



**SPECIAL MEETING MINUTES
ASPETUCK BOARD OF DIRECTORS**

July 25, 2022

Subject to change until approved by the Board of Directors.

The Regular Meeting was called to order by Chairman Shaum at 7:04 pm.

The following voting Board Members were present: Chairman Paul Shaum, Vice Chairwoman Catherine Revzon, Director Paul Fonteyne, Director Doreen Collins, Director Edward P. Mally, and Director Ilisa Nussbaum.

Also, present was Mark A.R. Cooper, Director of Health, Vanessa Hurta, Director of Clinical Services.

Approval of Minutes

Chairman Shaum asked if there were any comments on the April 11, 2022, Regular Meeting Minutes. Mr. Cooper noted that a correction has been made on page 2 where it stated that Director Linda Bruce was present at the meeting when in fact she had resigned and been replaced by Director Fonteyne.

On a motion made by Director Fonteyne, and seconded by Director Collins, the Board voted to approve the April 11, 2022, Regular Meeting Minutes. Chairman Shaum voted yes; Vice Chairwoman Revzon voted yes, Director Nussbaum voted yes, Director Collins voted yes, Director Mally voted yes, and Director Fonteyne voted yes.

Motion was approved 6 to 0.

Chairman Shaum asked if there were any other comments on the May 19, 2022, Special Meeting Minutes.

On a motion made by Director Ed Mally, and seconded by Director Collins, the Board voted to approve the May 19, 2022, Special Meeting Minutes. Chairman Shaum voted yes; Vice Chairwoman Revzon voted yes, Director Nussbaum voted yes, Director Collins voted yes, Director Mally voted yes, and Director Fonteyne voted yes.

Motion was approved 6 to 0.

Communications

Mr. Cooper summarized the communications received: An updated Directory of Board members, April 7, 2022, press release regarding the start of “tick season”, April 15, 2022, letter from Linda Bruce to Jennifer Tooker resigning from the Board, M. Cooper’s June 29th response to an email from Robert Letskus dated June 27th, July 15th letter of resignation from Eren Ceylan, Sanitarian, July 19th email from Martin Burger re: suggested additional insurance premium.

Mr. Cooper noted that he has been working with the project coordinator associated with the Tickborne Disease Prevention Laboratory at Western Connecticut State University (WCSU) of Danbury CT. In collaboration with the CDC and the CT Department of Health, the WCSU is conducting a survey of people who encounter ticks. The purpose of the survey is to better understand the relationship between outdoor activities and tick bites. The results will help researchers figure out better ways to prevent Lyme disease. The Health District’s role is to help recruit participants, particularly residents submitting ticks for testing. The voluntary survey will not ask residents for any protected health information, and respondents are not required to provide any identifying information. The survey will take about 10 minutes to complete and asks residents about outdoor activities in which they participated in the days up to and including the day they encountered a tick. After receiving final approvals, the plan is to roll out the survey in July 2022 and keep it open through July 2023 to capture peak nymphal and adult blacklegged tick activity.

There was general discussion on the Health District’s tick collection and testing program and how this survey could fit into it.

The Health District’s insurance broker has recommended the Health District consider increasing its business interruption coverage and extra expense coverage. The cost would be minimal. After discussion, by consensus, it was decided not to pursue the additional insurance coverage at this time in that it was felt the Health District has minimal exposure and has a fairly well thought out continuity of operations plan.

Community Health Clinic Policies

Vanessa Hurta, Director of Clinical Services was present to summarize Community Health Clinic policies and answer questions the Board might have regarding them. She explained that as the Clinic’s governing board, the Aspetuck Board of Directors need to review Clinic policies and rules annually. Additionally, she outlined the policies currently being utilized and explained that some policies are for programs not presently be offered, having been sidelined because of COVID.

Director Collins asked if staff could develop a cover page that lists those policies or programs that are currently being utilized versus those that are not. Ms. Hurta agreed this could be done. Director Fonteyne asked if there was a way to measure how much demand there has been for the services not being offered.

There was general discussion on the kinds of Community Health programs that were being contemplated before COVID19 hit. This was the time when the Health District’s Community Health Clinic changed from a physician to APRN model of operation. Board members were interested in what

services are currently being offered and where the bulk of Community Health revenue was coming from, to better understand what services are being asked for, what is the demand, what is the Health District's ability to supply such services and what is the actual utilization.

Director Collins suggested differentiating between policies being utilized and those not and eliminating those that there is no current intention of using.

Director Mally added that as a citizen, he was unaware of promotional efforts the Health District may have been doing for program or services. He wondered about the cost of offering services but having them underutilized and as well as the cost of advertising and/or promoting such services versus the increase in program participation.

Director Collins indicated that some of the answers to these kinds of questions could come out of the Harvard Business partners facilitated strategic planning efforts currently underway, to identify needed programs based on the community needs assessment which could then be better promoted to the community.

Director Nussbaum asked what kind of follow up does the Health District do, for a program such as cholesterol screening, when someone might be at risk for heart disease. Ms. Hurta explained that Community Health staff would refer them back to their primary health care provider and have made calls to a primary health care provider if warranted. The majority of visitors to the Community Health Clinic have primary care providers and their visits to the Clinic are ancillary.

Mr. Cooper asked Ms. Hurta what she needs the Board to do regarding the policies. Ms. Hurta indicated she that in accordance with state guidelines, the Board needs to annually review Community Health 's policies.

By consensus, the Board accepted the policies for those programs and services currently being offered to the public and will continue to consider other policies as the need for the services they outline are established and offered to the public. Community Health staff will categorize the policies into those currently being offered and those not but may be in the future.

Strategic Planning Update

Mr. Cooper referenced the summary update in each Board members meeting package prepared by staff member Kerri Hagan. There have been several meetings with the Harvard Business Club of Connecticut Partners, the most recent being this afternoon, set up specifically for the HBC partners to discuss environmental staffing in view of a sanitarian leaving.

Director Fonteyne asked if the HBC Club Partners have prepared an interim report. Mr. Cooper responded that they have not offered an interim report yet but will ask about one. The HBC Club Partners are ready to interview the selectpersons of our three member towns and have asked Mr. Cooper to provide them with an introduction, which he will do before the end of the week.

Chairman Shaum added that he and Director Collins have been attending the meetings and have learned a lot about the Health District's operation. There is a need to improve in house technology as well as the way staff interacts with Westport's electronic permitting system.

Mr. Cooper explained that as towns and the state continue to move towards electronic permitting and data transfer systems, there is no one standard to follow. For the Health District, and many around the state, each town is developing its own electronic permitting system which the Health District needs to interact with. Compounding the issue is that the State is developing its own system which local health jurisdictions will be compelled to interact with. This issue is not unique to our Health District, it is affecting every health jurisdiction. Chatter between local Directors of Health reveals that there are a number of different electronic permitting systems being developed by towns across the state and there are operational issues with most of them. Directors of Health have been working on a data base system that would meet CT-DPH requirements for restaurant inspections using File Maker Pro, only to be told by CT-DPH Food Protection program personnel that the state is working on its own system and that local health jurisdictions should not get too far ahead of themselves.

Director Mally stated that some of the programs are so cumbersome that filling out paper applications would be quicker and easier. Mr. Cooper added that he understands the purpose behind migrating to somewhat complex electronic permit and data systems, but it has created an additional layer of work to the review and permitting process.

Chairman Shaum stated that these technology issues have to be addressed. Director Collins added that not only does it have implications for getting work done, but there were also budget issues that the auditor discovered which were related to three different vaccine inventory data tracking systems that did not transfer data between them accurately.

Mr. Cooper noted that the Health District is working with CVM, it's IT consultant to upgrade the network server and desk top units. District software has already been standardized via Microsoft's cloud based Governmental 365 office suite along with multi-factor authentication being required for all employees when accessing email through a website or cloud-based service. Additionally, daily backups are Cloud based and offsite.

There was general discussion on the various data issues and what the Health District might be able to fix, versus those issues out of the District's control. Mr. Cooper summarized the relationship that local health has had over time with the State Department of Health and State Commissioners office. The Connecticut Association of Directors of Health (CADH) leadership has frequent meetings directly with the Commissioner to discuss many of the issues facing local health, including data systems.

Updating of By-laws to reflect name change and other minor changes

Mr. Cooper noted that with the addition of Easton and recent name change, the By-laws need to be updated. Article IX of the By-laws require proposed amendments be submitted at a regularly scheduled meeting after being proposed at the previously regularly scheduled meeting. Since this is a special meeting, the proposed changes are being shared for the Board's review and comment. They will be place on the next regularly scheduled meeting, which is September 12, to be considered for a vote on the next regularly scheduled meeting on November 14.

Director of Health Report

Mr. Cooper summarized the Operational and Permit Activity reports for March, April, May, and June. Director Fonteyne asked about the number of vacancies at the Health District. Mr. Cooper responded that there a nurse position open, a food inspector position open and July 30th another sanitarian is leaving which leave two sanitarians doing the work that used to be handled by four.

There was discussion on the use of per diem part time employees, who are also getting difficult to work for the District because they are in such demand and only have so much time for per diem work after their full-time job.

There was discussion on the format of the monthly Operational Report and the data it provides Board members. Board members found the data informative but were concerned about how much effort it takes to produce. Mr. Cooper noted that the format and data content was crafted by previous Board members and can be modified if the current Board members so desired. By consensus it was agreed to keep the current format.

Chairman Shaum asked if Board members had any more questions about any of the items in the Director's of Health Report. There were none, however Mr. Cooper noted that the 2022 to 2023 State Per Capita Grant application has been completed and needs the Board Chairman's signature. He summarized the application and pointed out that the amount the Health District will receive will be \$117,236.60 versus the \$120,286.40 last year. Although CT-DPH's per capita allocation remains the same at \$2.60, the difference is based on CT-DPH population numbers which implies the District lost population, going from 46,264 in SFY22 to 45,091 in SFY23. Board members questioned how the total population could have decreased when so many new homes have been built in the past year and local estimates seem to indicate a ten percent increase in population. Mr. Cooper thought the decrease might be because the state numbers usually lag a year or two behind the actual population. Chairman Shaum signed the application.

Mr. Cooper also informed the Board that the Health District had offered to take part in CT-DPH's volunteer pilot Itinerant Vendor Agreement program but has notified the DPH it cannot immediately do so because of a shortage of staff. The program is a response to Public Act No. 21-26 "An Act Concerning Various Revisions to the Public Health Statutes" as passed by the General Assembly requires the development of a process that allows for the reciprocal licensing of itinerant food vendors that have obtained a valid permit from a Local Health Department or District having jurisdiction of the town where the itinerant business is located and who seek to operate as an itinerant food vendor in a town located in the jurisdiction of another Local Health Department or District. The law requires the Department of Public Health and each Local Director of Health to implement such a process. In response the Public Act, the pilot program is being conducted by CT-DPH to start the implementation process. Mr. Cooper indicated that once staffing levels are back where they need to be, consideration will be given to take part in the pilot program.

There was general discussion on itinerant vending and the process of inspecting food trucks and trailers.

Mr. Cooper also quickly noted that the transitioning from the Bank of America to Peoples should be completed in the next week or two.

Executive Session

On a motion made by Director Nussbaum, and seconded by Director Fonteyne, the Board voted to enter an executive session to discuss personnel issues and employment contracts. Chairman Shaum voted yes; Vice Chairwoman Revzon voted yes, Director Nussbaum voted yes, Director Collins voted yes, Director Mally voted yes, and Director Fonteyne voted yes.

Motion was approved 6 to 0.

The Executive Session was declared over by Chairman Shaum at 8:32.

On a motion made by Director Mally, and seconded by Fonteyne, the Board voted to approve the development of a flexible work schedule in the form of a 6-month pilot program that consists of an initial 3-month term with a possible 3-month extension subject to an interim review by the Board. The Board Chairman is authorized to approve implementation of the pilot program after reviewing and accepting a draft outline developed by the Director of Health. Chairman Shaum voted yes; Vice Chairwoman Revzon voted yes, Director Nussbaum voted yes, Director Collins voted yes, Director Mally voted yes, and Director Fonteyne voted yes.

Motion was approved 6 to 0.

On a motion made by Chairman Shaum , and seconded by Collins, the Board voted to approve a 2.5 percent pay raise for full and part time staff, excluding the Director of Health who works under a contract, to be implemented as soon as possible, retroactive to July 1, 2022. Chairman Shaum voted yes; Vice Chairwoman Revzon voted yes, Director Nussbaum voted yes, Director Collins voted yes, Director Mally voted yes, and Director Fonteyne voted yes.

Motion was approved 6 to 0.

Being no other business, on a motion made by Chairman Shaum, and seconded by Director Collins, the Board voted to adjourn the meeting at 8:40pm. Chairman Shaum voted yes; Vice Chairwoman Revzon voted yes, Director Nussbaum voted yes, Director Collins voted yes, Director Mally voted yes, and Director Fonteyne voted yes.

Motion was approved 6 to 0.

Respectfully submitted



Mark A.R. Cooper Director of Health
Aspetuck Health District