



# CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

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Social Services Office

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Mayor Mark D. Boughton  
City Council  
155 Deer Hill Avenue  
Danbury, CT 06810

December 24, 2013

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The November 2013 Health & Human Services Department monthly report is provided for your review. Detailed reports are attached for each Service, including the Housing, Food Service, Lead Poisoning Prevention, Social Services transition, Seasonal Work, School Based Health Centers transition and Environmental Health which identify specific inspections, tasks and hours provided by our staff.

Main Topics: The Department continues to work on the computer systems to test and update our inspector's programs to produce reports so the public may have access to inspection results and improve partnerships with the Hospital and other medical clinics to improve services have continued as well. On Friday December 13, 2013, the Greater Danbury Continuum of Care in conjunction with the City of Danbury's Housing Partnership and Social Services Department held the Seventh Annual Project Homeless Connect. You are encouraged to review all the information for each Division, as it provides details concerning ongoing activities. Also, I thank you for giving the Health & Human Services Department the opportunity to serve the Citizens of Danbury and feel free to contact us with any questions you may have.

Sincerely,

Scott T. LeRoy, MPH, MS  
Director of Health & Human Services

All City Services 311  
Eviction Prevention 797-4565  
Information-Referral 797-4569

Dial 2-1-1 for all  
Connecticut Services!

Emergency Shelter 796-1661  
Em. Shelter Fax 796-1660  
WIC Program 797-4638



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December 18, 2013

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

RE: Monthly Status Report – Housing, Food Service & Environmental Health Division  
November, 2013

### November 2013

### Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	Nov. 2013	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	75	559
Wetlands / Water Resources (hours)	107	739
# Land Use Evaluations (Septic Systems and Well Water Supply)	113	616
# Housing Inspections	95	494
# Food Service Inspections	139	666
# General Nuisance / Miscellaneous Inspections	152	857

See attached narrative

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## *Environmental Health Division Narrative Report*

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The status of major project and program activities of the Environmental Health Division (EHD) for November, 2013 can be summarized as follows.

### **Wetlands / Water Resource Management:**

The EHD continued to provide technical support staff to the Environmental Impact Commission (EIC). EHD staff has conducted review of permit documentation and site plans, site inspection of on going construction of EIC Permitted Projects, attended EIC Meeting and discussed environmental issues related to future projects by organizing pre-application meetings with developers and their consultants.

The EHD continued its management of water resource projects, including Tarrywile Lake. The EHD continued to provide staff support and liaison to the Environmental Impact Commission. (EIC), conducting oversight, environmental monitoring and inspection of public and private construction projects.

The EHD conducted site investigations of complaints and construction activities along the shore front of Candlewood Lake in cooperation with The Candlewood Lake Authority (CLA). The EHD receives and processes complaints, service requests and inquiries through the 311 "City Line" and Q-Alert systems.

### **Program Planning and Administration:**

The Director of Health (DOH) and Associate Director continued to coordinate various environmental programs. New employees both full time and part time are attending training courses to obtain required certifications.

### **Subsurface Sewage Disposal & Private Water Supply Wells Compliance Program:**

The on-site sewage disposal and well permitting program staff continued to perform plan review, site soil suitability testing and inspection.

### **Land Use:**

The EHD continued administration of the Grading Permit Program, conducting permit application review, site inspection and enforcement.

### **Hazardous Materials Management & Public Health Preparedness:**

The Environmental Health Division (EHD) continues in planning, training and preparedness activities for all hazard events as well as completion of annual contract deliverables required by the Connecticut Department of Public Health (DPH) Public Health Emergency Preparedness Grants.



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## ***HOUSING AND FOOD PROTECTION PROGRAM NARRATIVE***

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The statistical report reflects field activities conducted in connection with housing, public health and food service functions undertaken by the department. This narrative report is intended to summarize administrative activities and enforcement actions initiated by these sections. The narrative also highlights tasks and initiatives that may be of special interest.

The inspectors were not required to make court appearances. Several other cases were resolved by the City's attorneys prior to court hearings being held. While every effort is made to encourage cooperation to correct violations, non-compliance with department orders leads to court action and possible penalties for contempt of court.

The department continues to participate in systematic and complaint inspections with the UNIT program as needed. Our Department inspectors serve as the liaison's to UNIT and participates in inspections as requested. The department also investigates complaints throughout the city referred through the Mayor's complaint line and from other departments in addition to complaints filed directly with the department. The department also receives complaints and service requests through the 311 system. Food service inspections for the month were affected by the extended leave of a full-time food service inspector.

The department's lead poisoning prevention efforts for the month included monitoring of laboratory reports regarding blood lead levels in children in cooperation with the Connecticut Department of Public Health. Staff made contacts with clients in need of follow up tests according to State testing protocols. Preparations were also made to deal with the increased activity expected to result from the implementation of Connecticut's new law that mandates universal blood lead testing of all children in Connecticut. The law went into effect on January 1, 2009 and has resulted in an increase in department activity in the monitoring and follow up of child blood lead test results. Increased testing may also result in the need for more mandatory environmental inspections by the department to address individual cases of elevated blood lead levels. The law also lowers the action level for triggering such investigations. The department also performed functions as a community partner in the LAMPP Program during the month. Participation makes Danbury property owners eligible to apply for grant funds to abate lead paint, replace windows and perform other repairs necessary to make units lead safe. One application involving a Danbury property is under consideration by LAMPP. In addition, the Health department has submitted program grant application to the HUD Healthy Homes Production and LAMPP. Danbury as a partner will be included in this exciting initiative!

Services to the Health Department and Danbury Home owners will include: Health Intervention providing, Rug replacement; Ventilating fan installation; Mold/mildew removal, etc. LAMPP will provide training the following: Training on healthy homes issues, Assessment tools (HUD Program & IPAD), Training on assessment process. LAMPP will also provide energy efficiency assessments of homes partnering with Northeast Utilities



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TO: Mayor Boughton and City Council

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FR: Social Services

RE: Activities during November, 2013

## **Mission Statement:**

Our Social Services seek to provide the community and its residents with access to municipal and community social services in an expeditious, cost effective and comprehensive manner. Efforts are focused on improving access to housing and emergency shelters; improving access to medical care and coverage and improving social conditions for residents via collaboration and advocacy at the local, state and federal level by identifying and working to create systems of resources that are inclusive of all residents/clients in need.

The following are the highlights from our Social Services activities for November, 2013:

1. Our Housing Caseworker managed approximately 54 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 601 visits from homeless individuals or those at risk of becoming homeless (this includes weekend service meetings).

The breakdown of visits include the following:

- a. Initial Assessments(new clients): 5
- b. Laundry Services: 7
- c. Mail Access: 57
- d. Veteran Referrals: 12
- e. Bus Tickets: 6
- f. Housing Related Issues: 8
- g. Housing Placement: 0
- h. Job Searches: 9\*\*
- i. Employment inquiries: 8
- j. Case Management Services: 9
- k. Showers: 31
- l. Lunch: 390
- m. Mental Health Referrals/Case Management: 5\*
- n. Adult Medical Referrals: 1
- o. Phone Usage: 5
- p. Substance Abuse Referrals/Case Management: 40\*
- q. Clothing Vouchers: 2
- r. Other: 18



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\*MCCA counseling services have **RESUMED** on Saturday and Sunday from the hours of 9:00am – 3:00pm. In- house counseling referral and case management services at the Day Center are also provided Monday through Friday. Due to MCCA weekend counselor having 3 prior commitments, there was 3 weeks of no counseling services.

\*\* Providing computer access in Emergency Shelter for job placement and availability.

3. Social Service collaborations were continued for clients regarding health/medical/veteran status and any other required entitlements
4. Our Emergency Shelter continues to provide homeless individuals with support services, case management and any other necessary mental and physical assistance.
5. The Homeless Management Information System (HMIS) is continually updated on a monthly and quarterly basis to reflect current clients and activities in the Social Services section of the Health Department and through constant liaison with Dream Homes (ARC).
6. Attended meeting of the CoC to discuss coordinated access for the Balance of State CoC's and following procedures and new policies for all social service agencies provided a variety of services to the homeless population.
7. One (1) meeting conducted at United Way in developing a Collaborative City wide Community Food Bank and finalizing a food pantry pamphlet for all local food banks serving the local community. The pamphlet will be printed in English and Spanish and distributed in December.
8. Receiving weekly food donations from arrangement with Community Plates.
9. One (1) committee meeting for Project Homeless Connect scheduled for December 13, 2013 at Western Connecticut State University.
10. Attended one (1) meeting for the Social and Supportive Service Committee of the Danbury Housing Partnership.
11. Prepared Press Releases and Invites for the City's Website and DHP website regarding Project Homeless Connect scheduled for December 13, 2013.
12. Finalized speakers for the Danbury Housing Partnership breakfast at the Amber Room on November 7, 2013.
13. Attended one (1) meeting of the CoC.
14. Attended webinar for Coordinated Access for the State of Connecticut and Danbury's participation.
15. Attended final meeting of the Farmers' Market, updated information provided on the success of the annual summer event. Preparations for funding applications to be submitted in the late winter.
16. Attended Project Homeless Connect meeting.
17. Attended one (1) meeting of the Danbury Housing Partnership.
18. Conducted Danbury Housing Partnership Annual Breakfast at the Amber Room on November 7, 2013. Over 200 attendee's.
19. Finalized thank you letters for attendee's and sponsors of the DHP breakfast.



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20. Attended annual meeting of the Board of Director's for Dorothy Day Shelter and to finalize 7 ticket distribution for all 4 shelters opening for the winter months.
21. Preparing Christmas list of families to be sponsored by local agencies, individuals, churches, businesses, etc., Making contacts and verifying contributions.
22. Preparing and finalizing contributions for 25 dinners to be distributed for Christmas. Donations by the Ladies of the Greater Danbury Irish Club.
23. Finalizing a total of 90 families being sponsored for Christmas gifts for 2013.
24. Attended seminar at the Danbury Police Station regarding paroles, etc.
25. Attended workshop on Hoarding offered by the Milford Health Department and Department of Social Services.
26. Staff member for the Connecticut Coalition to End Homeless visit to the City's Emergency Shelter to inquiry as to what CCEH can do for local communities and shelters.



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## School Based Health Centers (SBHCs) Monthly Operating Report December 2013

**Brief Program Description:** The School Based Health Centers (SBHCs) are freestanding medical centers, located on the grounds of Broadview and Rogers Park Middle Schools, Danbury High School and Henry Abbott Technical School. The SBHCs promote the physical and mental health of children and youth and ensure their access to comprehensive primary and preventive health care. SBHCs emphasize early identification of physical and mental health concerns and the prevention of more serious problems through early intervention.

**Mission:** Through improved access to care, children and adolescents will know and adopt behaviors that promote their health and well-being and experience reduced morbidity and mortality through early identification intervention.

This report reflects patient visit data for the time period July 1, 2103 through November 30, 2013 and highlights program activity during the transition phase of moving the SBHC programs from under the administrative oversight of the City of Danbury, Health & Human Services Department to the Connecticut Institute For Communities, Inc. (CIFC).

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### Patient Utilization Data for Period Ending November 30, 2013\*:

(Note: Data is for all sites combined and cumulative through noted period)

\*Data contained in this report does not reflect patients receiving services at the HATS site. It is anticipated that patient utilization and program activities cited in future reports will be inclusive of HATS services.

Total # of Students Enrolled in all Schools	5,124
Total # of Patients Enrolled in the SBHCs	4,470
% of Total School Population Enrolled	87.2%
Total # of Patient Visits	1,189
Total # of Medical Visits	745
Total # of Behavioral Health Visits	444



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## SBHC Annual Aggregate Billing Status Report 7/1/13 – 11/30/13

Visit Type	# Of Billable Visits		Amount Billed	Amount Collected	Amount Pending
Medical	Medicaid	449	\$19,272.58	\$17,358.66	
	Private	7	\$370.00	\$69.50	\$260.00
Behavioral	Medicaid	167	\$7,551.00	\$5,721.38	
	Private				
Dental**	Medicaid		-0-	-0-	
	Private		**	**	

\* Totals are for all sites combined.

\* Revenue is low for BMS site for the identified time period due to staff vacancies and limited staff coverage.

## SBHC Outcome Measures 7/1/13 – 6/30/16

All CT Department of Public Health SBHC sites are required for choose and report on achievement of outcome measures provided by the Department. Outcome measures #1 and # 3 have been selected by all three sites for FY 2013 – 2014. Attainment of the two measures will be regularly reported on in future Board reports.

Outcomes	Measures	Achievement of Outcome
1. Improve access to and utilization of primary and preventive health care and other essential public health services.	<p>a. There will be at least 70% percent of the school's student population enrolled in the SBHC. Enrolled means that a signed parent consent form for the student is on file.</p> <p>b. At least 45% of students enrolled in the SBHC will receive one or more visits.</p> <p>c. At least 80% percent of the student population will receive an outreach contact regarding services available at the SBHC (through distribution of literature, invitation to an open house or event, participation in an educational forum, social media, or other contact).</p>	<p>87.2% enrollment as of 11/31/13</p> <p>100% students received outreach contacts as of 10/31/13*</p>

Activities Toward Outcome:



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- a. Danbury High School (DHS) – 92% of the school’s student population enrolled in the SBHC which exceeds target of 70% enrolled

Rogers Park Middle School (RPMS) – 76% enrolled (912 out of 1,200 students)  
 Broadview Middle School (BMS) – 90% enrollment (900 out of 1,050 students)

- b. DHS – At completion of first reporting period (10/31/13), 278 students received at least one or more clinic visits representing approximately 10% of the total enrolled population of 2,619 students. During FY 2012-13, 773 enrolled students received one or more visit, representing 30% of the total number enrolled. Staff continuously strive to increase this number to the targeted 45% through increased outreach.

Greater than 80% of the school’s population has received an outreach contact regarding services at the SBHC. These outreach activities include direct mailings to students’ homes with information about SBHC services, a bulletin board display outlining services, staff participation in the school’s open house and a beginning of the year introduction to SBHC services in September in student cafeteria at lunch periods.

RPMS – At completion of the first reporting period (10/31/13), the APRN has seen approximately 200 students. Historically, the RPMS SBHC sees approximately 30% of the registered students each year. School nurse who acts as primary referral source is to be absent for an extended period of time 2013-14 school year, likely impacting number of patients referred to SBHC APRN.

SBHC staff participated in both open house meetings held at the beginning of the school year, including participation in the Hispanic parent night sponsored by the bilingual teachers. Staff conducted additional presentation to all science classrooms, reaching over 80% of student population.

BMS – Site may not reached targeted number of visits/patient due to staff vacancies and delayed hiring date.

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.	a. 90% of school staff receive information about the mental health services offered through the SBHC.  b. 85% of clinic users identified with a mental health concern through risk assessment screening receive a mental health assessment administered by the SBHC mental health clinician or are referred for appropriate assessment.  c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular	90% of school staff reached  85% users identified  50% receiving MH services 3mth or >



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	therapy demonstrate improved psychosocial functioning.  d. 90% of clinic users identified as having mental health needs that exceed the scope of service provided by through the SBHC are referred to an outside mental health specialty service.	90% requiring additional intervention successfully referred to community-based provider
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## Activities Toward Outcome:

- a. DHS - Over 90% school staff received information re. mental health services offered through the SBHC. Information is disseminated through the faculty bulletin which is received by all staff. School clinicians, nurses, guidance counselors and also teachers are very involved with referring students in need to the clinician for evaluation and treatment. Bulletin boards with information about SBHC and our services are also displayed prominently.

RPMS - Through classroom presentations, assemblies, work with guidance counselors and other school staff, 90% of the school staff have received information regarding mental health services at the SBHC. The guidance counselors have worked very closely with the counselor in coordinating services for students exhibiting mental health, peer, family, or other behavioral issues.

- c. DHS - Over 85% clinic users identified with a mental health concern receive a mental health assessment. Risk factors such as suicidality and homicidality are assessed during the initial visit as well as preliminary background information. A full mental health intake is completed on or by the third visit.

RPMS - 85% of clinic users with identified mental health concerns have been screened by the counselor. The APRN and counselor work closely together in identifying, prescribing and following students with ADD/ADHD.

- d. DHS - 50% clinic users receiving mental health treatment on a regular basis for at least three months demonstrate improved psychosocial functioning. Self-report and ongoing observation and assessment as well as collateral contact with school staff and parents as necessary inform this measure.

RPMS - More than 50% of the students who receive mental health services for at least 3 months have demonstrated improved psychosocial functioning. Examples of types of issues dealt with include a student who was refusing to come to school because of emotional trauma now comes part time and checks in frequently with counselor for support; a number of students have disclosed past trauma and work has been done with the student and family; overwhelming



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grief by a student has been addressed with her and her family in helping to get through the holidays and get support needed; a number of students are cutting and are followed closely, one of which was admitted to a psych. hospital.

d. DHS - 90% of users identified as having mental health needs in excess of the scope of services provided through the SBHC are referred for treatment in the community. For example, a long-time client of the clinician who presented with an exacerbation of depressive symptoms has been referred to her physician for a medication evaluation in conjunction with ongoing treatment. In addition, students presenting with poor compliance have been referred to providers within the community allowing parents to be responsible for transporting them to sessions.

RPMS - 2-3 students have been referred out to crisis or other services that were more complex.  
BMS – Site may not reached targeted number of visits/patient due to staff vacancies and delayed hiring date.



## **Program Snapshot: Activities/Meetings held November 1 – November 30, 2013:**

CT DPH contract fully executed 11/14/13

DPH Preventive Health Block Grant (Skin Cancer Prevention Grant) budget amendment approved 11/15/13 – identifies CIFIC SBHC's as sub-contractor for program activities

Application submitted to CT DPH Laboratory to add three SBHC's as "muti-site" testing sites under GDCHC Clinical Laboratory Improvement Application License (CLIA)

All SBHC staff covered by the DPH SBHC grant ceased their employment with the City of Danbury effective 11/29/2013 and hired by CIFIC effective December 1, 2013.

Jenny Casey, LCSW was appointed to fill the social worker vacancy at BMS SBHC, effective 12/2/2013.

Negotiations to fill BMS APRN vacancy were continued. It is anticipated that an APRN currently employed by CIFIC will transfer to the position effective January 2, 1 2013.

November 21, 2013 - Melanie Bonjour, SBHC Manager elected as Vice President to the CT Association of Board of Director's for a one-year term.

Jacqueline George, AmeriCorps Member assigned to the SBHC programs had a busy November. Activities completed during the month included:

- Attended DEMHS Region 5 Health and Medical Services (ESF 8) Subcommittee Meeting 11/1
- Outreach at Abbott Tech "Report Card Night" 11/7



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- Completed mailing to all Active and Inactive Abbott Tech Students regarding flu clinic registration and any needed paperwork updates
- Facilitated Abbott Tech Flu Clinic November 11/18-22 (approximately 30 students have received flu vaccine)
- Assembled Abbott Tech Bulletin Board “A look at your School Based Health Center”
- Assembled DHS Bulletin Board with Melanie M. “SBHC 4<sup>th</sup> Annual Sock Drive”
- Chart audit at Rogers Park 11/18, Danbury High 11/19, and Broadview 11/21 (currently compiling report)
- Updating Rogers Park dental records, filing system and spreadsheet (continued)
- Contacted SBHC Coordinator of Barnard Technical School SBHC, Bridgeport to conduct a site visit to hear about “best practices” to apply to HATS SBHC operation – visit scheduled for 12/13/13.

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