such as testing and vaccinations. The new funding often came routed through states or grant programs with conditions, like a short time frame for spending money or time-consuming requirements for state or county approvals. Some departments said they had to lay off employees at inopportune times over the past year because grants had run out of money.

And the funding is not permanent. Many local health officials said they expected that the extra money would peter out over the next two to three years. They likened the Covid-19 funds to the money that flowed into health departments after the 9/11 attacks but then vanished when political priorities changed.

Dozens of departments said that, in order to be prepared for more surges or a future pandemic, what they truly needed was a higher baseline of qualified, permanent employees. Instead, they purchased equipment or, more frequently, hired temporary staff, knowing they would need to let them go when the money dried up.

A health official in Berrien County, Mich., said it was so time-consuming to get approval from the county to hire temporary staff members in the fall of 2020 that, when her department received more funding later, she focused instead on quicker purchases, like software. When the virus closed in, she had to pull existing employees off their regular duties.

"If a ship is sinking, throwing treasure chests of gold at the ship is not going to help it float," said Melissa Lyon, public health director for Erie County, Pa.

A steady erosion of authority

Health officers like Dr. Jennifer Bacani McKenney of Wilson County, Kan., have seen their authority gutted by recent laws. Christopher (KS) Smith for The New York Times

When the pandemic struck last year, Dr. Jennifer Bacani McKenney, the top public health officer for Wilson County, Kan., began doing Facebook Live presentations and coordinated with hospitals, schools and churches. She helped implement a state lockdown, but when it came time to reopen businesses, she did it more slowly than her county commissioners desired.

The Kansas State Legislature, alarmed by the persistence and power of public health orders around the state, passed a series of laws that gutted the authority of health officials like Dr. McKenney. The new laws limited Covid-19 contact tracing, gave authority for health decisions to elected leaders and allowed anyone "aggrieved" by a mask mandate, business closure or limit on public gatherings the ability to sue the agencies that imposed the order.

"It was a huge slap in the face to all of us who are doing the public health work," Dr. McKenney said.

The Wilson County commissioners, emboldened with new powers over much of what she does, have discussed replacing Dr. McKenney, saying she focused too much on health and not enough on businesses, she said. The public grew so hostile toward her that she at one point had her elementary-age children sit away from the windows when they did their homework.

New laws passed in at least 32 states similarly restrict the ability of health officials to impose mask and vaccine mandates, close churches, schools and businesses, conduct contact tracing or apply penalties for violating health restrictions. Some limit the length of time that governors' emergency orders can be in effect. Many require a legislative body to approve health orders.

The Times spoke with dozens of lawmakers who have introduced such legislation, most of whom shared a concern that health officials had overstepped their authority and required a check on that power.

"It's a very dangerous situation when you decide to take away anybody's rights," said Bob Rommel, a Republican lawmaker in Florida. He drafted a bill, whose main provisions were incorporated into a law that took effect this summer, allowing the governor to squelch local health orders deemed too restrictive.

Citing that law, Gov. Ron DeSantis's government, which has been aggressive in slapping down local restrictions, fined Leon County $3.5 million this month for mandating Covid-19 vaccinations for its employees — $5,000 for each person required to get a shot. The state has threatened to levy millions of dollars more in fines for similar county mandates.

In Bismarck, N.D., the state capital, the health director Renae Moch credited a state mask mandate last year with curbing a devastating outbreak.

Cases have recently surged again, but a new state law bars the state government from requiring masks. Ms. Moch would need to get approval from her city commissioners before ordering a local mandate, a hurdle she regards as insurmountable.

Some of the new laws are so sweeping they contradict public health practices that stretch back decades. In Montana, new laws could make it harder to quarantine people with diseases such as measles and will prevent hospitals from enforcing their usual requirement that staff members get a flu shot.

Jim Murphy, an epidemiologist who worked in leadership roles at Montana's Department of Public Health and Human Services for three decades before retiring this summer, said the department had enjoyed the support of governors from both parties — until Gov. Greg Gianforte took office this year, pledging to reopen the economy.

The new administration immediately raised questions about how Covid-19 deaths were being counted and whether testing was accurate. Health department officials, Mr. Murphy said, were left out of conversations over changes to public health laws.

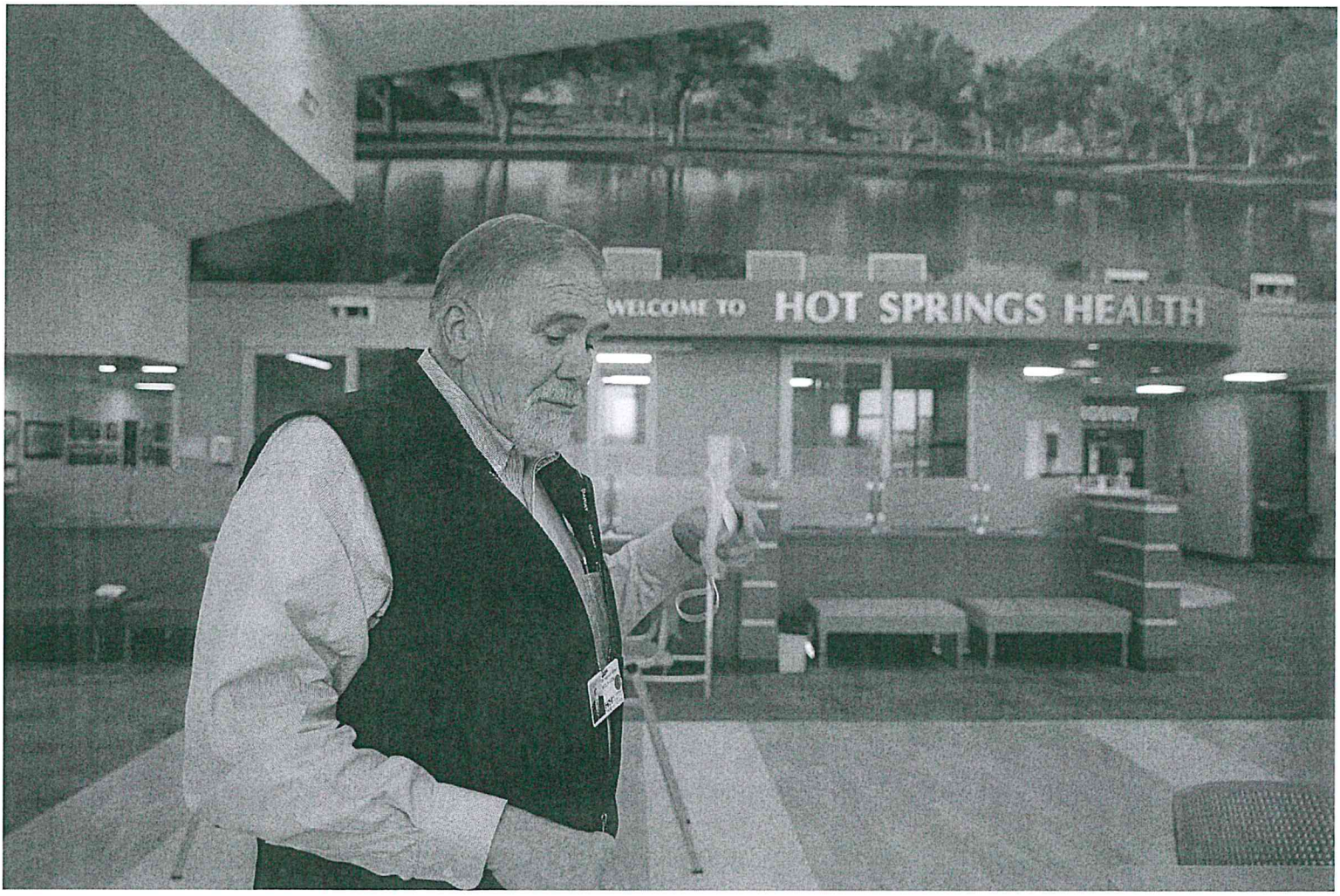
"The dialogue and the problem-solving approach was completely gone," Mr. Murphy said. "We don't have a lot of say in this anymore."

In Gallatin County, Ron Marshall, a state representative who owns a vape store, said he had been battling the local health board's ban on indoor vaping. But after passage of a new law restricting local public health authority, he said, the board relented and told him that it would no longer enforce the ban.

Mr. Marshall said other local boards were also easing off on health orders. "They were out of control," he said. "I think a lot of them are still trying to figure out how hard they got spanked."

'You're going to pay for this'

Last fall, two days after signing an order requiring masks in public places, Dr. Vernon Miller, the health officer for Hot Springs County, Wyo., found his staff huddled around the phone, listening to a voice mail.



Dr. Vernon Miller, the health officer for Hot Springs County, Wyo., received a threatening voice mail last year after he signed an order requiring masks in public places. Jessi Dodge for The New York Times

"Well Dr. Miller, you've got some nuts facing off against this whole goddamn town," a man said in an eerily sing-song voice. "You're going to pay for this."

Dr. Miller canceled the day's appointments, sent the staff home and called the sheriff. The police arrested a local machinist, Connor Fairbairn, who, according to court documents, admitted he left the message and wished he could take it back.

Mr. Fairbairn, who through his lawyer declined to comment, told a deputy that he had wanted Dr. Miller "to feel the way the rest of us feel," which was "helpless and insecure."

Public meetings have turned into battlegrounds. In California, a health officer resigned after a resident announced her home address at one meeting. In Nevada, a woman warned ominously that those protesting health orders made the meals, changed the tires and filled the prescriptions of local officials. "We're everywhere," she said. "I'm not the one who should be scared." In Michigan, a man shouted another warning: "There's a lot of good guys out there ready to do bad things!"

Several health officials said they had installed security cameras, were getting police patrols at their houses or were now carrying pepper spray.

The threats have come not just from members of the public. In Klickitat County, Wash., the sheriff announced over the summer that his office would "arrest, detain and recommend prosecution" of any government official enforcing health restrictions that he deemed unconstitutional.

Erinn Quinn, the county's public health director, said she suspended some outreach work and thought seriously about resigning. "It was the first time I truly gave pause to my career in public health," she said. But she resolved to push back.

Two weeks later, dozens of people held a rally for the sheriff, who was later hospitalized with Covid-19.

'Who wants to work there?'

The pandemic has already started to reshape the public health work force in ways that could impair the ability to fight future pandemics.

Some of the most experienced staff members have walked out the door, and departments have struggled to find replacements. Few can compete financially with hospitals in the middle of a nationwide nursing shortage. In the past, health departments could lure workers with better hours and less heartache. That is no longer the case.

Kathy Emmons, the executive director of the Cheyenne-Laramie County Health Department in Wyoming, said her department had a turnover approaching 80 percent during the pandemic.

In January, hundreds of people gathered at the State Capitol to protest health orders and burn masks. A few days later, red paint was spattered across almost every entrance to the county health department.

Ms. Emmons worried that for people privately wondering whether to stay or quit, the job had changed too much.

"They didn't join our department to Covid-test 10 hours a day or to give vaccinations 10 hours a day," she said. "We were asking people to completely change their work priorities."

Sue Rhodes, the health department administrator in Marshall County, Kan., was one of many officials who said finding people to do contact tracing had become a challenge with the public sometimes threatening or verbally abusing tracers. She has been trying to hire an extra nurse to help with the work. But she has had no luck.

"Everybody looks at public health now and says, 'Who wants to work there?'" she said. "Who wants to work in that chaotic mess?"

Cierra S. Queen, Brandon Dupré, Benjamin Guggenheim, Kristine White, Bonnie G. Wong, Alex Lemonides, Derek M. Norman, Laney Pope, Chloe Reynolds, Yuriria Avila, Brillian Bao, Julia Carmel, Matt Craig, Yves De Jesus, Jake Frankenfield, Grace Gorenflo, Barbara Harvey, Lauryn Higgins, Caitlin Lovinger, Jaylynn Moffat-Mowatt, Jess Ruderman, Rachel Sherman, Maura Turcotte, Donovan J. Thomas and John Yoon contributed reporting. Alain Delaqueriere and Kitty Bennett contributed research.

Mike Baker is the Seattle bureau chief, reporting primarily from the Northwest and Alaska. @ByMikeBaker

Danielle Ivory is an investigative reporter. Since joining The Times in 2013, has written about deadly auto-safety defects, federal regulation and the coronavirus pandemic. She was part of a team that won the 2021 Pulitzer Prize for Public Service. @danielle_ivory

A version of this article appears in print on , Section A, Page 1 of the New York edition with the headline: Public Health Crisis Grows With Distrust and Threats

From: Robert L. Miller
Sent: Wednesday, October 13, 2021 2:35 PM
To: 'Board Members, alternates'; Andover - RHAM High School (Reg 8); Bolton Superintendant; bruneauv@andoverelementaryct.org; Chaplin Superintendant; Charlene Petrone (cpetrone@scotlandes.org); Columbia Superintendant; Coventry Superintendant; Craig Creller (ccreller@ashfordct.org); Hans Christian Anderson Preschool Regina Kiser; Kelly M. Lyman; Oak Grove Montessori - Jo Ann Aitken; Oak Grove Montessori - Jo Ann Aitken; Scotland Elementary Principal; Scotland Superintendent - Town of Scotland (vbruneau@scotlandes.org); 'Scournoyer@eosmith.org'; Tolland Superintendent; Willington Center School
Cc: EHHD-Staff
Subject: FW: Governor Lamont Congratulates Connecticut's Contact Tracing and Information Technology Teams on Awarding of National Recognition

Hello Everyone – The CT DPH contract tracing program, which includes local health department staff, has received national recognition for the effect use of the ContaCT web based platform. (See the below Governor's Announcement.)

I would like to take this opportunity to recognize, and thank the EHHD contact tracers for their good work facilitating infection control efforts in our towns.

Even today, health district staff continue to work tirelessly to investigate every single case of COVID-19 among residents in our communities.

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

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. For general questions, call 2-1-1

EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

From: Governor Lamont's Office [mailto:lamont.news@ct.gov]
Sent: Wednesday, October 13, 2021 2:10 PM
To: Robert L. Miller <MillerRL@ehhd.org>
Subject: Governor Lamont Congratulates Connecticut's Contact Tracing and Information Technology Teams on Awarding of National Recognition

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STATE OF CONNECTICUT

GOVERNOR NED LAMONT

Governor Lamont Congratulates Connecticut's Contact Tracing and Information Technology Teams on Awarding of National Recognition

Posted on October 13, 2021

(HARTFORD, CT) – Governor Ned Lamont today is applauding the teams that developed Connecticut's contact tracing platform, **ContaCT**, on winning a State IT Recognition Award last night by the **National Association of State Chief Information Officers** in acknowledgement of the system's development. The award was presented during the organization's annual conference.

ContaCT was developed in the spring of 2020 during the initial outbreak of the COVID-19 pandemic. Recognizing that Connecticut's most recent contact tracing system for vaccine preventable diseases – which included an antiquated paper-based process with spreadsheets to manage cases – was not up to the task of handling the volume of cases and contacts that COVID-19 was anticipated to produce, Governor Lamont directed an enterprise system be developed. The goal was to create a system that integrates with existing surveillance systems, facilitates real-time information sharing among health partners, enables sharing of contact tracers between state and local efforts, positions the state to quickly step in to help local health departments that became overwhelmed, and automates case and contact interviews to improve speed and efficiency.

In May 2020, using the governor's emergency procurement authority, leaders from the Connecticut Department of Public Health and Connecticut Department of Administrative Services reviewed a dozen potential solutions in one weekend, contracted with the preferred solution in a week, and deployed Microsoft's At Risk Identification Alert System. The cloud-based system, branded ContaCT, launched quickly with basic functionality and continued to improve during the summer.

The agile development process allowed the state to incrementally roll out functionality and address shifting priorities and functional needs. Within weeks, all 64 local health departments in Connecticut and the Connecticut Department of Public Health were using the same platform in a unique and successful state and local collaboration.

As a result of the system's development, more than 250,000 individuals to date have been provided instructions for how to keep themselves and their families safe and prevent further spread of COVID-19, and connect them with resources they may need to stay safe.

"Our contact tracing effort is a truly remarkable example of how our agencies and staff with different areas of expertise rose to meet the challenge we faced during the emergence of the COVID-19 pandemic," **Governor Lamont said**. "ContaCT is a tool we continue to use and improve upon as we transform to develop a fully digital government. I couldn't be prouder that our team here in Connecticut has been honored with this award. This is an example of why Connecticut is doing such a great job in combating this crisis, including with our highest in the nation vaccination rates."

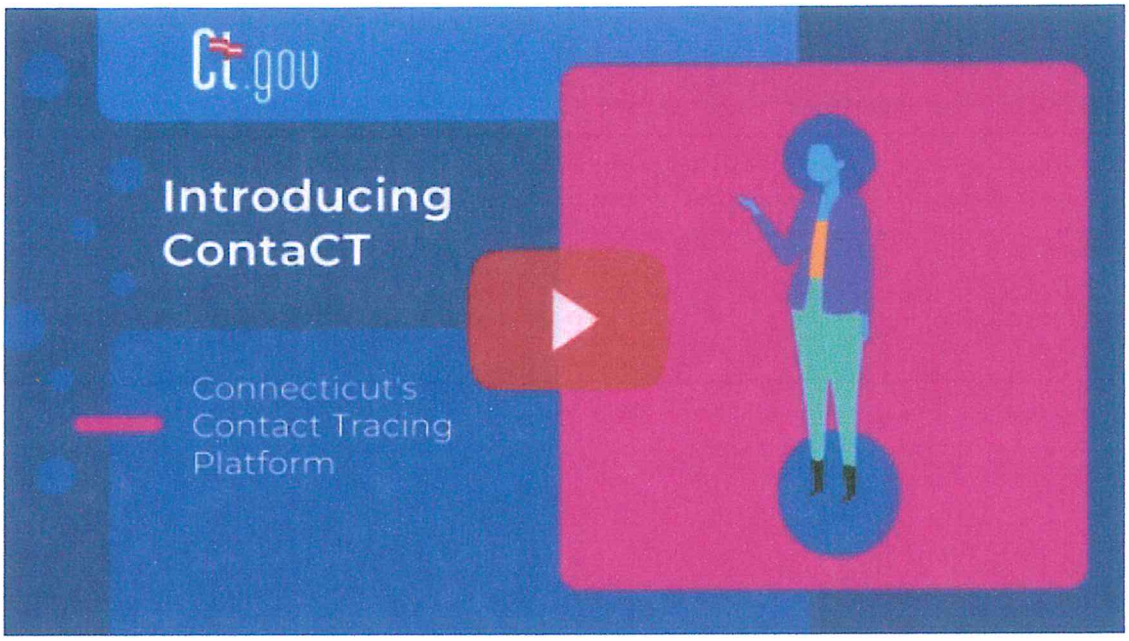
"Even one more person who stays home because of a successful contact tracing conversation can prevent dozens of infections," **Connecticut Public Health Commissioner Dr. Manisha Juthani said**. "This team has made more than 320,000 calls to date. I know this tool will continue to be helpful to us as we continue to fight this pandemic. It has helped us identify clusters of cases, thereby protecting many other Connecticut residents. I am thrilled to have joined a team that's leading the country in public health response and use of technology. I encourage our residents to answer the phone and have the conversation if a contact tracer calls you. We're here to help, and you can protect your friends, family and community by having a conversation about next steps."

"This has been an amazing team to work with throughout the last year and a half," **Connecticut Social Services Commissioner and Senior Advisor for Health and Human Services Dr. Deidre Gifford said**. "This tool was built with incredible urgency, understanding every conversation was paramount to protecting our residents. This recognition is very well deserved by our team, and I look forward to seeing what solutions they bring to the table next."

"Technology can do more than just enhance convenience, it can save lives," **Connecticut Administrative Services Commissioner and Chief Operating Officer Josh Geballe said**. "This public-private partnership between our information technology and public health teams and nonprofit and private sector partners is an example of the impact we can have working together across organizational boundaries, using modern technology, to solve difficult problems. The nationally recognized ContaCT platform is just one such example of Governor Lamont's comprehensive pandemic response that has resulted in the lowest case rates and the highest vaccination rates in the nation."

"Connecticut continues to demonstrate an innovative spirit to solve complex challenges by applying the right set of technologies through a great set of people and partners," **Connecticut Chief Information Officer Mark Raymond said**. "We are honored to be recognized for our work on this efficient, secure and effective system."

The following video about the team's work developing ContaCT was played last night during the National Association of Chief Information Officers conference:



For more information about Connecticut's nomination and the development of ContaCT, **click here**.

Read on CT.gov

State Capitol
210 Capitol Avenue
Hartford, CT 06106

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