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**CITY OF DANBURY**  
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**MEMORANDUM**

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**TO:** MARK D. BOUGHTON VIA THE CITY COUNCIL  
**FROM:** DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE *DWS*  
**SUBJECT:** RESOLUTION-PREVENTATIVE HEALTH BLOCK GRANT  
**DATE:** 4/26/2010

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Attached for your review is a resolution that will allow the City of Danbury to apply for and accept funding from the State of Connecticut Department of Public Health.

This funding, not to exceed \$12,025, will be used for a Youth Violence Prevention program directed by the School-Based Health Centers at Danbury High School, Broadview Middle School, and Rogers Park Middle School. Funds must be expended between 7/1/10 and 6/30/11 and there is no local match required.

The City Council is respectfully requested to consider this resolution at its next meeting. Please contact me should you require any additional information.

DWS/sk

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# RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

\_\_\_\_\_ A.D. 2010

**RESOLVED** BY THE CITY COUNCIL OF THE CITY OF DANBURY

**WHEREAS**, the State of Connecticut Department of Public Health has notified the City of Danbury Health and Human Services Department that it is eligible to apply for a Preventive Health Services Block Grant in an amount not to exceed \$12,025.00; and

**WHEREAS**, the grant will cover the period of July 1, 2010 through June 30, 2011 with no local in kind match; and

**WHEREAS**, the funding will be used for a Youth Violence Prevention program in conjunction with the School Based Health Centers located at Danbury High School, Broadview Middle School and Rogers Park Middle School.

**NOW, THEREFORE, BE IT RESOLVED THAT** Mark D. Boughton, Mayor of the City of Danbury, or Scott T. LeRoy, Director of Health, as his designee, is hereby authorized to apply for said funds from the Connecticut Department of Public Health and to accept the grant, if awarded; and

**AND FURTHER**, Mark D. Boughton, or his designee, is hereby authorized to execute all contracts or agreements in connection therewith and to do all things necessary to effectuate the purposes of said grant.

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## Program Description



According to the 2006 Connecticut Comprehensive Injury Prevention and Control Plan, injuries are a leading cause of death and disability in the United States and in Connecticut. Injuries are the leading cause of death among Connecticut residents between the ages of 1 and 44 and the fourth leading cause for all ages. Injuries are responsible for 41% of all deaths for Connecticut residents between the ages of 1 and 44 years, and 30% of all deaths for children between the ages of 1 and 14 years and over 72% of all deaths Among young people between the ages of 15 years to 24 years.

For children ages 1 to 9 years, homicide was the 4<sup>th</sup> leading cause of death in the United States, and 5<sup>th</sup> in Connecticut. For teen's ages 10 to 14, suicide and homicide were the third and fourth leading causes of death respectively, in the United States and 7<sup>th</sup> and 9<sup>th</sup> respectively in Connecticut. Unfortunately in Connecticut, homicide and suicide are ranked second and third among teens ages 15 and 29 and third and second respectively among young adults ages 20 to 24. Homicide is the 2<sup>nd</sup> and suicide the 3<sup>rd</sup> leading cause of death among persons ages 15 to 24 years in the United States and among teens and young adults ages 15 to 24 years, is the leading cause of death.

In a 2008 study conducted by Fredland and Campbell Exposure ((Nursing Research 2008:57 (3):157-165), exposure to violence at home had a strong direct effect on mental health, and personal violence exposure had a strong direct effect on behavior outcomes. Coping did not mediate the effects but did have a direct positive effect on physical and mental health.

Danbury adolescents are not unlike those represented in the reports noted above. A review of 2008-09 SBHC patient data collected from all sites indicate that visits for mental health related matters, including family conflict, topped the list for reasons for visits. Diagnosis codes included depression, adjustment disorders/ reaction, and adjustment disorders with mixed disturbances of emotional concerns, representing the largest segment of patient total visits. Throughout the school year, staff at all schools frequently worked with students who were involved in physical altercations. While physical altercations mostly involved male students dealing with issues around girlfriends, misunderstandings and miscommunications and/or personality conflicts, SBHC staff did note an increasing trend of physical fighting among the middle school aged female students.

The School Based Health Centers violence prevention program provides an opportunity for staff to reach out to students and help them develop their own resources for solving problems in effective and nonviolent ways. The overarching goal is to help students identify their beliefs, attitudes and behaviors around potential violent situations, assist them in identifying possible alternatives and help improve their communication and decision making skills.

FY Year 2010 - 2011 **Preventive Health and Health Services Block Grant (PHHS Block Grant)** funded activities will be expanded to include youth ages 11 to 19 years of age enrolled in three of the city's public schools including Broadview Middle School (BMS), Rogers Park Middle School (RPMS) and Danbury High School (DHS). Included in the Danbury High School population are students who are enrolled in the Alternative Center for Education (ACE) located in central Danbury.

Student enrollment figures as of March 31, 2010 for the proposed services sites are as follows:

School Site	Total Student Enrollment
Danbury High School	2,799
Alternative Center for Education	39
Broadview Middle School	1,100
Rogers Park Middle School	1051

Proposed activities will be conducted throughout the 2010-2011 school calendar year, however the bulk of the activities will be primarily concentrated during the second half of the school calendar year, initiating January 5, 2011 and continuing through June 18, 2011.

2010-11 PHHS Block Grant activities will address the following **Year 2010 Health Status Objectives:**

**15.37 Reduce physical assaults**

**15.38 Reduce physical fighting among adolescents**

**18.2 Reduce the rate of suicide attempts by adolescents**

Prevention focused activities proposed in the **Service and Evaluation Plan** will be carried out by social work clinicians working in the School-Based Health Centers located at DHS, BMS and RPMS. The school

based health center model and staffing structure prove the ideal venue for addressing the youth prevention related issues due to the presence of clinical staff with significant expertise in mental health related treatment modalities and who have the freedom to conduct health promotion activities within the school environment, outside of the mandated educational and academic requirements. School systems, facing increasing demands for improving academic performance standards, are increasingly choosing to reduce extra-curricular activities, included "specials", assemblies, and support services. Having SBHC staff on-site during the full school day also provides accessible support services for students experiencing health or psychosocial problems, which may be exhibited as fighting or suicidal ideation. Highly trained clinical staff can provide immediate intervention and on-going treatment for students, and families, thus potentially preventing potentially life threatening outcomes.

Approximately five hours per week will be devoted to both school-wide and patient directed violence prevention activities. To achieve the desired program objectives, SBHC staff will collaborate with school staff including classroom teachers, administrators and guidance personnel, students, and community-based providers. During the past several program years, a significant portion of the SBHC staff time dedicated to youth violence prevention related activities occurred during the second half of the contract period due to coordination of the school-wide "*Adolescents Learning the Impact of Violence*" (ALIVE) Week. Receiving support and rave reviews of students and school faculty, the ALIVE Week events have progressively expanded and improved. As a result of the effectiveness of this outreach effort, the 2009/2010 Service and Evaluation Plan contains objectives specific to these activities.

During FY 2010-11, PHHS program activities will include, but not be limited to the following:

- Outreach to students via on-going in-house media campaigns (i.e. bulletin board displays, morning announcements, teacher bulletin, school television monitors, flyers, and library-based displays;
- Outreach to students via classroom presentations. Topic areas will address suicide prevention, anger management, self esteem building, sexual harassment, conflict resolution and bullying (including cyber-bullying);

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- Promotion of availability of SBHC services for individual, group and family counseling targeted to the individual student;
- Distribution of violence prevention focused materials via *"Dine and Discover with the School-Based Health Center"* program held in the student cafeteria;
- Student focused, small group student sessions at BMS focusing on self-esteem building, conflict resolution, growing up female, children of alcoholic and bullying;
- School-wide violence prevention weeks (*"Alternatives to Violence"* and *"Adolescents Learning the Impact of Violence Through Education"* (ALIVE) at both schools. Student directed and student centered activities will include classroom presentations lead by representatives of community-based agencies, school and community-wide media coverage, contests (i.e. Random Acts of Kindness), and student assemblies.