

**Torrington Area Health District
Board of Directors Meeting
September 19, 2024**

Members Present: L. Timolat, Canaan, R. Collins, Harwinton, W. Minacci, North Canaan, A. Orsini, Plymouth, J. Magda, Torrington, T. Waldron, Torrington, W. Hudock, Winsted

Members On Zoom: N. Rahuba, Bethlehem, W. Westcott, Borough of Bantam, G. Gourley, Norfolk, P. Oliver, Salisbury, D. Ouelette, Thomaston, K. Wilson, Winsted

Staff Present: R. Rubbo, Director of Health TAHD, T. Stansfield, Deputy Director of Health TAHD, B. LaForge, PHEP Coordinator, J. Keyes, Public Health Specialist, A. Dominch-Kovalevsky, Community Health Director

Staff on Zoom: R. Smith, Sanitarian TAHD, D. Fox, Administrative Secretary TAHD

Meeting called to order at 7PM by Chairman Collins

1. Minutes

Motion made by W. Hudock and N. Rahuba respectively to accept the June 2024 minutes as written. Vote called, hearing no abstentions or objections the motion carried.

2. Board of Health & Staff

- a. Changes in Board Members – None
- b. Changes in Staff
 - o Shivani Kaneria has resigned to attend Physician Assistant School & Brien LaForge has been promoted to PHEP Coordinator. Interviewing for a part time PHEP assistant Coordinator.
 - o Massiel Romero resigned effective October, she will be moving to Tennessee
 - o Bob Smith will retire as of September 30, 2024
- c. Board of Health meetings schedule for 2025
- d. Questions and /or concerns from board members or members of the public to be placed on the agenda (if and action item is added to the agenda a 2/3 vote is needed to take any action)

3. Chairman's Report

- Chamber of Commerce – Keeps up with events, Business after Hours
- Health Council meetings

4. Committee Reports

- a. Finance Committee – L. Timolat
 - o FY24 year-end/Audit –
 - King, King and Associates have completed their investigation and will be compiling report to be presented at the next meeting
 - o Report on FY 25 YTD with the recommended changes to ratify the FY 25 Budget
Motion made by L. Timolat and W. Hudock respectively to ratify the FY25 Budget as presented adding the 2022 Ford Escape reimbursement and replacement cost along with eliminating the grant admin income and expense line items from the budget.
 - o Director of Health Rubbo – FY 25 Budget – Clarification on Vehicle – 2022 Ford Escape was damage during a storm when a large oak tree fell on it. In the budget showing is the reimbursement line item that we received from the insurance company \$23,596. Was able to purchase a 2022 Ford Escape with less miles on it then the original from Lombard Ford. Purchase was for \$26,247. With \$1000 deductible the cost to replace the vehicle was roughly \$3000. The two-line items went into the operating budget due to how it came down through the insurance. Finance Committee was emailed with before transaction happened, they all were on

board with the process with the understanding that we would be ratifying the budget at the January meeting.

- DOH Rubbo proceeded with the review and highlights of the FY 25 budget. Discussing income and expense portions.
- Line items looking to add and delete as follows: Addition will be Vehicle replacement Income, and the deletion will be Income/Grant Administration
- Other income – DOH has explained at previous meetings regarding Lead Reimbursement money from Lead cases. Legislators have now decided to redirect said monies out of the line item and reallocated monies toward abatement. We are now stuck with a very heavily unfunded mandate which requires a tremendous amount of work. So, the original \$50,000 that was budgeted we may receive \$30,000-35,000
- RCORP grant – in conjunction with McCall hired a Grant writer. Grant application is pending.
- Bank/Credit Card Services Charges discussion

Vote called on the above motion. Hearing no abstentions or objections. the motion carried.

Amendment to minutes – With a discussion that was held at the Finance Committee meeting previously held that the DOH investigate the matter of moving additional capital and general fund money to interest bearing accounts was added by implied unanimous consent.

Motion made by L. Timolat and N. Rahuba respectively to authorize the Director of Health investigate the question of further income bearing accounts for our Capital Funds and that upon a proposal with no objections from board members that the plan be executed. Vote called, hearing no abstentions or objections, the motion carried

- Schedule Allocation FY25

Motion made by L. Timolat and W. Hudock respectively to accept schedule of allocations date September 19, 2024, as presented. And the only variable that is highlighted is the \$3,196.00 which is a calendar move from FY 24 to FY 25.

Discussion/ Explanation: In FY 24 budgeted \$16,686.43 for a condenser unit the condenser unit was \$13 489.00 an additional \$3,196.00 to run some new lines and installation. The bill for \$3,196.00 came after July 1st. DOH Rubbo did not want to move money without board approval for transparency purposes.

Vote called, hearing no abstentions or objections the motion carried.

b. Building Committee – DOH Rubbo

- Second Condenser replaced
- North Parking lot to be completed by end of next week

c. Personnel Committee – K. Wilson

- Personnel Committee Chairman K. Wilson opened the floor nominations for the TAHD Board of Directors

The Personnel Committee recommends that the incumbents be re-elected for their positions with Mr. Collins as Chairman and Mr. Waldron as Vice Chairman of the TAHD Board of Directors.

L. Timolat and W. Hudock respectively move that all nominations of officers for the TAHD Board of Directors be closed, and the slate of officers be approved with the Secretary casting one (1) vote. Hearing no abstentions or objections, the motion carried

- Closing the office for lunch- Rob Rubbo/Tom Stansfield
Discussion ensued – Front office staff have been directed to log in each day who comes in during lunch hour. This data will be collected and reviewed at the next board meeting

5. Director's Report

- Staff presentation – Anastasiya Domnich-Kovalevsky & Joanna Keyes regarding opioid epidemic
 - Overview of on what we've done, where we are headed. Data sheet and information attached – Power point presentation
- Uniform Relocation Act- B. LaForge- Emergency Preparedness Coordinator
 - Need information from each town who is responsible for or in charge of relocation citizens in the event of an emergency
 - Asking board members to help with finding out who these are in each town. If no one is appointed usually falls on the Chief Elected Official (CEO)
 - Town responsibilities to find habitation if a citizen is displaced to various reasons beyond their control
 - Uniform Relocation Act is a statutory mandate
 - Need to send Statute to every CEO with effective date so they can act on the statute
 - Put together a fact sheet outlining responsibilities
 - TAHD will reach out one more time or at least try other avenues to reach out

6. Program Reports

- a. Food Protection
 - Focusing one town at a time – catching up a places that have fallen behind. Wednesdays are considered blitz days
 - Closure of several food service establishments (FSE) for short periods of time due to rodent/insect infestation and temperature violations
 - Huge up tick in the rat population in the Northeast
- b. Environmental
 - Bathing water testing program has been completed for the season
 - No incidents of Blue Green algae this season
 - Soils training workshop at Session Woods in Burlington the end of October. Several staff member will be attending

7. Adjournment

Motion by P. Oliver and T. Waldron to adjourn this meeting of the TAHD Board of Directors at 9:00 pm

Respectfully submitted,



Robert Rubbo
Director of Health

Transcribed by,



Diane Fox
Administrative Secretary



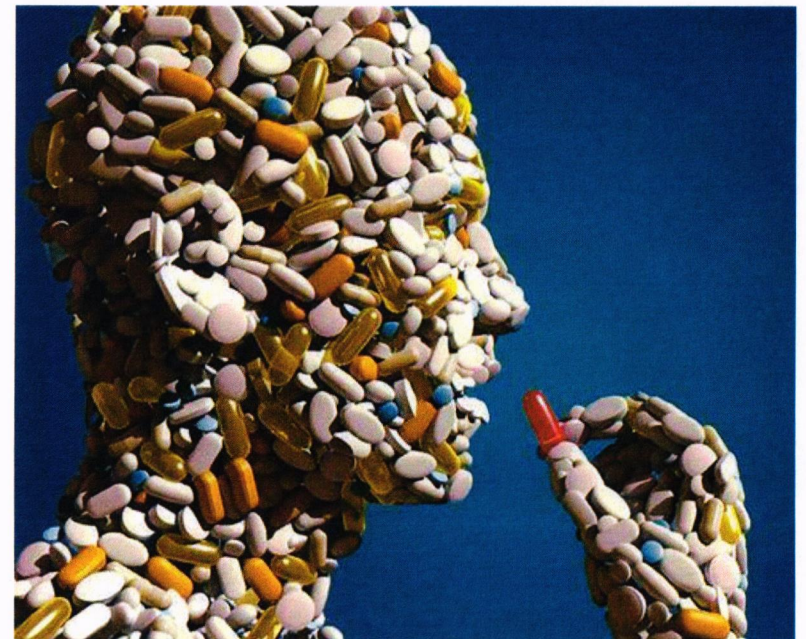
Opioid Crisis

**TAHD Board Meeting
September 19, 2024**

**Anastasiya Domnich-Kovalevsky, Director of Community Health Services
Joanna Keyes, Public Health Specialist**

Opioid Crisis

- In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to opioid pain relievers and healthcare providers began to prescribe them at greater rates.
- Increased prescription of opioid medications led to widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive.
- In 2017 HHS declared the opioid crisis a **public health emergency**.



Opioid Crisis Negative Consequences on Health

Addiction and death due to overdose (1)

Medical issues such as dizziness, constipation, depression, and immune dysfunction (1)

Long-term adverse health outcomes such as liver damage, increased tolerance, worsening pain or withdrawal symptoms (2)

Increased risk of harm due to problematic use of opioids (2)

Almost \$80 billion associated with this epidemic each year due to the lost wages, healthcare expenses, and involvement in the criminal justice system (3)

Epidemic of opioid use disorder (OUD), labor supply disruptions, and unprecedented death (4)

Addressing the crisis on the local level

Multiple grant funded initiatives:

SPF Rx (Strategic Prevention Framework for Prescription Drugs)

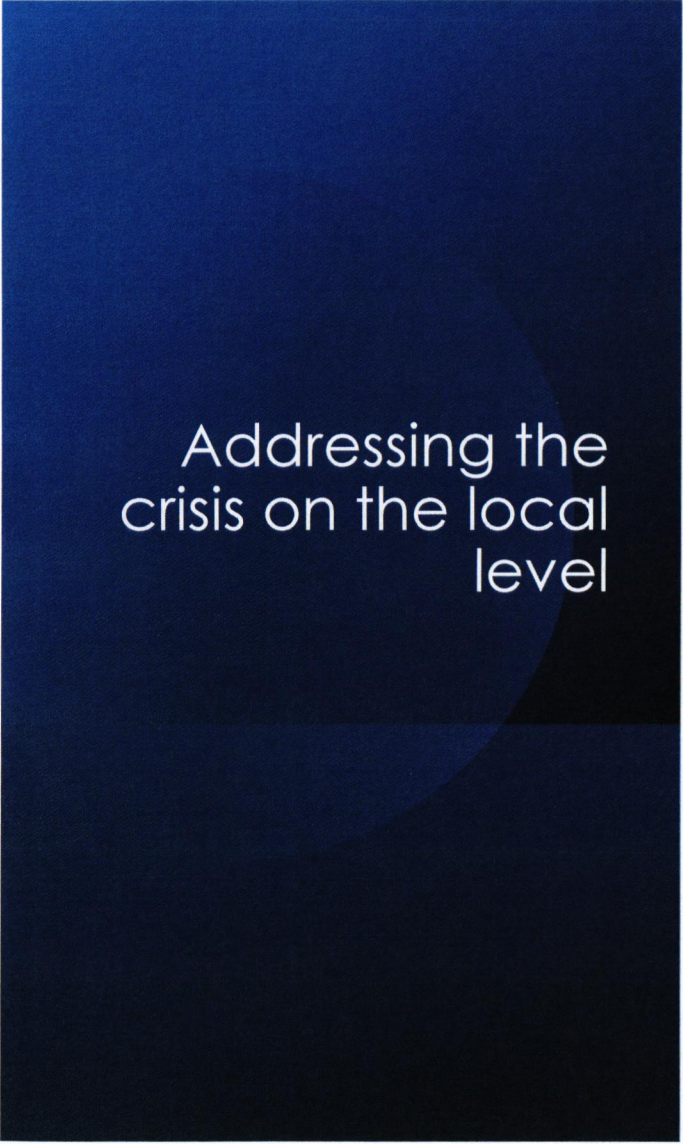
ADOPS (Academic Detailing on Opioid Safety)

ODMAP SERG (Overdose Detection Mapping Application Program: Statewide Expansion and Response Grant)

OD2A (Overdose Data to Action)

RCORP (Rural Communities Opioid Response Program: Implementation)

CDC CSP (Comprehensive Suicide Prevention: A Public Health Approach)



Addressing the
crisis on the local
level

TAHD has been a member of
the Litchfield County Opioid
Task Force (LCOTF) since 2012

- In 2019 TAHD became an Executive Committee Member of LCOTF
- TAHD chairs of Data Subcommittee
- TAHD is a member of Harm Reduction Subcommittee

What Is ODMAP?

- The goal of ODMAP is to provide near real-time data to public safety and public health agencies, enabling them to mobilize responses to overdoses as quickly as practically possible. ODMAP displays overdose data within and across jurisdictions to help agencies identify spikes and clusters.





- Required Information: ODMAP requires users to enter four fields: (1) date/time of suspected overdose; (2) approximate overdose location (using address, latitude/longitude, or "my device's location"); (3) fatal or nonfatal overdose; and (4) naloxone administration if applicable.
- Optional Information: Users can enter additional information such as case number, victim's age and sex; primary and additional suspected drugs; hospital transport; multiple victim overdose incident; and identity of responder who administered naloxone.

How Is ODMAP Data Displayed?

Connecticut Data Dashboard



Deaths:
559

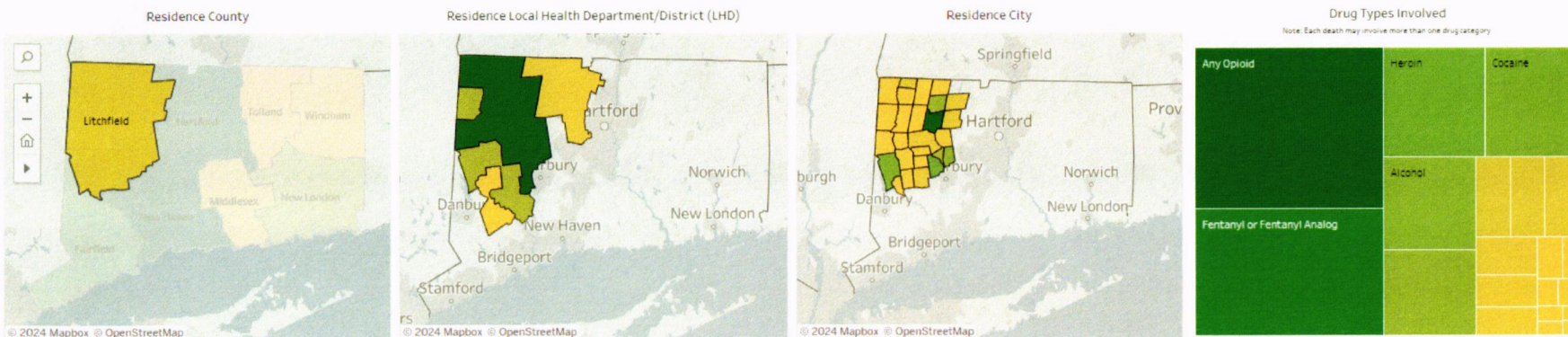
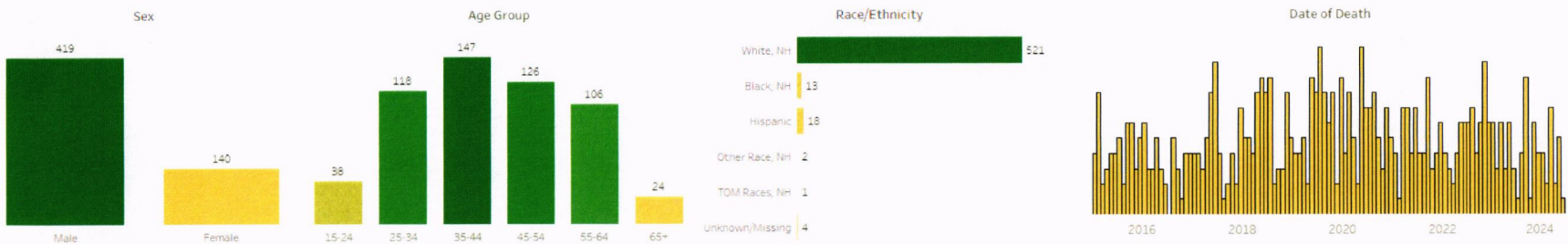
Unintentional and Undetermined Drug Overdose Deaths in Connecticut, 2015 to 2024

Average Age:
43.4

Median Age:
42.0

Year

Number of Deaths (low to high)



2015
52

2016
39

2017
54

2018
69

2019
76

2020
72

2021
60

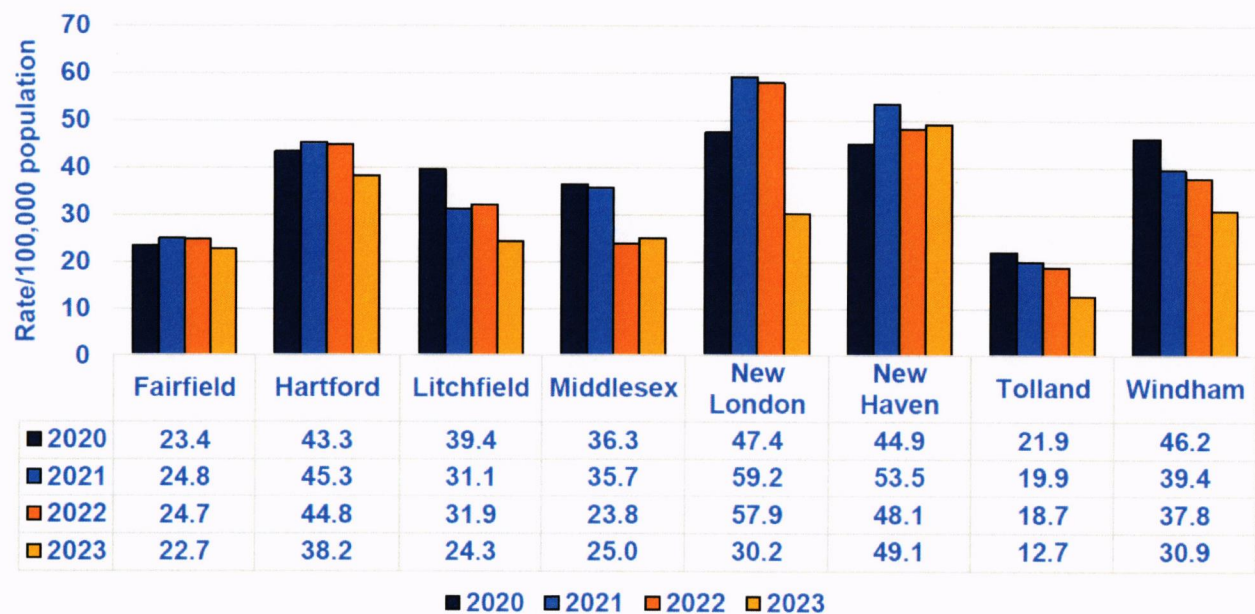
2022
64

2023
52

2024
21

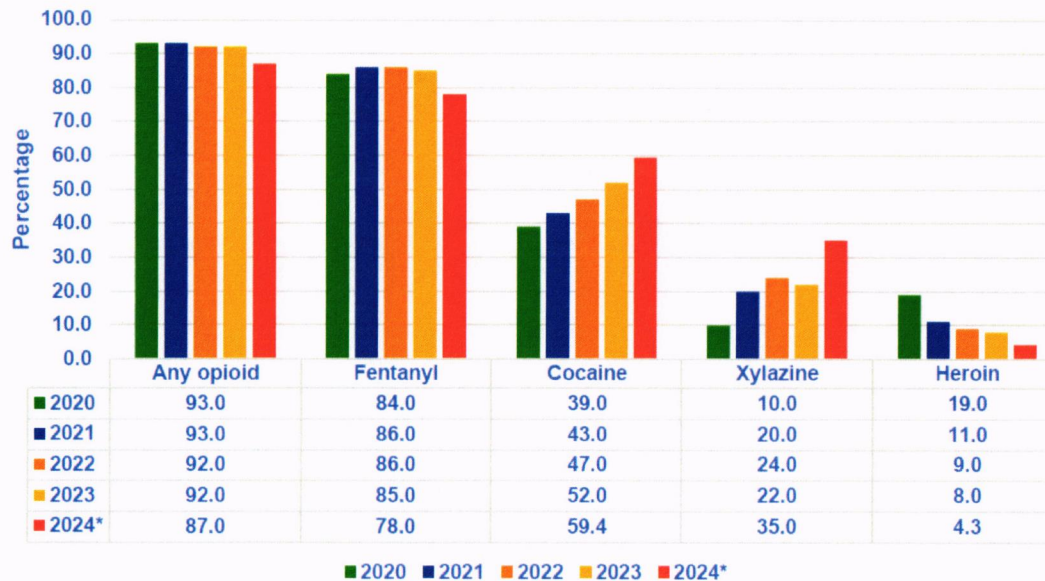
[Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2023 | Tableau Public](#)

Rate of Unintentional Drug Overdose Deaths per 100,000 Population, by Injury County, Connecticut, 2020-2023



Data sources: Office of Chief Medical Examiner (OCME) <https://portal.ct.gov/OCME/Statistics>
State Unintentional Drug Overdose Reporting System (SUDORS)

Percentages of Primary Substances Involved in Unintentional Drug Overdose Deaths, Connecticut, 2020-2024*



* Data are subject to change

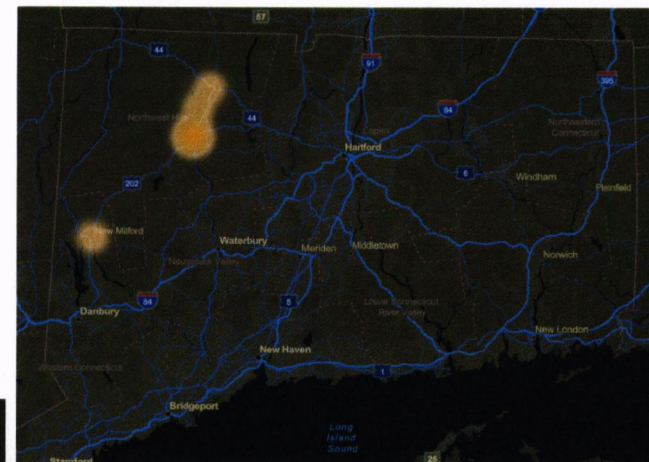
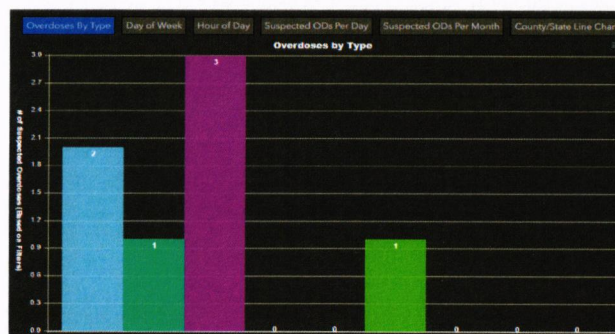
Data sources: Office of Chief Medical Examiner (OCME) <https://portal.ct.gov/OCME/Statistics>
State Unintentional Drug Overdose Reporting System (SUDORS)

Complete toxicology tables link:

<https://portal.ct.gov/-/media/dph/injury-and-violence-prevention/opioid-overdose-data/toxicology-tables/unintentional-drug-overdose-deaths-involving-different-drugs-connecticut-2012-2023.pdf>

March 2024 (New Data) Reported by CT Poison Control Only

Total Suspected Overdoses:	7
Suspected Fatal Overdoses:	1
Naloxone:	5



• Source: ODMAP, CT Poison Control and Office of Chief Medical Examiner

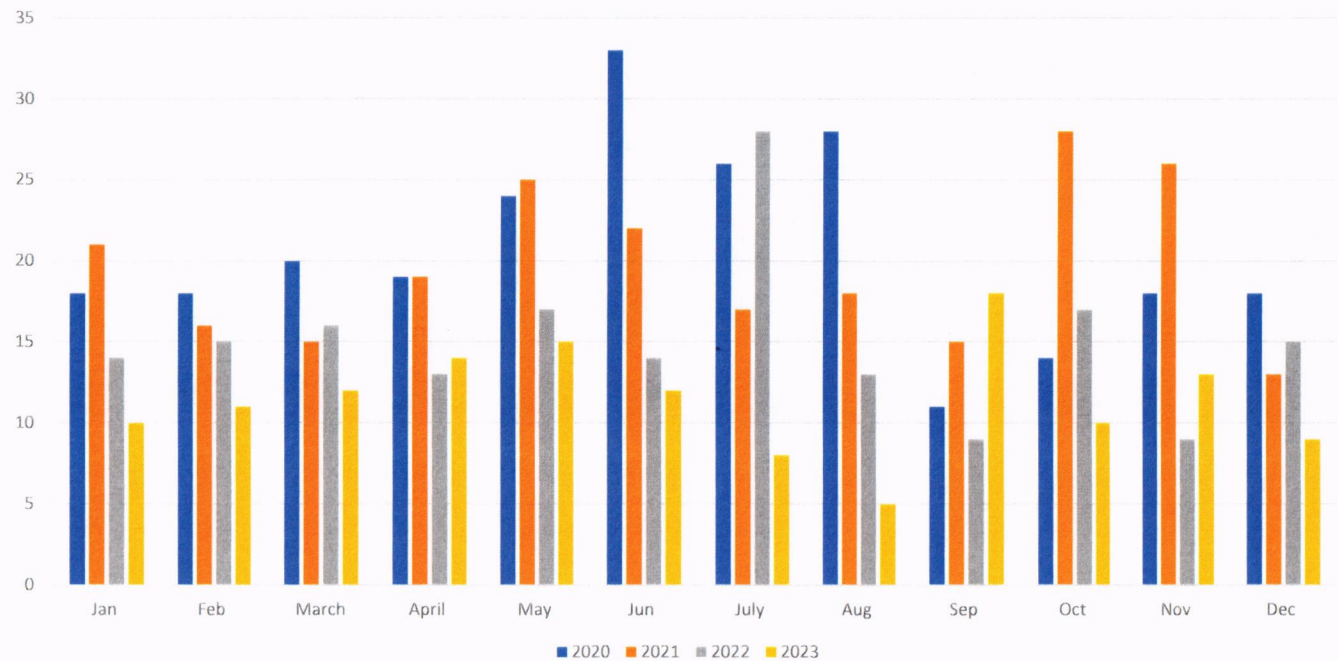
■ Non-Fatal: No Naloxone
 ■ Non-Fatal: Single Dose Naloxone
 ■ Non-Fatal: Multiple Doses Naloxone
 ■ Fatal: No Naloxone
 ■ Fatal: Single Dose Naloxone
 ■ Fatal: Multiple Doses Naloxone
 ■ Non-Fatal: Naloxone Unknown
 ■ Fatal: Naloxone Unknown
 ■ Other

Opioid Overdoses as Reported to CT Poison Control for Litchfield County 2020 to 2023 by Month

Data Source: SUDOR*

YEAR/MONTH	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
2020	18	18	20	19	24	33	26	28	11	14	18	18	247
2021	21	16	15	19	25	22	17	18	15	28	26	13	235
2022	14	15	16	13	17	14	28	13	9	17	9	15	180
2023	10	11	12	14	15	12	8	5	18	10	13	9	137
Total	63	60	63	65	81	81	79	64	53	69	66	55	

Opioid Overdoses as Reported to CT Poison Control for Litchfield County 2020 to 2023

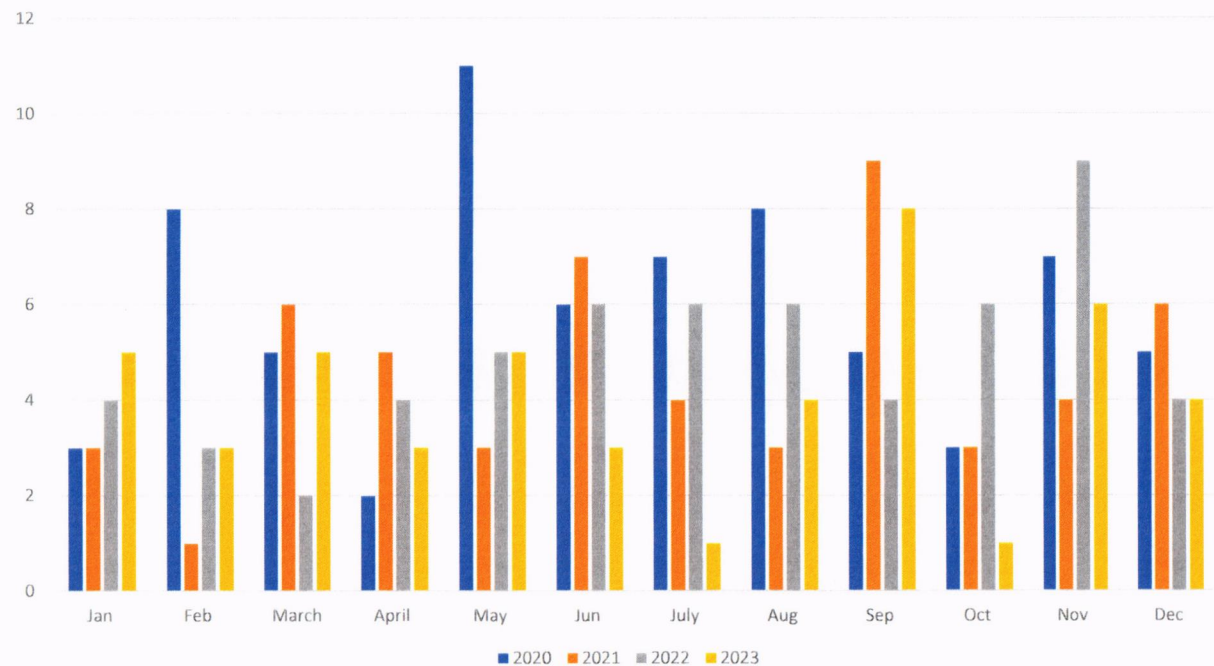


Fatal any Opioid Overdoses for Litchfield County 2020 to 2023 by Month

Data Source: SUDOR*

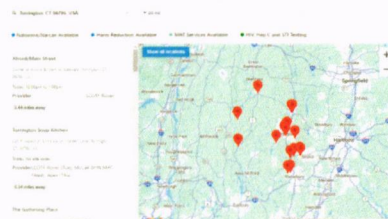
YEAR/MONTH	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
2020	3	8	5	2	11	6	7	8	5	3	7	5	70
2021	3	1	6	5	3	7	4	3	9	3	4	6	54
2022	4	3	2	4	5	6	6	6	4	6	9	4	59
2023	5	3	5	3	5	3	1	4	8	1	6	4	48
Total	15	15	18	14	24	22	18	21	26	13	26	19	231

Fatal any Opioid Overdoses for Litchfield County 2020 to 2023





Harm Reduction Rover Sites/Naloxone Distribution Map Locator



**OPIOID OVERDOSE EMERGENCY KIT INSIDE
NARCAN/NALOXONE**

**CARRY NALOXONE
YOU CAN SAVE A LIFE**



**OPIOID OVERDOSE
EMERGENCY KIT INSIDE
NARCAN/NALOXONE**

- 1 CALL 911
- 2 ADMINISTER NALOXONE
- 3 RESCUE BREATHING

FENTANYL TEST STRIPS INSIDE

SCAN HERE FOR A VIDEO ON HOW
TO ADMINISTER NALOXONE, HOW
TO USE FENTANYL TEST STRIPS,
AND OTHER HELPFUL RESOURCES



**OPIOID OVERDOSE
EMERGENCY KIT INSIDE
NARCAN/NALOXONE**

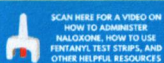
- 1 CALL 911
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NALOXONE



SAVES LIVES

FENTANYL TEST STRIPS INSIDE



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PROVIDED BY
THE LITCHFIELD COUNTY OPIOID TASK FORCE
WWW.LCOPTF.ORG

Opioid Crisis

WHAT'S NEXT



LC-QTOF (Liquid
Chromatography-Quadrupole
Time of Flight) Mass
Spectrometry



FTIR (Fourier-transform
Infrared Spectroscopy)

Emerging substances

Other Emerging Substances in Fatal Drug Overdoses, Connecticut, 2019- 2024*

Substance	2019	2020	2021	2022	2023	2024*
Carfentanil	0	2	1	0	7	2
Designer benzodiazepines**	0	3	5	5	31	18
Nitazenes	0	0	2	1	10	5

*Data are as of the 2nd week of July 2024 and are subject to change

**Designer benzodiazepines include bromazolam and flubromazolam

Data sources: Office of Chief Medical Examiner (OCME) <https://portal.ct.gov/OCME/Statistics>
State Unintentional Drug Overdose Reporting System (SUDORS)

References

Slide 2

[The opioid epidemic and its impact on the health care system - The Hospitalist \(the-hospitalist.org\)](#)

[The Opioid Crisis in Canada \(parl.ca\)](#)

[Opioid Abuse: Signs, Effects, Dangers, and Treatment \(verwellhealth.com\)](#)

[The economic impact of the opioid epidemic \(brookings.edu\)](#)

Slide 6,7

[ODMAP \(hidta.org\)](#)

Slide 8

[Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2024 | Tableau Public](#)