Department of Health and Human Services

Promoting and Protecting Public Health

Annual Report

July 1, 2024 to June 30, 2025

The Department of Health and Human Services (DHHS) works to improve the health and safety of those who live and work in City of Stamford by applying the basic principles of health promotion and disease prevention through the programmatic activities undertaken by the department. The local director of health or his authorized agent or the board of health shall enforce or assist in the enforcement of the Public Health Code and such regulations as may be adopted by the Commissioner of Public Health.

The Department's Vision
Achieving healthy and safe outcomes for the community we serve.

The Department's Mission
Promote and protect health, wellbeing, and quality of life through advocacy, collaboration, practice, and education.

The Department's Values
We use an equity lens in all we do
We strive to be a trusted source of information and response
We maintain excellence through continuous performance improvement
We work with and care for our community
We are caring and respectful in our approach
We hold ourselves accountable

The State of Connecticut's General Statute 19a-207a requires that all Departments of Health engage in the *Ten Essential Services (ES) of Public Health***.** These 10 ES are grouped into these major areas:

I. **Assessment**
   1. Monitor Population Health
   2. Investigate and Address Health Hazards

II. **Policy Development**
   3. Effective Health Communication
   4. Mobilize Community & Partnerships

III. **Assurance**
   5. Develop Policies
   6. Enforce Laws and Regulations
   7. Ensure Equitable Access to Health Care
   8. Assure a Diverse and Skilled Workforce
   9. Evaluation, Research and Quality Improvement
   10. Support a Strong Public Health Infrastructure

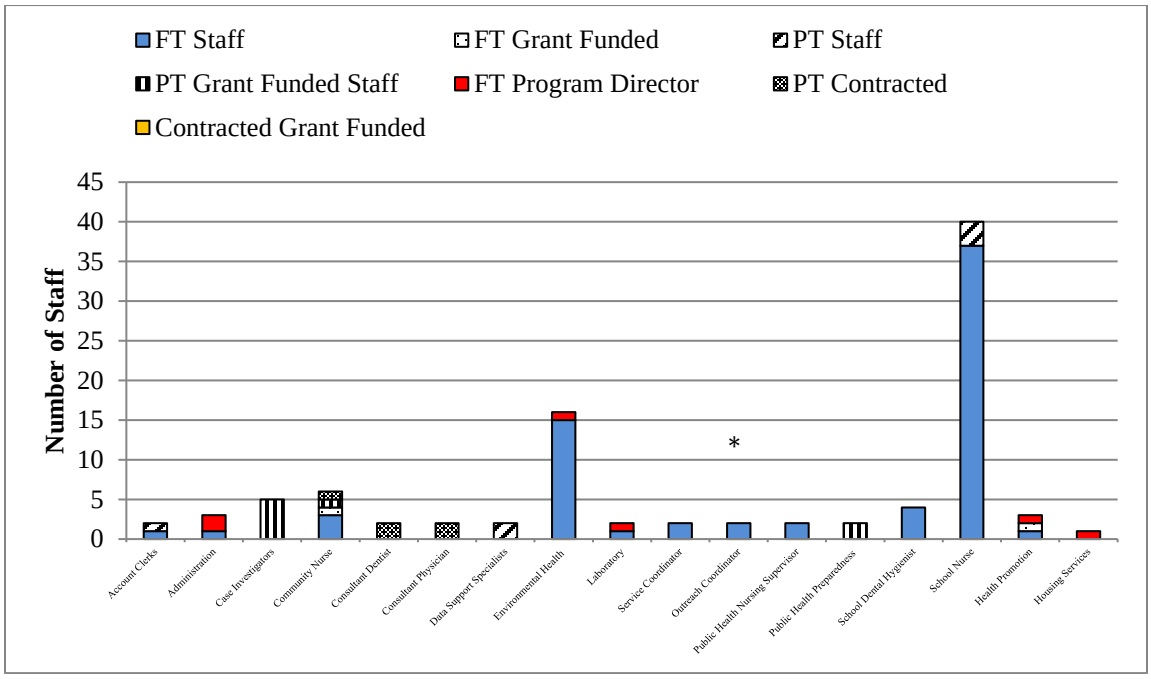
Through its, vision, mission, and values, the Stamford Department of Health and Human Services aligns its activities with these ten essential services. Additionally, the department worked in tandem with Stamford Health (Hospital) to create the 2022 Community Health Needs Assessment (CHNA) and subsequent Community Health Improvement Plan (CHIP). The Director and other staff members continue to participate in the work of the CHIP and track the

progress on all measures. Additionally, DHHS staff contributed to the planning, data collection and writing of the 2025 CHNA due out next FY.

Staffing

In fiscal year 2024-2025, 96 positions were in place in the Stamford Department of Health & Human Services. Figure 1 below demonstrates the staffing levels by program when fully staffed.

Figure 1. Stamford Department of Health Staffing by Program Fiscal Year 2024-2025



The DHHS is overseen by the Director of Health and Human Services with support from a part-time Medical Advisor. The Director of Health and Human Services reports to the Director of Public Safety, Health, and Welfare. The Health Commission provides an advisory role. The department consists of the Environmental Health & Inspections, Nursing & Dental Services, Laboratory, and Health Promotion and Emergency Preparedness and Response Divisions. The Administrative Supervisor and her team support the work of the entire Department.

The department has realized staffing challenges in areas of Environmental Health and Nursing and Dental Services. Losses due to resignations, retirements, medical leaves, and professional shortages have impacted the leadership team who have had to maintain the same level of response with fewer staff.

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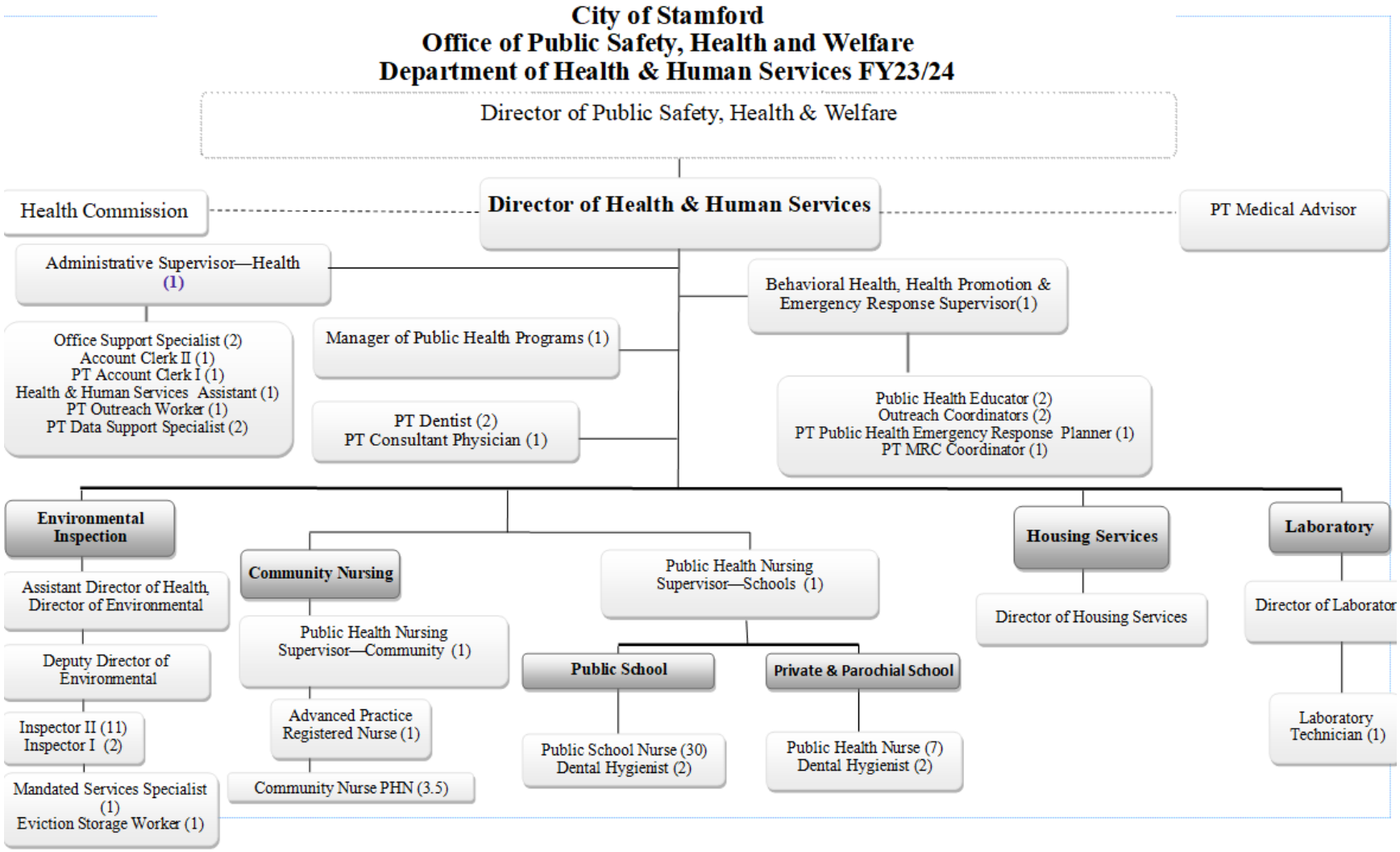
Figure 2 shows the organizational chart for the department when fully staffed. Seasonal, grant funded temporary, and substitute staff not shown.

Figure 2. Stamford Department of Health & Human Services Organizational Chart Fiscal Year 2023-2024



Administration

The administrative division works to enhance departmental procedures, systems, and customer service efficiencies. The continued enhancement of city systems allows for interdepartmental communication, transparency, and record retention. The Administrative Supervisor continues to spearhead the licensing and permitting system as the department seeks to transition to another vendor platform. The current system ViewPoint Cloud is limited in functionality of inspections, record retention, and status features, which led to the City's decision to work with another vendor, Oracle/OPAL (Online Permitting and Licensing).

Transition of Online Licensing & Permitting Systems

The Administrative Supervisor has continued to work with the Environmental Health Division to lead the department's transition from the current online licensing and permitting system, OpenGov/ViewPoint Cloud, to a new platform, OPAL (Online Permitting and Licensing). The shift was driven by the limitations of the existing system, particularly in inspections, record retention, and status tracking features, which constrained both staff and customer experiences. The OPAL platform has been developed with enhanced functionality to improve both internal efficiency and public accessibility. Key features include:

- Multi-record linkages for improved application management.
- Authentic electronic signatures to streamline approvals.
- Integrated system communications linked directly to departmental email accounts, with records stored within the platform for better documentation and transparency.
- Enhanced inspection tools to support more accurate and efficient oversight.
- Enhanced code enforcement management.

These improvements have been designed to create a more efficient, transparent, and user-friendly system for both staff and the public. To support a smooth transition, Service Coordinators and Data Support Specialists have been assigned to the testing phase. Their roles are to ensure that data migration is accurate, comprehensive, and reflective of user needs. By focusing on functionality, transparency, and customer experience, the department is minimizing the risk of data loss, reducing system restrictiveness, and preventing user frustrations often associated with such transition.

Policies and Procedures

The Public Health Administrative division has prioritized updating and formalizing key departmental administrative policies and procedures to strengthen consistency, accountability , and transparency. These updates were designed to clarify staff responsibilities, streamline division processes, and support overall department. The following policies and procedures were reviewed, revised or newly established:

- Confidentiality Agreement – reinforcing standards of privacy and protection of sensitive information.

- Timekeeping Policy – ensuring accurate reporting, accountability, and compliance with work schedules.
- Microsoft Office Use – outlining expectations for appropriate and efficient use of departmental system.
- Record Retention and Destruction – providing clear guidelines for the secure storage and disposal of records in compliance with state and federal standards.
- Invoice and Billing Submissions – standardizing processes for timely and accurate payment of departmental expenses.
- Departmental Process – including procedures for supply ordering, reimbursements, and other operational needs to simplify and standardize daily assignments.

These updates not only establish clear expectations for staff but also ensure that internal practices align with best practices.

Communication Project

A major accomplishment has been the successful completion of a departmental communications project initiated as part of overall quality improvement initiated last FY. Telephone lines were reviewed and consolidated, with unused numbers removed from the billing system, resulting in measurable cost savings. The department's automated answering service was also modernized to provide more accurate connections to Health & Human Services programs. As an additional improvement, callers now have the option to speak with a representative at any time during the automated prompts, ensuring timely and responsive customer service. Department email systems were also streamlined to improve accessibility and responsiveness. Group email accounts were created and linked to multiple staff members. This structure allows for timely responses and continuity of service, while reducing the risk of communication delays.

Grants & Programs

Climate and Health

In compliance with EPA's Community Air Quality Monitoring Program, three Aeroqual air sensors were installed with technical assistance from a vendor. The air quality monitoring dashboard was established, and many resources were generated to educate residents about the program. Residents can sign up for mobile text alerts as per their preference. Three community meetings were organized for Stamford residents. The meetings helped inform the final three monitor locations, as well as share updates on status of monitors and data dashboard. DHHS contributes to the Mayor's Climate Action Plan and participates in the Climate and Sustainability Workgroup.

Workforce Development

The department participated in PHWINs survey as per guidance provided by DPH and conducted a Workforce Wellness Survey to inform wellness and workforce development efforts.

A mindfulness coach hosted several mindfulness sessions for DHHS staff to support their mental wellness. In spring, the department restarted its annual weekly walks on Wednesday afternoons to support physical and social wellness of our staff.

With support from the Manager of Public Health Programs, two health inspectors started the Department's first book club to support social wellness. Since its inception the book club members have met twice to discuss very interesting books and plan additional activities.

During the National Public Health week, a professional development opportunity was offered to staff on the topic of climate change and health. Invited guest speakers from Yale Center on Climate Change and Health and CT Department of Public Health's Office of Climate and Health made an interactive presentation.

Performance Management and Quality Improvement (PMQI)

In 2024, the performance management framework was adopted in compliance with the Department's Performance Management and Quality Improvement Plan to facilitate systematic monitoring of department-wide activities that result in an organizational culture of continuous quality and performance improvement. All teams provide quarterly data into a central spreadsheet to inform and support the department’s reporting needs. The framework gives an overview of all ongoing department wide projects, consists of division specific tabs and tracks quarterly performance to inform data driven decision making and quality improvement interventions.

New Grants

In collaboration with Child Health Development Institute (CHDI), the department participated in a joint application for a SAMHSA grant for Youth Substance Prevention Programming. After much delay, we were notified that we are recipients of the award along with two other LHDs. DHHS also joined SPD and several community partners in applying for a CTDPH grant to prevent gun violence.

Accreditation

The department has applied for public health accreditation through the Public Health Accreditation Board (PHAB). To be accredited, the department must complete the standards within ten domains, submitting evidence of having met each standard. Department staff has spent many hours writing/updating policies and procedures and obtaining examples of coinciding work. Included in the required documentation are a strategic plan, performance management system and workforce development plan. Over 200 documents were submitted in January. The department awaits a review and onsite visit.

Additional programs are outlined throughout the report.

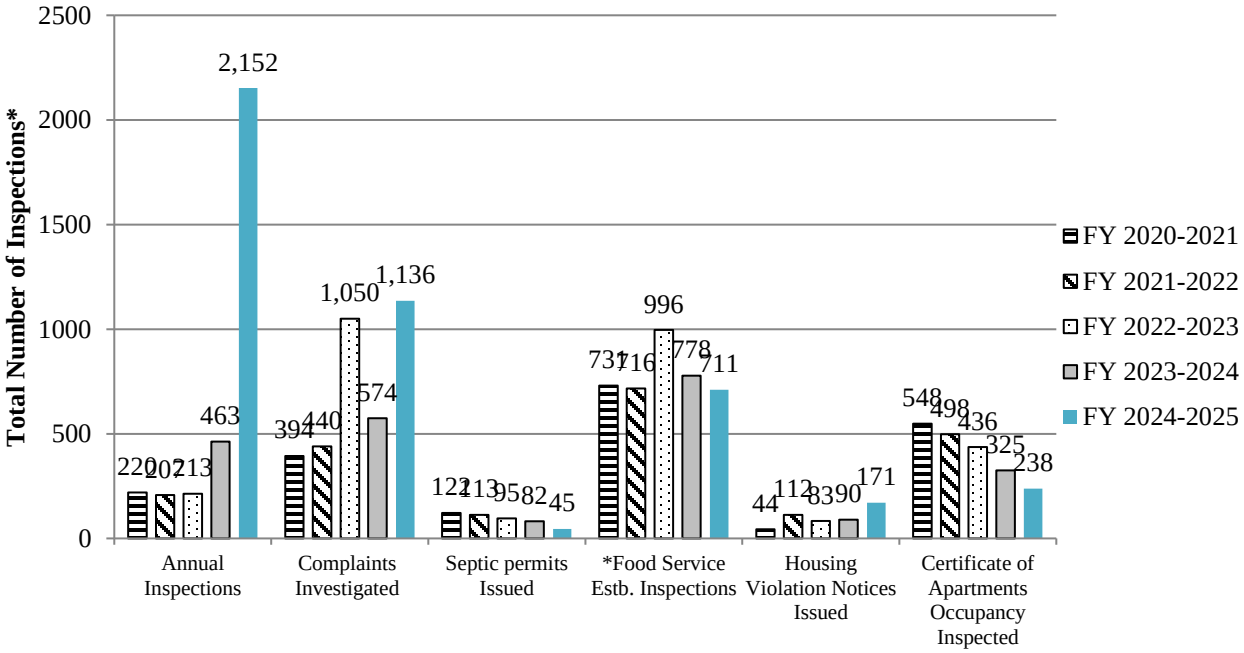
Environmental Inspections

The Division continues to be short staffed, as there is a shortage of public health professionals especially in Environmental Health. One Inspector II continues to work to obtain certification for food. The department has one open Inspector II position.

The Director of Environmental Health and Inspections and the Deputy Director of Environmental Health and Inspections together with the Administrative Supervisor are working to ensure the successful transition from Viewpoint Cloud system to the city's Oracle/OPAL licensing and permitting system.

The Environmental Inspections program addresses environmental issues that affect the health and safety of the public. These include but are not limited to issues related to housing, lead, radon, mold, asthma, air pollution, food, daycare, bedbugs, pools, weights and measures, rodent, septic, permits, stagnant water, water pollution, noise, and general complaints. Figure 3 below shows the five-year activity trends.

Figure 3. Environmental Health and Inspections Five-year Activity Trends



Includes repeat inspections.

Annual Inspections are conducted on Assisting living, Cosmetology/Personal Care, Daycares, Garbage Trucks, Hotels, Public Beaches, Rooming Houses, and Schools.2024-2025 Annual Inspections data include inspection performed by room inspected within buildings.
Complaint investigations are conducted throughout the year on a variety of issues including Air pollution, Bedbugs, Housing, Garbage, Lead and No Heat.
Septic permits are issued on subsurface sewage regarding new systems, additions, repairs, subdivision reserves, and code complying areas.
Food inspections are conducted throughout the year on all food establishments including retail establishments and temporary events.
Housing notices/orders are issued to owners are or tenants who are in violation of the Connecticut Public Health Code, General Statutes of the State of Connecticut and Stamford City Code of Ordinances.
Certificate of Apartment Occupancy (CAO) inspections are inspections on structures that contain four (4) units or more and are at least 15 years of age or older.

Operation safe house inspections, which focus on illegal and unsafe housing matters, was continued through this FY. This increased awareness regarding enforcement of housing code governing safe and healthy housing.

A certificate of apartment occupancy (CAO) inspection relies on owners calling to indicate that a dwelling-unit has been vacated, has been repaired or renovated, and is ready for inspection before a new tenant takes occupancy. As such, this type of inspection is based on the owner's knowledge of the regulation and willingness to comply.

Under the State of Connecticut Public Act 17-93, enacted on October 1, 2017, food establishments are classified as Class I, II, III, V dependent upon the type of food prepared, served and sold and population served. The number of inspections required is based on classification. The division also manages vendors for temporary events and related inspections. Temporary Food Service Establishment means a food service establishment that operates at a fixed location for a temporary time-period, not to exceed two (2) weeks, in connection with a transitory gathering. Much staff time is dedicated to this activity during the spring, summer and fall months to ensure public health and safety for attendees.

A new Food and Drug Administration (FDA) food code was adopted by the CT Department of Public Health in February of 2023. This new FDA code focuses on public health risk factors and good retail practices. In addition, the adopted FDA food code discourages food inspection failures and concentrates on promoting education and food safety awareness among establishment owners, managers, and food workers.

The number of food establishment inspections decreased this FY. There are multiple reasons for this decrease including loss of certified food inspectors and increased time to complete inspections using the FDA Food Code and corresponding form. Ensuring compliance in completing required inspections remains a focus for the department.

Radon Testing Program

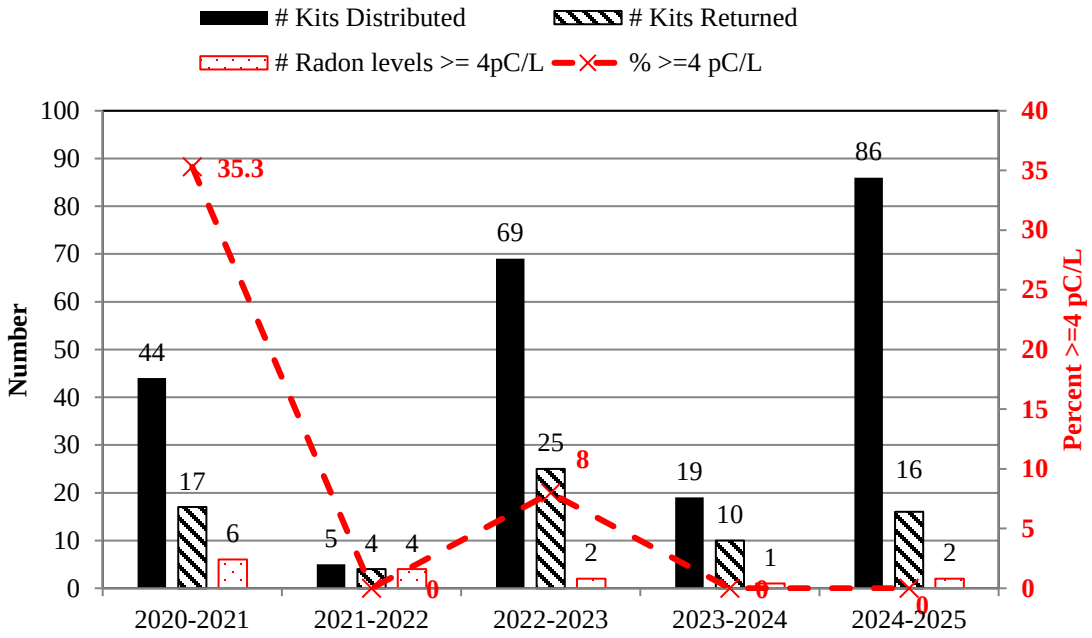
The Department of Health and Human Services in collaboration with the State Department of Public Health offers a free voluntary Radon Testing program for homeowners. Radon testing is generally done during the winter months, however, radon testing is encouraged throughout the year.

The Stamford DHHS offers home owners free radon kits that the owner installs in his or her home to test the air for radon. The kits are returned to the Department of Health and Human Services where they are sent to a laboratory for testing. Kits may be returned directly to a laboratory by the homeowner.. When the radon test results are equal to or higher than ≥4 pC/L; which is considered to be harmful, homeowners are given advice on how to remediate their homes.

Figure 4 below shows the radon results for the past 5 years. Given that this is a convenience sample, the positivity rate may not be reflective of the actual positivity rate of homes in the city. Through outreach to the public, community partners and focused educational efforts, the number

of kits distributed significantly increased.this year. Participants were reminded to return the kit through follow up phone calls or texts. ,. While only 18% of the kits were returned to the Department, the number of kits sent directly to the lab was not captured in the data.

Figure 4. Radon Testing of Air Samples in Homes



Mosquito Control Program

The Environmental Health and Inspections Division inspects all reports of environmental areas and conditions that may potentially support the growth of mosquitoes. Whenever possible, inspectors take appropriate actions to eliminate mosquito-breeding sites and prevent the development of adult mosquitos.

The creation of a Mosquito Control Program within the Environmental Inspections Division has enabled the inspectors to more effectively eliminate mosquitoes and the diseases carried by them. Health promotion information to increase community awareness through education on how to reduce mosquito exposures and mosquito breeding sites around commercial and home environments is disseminated through the media.

In an effort to suppress the development of adult mosquitoes through the elimination of mosquito larvae, the city's entire catch basin system is treated with a larvicidal product through the services of a contracted agent. Larviciding currently occurs four times per year to maximize the efficacy of the larvicide.

Mandated Services: Eviction Storage & Relocation

Eviction Storage

After a residential eviction or foreclosure has occurred Connecticut law requires any unclaimed property of the evicted tenant(s) to be removed from the rental premises (by a state marshal) and delivered to a municipally designated location for storage. Possessions remaining unclaimed after fifteen days may be sold at a public auction. In Stamford, evictees possessions are delivered to, and stored in city-owned bins located at Magee Avenue.

The Department's Mandated Services Supervisor is responsible for administering the eviction storage program and, as appropriate to individual circumstances, assisting evictees in locating safe, secure permanent housing or placement in temporary shelters. The number of evictions in Fiscal year 22-23 tripled compared to the last 2 years. In February 2022 pandemic related eviction prevention protection lifted, and the State added additional funding to support eviction prevention which became exhausted. Payment agreements and one time help from local nonprofit organizations is the only option for many to remain housed. While the number of evictions was lower in FY24-25, it is still significantly higher when funding was in place.

Relocation

The State of Connecticut Unified Relocation Assistance Act mandates that municipalities must provide certain assistance to individuals displaced due to their code enforcement actions. Tenants displaced by housing code enforcement receive assistance with finding a new apartment, relocation costs and emergency housing as mandated by the Uniform Relocation Assistance Act. Relocation cases require a great deal of mediation between landlord and tenants and coordination with multiple departments and agencies to get the tenant rehoused.

Staff work to ensure landlords take more financial responsibility up front, to reduce the City's budgetary expenditures. Ensuring that landlords provide relocation assistance upfront reduced the department's expenditures on moving, temporary housing and permanent rehousing which produced a budget cost savings.

Trend data pertaining to mandated services are located on Table 1.

Table 1: Mandated Services

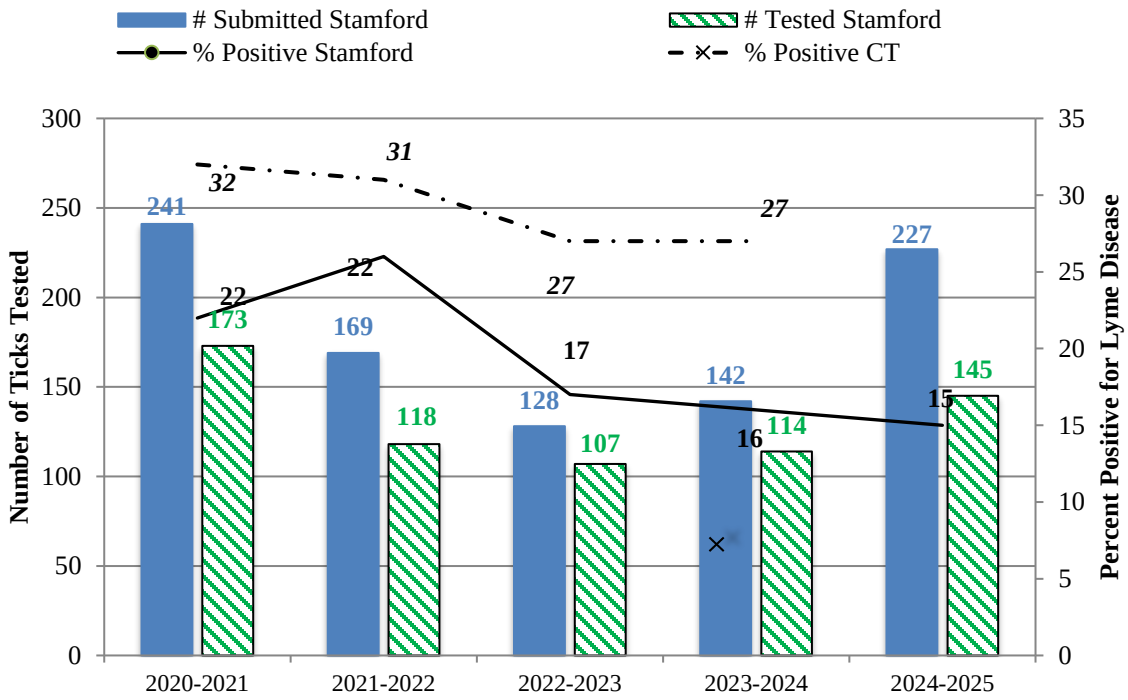
	2020-2021	**2021-2022**	**2022-2023**	**2023-2024**	**2024-2025**
Evictions	56	90	251	201	168
	2020-2021	***2021-2022***	***2022-2023***	***2023-2024***	***2024-2025***
Relocation Services (# clients)	17	18	24	40	103

Laboratory Division

The Laboratory provides supportive services to the various divisions of the Department of Health and Human Services. For example, the above programs, radon testing and larviciding, are managed as a collaboration between the laboratory and environmental health staff. The Laboratory Director assisted in the implementation air quality monitoring program funded by the Environmental Protection Agency. He also assists the public health clinic staff with vaccine management and response to reports of foodborne illness. Additionally, the laboratory conducts water testing, tick and bedbug identification, facilitates animal rabies testing and tick testing for Lyme disease, and provides public health information to the citizens of Stamford. Every year the laboratory also tests the beach waters weekly in Stamford beginning in May and continuing through Labor Day. Based on test results, beaches may be closed to swimming and shoreline activities.

Figure 5 shows the five-year trend of *Ixodes scapularis* tick (a vector for Lyme disease) submissions and the percent that tested positive for Lyme disease. The rate of Lyme disease positivity in ticks collected in Stamford has traditionally been similar to the overall rate in the State of Connecticut.

Figure 5. *Ixodes scapularis* Ticks Tested in Stamford vs. Statewide and Percent Positive for Lyme Disease

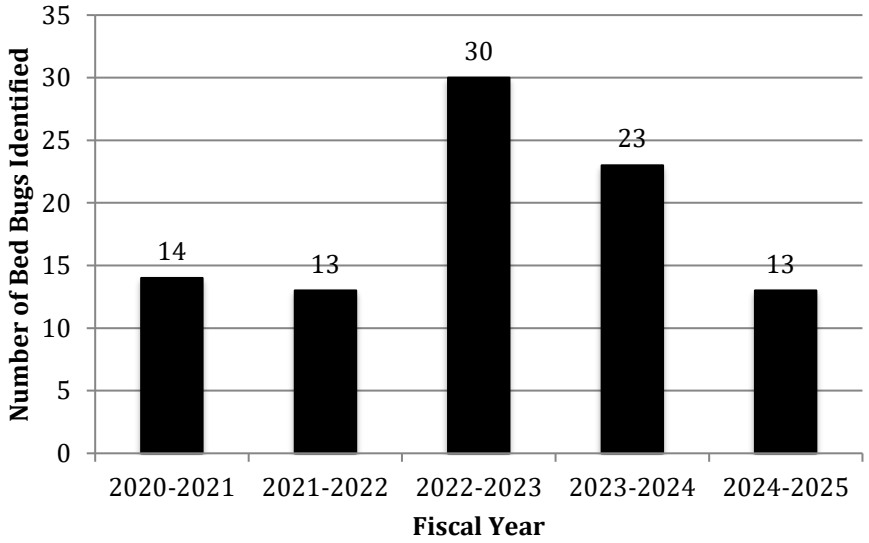


Bedbugs

Figure 6 shows the number of bedbugs identified over the past five years. Connecticut State Law requires landlords to remediate bedbug problems. Based upon complaints reported to the Department of Health and Human Services, environmental inspectors will perform a home

inspection on rental properties and if bedbugs are found, issue orders to the landlords for extermination. Sometimes school staff will submit a specimen. Guidance is provided to school staff on mitigation.

Figure 6. Number of Bed Bugs Identified

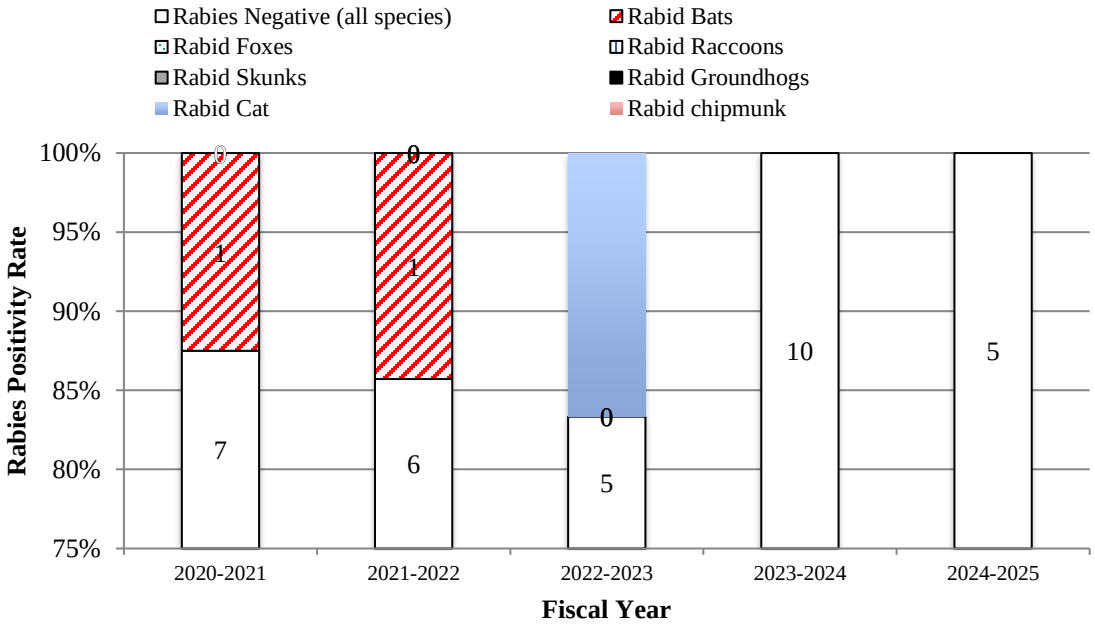


Rabies Testing

Rabies testing is conducted on suspected rabid animals that have had either human or domesticated animal contact. The Laboratory, along with the city's Animal Control program, ensures that animal specimens that need to be submitted for rabies testing are transported to the State Public Health Laboratory for testing. The Laboratory or Animal Control follows up with residents who have been exposed to an animal that tests positive for rabies to advise them to seek medical attention.

Figure 7 shows the five-year trend in samples submitted for testing and the percent that tested positive for rabies by species.

Figure 7. Animal Rabies Testing

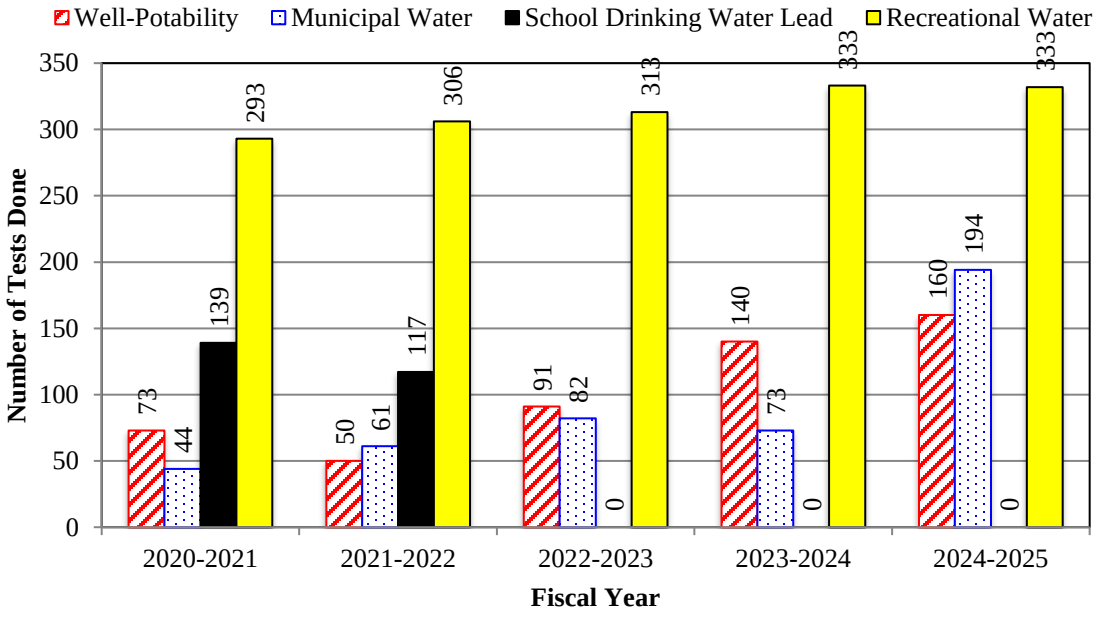


Water Testing

The Laboratory's core activities relate to water testing. For a fee, municipal water testing for lead and copper, well water testing for potability, and recreational water testing is available to the public. The Laboratory conducts biennial testing of school drinking water for lead and does beach water testing as is required by Connecticut General Statutes Chapter 98, Section 7-148.

Figure 8 shows the five-year trends for water testing. Private well potability and municipal water testing requests have increase in the last two years. Concerns about lead pipes have spurred interest in municipal water testing.

Figure 8. Water Testing



Public Health Nursing and Dental Hygiene Services

The Public Health Nursing program consists of Community Nursing and School Nursing and in combination with the School Dental Hygiene program supports ES 1 to10. Many residents take advantage of the breadth of nursing and dental services the department offers including access to medical care.

Community Nursing

Community nurses provide oversight to multiple programs: Cocoon (Adult Vaccine) Program, Influenza Prevention Program, Sexually Transmitted Diseases (STD) Program, the Tuberculosis (TB) Program, Well Child Program, Pediatric Lead Prevention Program, Reportable Diseases, and the Adult Wellness Program. Community Nurses also participate in outbreak investigations and Public Health Emergency Response. In January of 2025 the DHHS was notified that the Lathon wider Community Center, which houses the community out-patient clinic would be closed for several months due to a water line break. The clinic needed to be relocated and relicensed, compromising the department's ability to deliver a full range of services for a period of time.

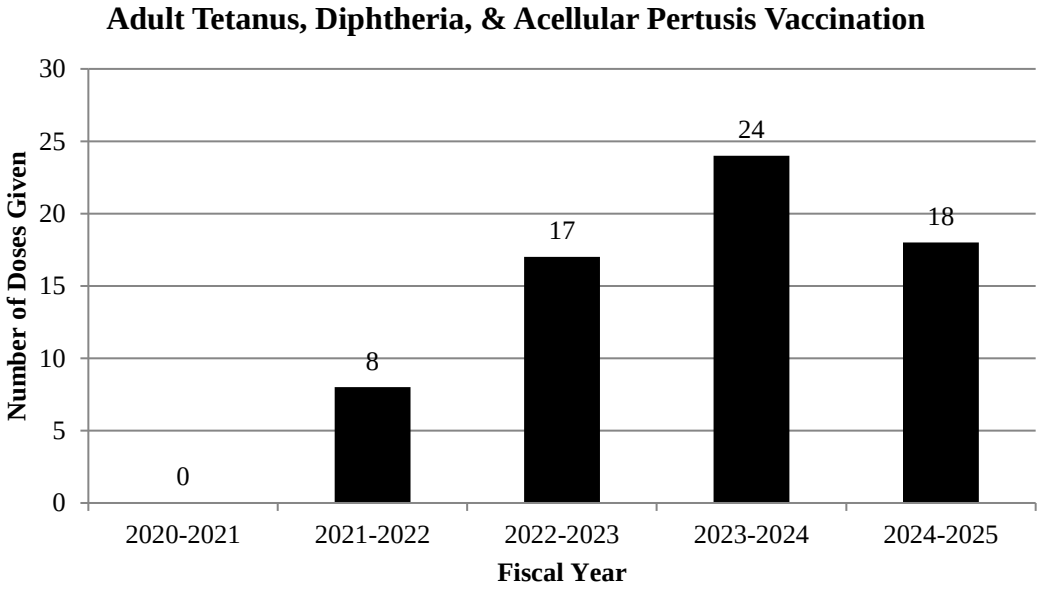
Cocoon Program

The Cocoon Program is a state funded program sponsored by the State Department of Public Health and the Centers for Disease Control and Prevention that provides free tetanus diphtheria and acellular pertussis (TDaP) vaccine to any adult family member who has contact with an infant up to 12 months /1 year of age. The goal is to protect the child against pertussis infection (aka Whooping Cough) that may be transmitted from the adult caregiver to the infant. The

vaccine is provided for free by Sanofi Pasteur through a program the State Department of Public Health and the Centers for Disease Control and Prevention.

Figure 9 shows the number of doses given since, just post the Covid19 Pandemic 2021-2022 & 2022-2023. The relatively low administration of the vaccine may be attributed to several reasons such as, pharmacies now offering this vaccine, persons with insurance are getting the vaccine from their providers, and lack of awareness that the vaccine is provided by the Adult Vaccine Program. Health promotion and community outreach efforts are being directed to this program.

Figure 9. Cocoon Program Five-Year Trends



Influenza Prevention Program

The goal of the influenza prevention program is to increase the vaccination rates in the city, thereby increasing herd immunity. Herd immunity will better prepare the city to withstand the effects of an influenza pandemic. To help achieve this goal, the Department of Health and Human Services provides influenza vaccine to all eligible persons' ages six months or older. The Department of Health and Human Services takes part in the Children's Vaccines Program (CVP) for our infants and school age children up to 18years old providing free immunizations for that population.

The 2024-2025 annual Influenza campaign was "kicked off" with the Family Day Event on September 28th, 2024, at the Yerwood Community Center during the Family Day Celebration where Director of Health & Human Services Jody Bishop Director of Environmental Health &Inspections, the City's Medical Advisor, and Director of Infectious Disease & Hospital Epidemiologist at Stamford Health, all spoke to the importance of getting immunized against influenza during the 2024-2025 season. Partnering with the City's Human Resources Department, Flu vaccination was offered to all City of Stamford and Board of Education employees, as well as Boards of Finance and Representatives members. Vaccine clinics were

conducted at the Stamford Senior Center, senior housing facilities, women and men shelters, and to the day worker population ensuring vaccine availability to vulnerable populations. The years following the pandemic have seen a decrease in uptake, which could be due to increased access to flu vaccines at pharmacies and provider offices for insured residents. The department continues to ensure vaccine availably for the under & uninsured. Also, the intensity of the need for people to get Covid vaccines has possibly caused vaccine fatigue among Stamford an CT residents.

Figures 10 and 11, respectively, show the five-year trends in the adult influenza vaccine administration and the populations targeted.

Figure 10. Influenza Vaccination Program

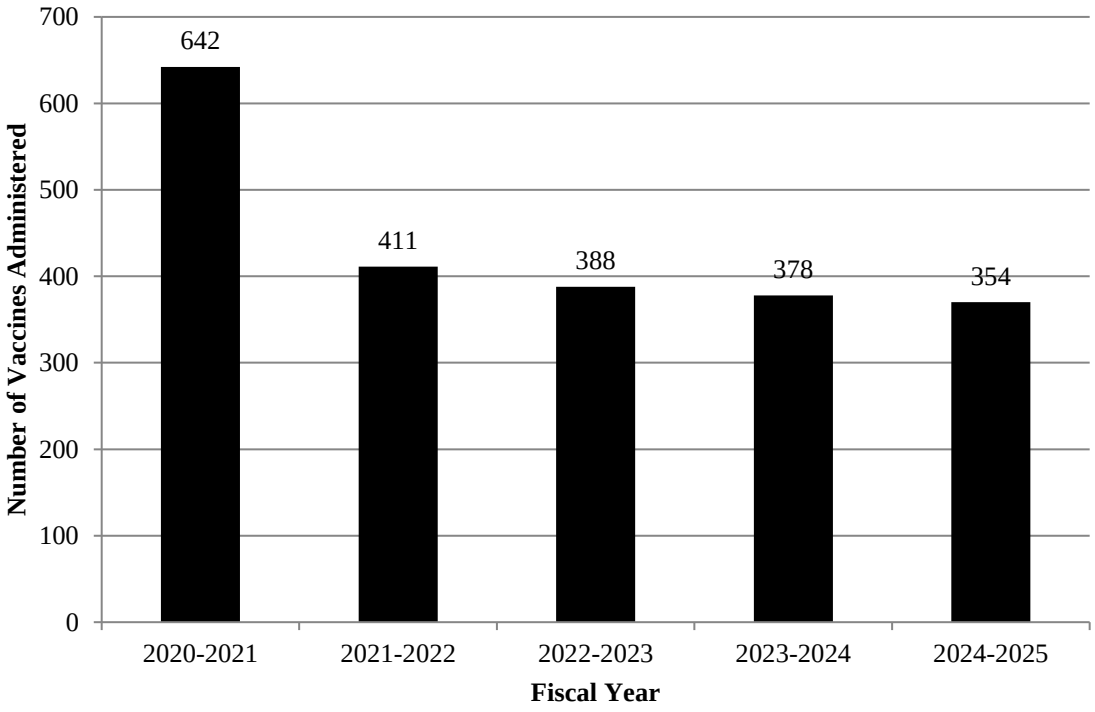
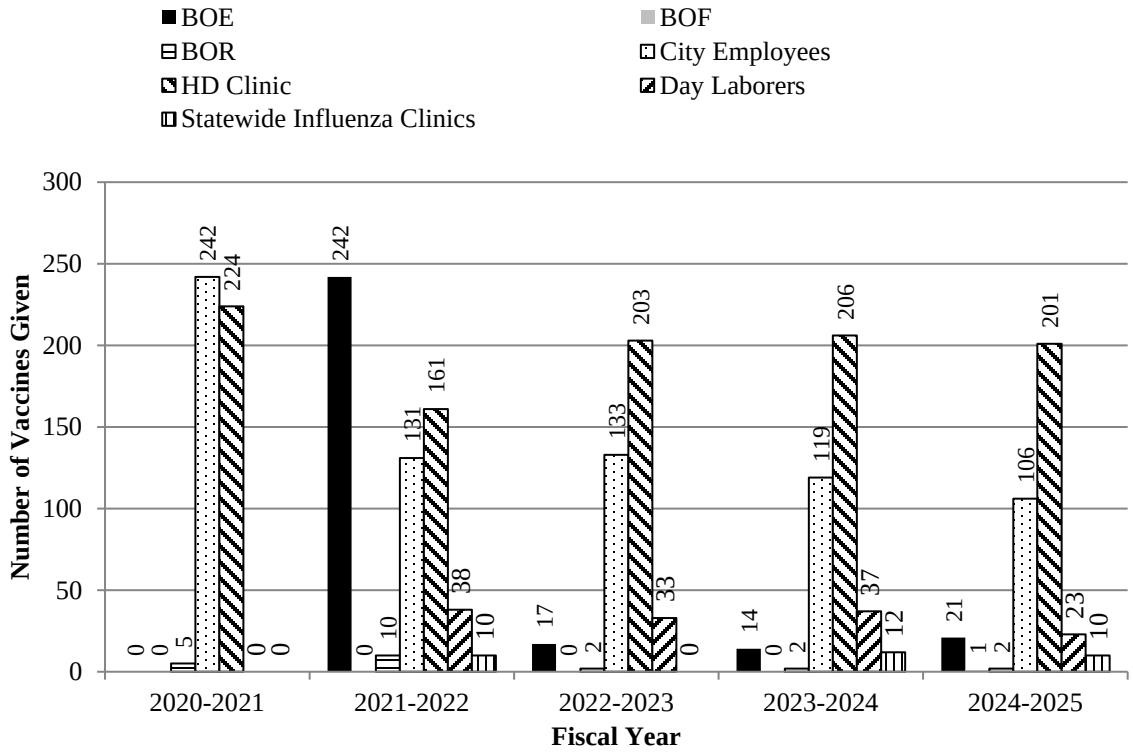


Figure 11. Influenza Vaccination by Population Served

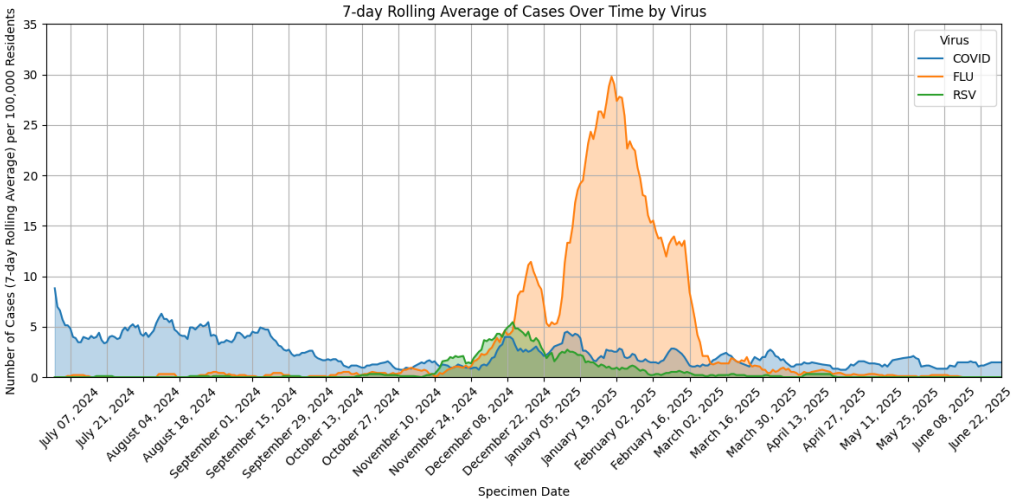


Covid Prevention and Control Program

The rollout of the new Covid vaccine for the 24-25 respiratory virus season changed from local public health to primarily administration to adults by pharmacies. Local Health had access to vaccines for uninsured which ensured the Stamford Health department could promote health equity. Community nurses were able to administer a total of 136 vaccines to the uninsured population at the public health community clinic or at community partner sites. Sixty - four (64) vaccines were administered to children under the CT Vaccines for Children Program (CVP). Since pediatricians often do not offer the Covid-19 vaccine, the clinic is popular for children who received the vaccination.

In addition, the community nurses, administered nine Covid vaccines at the Stamford Senior Center during a Flu vaccine event. Community Nursing coordinated with a pharmacy provider to administer Covid vaccines at five senior housing sites and one at the Veteran's Resource Center where the partnered pharmacy was able to administer Covid Vaccines. Twelve (12) Covid vaccines were administered to the homebound population.

With the help of grant funding, DHHS monitored reported respiratory virus cases throughout the fiscal year. Following best practices from CDC and CT DPH, COVID-19, influenza, and RSV were the focus of this tracking. From 7/1/2024-6/30/2025, Stamford had 3,096 total reported cases of these viruses (1,106 of COVID-19, 1,706 of influenza, and 284 of RSV). There was a strong seasonality associated with these cases, especially with influenza and RSV.



In addition, DHHS partnered with Stanford University's WastewaterSCAN to provide surveillance of pathogens in Stamford's wastewater. These data, along with other publicly-available data on hospitalizations, deaths, and epidemic growth, helped inform public health communication and response throughout the fiscal year.

Sexually Transmitted Disease (STD) Program

The Stamford DHHS Sexually Transmitted Disease (STD) Clinic transitioned from a CTDPH/ CDC grant. The program is currently fully funded by the Department of Health and Human Services. The program provides comprehensive diagnostics, treatment, and counseling for the most common STDs including *syphilis*, *gonorrhea*, *Chlamydia* spp., *Trichomonas* spp. The program assists with the identification of the sexual partners of people diagnosed with a STD and offers prophylactic treatment when appropriate. Service is free of charge to anyone 13 years or older. Free HIV testing is also offered through the program, and positive individuals are linked to care through partnership with Stamford CARES (Coalition for AIDS Resources, Education and Services), a Family Centers program. Hepatitis A and B vaccines are provided by CTDPH and are offered free of charge to STD clinic patients.

Table 2 details the City of Stamford trend in STD positivity rates, which are reflective of the national trend. The positivity rate for syphilis decreased for the year, and other STDs tested showed a decline during this FY. The number of initial visits showed a slight rise in participation.

Table 2. Sexually Transmitted Disease Clinic Five-Year Trends

	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
No. of initial visits	248	273	269	277	286
No. of follow up visits[1]	96	248	313	57	194
No. of STD tests[2]	659	521	588	901	1114
No. (%) of syphilis positive	21 9.9)	30(12.0)	13 (5.0)	6 (2.6)	6 (2.2)
No. (%) of *Chlamydia* spp. positive	17 (8.0)	25(9.0)	38 (14.1)	32 (11.5)	14 (5.0)
No. (%) of gonorrhea positive	7 (3.3)	11 (4.0)	17 (6.3)	14 (5.0)	10 (3.6)
No. of HIV tests done (% positive)	206 (5)	248 (.008)	247 (0)	259 (0)	278 (0)
No. of pregnancy tests done (% pregnant)	0 (0)	0 (0)	4 (0)	0 (0)	0 (0)

[1]Follow up visits are for counseling, medications, second dose of vaccines, rechecks for positive tests, and recheck if the patient remains symptomatic.
[2] When STD testing is conducted, each patient is routinely tested for *syphilis*, *gonorrhea*, and *Chlamydia* spp. at the initial visit if there was no prior testing done or if testing was done and the patient is still symptomatic at initial visit. If needed, at the follow-up visit some patients are retested if they remain symptomatic

All people who were diagnosed with STD were treated in the clinic. The STD grant required that treatment occur within seven (7) days of their initial visit, although the STD grant ended the Stamford DHHS continued to keep current standards of treatment. To ensure compliance, treatment is usually started empirically and is changed if needed based on the confirmatory diagnosis. Not all patients treated are tested at the clinic; some positive cases were referred to our clinic for treatment after testing and diagnosis elsewhere because of under or uninsured status.

Tuberculosis (TB) Program

The Stamford DHHS has a primary responsibility for preventing and controlling the spread of TB. To meet this challenge successfully, the TB control program engages in several activities that include the following key components:

- Conducting overall planning and development of policy
- Identifying people who have clinically active TB
- Managing people who have or are suspected of having TB disease
- Providing directly observed therapy (DOT) to people with active TB. DOT is a process during which the nurse observes the patient take his or her TB medications
- Identifying and assessing the contacts of people who are identified with active communicable TB
- Identifying and managing people infected with TB
- Providing laboratory and diagnostic services
- Providing education to staff, clients, and providers about the prevention, diagnosis, and control of TB.

The Adult TB Clinic services are conducted via a collaborative agreement between DHHS, Optimus Health Care, and Stamford Health's Pulmonary Division. Table 2 describes the five-year TB trends. It should be noted that none of these TB cases resulted in exposures that caused new infections. This is most likely a result of the Department's efforts to encourage providers to increase TB screening to facilitate early detection and treatment of TB cases and to communicate with the Department for quick involvement. Direct Observation Therapy (DOT) to ensure that patients adhere to medication regimens remain the cornerstone of effective TB treatment. DOT is a labor-intensive process that requires many nursing interactions with each patient. The clinic conducts rigorous contact investigations and continuously identifies people who show latent TB and recommend treatment to prevent subsequent TB disease and transmission. Referrals for evaluation and follow up are received from the CDC as they occur.

Table 3. Tuberculosis Five-Year Trends

	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
No. of new TB cases	6	7	9	4	5
No. (%) of new cases that are adults	6 (100%)	7 (100%)	9 (100%)	4 (100%)	5 (100%)
No. (%) of multi-drug-resistant TB cases[1]	1 (16.7%)	1 (14.3%)	0(0%)	0(0%)	1(20%)
No. of extremely drug-resistant TB cases[2]	0	0	0	0	0
No. of visits to client on DOT[3]	1,280	1820	1920	706	706
No. of tuberculosis skin tests and / or blood tests for TB administered	18	106	63	80	49
No. (%) of positive TB tests	4 (2.2%)	5 (4.7%)	8 (12.7%)	10(12.5%)	18(36.7%)

[1]Multi drug resistant (MDR) are cases in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid and rifampin
[2]Extensively drug resistant (XDR) are cases in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid and rifampin and any fluoroquinolone and at least one of three injectable drugs namely Amikacin, Kanamycin, or Capreomycin
[3]Dot-directly observed therapy. This is used to ensure that people who have active communicable TB disease are compliant with taking their medications.

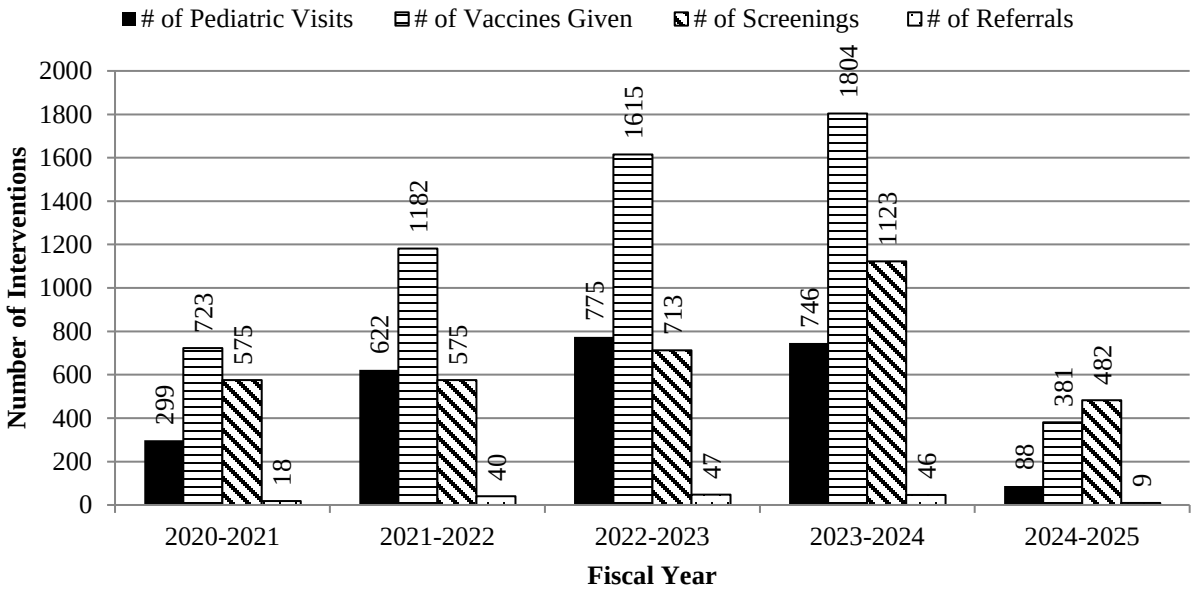
Well Child Clinic

The Stamford DHHS Community Outpatient Clinic, Well Child Division serves primarily underinsured or uninsured children who need physical examinations, vaccinations, medical screenings, social and psychological needs assessments, referrals to primary care and necessary referrals to specialists to families new to Stamford, especially those new to the country. Medical providers, school nurses, Stamford Health and other sources refer children to the community clinic. During the community clinic well child appointment families are educated about child development, nutrition, sleep, safety, diseases, other health topics, and available community resources. The goal is to link children to a medical home to ensure continuity of care and other social services for the child be provided. The visit is a one-time visit only, except for immunizations. The clinic is an available resource for families who need physical examinations, and vaccinations for the children to enter Stamford Public Schools. The vaccines provided at the clinic are obtained, for free to the Department of Health from CTDPH via the Federal Vaccine for Children program to ensure that children in the state of Connecticut are up to date on their

vaccines. The FY 24-25 began to note a decrease in visits to the community clinic well child program. The School Based Health Centers (SBHC) are available and located in some of the school buildings, and as many parents attempt to ensure their children are up to date with their physical examination and vaccines, they maybe accessing that service provided by those centers. A recently implemented streamlined approach to school registration at one central location with a SBHC onsite has changed the flow of accessing physical and immunization services. Furthermore, this year the influx of new families to Stamford has decreased, possibly causing the demand for school physicals and vaccines at the clinic to decrease. These factors together with the closure and relocation of the clinic impacted the number of services performed.

Figure 12 details the five-year trends.

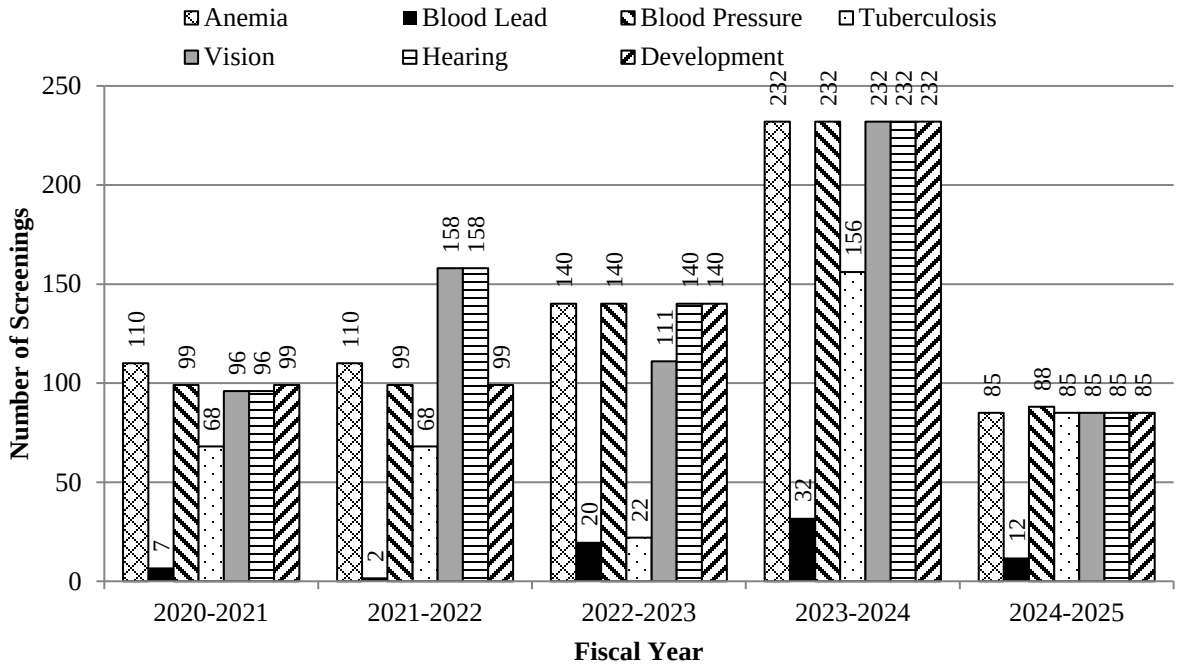
Figure 12. Stamford Well Child Clinic Five-Year Tr



[1]Screenings refer to vision, hearing, scoliosis, dental, developmental screenings, hemoglobin blood tests and lead blood tests
[2]Referrals are to other providers include but are not limited to the following, outside medical providers for evaluations and medical homes, dental clinics, School Based Health Centers, Community Based Health Centers

Figure 13 shows the number and types of screening that are conducted in the clinic.

Figure 13. Well Child Clinic Screenings



Pediatric Lead Poisoning Prevention Program

Pediatric lead surveillance is required by Connecticut General Statute §19a-110(d). Pediatric lead screenings are required for all children up to age 5 years & 11 months. An EBLL is defined as a BLL >3.5 ug/dl. When a lead level is reported from the DPH lab as 3.5mg/dl or higher, and a PCP has not yet been established, the Well Child Clinic community nurse takes a venous sample for testing that is sent to the state lab for continued evaluation. The Advanced Practice Registered Nurse (APRN) follows up on all reports of pediatric elevated blood lead levels (EBLL) in Stamford. The APRN educates the parents about the dangers of lead poisoning and ensures that the child is appropriately monitored by his or her healthcare provider by alerting the child's parents of the importance to take their child for follow-up testing and that testing continues until the venous BLL level falls below 3.5 ug/dl.

When the BLL is at or above 5mg/dl it is necessary for the community nurses to conduct a home visit to collect clinical and behavioral information about the child to be reported to the state, health, school, and social agencies for the child to receive assistance as needed to keep them mainstreamed and at appropriate age level of function.

When the lead level is >5mg/dl community nurses will collaborate with the Environmental Inspections Division, for the environmental division to inspect the home to identify and gather any potential source of environmental lead. Both the Environmental Inspections Division and Community Nursing provide guidance and education for the family to eliminate areas where lead is found.

In fiscal year 2024-25, the community nurses investigated 26 EBLLs that were reported from the State Lead Surveillance program to Stamford Department of Health and Human Services. Of the 26 cases 3 were extremely elevated with reading above 10mg/dl. Environmental Health assessments were conducted in 5 cases. All families were transient, regularly travelling back to

their home countries, where it was suspected they also were being exposed. Overall, there were 354 interactions with families regarding children with reported elevated blood lead levels.

Reportable Diseases Program (Non- TB, STD, & HIV)

Under Connecticut General Statute Section 19a-2a and Section 19a-36-A2 the Commissioner of Health establishes a list of diseases and conditions that must be reported to CTDPH and to Local Departments of Health. Local Departments of Health either investigate these cases independently or provide support to the CTDPH-lead investigations. In the fiscal year 2024-2025, there was one foodborne illness outbreak related investigation, one Mpox case, that was surveilled and managed by the community nurse supervisor.

Chronic Disease

In 2020, funding grant funding provided an Adult Wellness Program which ended September 30, 2023. Following the end of the grant, the program continued without the grant funded cooking and exercise classes but continued the screening and education portion. The Department of Health & Human Services continued with the contracted nurse to provide blood pressure screenings and coordinate nutrition and exercise education to adults in the community until March 2025. The program during this FY, utilized community clinic staff to conduct blood pressure monitoring and education to walk in participants and coordinated with adult housing facilities to reach adults recognized as a chronic health population in need of blood pressure monitoring and education. There were 158 clients screened and educated about this chronic health designation.

School Nursing

The Department of Health and Human Services employs 37 public health registered nurses to provide health services for 24 public schools, 11 private and parochial schools and 3 special education programs for students with specialized medical needs. The main priority and focus for School Nurses is the health and wellness of the students. Their duties include assessing all students with complaints of illness or discomfort, providing care, notifying parents and referring to a medical provider for evaluation as needed. They also respond to and provide medical care at medical emergencies including mental health emergencies, as well as injuries sustained on the playground or during physical education class. They provide care and activate the EMS system for more serious matters. They follow up on student health issues post illness or injury as needed.

School Nurses help to create and provide a safe environment for students with chronic illness. They work the school schedule and some work over the summer at summer school.

They interview parents and students with chronic health conditions to develop a nursing care plan and ensure the student's plan of care is being adhered to during the school day. They also educate teachers and staff on any needs of a student with chronic illnesses throughout the school day. They monitor glucose monitors throughout the school day, they administer other treatments such as tube feedings, ostomy care and catheterizations. School Nurses reviewed over 3000 medication orders last school year and administered over 24,000 medications during school

hours. They attend PPT and 504 meetings as requested to discuss accommodations and share healthcare plans with administration and staff. .

School Nurses review and enter all mandatory Health Assessment Summaries and updated immunizations into the electronic medical record for all Pre-K, K, 7th, 10th graders as well as all new enterers to the school. School Nurses adhere to the state statutes relating to immunization compliance. They follow up with physicians and notify parents for any missing information on their physical exam or incomplete immunization schedules. School Nurses assist parents as needed to connect them to providers for student healthcare needs. Our high school nurses must review and track yearly physicals for all athletes that play after school sports as well.

Mandatory vision and hearing screenings are performed in grades K, 1, 3, 4 and 5. Scoliosis screening is conducted for girls in grades 5 and 7 and for boys in grades 8 or 9. Parents are notified when students require further evaluation from a physician. During the summer, some School Nurses work on registration for schools and sports physicals.
Stamford Public Schools School Nurses managed over 700 field trips last school year. Field trips are a laborious task for school nurses. They must review rosters to prepare a list of the students with daily or as needed medication orders, pull all of the medications and prepare for the trip. The School Nurse then must meet with each teacher prior to the field trip to review and train the teacher on medication administration so they may safely administer medications during the field trip.
The city's Medical Advisor works with the school nurse supervisor to update protocols, review medical issues and medical exemptions. He also provides medication orders for emergency medications for the schools. The city's Medical Consultant assists with reviewing homebound instruction requests.

Table 5 details the school nursing activities performed**.**

Table 5: School Nursing Activities

Clinical Treatments performed by School Nurses

Fiscal Year	20-21	21-22	22-23	23-24	24-25
# Public School Buildings	24	24	24	24	24
# Private School Buildings	11	12	12	12	11
TOTAL	176,147	305,598	367,227	252.287	258,966
# (%) sick calls	33,009 (18.73)	64,073 (20.97%)	71,343 (19.43%)	68,459 (27.1%)	73,621 (28.428%)
# (%) injury related visits	11,469 (6.51)	32,649 (10.68%)	37,219 (10.14%)	35,960 (14.25%)	36,767 (14.197%)
# (%) medication orders received and reviewed	4,222 (2.39%)	2586 (.84%)	3,476 (.95%)	3,704 (1.46%)	3,378 (1.304%)
# (%) medication given	44,641 (25.34)	90,704 (29.69%)	107,520 (29.28%)	20,690 (8.2%)	24,430 (9.433%)
# (%) of management cases	67,632 (38.39)	85,192 (27.88%)	75,300 (20.51%)	81,457 (32.28%)	79,572 (30.726%)
# (%) other nursing activities	15,174 (8.61)	30,394 (9.94%)	35,150 (9.57%)	42,017 (16.65%)	41,198 (15.908%)

Fiscal Year	20-21	21-22	22-23	23-24	24-25
# (%) blood glucose testing* (24-25 most are now monitored continuously via sensor) *	15,466 (57.13)	20,652 (53.52)	25,113 (52.45%)	7,652 (72.26%)	5,897 (46.352%)
# (%) of insulin management	4,984(18.43)	8,028(20.81)	10,179 (21.26%)	2,067(19.52%)	3,843 (30.207%)
No. (%) of oral suctioning	687(2.54)	733(2.0)	1,460 (3.05%)	1 (.009)	2 (0.015%)
No. (%) of catheterizations	1,115 (4.12)	1905 (4.94)	2,427 (5.07%)	521(4.92%)	643 (5.054%)
No. (%) of gastric – tube feelings	4,202 (15.54)	5,963 (15.45)	7,555 (15.78%)	5,456 (51.52%)	2,024 (15.909%)
No. (%) of nasogastric tube feedings	0 (0)	0 (0)	0 (0)	0	0
No. (%) of intravenous therapy (I.V.)	0 (0)	0 (0)	0 (0)	0	0
No. (%) of ostomy care	581 (2.14)	636 (1.65)	755 (1.58%)	71(0.67%)	281 (2.208%)
No. (%) of oxygen administered	1 (0.003)	263 (.68)	267 (.56%)	129 (1.21%)	31(0.243%)
No. (%) of tracheostomy suctioning	0 (0)	0 (0)	82 (.17%)	147 (1.38%)	1(0.007%)
No. (%) of ventilator care	0 (0)	0 (0)	45(.09%)	1(.009%)	0
Mandated Screenings					
No. (%) vision screening	7,883	7,811	7,971	8993	7793
No. (%) of referrals from vision screenings	451 (5.7%)	610 (7.8%)	590 (7.4%)	609 (6.9%)	645 (8.27%)
No. (%) of hearing screening	5,200 (%)	7,738(%)	7,599	8372	7529
No. (%) of referrals from hearing screenings	312 (6%)	51 (.65%)	52 (.68%)	56 (0.6%)	61(0.812%)
No. (%) of scoliosis screenings	2,613 (%)	4,162 (%)	3,814	4079	2475
No. (%) of referral from scoliosis screenings	22(.84%)	24(0.57%)	24(.63%)	18 (0.44%)	3 (0.121%)
No. (%) 911 calls	11	47	60	125	90
No. (%) COVID -19 positive cases in the schools	1,278	4,020	1,543		

School Dental Program

The Stamford Dental Program provides a range of clinical and educational services. Proper oral health is crucial for proper childhood development and is a key component of good nutrition as it facilitates proper mastication that enhances the metabolism of food. Children with oral health problems learn less either because they are unable to focus in class or they simply miss more school.

The dental hygienists provide oral health education in classrooms and conduct dental screenings for preschoolers, elementary, and middle school students. When an oral health issue is identified in a student, their parent/guardian is given a referral to the Westhill School Based Health Clinic, community clinics or private dental providers,

Table 6 below details the five-year trends for the school dental program.

Table 6: Dental Services Five-Year Trends

	2020-21	2021-22	2022-23	23-24	24-25
Dental Hygienists	3	3	3[1]	4	4[1]
Classroom Instruction	0	196	294	312	362
No. of Elementary & Middle School Children Screened	0	3208	6703	6837	7056
No. (%) of Elementary &Middle School Children Screened Requiring Dental Care	0	310 (9.6)	657 (9.8)	715 (10.5)	546 (7.7)
No (%) of referred students receiving dental treatment		116 (40)	271 (40)	416 (58.2)	323 (59)
No. of Children Requiring Dental care who receive their Preventive care at the Department of Health's Dental Clinics (#Patients/#Visits)	0	0	0	0	0
No. of Children Requiring Dental care who receive their treatments at the Department of Health's Dental Clinics Treatment Services (#Patients/#Visits)	0	0	0	0	0
No. (%)[2] Students receiving Sealants Grade 2	0	0	0	353 (49)	346 (56)

[1] Retirement of one staff member mid-year
[2] Percent students sealed of qualified meaning no previous sealant, decay or filling

This year saw a decrease in the percentage of referrals following the increases experienced due to the pandemic. A change in CT State eligibility for children to be insured may have allowed families to seek dental care earlier than in previous years. That may have impacted the percentage of referrals receiving treatment outside the program which increased from 40 % to 59 %. The sealant program remains popular realizing an increase in the percentage of students receiving sealants of those qualified.

The dental hygiene program collaborates with Department of Health and Human Services and Stamford Public Schools staff and administrators, as well as many community agencies to meet the oral health needs of Stamford school population. They are also responsible for maintaining the CTDPH licensing for each school dental clinic

Housing Services

Access to safe and affordable housing remains a key social determinant of health. Several studies outlined in a 2018 policy brief in Health Affairs highlight the impact of housing on health. According to the Centers for Disease Control and Prevention, being unhoused increases the risk of infectious and chronic disease, mental illness and substance use and abuse. In Stamford, Housing was identified as a top health need on the 2022 Community Health Needs Assessments. In Stamford, several studies, including a 2023 Datahaven study, indicate that more than 40% of households pay more than 30% of their income towards housing cost. Anyone earning less than $100,000 for a family of four living in Stamford is considered low income by HUD standards. The National League of Cities sees housing as a workforce issue which impacts local employers across various sectors ability to recruit and retain workers due to the lack of affordable housing. The Urban Institute cites rising housing costs increasingly affecting seniors and persons with disabilities living on fixed incomes, as they try to retain or find housing.

The role of the Director of Housing Services is to oversee and implement housing services related programs and policies including the Connecticut Fair Rent Program. The core areas of focus for the Director of Housing Services are housing literacy, community engagement, landlord tenant relations and establishing working collaborations to improve access to housing and shelter. The Director of Housing Services responds to inquiries from the general public, advocate for agencies on their or their clients behalf in housing matters. Such matters include but are not limited to assistance with security deposits, rental arrears, evictions, identifying and applying for affordable housing, and landlord and tenant rights.

In the 24/25 fiscal year, the Director of Housing Services fielded over 640 requests for services (calls, walk-ins, appointments, referrals), attended 180 meetings, and 22 conferences and trainings and gave 18 presentations on housing for residents and community partners.

Fair Rent

In the absence of the State of CT limiting the amount or percentage of a rental increase, Fair Rent is the only program available to assist renters with excessive rental increase and charges. The Stamford Social Services Commission acts as the City's Fair Rent Commission. The Director of Housing Services serves as coordinator to the Commission. With respect to the Fair Rent process, the Director is responsible for receiving, investigating, and mediating complaints and assisting administratively with the hearing process. In its Fair Rent capacity, the Social Services Commission is empowered to conduct studies and investigations, conduct hearings and receive complaints related to rental charges on housing accommodations within the city, in order to control and eliminate excessive rental charges on such accommodations.

This year, working with the Administrative Supervisor, a Fair Rent and landlord tenant complaint system was implemented to better track the volume and nature of complaints. At the same time the Housing Services webpages have been updated to be more user friendly with more self-help information and access to complaint forms to submit.

Table 12: Fair Rent

		2021-2022	***2022-2023***	**2023-2024**	**2024-2025**
Fair Rent Complaints		32	12	20	41

The number of Fair Rent complaints more than doubled in 2024-2025. This data reflects the impact of rising cost of rent in Stamford.

In response to the high demand for housing information and resources, The Director of Housing Services (Commission Coordinator) in partnership with The United Way's Cradle to Career, hosted the first annual housing fair in March 2025. The event was dedicated to highlighting the housing related services, resources and information available throughout the City of Stamford. The event is targeted to renters, homeowner, landlords and the unhoused. Some of the vendors included Charter Oak Communities, Stamford Board of Realtors and Board of Representatives from District 5. In lieu of a registration fee, vendors were asked to donate household items like cleaners, toilet paper, paper towels, that were collected and distributed by the Lower Fairfield County Food Bank. There were 192 attendees and the event is anticipated to continue annually.

Warming Centers/Cooling Centers

Warming/Cooling Centers are centers where residents can find respite during extreme weather conditions. Space is offered during the daytime for cooling and overnight in cases of extreme cold. Each year, community partners are contacted to determine if they will serve as a warming center site and their information is compiled into a list that is on the City of Stamford website, WebEOC and 211-United Way.

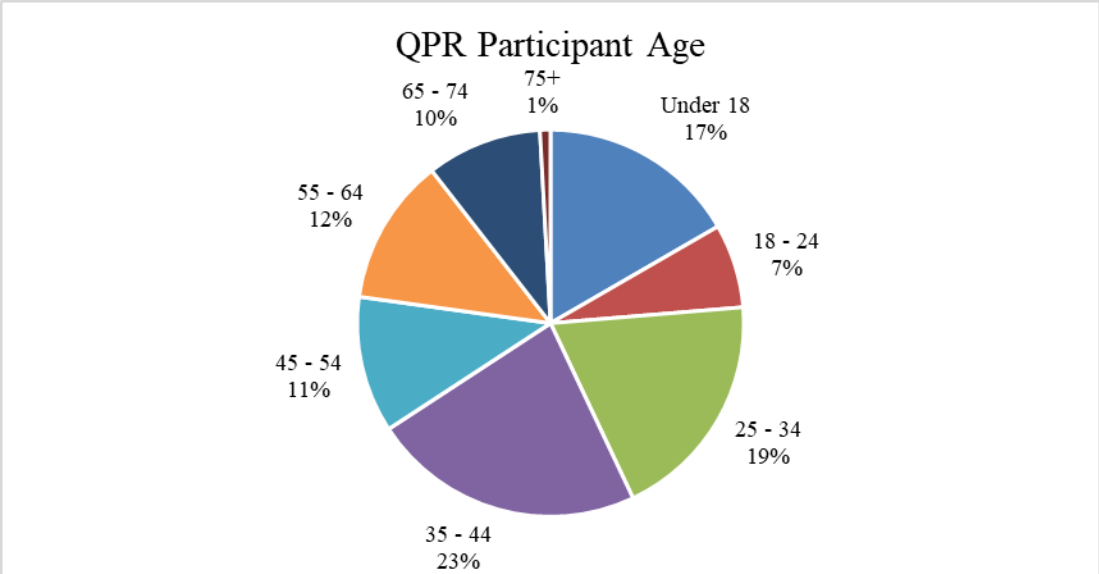
Health Promotion

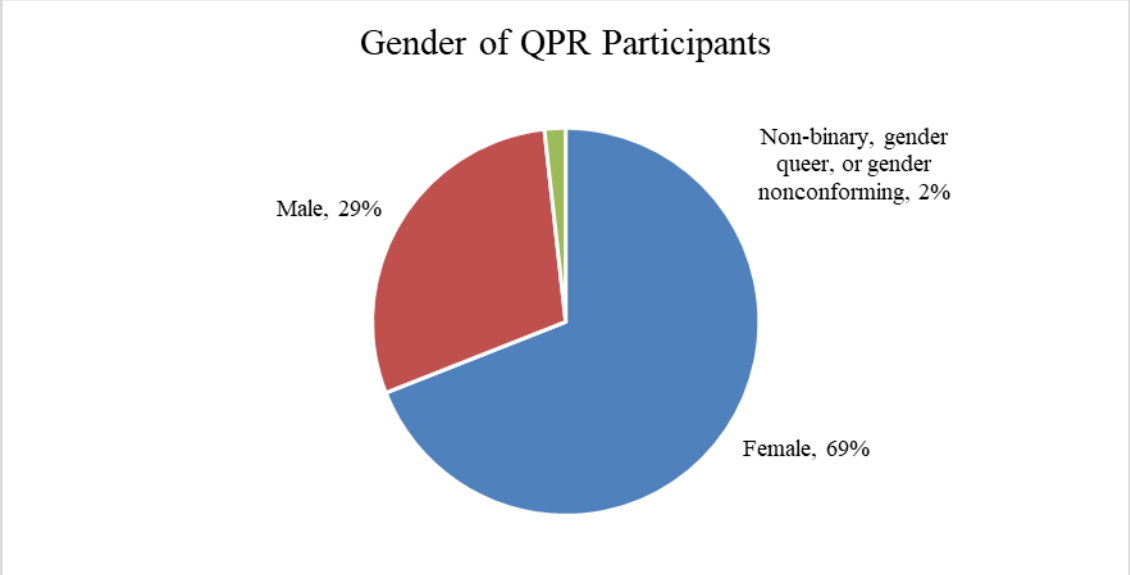
The health promotion program focuses on partnership building, disseminating accurate information about public health concerns, and educating the public on relevant health topics. This program is managed by the Behavioral Health, Health Promotion, and Emergency Response Supervisor (BH/HP/ER Supervisor) and staffed by two health educators and two outreach coordinators.

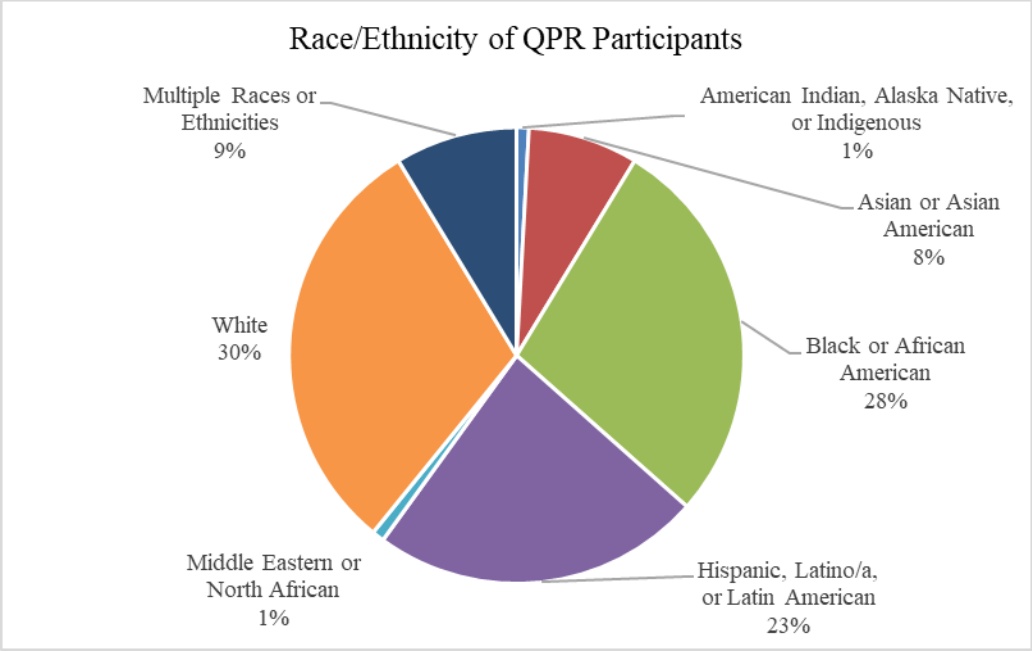
QPR (Suicide Prevention Training)

This year, DHHS continued to offer Question, Persuade, Refer (QPR), an evidence-based suicide prevention training focused on bystander intervention. Staff from the Department, in addition to trainers from our partner organization Liberation Programs, trained almost 170 participants. Groups trained included regional emergency preparedness partners, Mayor's Youth Leadership

Council students, and DOMUS staff. We also offered trainings to the public through the Ferguson Library. Results from the evaluation are shown below.







Importantly, we focused on intentionally reaching more community members this year and achieved an increase of community member participation from 5% to 11%.

Participants indicated high satisfaction levels with the training:

- 100% said the presenter had good knowledge of the subject matter
- 99% said the training met their needs "very" or "extremely well"
- 99% said the training provided information that was valuable to them
- 97% said the ideas presented were "very" or "extremely easy to understand"

In addition, 98% of participants felt that their knowledge increased around risk factors, prevention, and warning signs of suicide. 96% indicated that they felt prepared to help if someone expressed suicidal thoughts or intentions to them.

In addition to hosting QPR trainings, the BH/HP/ER Supervisor was actively involved in suicide prevention planning with the region. She was nominated to participate in the Connecticut Community Led Suicide Prevention workshops as part of the Region 1 team and also attended the CT Suicide Prevention Conference in May.

Health Education Events and Workshops

In addition to our ongoing health education programs, staff held health education and health insurance literacy workshops on an ad-hoc basis throughout the FY. Including QPR, staff in this division held 37 workshops for various community partners and the public. Health educators also supported blood pressure education workshops and screening events led by the public health nursing team.

Across the Department, staff participated in tabling at community fairs and events throughout the year. We participated in 20 events throughout the year, with over 1,300 attendees at the events.

Health educators supported preparation for these events and coordinated data collection with staff members across DHHS.

Community Coalitions

Department staff have been active leaders and participants on community coalitions throughout the FY. In particular, staff have been engaged with the Stamford Youth Mental Health Alliance and Stamford Prevention Council as leaders on various committees and workgroups.

Department staff partnered with Norwalk Health Department and LGBTQIA+ community leaders and nonprofits to respond to the mpox epidemic in summer and fall of 2022. Throughout the course of the FY, the group continued to focus on a range of public health issues impacting the local LGBTQIA+ community and engaged in joint messaging, outreach, and planning together. This is co-facilitated between the BH/HP/ER Supervisor and Norwalk's Health Educator and supported by several Department staff.

Accreditation

Working towards Departmental accreditation has again been a major focus for this FY. Our Behavioral Health, Health Promotion, and Emergency Response Supervisor has been serving as Accreditation Coordinator, working closely with the Director of Health and Human Services and Manager of Public Health Programs and with support from the Leadership Team, health educators, and other Department staff at all levels. The application for accreditation was submitted in January 2025 and the process will continue with a site visit next FY.

Community Health Needs Assessment

The Director of Health and Human Services as well as the BH/HP/ER Supervisor have been actively engaged in work with Stamford Health for the 2025 Community Health Needs Assessment as core team members. In addition, staff across the Department provided insights during interviews to support qualitative data collection.

Health Communications

Creating informative, relevant, and plain language communications is a critical function of the health promotion program. This FY, we completed the overhaul of our website and produced a range of flyers, brochures, videos, and other materials for community distribution.

Social media continued to be a key tool for health education of the community. Monthly social media calendars were developed to highlight monthly awareness events and DHHS resources, as well as pertinent public health issues such as mental health, measles, and emergency preparedness. We partnered with community partners on key health topics, such as alcohol awareness month with the Stamford Prevention Council.

Statistics for this and previous fiscal years across all platforms are as follows:

	2021-2022	2022-2023	2023-2024	2024-2025
Number of Posts	1,432	958	694	1010
Total Engagements	77,543	2,057	3,238	3,058
Total Impressions	4,010,827	803,853	254,303	101,480

Beginning in April 2025, this division partnered with the Manager of Public Health Programs to facilitate a quality improvement project to streamline the process for producing communications materials for staff across DHHS. Data collection and ongoing improvement efforts will continue into the next FY.

Intern Program

DHHS continued to partner with local schools to host interns and support local public health workforce development. During the summer of 2024, the Department hosted two high school interns as part of the Mayor's Youth Employment Program.

Insurance and Benefits Enrollment

Health insurance and benefits enrollment has been a long-standing function of the former Social Services Division and is now an aspect of the health promotion program, helping to address residents' social determinants of health needs. Residents needing health insurance are provided one on one enrollment assistance. Applicants also receive assistance and advocacy with re-determinations, unpaid medical bills, fair hearings, and spend-downs.

Case management is a key component of this program. Many residents struggle to enroll in and retain health insurance due to complications with the state system, their individual situations, or their health insurance literacy level. DHHS staff work to individually address the issues affecting their eligibility and help them navigate the system for continued care.
Total enrollments for current and previous years can be found below.

2020-2021	*2021-2022*	*2022-2023*	*2023-2024*	*2024-2025*
1,426	1,691	855	952	794

The Outreach Coordinator held outreach events with United Way, Building One Community, SPS, and St. Joseph's Parenting Center, among others, to share information in the community.

Renters' Rebate

Renters' Rebate is another function of the former Social Services division that was added to health promotion at the end of this FY. The Connecticut Renters' Rebate Program provides rebates to older adult or disabled renters whose incomes do not exceed certain thresholds. Yearly, between April 1 and October 1, qualified individuals seek application assistance from DHHS. Applications are processed and the applicant receives an award or a denial letter stating how much they will receive. Since applicants provide their income information, if staff discover they are eligible for other programs such as HUSKY health coverage, staff will enroll them at the

time of application. Yearly application numbers can be found below. This past FY was consistent with previous years.

Due to the seasonality and high administrative demand of this program, a seasonal rent rebate worker is retained over the summer. The outreach coordinator focuses instead on navigating individual client situations among those with complicated cases, as well as training senior housing coordinators on enrolling their residents.

2020-2021	***2021-2022***	***2022-2023***	***2023-2024***	***2024-2025***
1,567	1,600	1,568	1,689	1,623

Public Health Emergency Preparedness

Staff in the emergency preparedness program plan, train for, and respond to emergencies. The program is staffed full time by the Behavioral Health, Health Promotion, and Emergency Response Supervisor with two additional grant-funded part time positions – Public Health Emergency Response Planner and MRC Coordinator.

Partnerships

The Department works closely with regional partners to ensure emergency preparedness. We attended regular virtual meetings for ESF8, Critical Workforce Planning Group, and Cities Readiness Initiative, as well as local meetings around the hurricane barrier project, flood map planning, coastal resilience, and emergency sheltering. We continued to deepen connections with local non-profits who are able to provide support during mass sheltering response, including Rapid Relief Team and the American Red Cross.

On April 5, 2025, we hosted our second emergency go-bag giveaway at the Ferguson Library, in conjunction with first responder partners, CERT, and the library staff. We provided 200 residents with emergency bags and information in various languages on personal and family preparedness. This event was again a resounding success. We also worked with ARI of CT, a non-profit that serves adults with disabilities, as well as the Stamford Senior Center, to provide educational workshops and smaller go-bag events for their clients specifically. We received additional support for these events through a partnership with UCONN and supported their work by coordinating listening sessions with seniors around emergency preparedness.

Emergency Planning

The part-time Public Health Emergency Response Planner was hired in November 2022 under a grant provided by the CT Department of Public Health. This year, the shelter and PHERP base plans were updated, as well as various trainings and tools for the Department were developed, such as shelter manager training for inspectors and leadership staff.

As part of our shelter planning, we partnered with the American Red Cross, CERT, and local agencies to conduct shelter surveys and inventory the shelter trailers. These efforts allowed us to tailor our shelter plan and have a better understanding of the current resources for sheltering.

Training

Partnering with the American Red Cross and CERT shelter trainings were offer for staff and volunteers in July 2024 and April 2025. This training, offered yearly, allows those who may work in a shelter to understand the fundamentals and practice key skills.

DHHS staff continued to engage in regular training with local and regional partners to exercise our response capabilities. Emergency response trainings, exercises, and conferences attended by department staff this FY included:

Date(s)	**Topic**	**Hosted By**
Aug 2024	ICS 300	CTDPH
Dec 2024	Partnerships in Emergency Preparedness	Region 1
Mar 2025	MRC Mission Sets	CTHCC
Mar 2025	Social Media in Crisis	Region 1 Health Departments
April 2025	CT Emergency Management Symposium	CT Conference of Municipalities
April 2025	Preparedness Summit	NACCHO

Response

We continued to respond with local partners to cases of untimely death and death by suicide in the community. Our postvention plan developed FY 2022-2023 and updated December 2024 continued to support and guide our response efforts. There have been 32 postvention responses during the 24-25 FY.

Medical Reserve Corps (MRC)

To kick off this FY, staff engaged Medical Reserve Corps (MRC) volunteers around strategic planning to strengthen and grow the unit. Throughout the year, MRC volunteers were activated to attend trainings, support blood pressure screening events, assist with community health fairs, and more. Volunteers worked a total of 339.5 hours throughout the fiscal year, and 5 new volunteers were recruited throughout the year. We partnered closely with Person to Person to support their mobile food pantry on a weekly basis.

In response to MRC member requests to continue offering training on a variety of topics relevant to public health and emergency response, we expanded our offerings to include trainings held by regional partners, such as active shooter situational awareness, Narcan training, and youth mental health first aid. This was a strategic choice that allowed us to focus our energy on volunteer opportunities while providing even more training opportunities than when training was only held in-house for members.

Our annual recognition event, to thank our volunteers for their work throughout the year and identify those who contributed the highest number of volunteer hours took place in January

2025. City leadership were in attendance to provide remarks and express gratitude for their hard work.

In May and June 2025, DHHS partnered with Stamford Health to host blood pressure screenings for community residents. MRC volunteers worked in conjunction with a doctor from the hospital to screen and educate residents, as well as refer to local physicians or clinics when needed. All residents received informational pamphlets as well as blood pressure logs for tracking their numbers. We tabled at existing community events in order to plug into events for which large crowds were expected. These events included:

Date	**Event**
5/4/25	Stamford Police Department Behavioral Health Unit Fair
5/10/25	Kindergarten Registration
5/17/25	Filling in the Blanks Cradle to Career Early Childhood Fair
6/5/25	Stamford Senior Expo
6/7/25	Kindergarten Registration

Our BH/HP/ER Supervisor continued to serve on the Board of Directors for Stamford CERT as an MRC representative. We look forward to continuing to grow and partner with CERT.

PPE Distribution

The Department distributed PPE to community organizations, city departments, and residents in vulnerable groups throughout the course of the FY. Because a large amount of our stock was provided during COVID and due to expire, we focused on distributing supplies like N95, gowns, and Tyvek suits to long-term care facilities, the fire department, and others, who could use the supplies for healthcare needs before they expired or as training supplies after. Distribution numbers of different items are below.

Item	**Quantity**
N95 masks	5,116
Gloves	4,300
Shoe covers	3,400
COVID-19 home test kits	3,253
Tyvek suits	1,550
Face shields	800
Surgical masks	100

Other Activities

The Director of Health and Human Services reviewed and approved 60 noise waiver applications and reviewed death certificates to provide funeral directors with 12 non-contagion letters that allowed the removal of bodies for burial outside of the country.

Prepared October 2025 by:

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