



CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

203 - 797-4625

Fax 796-1596

Social Services Office

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

August 25, 2014

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The July 2014 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. 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 Service

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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July 21, 2014

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

RE: Monthly Status Report – Housing, Food Service & Environmental Health Division
June, 2014

June 2014

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	June 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	97	1,280
Wetlands / Water Resources (hours)	155	1,588
# Land Use Evaluations (Septic Systems and Well Water Supply)	45	1,038
# Housing Inspections	73	1,194
# Food Service Inspections	131	1,472
# General Nuisance / Miscellaneous Inspections	195	2,059

See attached narrative

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Environmental Health Division Narrative Report

The status of major project and program activities of the Environmental Health Division (EHD) for June, 2014 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

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), 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

FR: Social Services

RE: Activities during July, 2014

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 July, 2014:

1. Our Housing Caseworker managed approximately 56 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 897 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): 3
 - b. Action Plan Development: 33
 - c. Veteran Referrals: 64
 - d. Referrals to Cash Assistance: 12
 - e. Bus Tickets: 7
 - f. Housing Related Issues: 1
 - g. Housing Placement: 1
 - h. Job Searches: 15**
 - i. Employment inquiries: 3
 - j. Case Management Services: 25
 - k. Showers: 154
 - l. Lunch: 476
 - m. Mental Health Referrals/Case Management: 1*
 - n. Adult Medical Referrals: 3
 - o. Phone Usage: 18
 - p. Substance Abuse Referrals/Case Management: 50*
 - q. Clothing Vouchers: 5
 - r. Other: 26*includes one day dental clinic



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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. Receiving weekly food donations from arrangement with Community Plates.
8. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
9. Attended one (1) meeting of the Danbury Housing Partnership with consultant hired to conduct a study and provide a plan of action for our chronic homeless population in the community.
10. Attended one (1) regular monthly night meeting of the Fair Rent Commission.
11. Attended one (1) meeting of the Farmers' Market.
12. Attended one (1) meeting of the Social and Supportive Service subcommittee of the Danbury Housing Partnership
13. Attended one (1) meeting of the Coordinated Access Committee.
14. Attended one meeting with staff at shelter discussing coordinated access starting in September.
15. Continual assisted disabled individual in local mobile home park in Danbury on discrimination with service animal and possible harassment.
16. Additional complaint of mobile home park and questions on policy of "guests" staying with owners, who have resided under older ownership for over 10 years.
17. Attended one (1) meeting of Project Homeless Connect at Police Department.
18. Obtained vet vouchers for distribution and usage at the Farmers' Market.
19. Submitted quarterly report for HMIS.
20. Submitted quarterly report for CDBG.
21. Danbury Youth Services provided voluntary services at the Emergency Shelter. Provided lunch for 15 volunteers who ate with homeless population.
22. Received fair rent complaint.
23. Conducted fair rent investigation on complaint received.
24. Attended meeting with VA representative on completing required documentation for grant.
25. Submitted VA quarterly report.



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School Based Health Centers (SBHCs)

Monthly Operating Report

July 2014

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.

Patient Utilization Data for Period July 1, 2013 - July 31, 2014:

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

	DHS, BMS, RPMS (DPH Funded)	HATS (Non-DPH Funded)
Total # of Students Enrolled in all Schools	5096	626
Total # of Patients Enrolled in the SBHCs	4658	305
% of Total School Population Enrolled	91%	49%
Total # of Patient Visits	4923	174
Total # of Medical Visits	2833	174
Total # of Behavioral Health Visits	1828	Not applicable
Total # Dental Visits	262	Not applicable



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SBHC Annual Aggregate Billing Status Report 7/1/13 – 7/31/14*

Revenue \$233,392.80*

Cash Receipts \$164,606.48

*Reflects super bills entered into eClinicalworks for billable medical visits only (both DPH funded SBHCs and HATS sites) All SBHC medical providers (APRN's) have been identified as providers under CIFIC/GDCHC. Patient registration data and super bills for the month of December through June have been entered into eClinicalWorks for billing and collections.

Billing Update

Behavioral health staff provider information has been entered into eClinicalworks EHR. SBHC staff are working with Department of Social Services representatives to confirm a date to which pre-authorizations can be back billed (DSS regulations require a pre-authorization which cannot be backdated more than 21 days). A request is being made to DSS to allow CIFIC to backdate authorizations for those members seen in the clinics beginning December 1, 2013. CIFIC will be completing current authorizations over the month of July and will forward a spreadsheet to DSS for those members who need a backdated authorization.

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

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>a. Maintained 90% enrollment as of since 8/26/13. (DHS SBHC reports 98% enrollment)</p> <p>b. 56% enrolled RPMS students rec'd. 1 or more visit as of 6/30/14.</p> <p>43% BMS students rec'd. 1 or more visit as of 6/30/14.</p> <p>35% enrolled DHS students rec'd. 1 or more visit as of 6/30/14.</p> <p>c. 100% students received outreach contacts as of 6/30/14</p>



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An informational flyer was designed to educate the Newtown Board of Education of the School Based Health Center services at a July 15, 2014 meeting (**See Attached “Healthy Kids Makes Better Learners”**)

BMS APRN -Referred four (4) individuals to GDCHC. CT Medicaid applications were provided in addition to the referrals. Facilitated appointments for two students whom are already members of GDCHC, but needed to be seen in a timely manner for follow-up appointments.

RPMS APRN –One hundred and two (102) eighth grade students received information about the SBHC during a skin cancer prevention talk conducted by the Nancy Munn during the week of June 4-9, 2014. A pre and post test was administered.

Outcomes	Measures	Achievement of Outcome
2. Reduce the occurrence of preventable disease among SBHC enrollees.	<p>a. Enrolled students will be immunized with vaccines recommended by Advisory Committee on Immunization Practices (ACIP) that are required by the State of CT. Annually the number of clinic users who received immunizations and the percentage of students behind in recommended intervals for immunizations who are brought up to date will be reported to the Department.</p> <p>b. The percentage of clinic users offered as well as the number who received Influenza Vaccine will be reported to the Department.</p> <p>c. The percentage of clinic users who received influenza prevention teaching will be reported to the Department.</p>	<p>a. 76 RPMS students’ immunization complete and documentation sent to State DPH as of 6/30/14.</p> <p>b. 100% of students offered/received influenza vac. were identified to the State Immunization Program</p> <p>c. 100% receiving education identified to the State Immunization Program.</p>

BMS APRN – Provided a cumulative total of twenty-eight immunizations as of 5/30/14.

- 11 vaccinations were administered during the month of May.
- 2 PPDs were planted and read at the SBHC.

RPMS APRN – 5 additional vaccines were given in June.

- 14 influenza vaccinations were administered as of 6/30/14.



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RPMS APRN - Students are called down to the clinic directly to receive necessary information and consent for vaccines. Availability of the vaccine was promoted throughout the school year, with a focus prior to emergence of flu season. In September and October, the availability of flu vaccines for uninsured and Medicaid insured students is discussed during the SBHC science classroom orientation. In October and November, information was placed in the school newsletter regarding flu vaccine information and availability.

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 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.	a.99% of school staff reached with SBHC information via direct contact and/or school mailings b.100% of students seen by MH clinician received risk assessment through use of approved screening tool c.98% receiving MH services 3mth or > d. 100% requiring additional intervention by community-based provider received referral

DHS LCSW - New patients are routinely assessed for suicidality, homicidality, and other high risk behaviors. Further information is gathered on or by the third visit utilizing the agency biopsychosocial assessment tool. Students are referred for additional or alternative services should the need arrive. Additionally, this period has included evaluations for medication. The BH clinician has coordinated with the school crisis counselor, teachers, and guidance counselors on several cases which have really been helpful to these clients. Staff have found it helpful to understand how mood symptoms affect the students in school and the clients report a sense of relief that their teachers or guidance counselors “understand them”. For patients that are compliant with treatment, most report symptom reduction.

RPMS LPC – Two (2) new students were referred to the SBHC counselor during the month of June. One (1) referral came from a teacher and one (1) from a guidance counselor.



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No new referrals were sent to the SBHC counselor by the APRN during the month of June. Of the students seen by the SBHC counselor during the month of June, thirty (30) of them have been seen for three months or longer. Of these students, twenty-seven (27) or 90% demonstrated improved psychosocial functioning.

Of the students seen during the month of June, thirteen (13) are also receiving outside counseling or other support services. Two (2) of these were newly referred to outside support services. One (1) of the referrals was to provide support over the summer months when the SBHC is not available; one (1) student was psychiatrically hospitalized and was referred as follow-up to the hospitalization.

Two (2) students newly presented for mental health counseling in June.

4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.

(Not selected as a measure this program year)

5. Reduce the proportion of SBHC users with obesity.

(Not selected as a specific measure this program year)

Outcomes	Measures	Achievement of Outcome
6. Reduce the occurrence of STDs among student SBHC enrollees	a. 85% of sexually active students are screened for STDs.	a. 85% of DHS students identified as sexually active were screened for STDs (34 out of 40) a. 100 % of RPMS students who identified as having been sexually active were screened for STD's (4 out of 4) 3 of the students were tested a 2 nd time to ensure they didn't have GC/Chl.

DHS APRN – None of the students that were seen for reproductive health visits during the month of June warranted screening for STI's. Either students had already received testing on site or had been tested in the community. For school year 2013-14, the goal of screening 85% of sexually active students was met. Students are made aware of resources in the community (GDCHC, Planned Parenthood, AIDS Project of Greater Danbury, the STD Clinic, local GYN's) where they can access services during the summer when the DHS SBHC has limited hours.

7. Increase access to and utilization of primary and preventive oral health care and other essential oral public health services to improve the health status of SBHC enrollees.

(Not selected as a measure this program year)



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Program Snapshot: Activities/Meetings held July 1, 2014 –July 31, 2014:

June 27 – July 3, 2014 – M. Bonjour participated in the 2014 National School Health Alliance Convention held in Seattle, WA

July 18, 2014 – M. Bonjour participated in a telephone interview conducted by Karen Cheung, independent project evaluator, American Public Health Association. The focus of the interview was on “lessons learned” from the SBHC’s participation in the 2- month pilot project “*Integrating Primary Care into Public Health Through Population Health*”.

July 23, 2014 – M. Bonjour participated in the CIFIC monthly Board of Directors meeting, providing Board members with an overview of the SBHC program accomplishments of the 2013-14 program year.

July 31, 2014 – M. Bonjour met with Rashad Collins of CHCACT to conduct J. George’s exit interview on completion of her 1,700 hour member commitment.

Health Corp Member Update:

Jacqueline George, Health Corps Member assigned to the SBHC programs conducted the following activities during the month of July 2014:

- Collected and entered patient and visit information from SBHCs medical and mental health visits into eClinicalWorks for billing
- Prepared to relocate HATS SBHC within school
- Made Abbott Tech “Intro to the SBHC” bulletin board
- Completed School Based Health Center year-end report cards
- Made and distributed copies of updated SBHC enrollment forms to SBHCs
- Scanned SBHC patient forms into ECW
- Participated in patient flow study at GDCHC
- Attended Community Health Improvement Planning steering committee meeting 7/22

Western CT State University Student Intern Update:

Richard Maimone, a Western CT State University Community Health/Wellness Management student intern assigned to the SBHC completed the required 450 hours of services to fulfill graduation requirements.

Following is a summary of the activities carried out by Mr. Maimone during the internship period:



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- Collected, entered, and analyzed data from the student satisfaction surveys completed by students at the four school based health centers and wrote a comprehensive report based on the findings.
- Completed year-end report cards for Broadview and Rogers Park Middle Schools by examining the data based on how well each school based health center performed throughout the year and if they achieved their outcome measures.
- Through the use of the eClinicalWorks EHR system, examined the rate of depression screening among patients, ages 19 and older, seen at the Greater Danbury Community Health Center, and explored the barriers to screening, then used that information to write a research paper with help from others.
- Created a brochure for the school based health centers summarizing the benefits, the services offered, and why they are so important for students.
- Recorded and analyzed data for the patient flow study done at the GDCHC to determine the average waiting time at the health center and average waiting time for each medical provider.
- Entered SBHC patient information into eClinicalWorks for billing.
- Attended various meetings as an observer:
 - Community Health Needs Assessment, May 27th
 - Mental Health Billing, May 28th
 - Emergency Preparedness, June 6th
 - Danbury's Promise for Children Partnership, June 12th
 - Coalition for Healthy Kids, July 8th