HVHD®
Housatonic Valley
Health District

Southbury Senior Center
561 Main Street South
Southbury, CT 06488
Regular Meeting
Wednesday 05/06/2026, 5:30PM

Voting Members in Attendance
Larry Ellis (Oxford) (Chairperson)
Deb Fuller (Woodbury) (Vice Chairperson)
Michael Crespan (New Milford)
Scott Halstead (Oxford)
Casey Flanagan (Sharon)
Jack Kelly (Southbury)
John Michaels (Southbury)
Sarah Fatibene (Southbury)
Dean Sarjeant (Washington)

Non Voting in Attendance
Amy Bethge, MPH (Director of Health)
Anthony Minchella, Esq

Voting Members Not Present
Dr. Jeremy Levin (New Milford)
Chris Cosgrove (New Milford)

MEETING MINUTES

Meeting called to order: Larry Ellis 5:30pm

John Michaels made a motion to go into Executive Session
Second: Deb Fuller
All in favor
Motion Carries

Executive Session
Entered executive session 5:30pm
Ended executive session 6:15pm

Approval of Minutes

Motion to approve the Regular Meeting Minutes from 03/04/26
Ms. Fuller made a motion to approve the minutes.

Second: John Michaels
All in favor
Motion Carries

Finance Committee Report

John Michaels stated that there is a finance sub-committee meeting scheduled for May 11th during which financial reports, health insurance, and investments will be discussed.

Chairman's Report

Larry Ellis stated that the HVHD office in Southbury was partially damaged due to a roof-based water leak. He shared that the subcontractor should have the renovation work completed within the next month or so.

Director's Report

Amy Bethge shared her director's report. She shared that district staff continue to monitor and respond to evolving public health guidance issued by state and federal agencies. Since the start of 2026, several significant updates from the Connecticut Department of Public Health (CT DPH) have direct operational relevance to local health departments.

Immunization Policy & Vaccine Standards

On January 6, 2026, CT DPH Commissioner Manisha Juthani issued a statewide statement reaffirming Connecticut's commitment to evidence-based childhood immunization standards following federal changes to national vaccine recommendations.

On January 27, 2026, CT DPH formally endorsed the 2026 American Academy of Pediatrics immunization schedule as Connecticut's standard of care for children and adolescents.

In April 2026, Governor Ned Lamont signed legislation reinforcing vaccine access and supporting continued evidence-based public health standards throughout Connecticut. A summary of these changes and their impact are included below:

1. Connecticut Strengthened State Vaccine Authority

The new law expands the authority of the Connecticut Department of Public Health (DPH) to establish vaccine "standards of care" for children and adults based on evidence-based medicine and recommendations from medical organizations, even if federal guidance changes.

2. Connecticut Can Maintain Vaccine Standards Independent of Federal Changes

The legislation allows Connecticut to continue relying on scientific and medical consensus organizations, such as the American Academy of Pediatrics and other professional groups, rather than depending solely on federal CDC or ACIP recommendations.

3. Expanded DPH Authority to Purchase and Distribute Vaccines

The law broadens DPH authority to directly purchase vaccines and administer vaccine access programs. This includes initiatives intended to improve vaccine availability for uninsured and underinsured residents, including flu vaccine access programs.

4. Reinforcement of Connecticut's Ban on Religious Exemptions for School Vaccines and Continuation of Medical Exemption Only Allowance

One of the most controversial provisions explicitly states that Connecticut's Religious Freedom Restoration Act does not apply to school immunization requirements. This change was made after the Connecticut Supreme Court allowed a lawsuit challenging the 2021 repeal of the religious exemption for school vaccines to proceed on statutory religious freedom grounds. The new legislation was designed to prevent courts from restoring religious exemptions through litigation.

Under current Connecticut law, students may only receive vaccine exemptions for medical reasons certified by an appropriate healthcare provider. Religious exemptions for school immunizations remain prohibited except for certain students grandfathered under the 2021 law.

5. Insurance Coverage Requirements

The legislation also requires many Connecticut-regulated health insurance plans to cover vaccines included in the state's immunization standards.

HVHD nursing and community health staff continue to support vaccine education, school compliance activities, provider communication, and community outreach consistent with CT DPH guidance. In addition to its annual flu clinics, this year HVHD hosted clinics throughout the Spring focused on childhood and adult immunizations in alignment with the respective immunization schedules for those population groups. Due to increased public health concern regarding measles and TB, staff hosted specific clinics focused on measles vaccination and TB testing.

Legislative and Regulatory Monitoring

HVHD continues active engagement, including preparing written testimony, in various legislative proposals. Particular public health-related topics of note during the current legislative session include:

- Private well water testing, disclosure, and groundwater protection requirements
- Drinking water infrastructure funding and resiliency planning
- Onsite wastewater and septic system oversight
- Environmental permitting and land use review associated with large-scale development projects
- Healthcare workforce recruitment, credentialing, and licensure flexibility
- Public health emergency preparedness authority and response coordination
- Food service and temporary event regulatory modernization
- Housing, indoor air quality, and environmental exposure standards
- Emerging environmental health concerns related to battery energy storage systems and hazardous material incidents

Environmental Health Update:

Vibrio Vulnificus Infection

CT DPH confirmed Connecticut's first 2026 case of Vibrio vulnificus infection. Vibrio are naturally occurring bacteria found in coastal saltwater and brackish water environments, including areas along Long Island Sound. While many Vibrio species are harmless, certain strains can cause severe illness in humans. The two species of greatest public health concern in Connecticut are:

• Vibrio vulnificus: associated with severe wound infections, bloodstream infections, and necrotizing fasciitis (commonly referred to as "flesh-eating bacteria")

• Vibrio parahaemolyticus: commonly associated with gastrointestinal illness following consumption of raw or undercooked seafood

Vibrio bacteria are most common during warmer months, typically between May and October, when coastal water temperatures increase. Connecticut reported several severe Vibrio vulnificus infections in recent years, including fatalities in 2023.

Most Connecticut cases have been linked to exposure of open wounds to salt or brackish water, or consumption of raw or undercooked oysters. Connecticut commercial shellfish harvested under state monitoring programs have not been directly linked to reported Vibrio vulnificus illnesses. State agencies continue year-round monitoring of shellfish harvesting areas and Vibrio levels in Connecticut waters.

Symptoms and Health Risks

• Gastrointestinal Illness

- Diarrhea
- Abdominal cramping
- Nausea
- Vomiting
- Fever

• Wound Infections: exposure of cuts, scrapes, or wounds to contaminated salt or brackish water can result in:

- Redness and swelling
- Severe skin infections
- Blistering
- Tissue destruction
- Bloodstream infections (sepsis)

People at greatest risk for severe illness include:

- Older adults
- Individuals with liver disease
- Immunocompromised persons
- Individuals with diabetes or chronic medical conditions

Vibrio vulnificus infections can progress rapidly and may become life-threatening within 24–48 hours.

Prevention Recommendations

- Seafood Safety
- Avoid eating raw or undercooked oysters and shellfish
- Thoroughly cook seafood before consumption
- Refrigerate seafood promptly
- Prevent cross-contamination between raw seafood and ready-to-eat foods
- Water Exposure Safety
- Avoid entering salt or brackish water with open wounds, cuts, or recent surgical sites
- Cover wounds with waterproof bandages if exposure cannot be avoided

- Wash wounds immediately with soap and clean water after contact with coastal water
- Seek medical care promptly if redness, swelling, fever, or worsening pain develops after water exposure

Ms. Bethge shared that during the 25/26 fiscal year to date, the environmental health team has completed 1,470 activities related to building and septic and 158 activities related to salons. Housing complaints have significantly increased during the 25/26 FY, with 132 so far this fiscal year, as compared to 84 total housing complaints during the 24/25 FY. The most common types of complaint received include those related to pests, food, garbage, and blight.

Ms. Bethge shared that when speaking with representatives from other municipal departments, they echoed what HVHD staff was seeing in the field in that housekeeping and hoarding issues were also becoming more common. She stated that this is typically tied to a mental health issue. Since access to mental health care remains a significant issue for members of HVHD's population (in addition to residents across the state and country), this is one example that highlights the systemic issues associated with limited access to needed healthcare that can be directly seen in the day-to-day work of HVHD's staff.

Community Health Update:

During February, March, and April, HVHD continued to advance regional public health priorities through disease prevention initiatives, health education, environmental health outreach, behavioral health awareness campaigns, and community engagement activities. HVHD maintained ongoing public education and outreach efforts focused on respiratory illness prevention, vaccination awareness, opioid response, mental health promotion, and chronic disease prevention. The agency continued dissemination of educational materials related to COVID-19, influenza, RSV, and seasonal respiratory illness guidance aligned with recommendations from the CDC and Connecticut Department of Public Health.

The Flu Clinic Summary Report for this Fiscal Year can be found here: Flu Clinic Summary Report

Ms. Bethge walked through the clinic summary dashboard with the Board and shared that over the past several years, members had posed the question of whether or not it made sense to continue to host district-lead clinics. Based on data compiled from FY 23/24- FY 25/26, it is clear that flu clinics are both well attended and act as an additional revenue source for the organization. In the 25/26 FY, HVHD recorded a 30% ROI associated with flu clinics, even when accounting for staff salaries. Based on these data, it is clear that HVHD should continue to host in-house flu clinics in future years.

In March, HVHD highlighted National Nutrition Month through community education campaigns emphasizing healthy eating, chronic disease prevention, and wellness promotion. Public messaging focused on improving dietary awareness and supporting healthier lifestyle choices across the district communities.

During April, HVHD participated in National Public Health Week activities, using social media and community messaging to educate residents on the importance of public health systems, prevention programs, and healthy communities. Messaging emphasized preparedness, health equity, disease prevention, and community wellness, and noted that public health works best when nobody notices it. Ms. Bethge shared that a good example of this the commendable work that Heidi Bettcher, HVHD's Public Health Nurse, completes each time she works with one of her tuberculosis patients. When working on tuberculosis case management, Heidi conducts directly observed therapy (DOT).

Ms. Bethge shared that these cases often go unnoticed by the public because effective public health intervention prevents further spread within the community. Ms. Bethge explained that TB case management requires daily contact with affected individuals to ensure medications are taken as

prescribed, often for a minimum of six months. She highlighted that many TB cases involve individuals facing significant barriers to care, including language differences, cultural challenges, limited health literacy, transportation difficulties, and coexisting medical conditions.

One recent example emphasized the importance of strong partnerships between healthcare providers and the health department, as well as the value of committed public health intervention in supporting vulnerable residents who may otherwise struggle to navigate the healthcare system independently. Ms. Bethge concluded by noting that successful public health efforts often occur behind the scenes and may go unnoticed by most community members because they effectively prevent larger public health impacts.

April communications also emphasized Stress Awareness Month initiatives, including education regarding mental health, stress management, emotional wellbeing, and access to supportive resources.

During the month of May, community conversations will focus on Mental Health and include a training on QPR (Question, Persuade, Refer) Suicide Prevention. QPR training enables participants to recognize the warning signs of suicide and question, persuade, and refer people at risk for suicide, thereby assisting them in the process to get help.

Newsletter and Radio show

May is Mental Health Awareness Month: Mental Health Matters

Ms. Bethge shared that she has a monthly spot on Robinhood Radio where she provides updates regarding various topics in public health to listeners.

Behavioral Health & Substance Use Prevention

Ms. Bethge reported continued regional efforts related to behavioral health and substance use prevention, including outreach activities focused on opioid awareness, overdose prevention, and connections to community-based support services. Updates were also provided regarding youth enrichment initiatives funded through opioid settlement funds, including a camp voucher program that assists families impacted by the opioid crisis with access to summer enrichment opportunities such as Parks and Recreation programs, STEM camps, and robotics camps.

Academic & Community Partnership Initiatives

Ms. Bethge highlighted the district's partnership with the University of Connecticut School of Pharmacy internship program during the 2025–2026 academic year. Three interns supported community health initiatives throughout the district by participating in outreach events, engaging residents, and assisting with opioid prevention and substance use awareness activities. One intern will continue supporting district programming over the summer, and two interns are collaborating on research articles related to community-based opioid prevention strategies.

Board discussion addressed the value of supporting workforce development opportunities while also recognizing the significant staff time required to supervise interns. Ms. Bethge explained that internship oversight requires dedicated mentorship, particularly for undergraduate students who are unable to work independently under program requirements. It was noted that future participation in internship programs may depend on available funding, staffing capacity, and the experience level of participating students.

Board members acknowledged the importance of balancing workforce development initiatives with the district's operational priorities and state expectations related to public health training and workforce

support, but noted that HVHD should not and cannot support all interns that express interest in working with the organization due to limited staffing capacity to oversee these interns, specifically during the summer/busy season.

Organizational & Strategic Focus

HVHD maintained continued emphasis on regional public health infrastructure, community health improvement planning, and evidence-based public health programming. Strategic efforts during this period supported:

- Community health assessment and improvement activities
- Public health communications modernization
- Emergency preparedness coordination
- Data-informed prevention strategies
- Cross-sector community collaboration
- Health equity and access initiatives

Outlook Moving into Spring/Summer 2026

- Looking ahead, HVHD is preparing for seasonal public health priorities including:
- Tick and mosquito-borne disease surveillance and education
- Summer food safety and recreational water safety
- Emergency preparedness and extreme weather planning
- Community wellness outreach events
- Ongoing behavioral health and substance use prevention initiatives
- Continued monitoring of respiratory illness trends and vaccination guidance

Old Business

Fee Schedule: Ms. Bethge stated the Fee Schedule was drafted along with the budget.

Mr. Michaels made a motion to approve the 26/27 Fee Schedule as drafted
Second: Mr. Halstead
In favor: 8
Opposed: 1
Motion Carries

Vacation Policy: The proposed vacation policy has been updated to include an approach which front-loads vacation at the beginning of the fiscal year instead of accruing.

Mr. Ellis made a motion to approve the revised vacation policy as written
Second: Mr. Michaels
All in favor
Motion Carries

New Business

Discussion on the handicap door that was installed at Playhouse Corner.

Mr. Flanagan made a motion to table the discussion.
Second: Mr. Michaels
All in favor
Motion Carries

Mr. Michaels stated the finance sub-committee did a preliminary performance review of the Health Director last year and would like to continue with that tradition this year.

Mr. Michaels made a motion to have the finance sub-committee complete a preliminary performance review of the health director on an annual basis.
Second: Mr. Kelly
All in favor
Motion carries

Mr. Michaels discussed the health insurance plan for HVHD staff and the rising cost of health insurance. There was a meeting with the health insurance advisor and what can HVHD do to help the cost and continue to provide quality health insurance for staff.

John Michaels made a motion for the finance sub-committee to work with the health director to make changes to the details of the health plan.
Second: Mr. Sarjeant
All in favor
Motion Carries

Motion to adjourn
Mr. Michaels made a motion to adjourn at 7:42pm
Second: Mr. Ellis
All in favor
Motion Carries

Recorded by:

Jen Luis