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# Office of Public Safety, Health & Welfare

## 2020-2021 Annual Report

- 911 Emergency Communications Center
- Stamford Fire Department
- Health Department
- Stamford Police Department
- Department of Social Services

## OFFICE OF PUBLIC SAFETY – 911 EMERGENCY COMMUNICATIONS

The City of Stamford's Emergency Communications Center (ECC) is staffed by a group of dedicated civilian Public Safety Dispatchers (PSDs) who work tirelessly to ensure the needs of citizens requesting emergency and non-emergency services, as well as the needs of our first responders (EMS, Fire and Police), are met with promptness and professionalism. Processing these calls can be inherently challenging, as callers are often dealing with traumatic events. PSD's are trained to ask key questions, pertinent to each unique scenario, and obtain the nature and extent of the incident. Once this is ascertained, they need to determine the type and number of resources that are necessary to respond, and dispatch the appropriate units. This year, a total of 149,113 non-emergency, text-to 9-1-1 and 9-1-1 calls were received in the ECC.

During the past fiscal year, many technological improvements and upgrades to our infrastructure were made. Highlights include: 1) an upgrade of the Public Safety Radio System subscriber units to include City Lifeguards, Health Department and CERT, in addition to Police and Fire, 2) changeover of the 911 infrastructure to an IP-based ESINet platform, which will allow for true NextGen 911 capabilities to enhance our call-taking and location-based data services, and 3) implementation of the PowerDMS platform for Policies and Procedures updates and management. We continue to emphasize leadership and customer service-based training for all of our employees, while maintaining the required certifications and qualifications. As a result of some retirements, we expect that we will be able to hire a number of new employees within the next fiscal year.

Our improved staffing model and protocols for meeting the State of Connecticut's Department of Statewide Emergency Telecommunications-required standards have allowed us to consistently meet and exceed those performance standards. We will continue to assess and develop new strategies and procedures that will result in effective and efficient dispatch of calls for service to our "customers" – both internal and external.

As we face the challenges that lie ahead, the Staff and Administrators of the Emergency Communications Center will continue to seek to innovate and improve, while remaining mindful of our responsibilities to each other and the Public.

**STAMFORD ECC VOLUME OF CALLS 2021**

MONTH	911	ADMIN	TEXT	TOTAL
JAN	3460	6666	127	10253
FEB	3145	6523	68	9736
MAR	3818	7644	67	11529
APR	3747	7606	57	11410
MAY	4329	8102	63	12494
JUN	4638	8670	88	13396
JUL	4869	9000	81	13950
AUG	4595	8349	83	13027
SEP	5407	9084	60	14551
OCT	4482	8793	107	13382
NOV	4208	7639	100	11947
DEC	4211	7515	74	11800
YTD	50909	95591	975	147475

**STAMFORD ECC VOLUME OF CALLS 2022**

MONTH	911	ADMIN	TEXT	TOTAL
JAN	3950	7302	97	11349
FEB	3432	6763	89	10284
MAR	3850	7698	77	11625
APR	3971	7549	84	11604
MAY	4271	8189	97	12557
JUN	4400	8574	63	13037
JUL				
AUG				
SEP				
OCT				
NOV				
DEC				
YTD	23874	46075	507	70456

The mission of the Stamford Fire Department (“SFD”) is to protect the lives and property of all citizens of Stamford and its guests with regards to Fire, Emergency Medical, Rescue and Disasters, natural or manmade, through education, code enforcement & the response of highly trained Fire personnel. The SFD continuously works towards the enrichment of the safety and effectiveness of its City-wide fire protection system.

We continue to spend a great deal of time and effort improving response protocols for fires in areas of the city that lack fire hydrants and other reliable sources of water. The way of operating in these areas was re-evaluated with a critical eye and improvements were made across the spectrum: equipment upgrades, increased training, and comprehensive changes to our standard operating guidelines. We were able to design and purchase custom equipment that works better for Stamford’s unique needs. Conducting significant large-scale training evolutions involving our mutual aid partners, from surrounding towns (as well as New York), lessons were learned and procedures were rewritten to improve overall interagency operations which led to radical improvement in these types of operations. No small gain as members and apparatus from 5-10 separate organizations were participants at these types of incidents. Improvements to our standard operating guidelines range from color diagrams now available on the mobile computers in each apparatus to training videos and Power Point presentations that accompany the guideline to assist in training and knowledge retention.

### Line Division

The mitigation arm of the SFD is known as the “Line Division”. The Line Division responded to the following lifesaving incidents over the past three years:

The SFD responded to 359 fires in 2021-22. Fighting fires is only a portion of the lifesaving work our firefighters perform. On a daily basis firefighters respond to a wide array of incidents within the city. The highest percentage of calls to the Fire Department are Rescue & Emergency Medical Services (EMS) incidents. The SFD is the “Emergency Medical Technician (“EMT”) Level First Responder to all life threatening EMS calls in the city, and with our extensive training and expertise, many lives are saved annually.

By being the lead emergency response agency to all manner of rescue incidents, the SFD serves the City, its residents and guests, with special operations units performing: SCUBA Rescue, Heavy Rescue, Motor Vehicle Extrication, High Angle Rescue and Confined Space Rescue. Additionally, the department now has 30 members trained in Mitigating Weapons of

Mass Destruction Incidents through FEMA. The department provides technician-level hazardous materials (HAZMAT) response services with the HAZMAT task force operating out of the South End fire station.

The SFD has 33 personnel assigned to Engine 5 and Rescue 1 operating out of Station 5, the Woodside firehouse. These two units comprise the technical rescue response group

staffed and are staffed by 8 personnel per shift. In addition to fire suppression and EMS first responder responsibilities, Engine 5 and Rescue 1 personnel are trained to provide motor vehicle extrication, SCUBA/water rescue, rope rescue, confined space rescue, trench rescue, and structural collapse rescue services.

At the direction of the Fire Chief in his efforts to enhance technical rescue capabilities citywide, a new rescue engine, Engine 8, has been placed in service at the Turn of River Fire Department. The rescue engine features additional compartment space to carry technical rescue equipment similar to that carried on Rescue 1, and will be staffed with 4 personnel, bringing the total number of on-duty technical rescue personnel to 12, while enhancing technical rescue services to the Merritt Parkway and North Stamford.

<i>Fire Department – Trends</i>			
	2021-22	2020-21	2019-20
Total number of calls responded to	12,384	10,483	10,364
Total fires	359	393	416
Structure fires	38	67	58
Hazardous condition calls	815	835	647
Rescue/EMS first responder calls	7,093	5,432	5,790
False alarms	2,508	2,081	1,998
Fire investigations	203	188	167
Fire marshal inspections (total)	2,963	3,081	2,692
Fire losses	\$3,604,200	\$4,479,312	\$4,109,650

#### **Policy:**

The Stamford Fire Department created and implemented a comprehensive new guideline detailing operations and management of emergency responses to incidents involving fires in electric vehicles (EV's). The growing popularity and increased market share of electric and hybrid electric vehicles has caused an exponential increase of fires and hazardous materials leaks/spills related to accidents in these types of vehicles. Similarly, the huge leap in popularity of electric bicycles, scooters, etc. has posed great challenges and requires new guidelines and methods of dealing with these types of calls. This is a nationwide/worldwide problem that the fire service is just beginning to deal with.

The SFD Command and Training Staffs made significant operational changes in our response to, and handling of, high-rise fires. These operational changes necessitated a re-writing of all guidelines and policies that refer to this type of fire as well as two months of hands on training. As there were some significant changes versus how we have been handling this type of call for the last 25+ years, it was necessary to refine and re-teach the

skills and knowledge. We also had to develop a longer range plan to continue to reinforce these changes to overcome the tendency to rely on old familiar ways of doing things.

#### **Marine:**

The SFD Marine unit (U236), assigned to the East Side Station 4 fire house, has continued to see an increase in the number of marine related calls. U236 had a complete electronics suite upgrade to a Raymarine system that is compatible with the USCG. The new system includes three touch screen monitors, AIS transceiver, FLIR, side-scan/down-scan sonar, three console monitors and rear camera. The installation and training on the new system was provided by L&L Marine Electronics. U236 was hauled out in early May and an extensive PM was completed by the Mechanical Division. The work included the installation of a new generator, overhaul of the Hamilton jet drives and installation of a command tablet bracket.

Training new operators is ongoing and two firefighters qualified as coxswains this year. U236 also participated in SAR drills and classroom training organized and run by the USCG. The other marine assets stored at Fire Headquarters are in good shape and ready for service.

U236 continues to be a valuable asset to the Department, City of Stamford and local boaters with over 17 emergency calls so far this year.

#### **HazMat:**

The Stamford Fire Department has 113 Hazardous Materials Technicians of which 48 are currently assigned to the units that make up our “Hazardous Materials Task Force”. The Department had 815 Haz-Mat Responses this fiscal year.

Members of our Haz-Mat team continue to be involved in the Fairfield County Hazardous Materials Incident Response Team (FFCHIRT), a regional resource available throughout Fairfield County and beyond. Members participate in training sessions and educational symposiums with firefighters from many surrounding departments. This fiscal year our members have participated in approximately 100 combined hours of regional training covering such topics as: response to propane emergencies, decontamination procedures, advanced metering, and response to mercury leaks. The team has been working hard to prepare for, train on, and develop best practices for responses to Lithium Ion battery fires which is a hot topic in the firefighting industry due to the proliferation of electric vehicles, scooters, and bicycles.

This year, for the first time, a member of the SFD was chosen to become the co-chairperson of this regional organization.

SFD members participated in a region-wide training event in September, the “Region 1 Preparedness & Response Field Day”. The announcement for the event states. “Over the past decade the 14 towns and 20+ Emergency Support Functions in DEMHS Region 1 have



worked together to increase our individual and collective capacity to respond to emergencies. Using State Homeland Security Funds and leveraging funding streams, we have purchased critical equipment, developed plans and established response teams to respond efficiently to incidents of all sizes. We've provided a wide range of training and exercises to ensure each community is prepared for natural and human-caused disasters, including emergent hazards." 'This field day showcased how these investments of time and grant funds directly benefit the 14 towns and featured the mutual-aid and partner resources that can assist during significant events.'

### **Communications:**

Since 1989, the SFD continues to maintain its presence at the Combined E911 Center. The Communication's Division is comprised of one captain and four lieutenants who provide 24/7 supervision and oversight of fire and EMS dispatch and also serves as a backup dispatcher. The Fire and EMS communication supervisors are responsible for providing resource allocation through their thorough understanding of SFD operating guidelines and Emergency Medical Dispatch protocols. In any complex or extended event they follow all procedures that require call backs of additional or specialty trained members such as, but not limited to, hazardous materials technicians, public safety divers, and fire boat coxswains. This division also performs all essential notifications to required personnel and initiates any mutual aid requests in or out the city.

With the rapid growth of the city, the fire supervisors have been actively updating the CAD system and verifying response plans are accurate. The CAD system has improved response times by utilizing the "closest to the pin" technology which recommends units by the type of resource and their capabilities. With this technology the unit's location is continually monitored (Automatic Vehicle Locator) via an air modem installed in the majority of fire and EMS units.

The CAD system, along with new computer hardware, has been upgraded to the latest versions to provide an even more enhanced and efficient system. The center is also researching the implementation of an 800 MHz paging system to notify volunteer units. This will eliminate the current two-tone analog pagers that are out-date and expensive to maintain. The 800 MHz pagers will buffer the audio portion of the dispatch announcement and avoiding delays that occur currently with having to wait for all pagers to go through their series of tones before announcing the dispatch.

### **Training Division**

The SFD Training Division delivers high-quality training to all members of the Fire Department, utilizing the best practices within our industry. In addition, the assigned members of the Training Division serve as Incident Safety Officers for all working fires or any special hazard incident. The Training Division maintains the training records for all fire department employees and manages ongoing training that focuses on keeping our members safe, knowledgeable, efficient, and protected from the hazards associated with a high-risk occupation. From July 1, 2021, to June 30, 2022, the Training Division oversaw 32,190 hours of training for the members of the SFD. This includes training led by Training Division staff

members, company officers, firefighters, external industry professionals, utility professionals, partner agencies, and programs mandated by Connecticut and OSHA.

From May 2021 through September 2021, the Training Division completed a comprehensive 16-week Recruit Academy for eighteen newly hired Stamford Fire Department probationary firefighters. The training included CT State Firefighter I and II, Hazardous Materials Awareness and Operations, EMR/EMT medical training, “Q” License training, and Pump Operator training. All recruits completed all knowledge-based and practical skill requirements to attain these various State of Connecticut certifications.

Stamford Firefighters are regularly scheduled for mandatory training to maintain knowledge and proficiencies throughout a dynamic and challenging career. Today’s firefighters are exposed to many incident types and service requests requiring continuous training to properly prepare the knowledge, skills, abilities, and experience to respond safely and effectively.

Some of the training initiatives that have been delivered during the fiscal year include:

- Structural firefighting
- Officer training
- Emergency medical training
- High-rise firefighting operations
- Alternative water supply and static drafting operations
- Commercial Driver’s License (CDL)
- Rescue diver
- Technical rescue
- Firefighter safety and survival
- Radio communications
- Hazardous materials metering

The SFD Training Division is responsible for developing, administering, and implementing health and safety programs for all employees. The Department undergoes an annual physical process following the National Fire Protection Association (NFPA) Standard 1582: Standard on Comprehensive Occupational Medical Programs for Fire Departments. Implementing this standard for the annual physical for all members of the Department requires daily monitoring and contact with the Medical Director and staff members administering all physicals.

In addition to the physical process, the Deputy Chief of Training serves as the Department’s Health and Safety Officer. In this role, the Deputy Chief of Training monitors all injury reports and works closely with the City of Stamford Risk Management Safety Officer. The relationship between safety officers allows both agencies to understand the types, nature, and frequency of injuries occurring within the fire department workforce. These collaborative efforts are working positively for the members of the Department. The Training Division remains fully involved in reducing injuries within the SFD and monitors and analyzes all reported injuries for trends or common hazard sources to our members. This information is used to develop risk mitigation measures, and ongoing training focused on the most significant exposure areas when applicable.

SFD Training Division staff members oversee the daily operations of the Stamford Regional Fire School (SRFS). The SRFS is one of nine regional fire training facilities across Connecticut and operates in conjunction with the SFD Training Center at 148 Magee Avenue. The SRFS receives a \$55,432 grant from the State of Connecticut each year which assists with the operating and equipment costs associated with fire and rescue training.

### Fire Marshal Division

The Fire Marshal Division is the risk reduction arm of the Department. Responsibilities of this division include fire code enforcement in both new construction and existing structures, fire cause and origin investigations, arson investigation. The Fire Marshal Division is tasked with Public Fire Education. Personnel from the Fire Marshal division visit schools, resident communities, area businesses and provide educational presentations and “talks” about Fire Prevention and Safety.

The City of Stamford continues to grow with its ever-changing skyline. The demands for Fire Marshal services related to this expansion requires numerous hours of construction plan reviews, inspections, and testing of life safety systems. Once a certificate of occupancy is issued, then the new building is added to the expanding list of required annual inspections. The Stamford Fire Marshal Division has worked hard to meet the challenges of this growing major New England City. The Stamford Fire Departments Fire Marshal Division continues to work diligently with all City agencies to keep the City of Stamford as safe as possible.

The Fire Marshal’s Office continues to place all efforts towards inspections of multi-family occupancies as the top priority. In spite of our limited staffing, we were able to increase from 821 to 916 building inspections of multi-family occupancies. Building construction required plan reviews and permit reviews has increased slightly from 1,362 to 1,462 in the past year. Fire investigations remain consistent from last year’s numbers with a slight increase of follow up investigations. Fire losses for the year were consistent with last year. Structure fires were \$2,906,100, vehicle fires were \$698,100 with a total of \$3,604,200 which is down \$75,630 from last year.

<i>Existing Building Inspections</i>			
	2021-22	2020-21	2019-20
Multi-family	916	821	733
Hording	16	12	33
Schools/day care centers	126	104	109
All other occupancies	1127	1,207	984



***New Construction Inspections & Testing of Life Safety Systems***

	2021-22	2020-21	2019-20
Certificate of Occupancy	361	221	279
Partial Certificate of Occupancy	49	48	43
Life Safety Systems testing	368	440	449

***Fire Investigations***

	2021-22	2020-21	2019-20
Accidental	85	82	102
Incendiary	4	3	5
Undetermined	43	41	15
Follow-up of original investigation	71	62	45

***Fire Losses***

	2021-22	2020-21	2019-20
Structure Fires	\$2,906,100	\$3,304,130	\$3,616,650
Vehicle Fires	\$698,100	\$375,700	\$493,000
Total	\$3,604,200	\$3,679,830	\$4,109,650

**Vehicle & Equipment Maintenance Division**

The division is responsible for the annual inspection, service, maintenance and repair of all Stamford Fire Department owned apparatus, equipment and support vehicles that are utilized by both the city's career and volunteer firefighting force. This past year the Mechanical Division continued to provide the Fire Department with a high level of professional service that kept the city's firefighters equipped to safely respond to over ten thousand calls for service.

The SFD accepted delivery of two new fire apparatus from Pierce Manufacturing of Appleton, WI during F/Y 21-22.

The first unit delivered January 17, 2022 is a pumper that was assigned to Station 5, the Woodside firehouse. The engine is a 2021 Pierce Enforcer that was ordered by department bid specification. It is equipped with a 1500 gallon per minute fire pump and a 1000 gallon water tank. The larger water tank will allow the engine to better serve both downtown, and

the rural areas of North Stamford lacking fire hydrants. The new engine replaced a 2014 KME unit which will be reassigned to another firehouse.

The second unit delivered March 10, 2022 is a ladder truck that was assigned to Station 3, the West Side firehouse. To help expedite delivery, a unit already in the production schedule at Pierce Manufacturing was identified and modified to meet the SFD bid specifications. The ladder truck is also a 2021 Pierce Enforcer for fleet standardization. It is equipped with a 100 foot ladder for rescue, and has the capability of delivering 1250 gallons of water per minute from a waterway nozzle on the ladder. The new truck replaced a 2001 Sutphen ladder truck that was removed from service.

Fire Hydrant purchasing, replacement and repairs continue to be managed by the SFD Mechanical Division. With many large-scale water main replacement projects and utility infrastructure projects taking place in the city this year, it allowed for the SFD to replace or add many new fire hydrants throughout the city. Many of these projects included the removal, relocation, replacement, or addition of new fire hydrants which provided a cost savings to the city. The SFD Mechanical Division kept a complete stock of various fire hydrants and worked with contractors to arrange pickup or delivery of the hydrants to keep projects moving and in line with project schedules. Many fire hydrant repairs also took place and the Mechanical Division worked very closely with our contacted vendor to try to minimize the amount of hydrants that are out of service in the city.

Other tasks that are performed and continue to take place through the SFD Mechanical Division are Annual Pump testing on all City of Stamford owed pumper engines, annual ladder testing on all City of Stamford owned aerial devices, Annual Fire Hose testing on all City of Stamford owned fire hose, annual flow testing on all City of Stamford owed SCBA devices. All firefighting equipment is purchased through and maintained by the SFD Mechanical Division. Great effort has been put into making sure that only quality products are purchased at a fiscally responsible price. The SFD Mechanical Division's location within the SFD Drill Field allows for quick and easy day to day maintenance and repairs to take place while career and volunteer units are attending training. SCBA maintenance as well as small equipment repairs have also been brought in house all in effort to reduce down time of vital lifesaving equipment.

The SFD Mechanical Division continues to work closely with the line division either through the group Deputy Chief, or directly with the officers of the companies, the Fire Marshall's division, training division, and volunteer companies to make sure that all the equipment that these division utilize and rely on daily work as efficiently and safely as possible. We could not provide the level of service to the department without the unconditional support from the Stamford Fire Department Administration, Deputy Chiefs Office and the Volunteer Fire Chiefs and their Officers. Scheduling and keeping up with all required service and testing of such a large department requires cooperation from all involved. We are looking forward to another successful year and continuing to provide Stamford's firefighters riding in apparatus and equipped with the tools needed to do their job as safely and as possible.

#### **Volunteer Division**

The volunteer departments consists of 147 Certified Firefighters though out Stamford of which 36 firefighters are designated as “Ready for Duty” firefighters. The “Ready for Duty” designation means Volunteer Firefighters that are available at all times to immediately respond to emergencies.

In partnership with the City, the Long Ridge Fire Department received a 2006 HME Pumper Engine which has been assigned to the Long Ridge Fire Department. This apparatus will be designated Long Ridge Engine 71 and will be operating out of Long Ridge Station 1 located at 366 Old Long Ridge Rd.

This apparatus will be a fully equipped Fire Engine and will include the latest vehicle extrication tools & water rescue equipment.

In June 2022 a major Water Supply drill took place as part of City of Stamford Fire Department's North Stamford Fire Plan. Multiple Stamford Fire units, as well as our Mutual Aid partners from eight (8) jurisdictions in Connecticut and Westchester County NY, participated. These drills are conducted several times a year and this drill was a great success. Over 50,000 gallons of water were delivered, with an average of 720 gallons per minute and a maximum flow of 1200 gallons per minute. The average flow at a residential house is 500 gallons per minute. This drill was conducted under very realistic and severe conditions.

<i>Volunteer Fire Membership</i>						
2021-2022	Belltown	Glenbrook	Long Ridge	Springdale	Turn of River	Total Certified
Certified Firefighters	40	21	38	10	38	147

The Department of Health 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 Department's Mission** is to promote wellness and healthy lifestyles, prevent disease and injury, and proactively protect the health, safety, and well-being of the public and our city environment.

**The Department's Vision** is to have healthy people living, learning, working, and playing in a safe, healthy, and culturally diverse community.

**The Department's Values** are, (iCARE):

*innovation:* We search for create solutions and manage resources wisely.

*Collaboration:* We use teamwork to achieve common goals and solve problems.

*Accountability:* We perform with integrity and respect.

*Responsiveness:* We achieve our mission by serving our customers and engaging our partners.

*Excellence:* We promote quality outcomes through learning and continuous performance improvement.

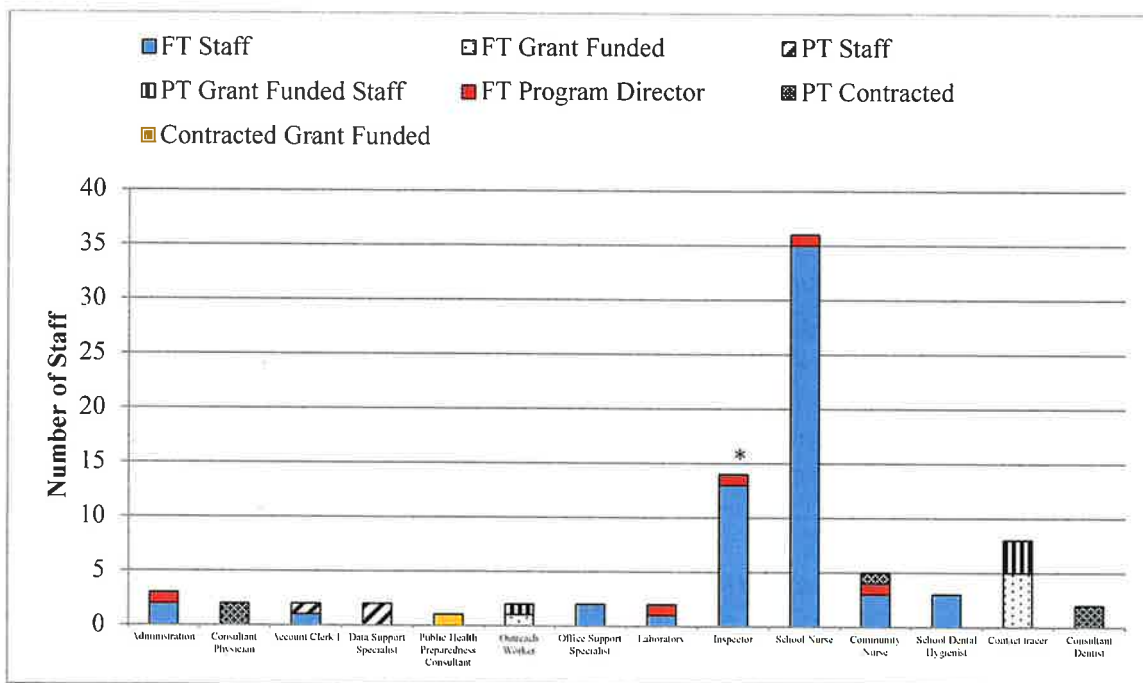
The State of Connecticut's General Statute 19a-207a requires that all Departments of Health engage in the *Ten Essential Services (ES) of Public Health*. These 10 ES are grouped into these major areas:

- I. **Assessment**
  - 1. Monitor Health
  - 2. Diagnose & Investigate
- II. **Policy Development**
  - 3. Inform Educate & Empower
  - 4. Mobilize Community & Partnerships
- III. **Assurance**
  - 5. Develop Policies
  - 6. Enforce Laws
  - 7. Link to/Provide care
  - 8. Assure Competent Workforce
  - 9. Evaluate
  - 10. Research

Through its, mission, vision, and values, the Stamford Department of Health aligns its activities with these ten essential services.

In fiscal year 2021-2022, 84 positions were in place in the Stamford Department of Health. Figure 1 below demonstrates the staffing levels by program when fully staffed.

**Figure 1. Stamford Department of Health Staffing by Program Fiscal Year 2021-2022**



\*Director of Nursing and Dental Hygiene oversees the school nurses, community nurses, and dental hygienists

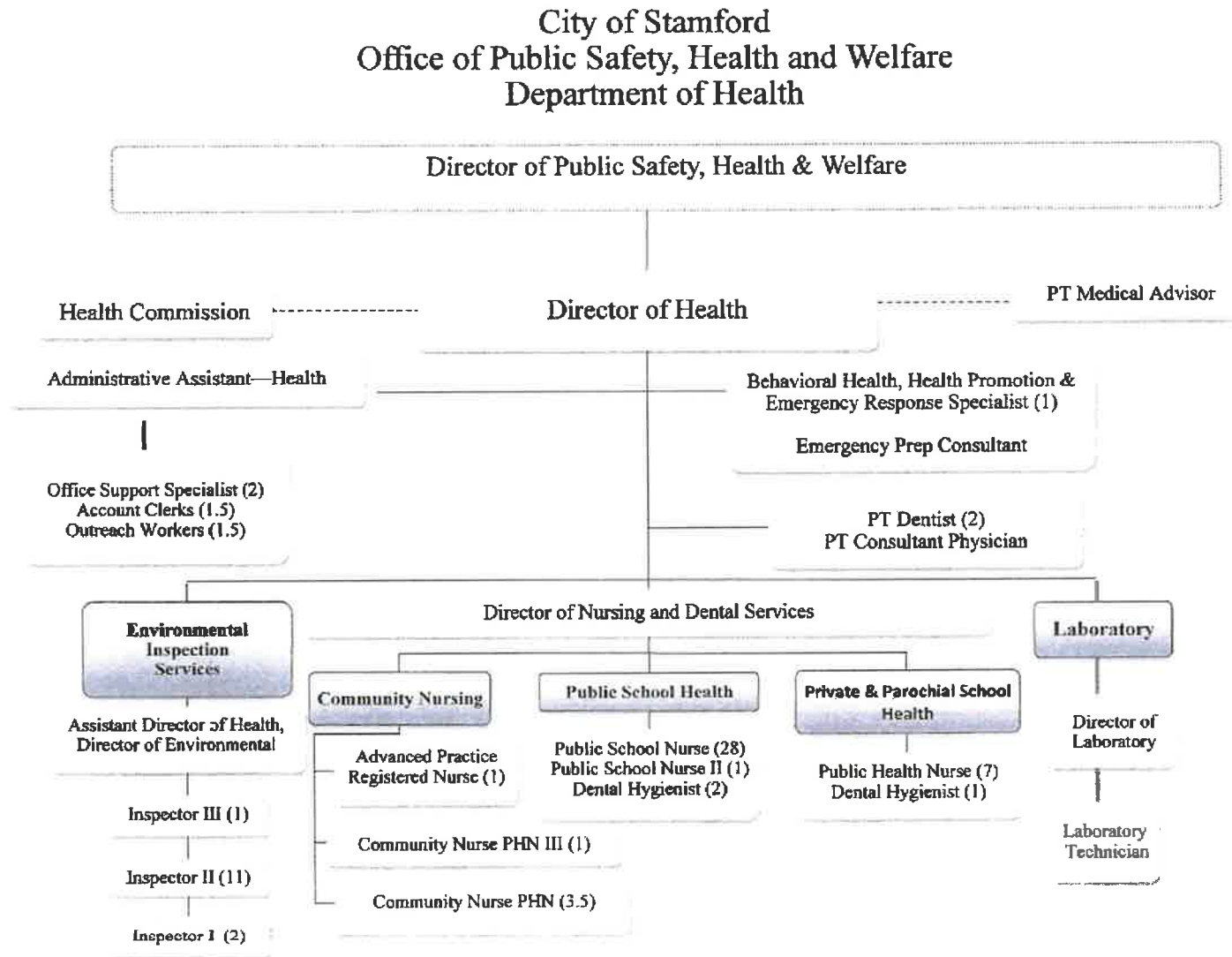
The department is overseen by the Director of Health with support from a part-time Medical Advisor. The Director of Health reports to the Director of Public Safety, Health, and Welfare with support from the Health Commission. The department consists of the Environmental Health & Inspections, Nursing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

The Department has had realized staffing challenges in nearly all areas. 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.

**Figure 2** shows the organizational chart for the department. Some grant funded temporary staff such as the contact tracing team are not included on the chart.



Figure 2. Stamford Department of Health Organizational Chart Fiscal Year 2021-2022



## **Department Initiatives**

### *Mental Health and Wellness*

#### Youth Mental Health Alliance YMHA)

Mental Health was identified by members of the community, community agencies, the Health Commission, and the Mayor's transition team as an unmet health need in Stamford. The Stamford Department of Health recognized the need to address this urgent public health issue. The alliance of the Mayor's Office, Dept of Health, Health Commission, Stamford Public Schools, Vita Health and Wellness Partnership (and over 20 community agencies) came together to spur a community-based awareness and response to the mental health crisis among youth with an emphasis on universal promotion of mental health wellness, prevention, early intervention, and targeted services/care coordination dovetailed into the existing or newly created mental health infrastructure. The Alliance has made great strides to develop plans and projects to address the mental health crisis among our youth. The Alliance's community based approach includes early assessment and improving protective factors, trainings for all who interact with youth and families, identifying therapeutic and non-therapeutic resources and reducing stigma. Many hours of staff time is dedicated to this project.

Part of this work has been to develop a Postvention Plan to support the community in the event of a death by suicide or untimely death. This will be described more fully under the Emergency Response section of the report.

### *Student Interns*

The pandemic highlighted the need for developing a stronger public health infrastructure including the workforce. The Department developed MOUs with several local Universities to host student interns to support the work of the Department as well as promote the profession as a career. Student interns performed various tasks and developed related projects for health education (chronic disease, asthma, lead exposure, vaping), health promotion on social media and mental wellness resources.

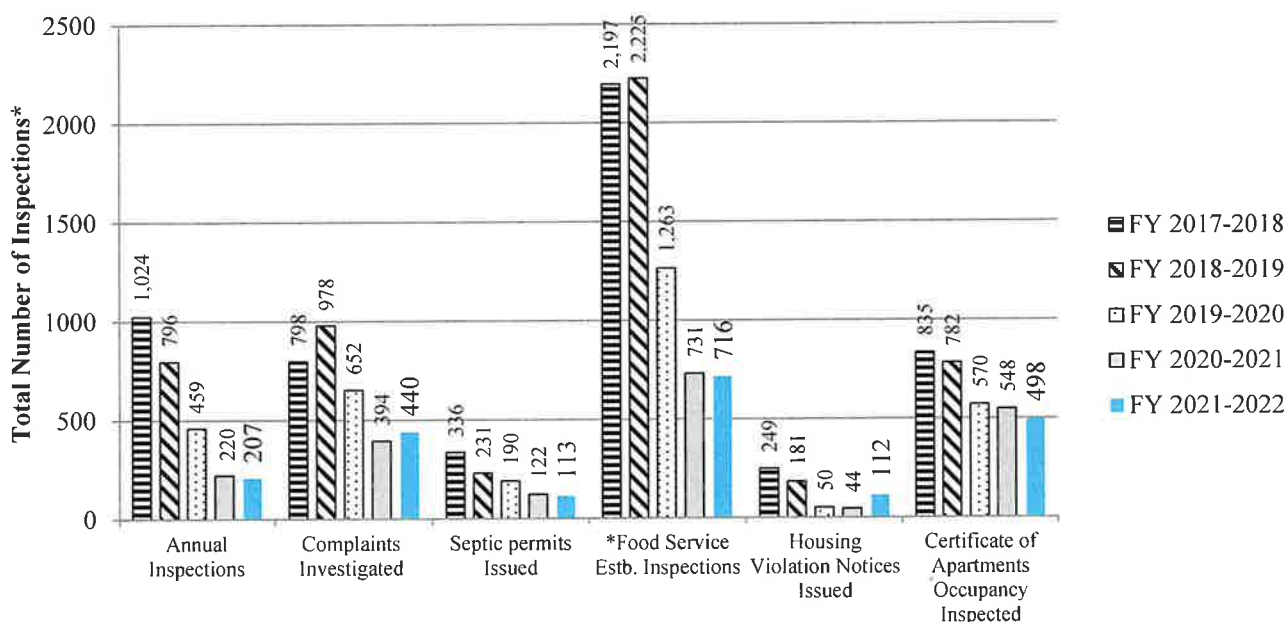
## **Environmental Inspections**

In November 2021 a new Assistant Director of Health, Director of Environmental Health and Inspections was hired. This was a promotion of an existing Inspector II with many years of experience working in the Stamford community and the qualifications to be an Acting Director of Health in the absence of the Director. The Division continues to be short staffed, as there is a shortage of public health professionals especially in the area of Environmental Health. Two Inspector I positions were filled, but it takes time for them to be certified in all areas of Environmental Health and conduct inspections without supervision. They have been working to gain the requisite certifications and experience. Additionally the licensing and permitting program used by the Division is constantly being refined by the Administrative Assistant to better be able to meet the needs of both internal and external users, based on user feedback.

## OFFICE OF PUBLIC SAFETY – HEALTH DEPARTMENT

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, mold, asthma, air pollution, food, daycare, bedbugs, pools, weights and measures, rodent, septic, permits, stagnant water, water pollution, noise, and general complaints. Through these activities, these programs addresses essential services 3 to 6 and 8 to 9. In fiscal year 2021-2022, there were 2,086 environmental health related activities. 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.

**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 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.

From 2020-2021 to 2021-2022, the number of annual inspections completed decreased by 6%, the number of complaints investigated increased by 13%, the number of septic permits issued, decreased by 7% most likely a result of the pandemic-related shutdown. Many businesses in this category closed or were delayed in reopening and there was limited access to many facilities in order to limit exposure.

There was an increase of 155% in housing violation notices compared to fiscal year 2020-2021. This increase may be a result of home owners lacking the educational awareness of the proper housing codes that ensure a safe living environment. This may also have been impacted by the COVID-19 lockdown which prevented the division to conduct the operation safe house initiative that targeted illegal an unsafe housing matters and the lack of affordable housing for Stamford residents.

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. There was a decrease of 9% compared to fiscal year 2020-2021, which may be a result of residents not moving out from their units during the pandemic and/or property owners not notifying the department when a unit became vacant.

Under the State of Connecticut Public Act 17-93, enacted on October 1, 2017, food establishments have been reclassified as follows:

Class I Food Establishments only offer for retail sale (1) prepackaged food or food prepared in the establishment that are not required to be maintained at a specific temperature or (2) commercially processed food that is may be heated prior to serving but not permitted to be cooled; Class II Retail food establishments serve high risk populations and offer food items that are (1) prepared, cooked, and served immediately or (2) prepared, cooked, and held at the appropriate hot or cold temperatures; Class III Retail food establishments (1) do not serve high risk populations (2) have an extensive food menu, many of which require proper time- or temperature-control for safety and require complex preparation; and Class IV Retail food establishments (1) serve high risk populations or (2) conduct specialized food processes (e.g., smoking or curing).

In addition, the City of Stamford Ordinance Chapter 132 section 28 defines Retail Foods “as any establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. The term includes delicatessens that offer prepared food in bulk quantities only. The term does not include establishments which handle only prepackaged, non-potentially hazardous foods; roadside markets that offer only fresh fruits and fresh vegetables for sale; food service establishments; or food and beverage vending machines”. “Temporary Food Service Establishment means a food service establishment that operates at a fixed location for a temporary period of time, not to exceed two (2) weeks, in connection with a carnival, circus, or public exhibition, festival, celebration, or similar transitory gathering”.

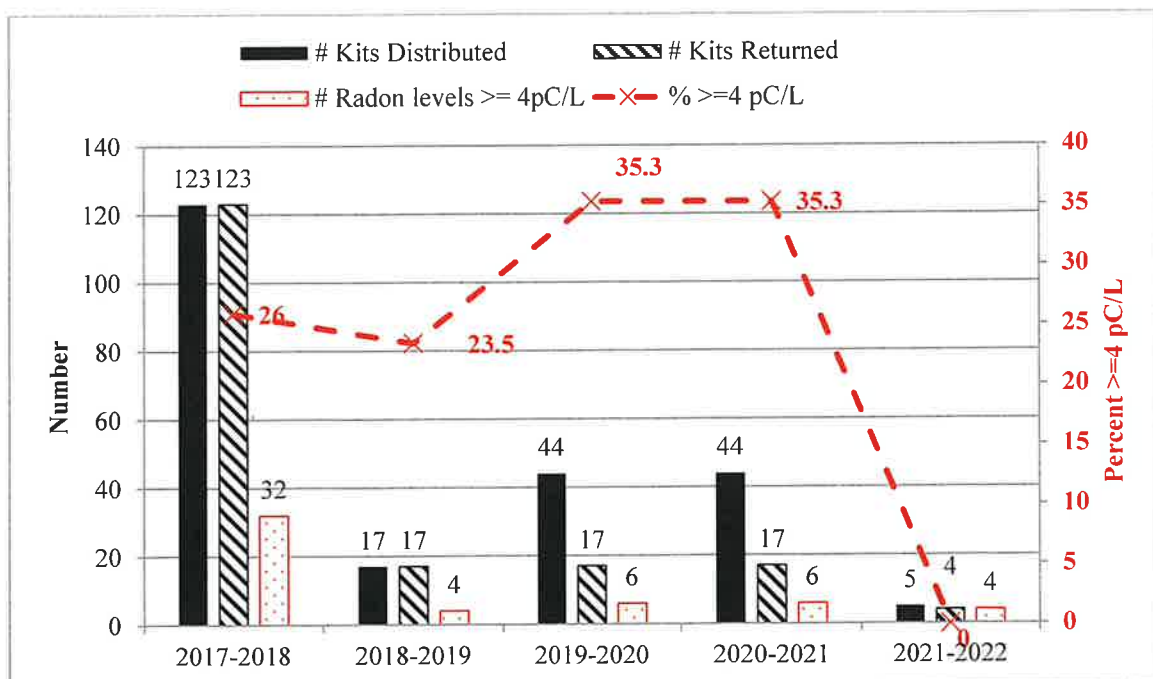
### Radon Testing Program

In January 2022, the Department of Health in collaboration with the State Department of Public Health initiated the free voluntary Radon Testing program for home owners. Initially, radon surveillance was conducted during the months of January to March. In 2020, DPH changed this to an all year activity.

Stamford Department of Health offers Home Owners free radon kits that the owner deploys in his or her home to test the air for radon. The kits are returned to the Department of Health where they are sent to a laboratory for testing. When the radon test results are equal to or higher than  $\geq 4$  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 since voluntary testing started. Given that this is a convenience sample, the positivity rate may not be reflective of the actual positivity rate of homes in the City. The lower number of kits distributed in fiscal year 2018-2019 is most likely due to the fact that the radon public awareness activities did not occur that year. In 2020 outreach resumed and the number of kits requested increased by 158%. However, only 38.6% of the kits were returned compared to the prior two years. Numbers remained the same for 2020-2021. In 2022, the Stamford Health Department worked with the state DPH in taping public service announcements to increase awareness and encourage participation in the free Radon testing program. The Health Department distributed 5 kits and 4 were returned. None of the results were  $\geq 4$  pCi/L. The low level of interest in the program, highlights the need to increase publicity of this important environmental health program.

**Figure 4. Radon Testing of Air Samples in Homes**





### Mosquito Control Program

The Stamford Department of Health 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. The program engages in activities to increase community awareness through education on how to reduce mosquito exposures and mosquito breeding sites around commercial and home environments.

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.

During the 2021-2022 fiscal year the program responded to 7 complaints involving mosquitoes and stagnant water.

### Laboratory Division

The Laboratory provides supportive services to the Department of Health's various divisions. For example, the above programs, radon testing and larviciding, are managed as a collaboration between the laboratory and environmental health staff. Additionally the laboratory conducts water testing, tick identification, facilitates animal rabies testing and tick testing for Lyme disease, and provides public health information to the citizens of Stamford. Through these activities, the Laboratory program supports essential services 1 to 3 and 6 to 8. Every year the laboratory also tests the beach waters weekly in Stamford beginning in May and continuing through Labor Day. A total of 306 beach samples were collected and tested in FY 2021-22.

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**

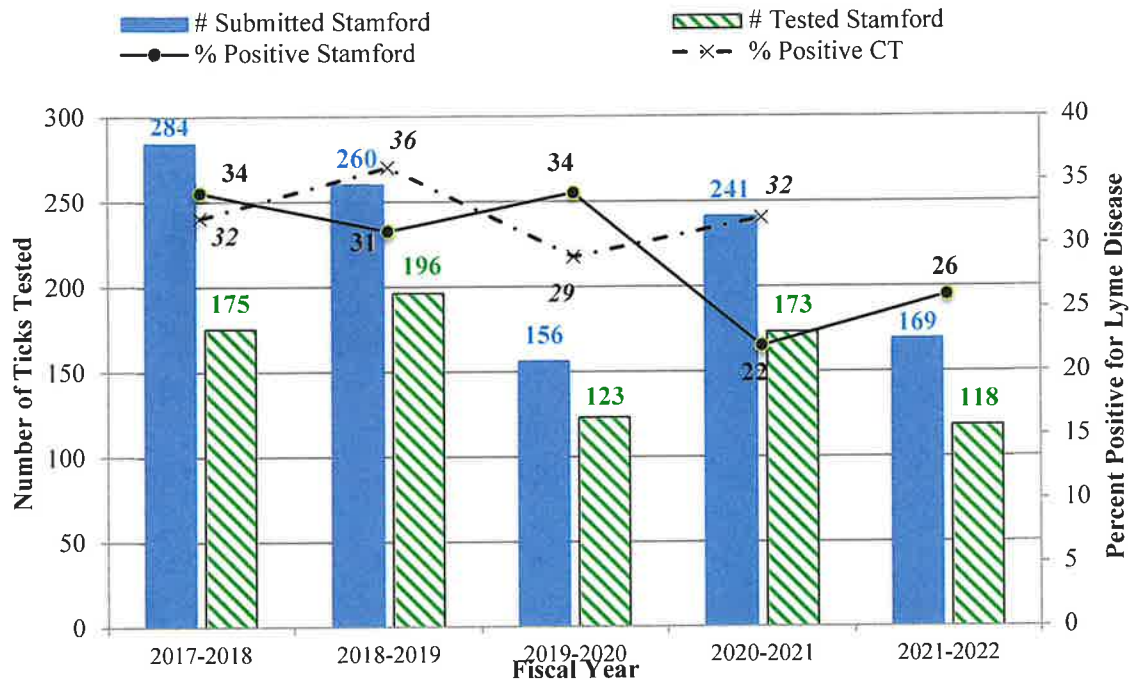
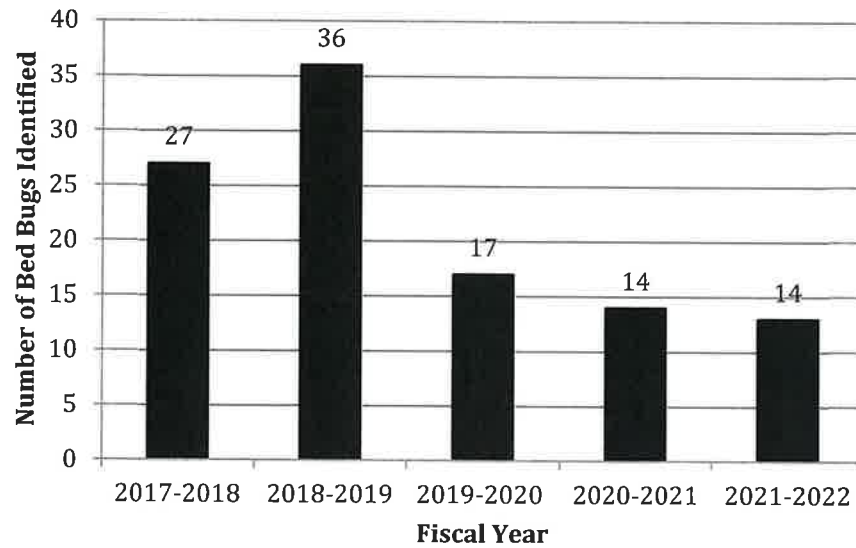


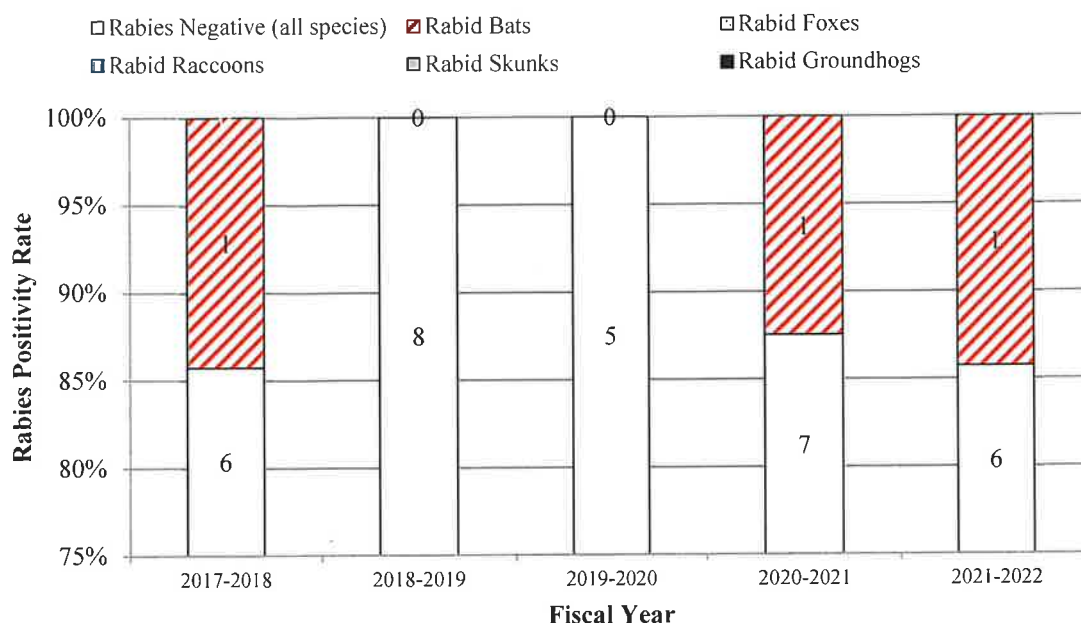
Figure 6 shows the number of bedbugs identified over the past five years. There was a decrease seen between 2019 to 2020. This was most likely due to changes in the State of Connecticut's House Bill No. 5335 and the Public Act No. 16-51, which became effective on October 1, 2016. This Act requires landlords to remediate bedbug problems. Based upon complaints reported to the Department of Health, environmental inspectors will perform a home inspection on rental properties and if bedbugs are found, issue orders to the landlords for extermination. The 33.3% increase seen in fiscal year 2018-2019 remains unexplained and the 53% decrease in 19-20 may be affected by the COVID-19 pandemic-related lockdown for the last three months of the fiscal year. A small percentage decrease was shown in 20-21 and remained the same for 21-22..

**Figure 6. Number of Bed Bugs Identified**

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.

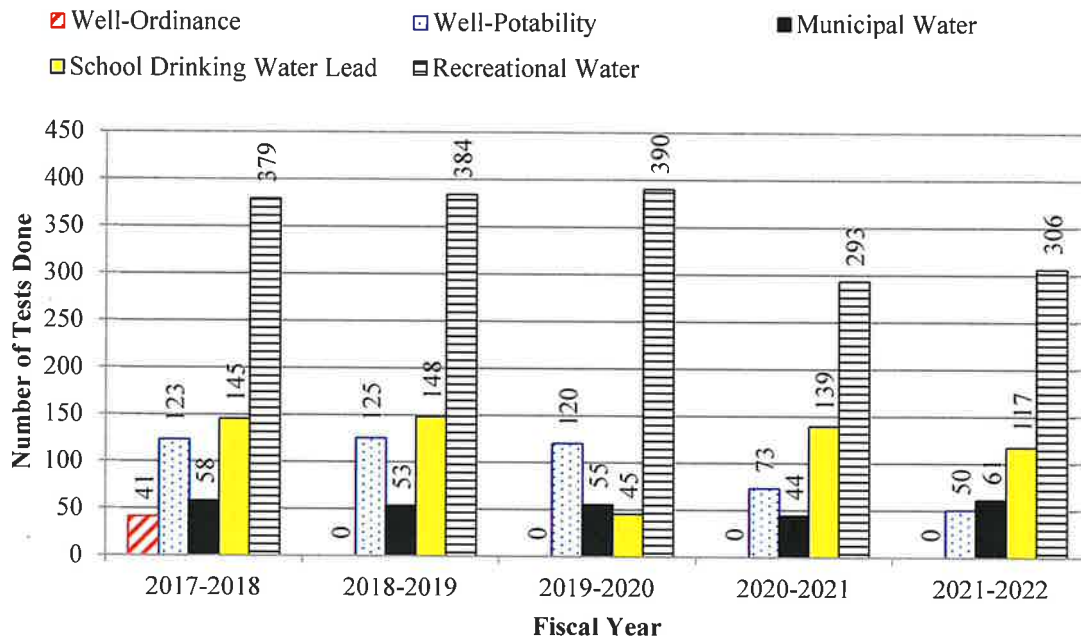
**Figure 7. Animal Rabies Testing**



The Laboratory's core activities relate to water testing. For a fee, municipal water testing for lead and copper, well water testing for potability, 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. Well potability testing requests decreased slightly during the COVID pandemic while recreational and municipal water testing requests have remained relatively constant.

**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. Due to the COVID-19 pandemic schools closed early high risk activities such as dental services were suspended early the community clinic services were by appointments only, some staff chose not to work during the pandemic, and others were reassigned to focus on the pandemic response thus the breadth of services requested and provided were reduced. As the City reopened, many activities resumed but at a lower volume to maintain COVID mitigation strategies and protect the health and safety of clients and staff.

#### ***Community Nursing***

Community nurses provide oversight to multiple programs: the Breath of Fresh Air Program, the Cocoon Program, the Influenza Prevention Program, the Sexually Transmitted Diseases (STD) Program, the Tuberculosis (TB) Program, the Well Child Program, the Pediatric Lead Prevention Program, Reportable Diseases, and the Adult Wellness Program. Community Nurses also participate in outbreak investigations and Public Health Emergency Response.

In November 2020, Community nursing implemented an electronic health record system (Patagonia).



*Breath of Fresh Air*

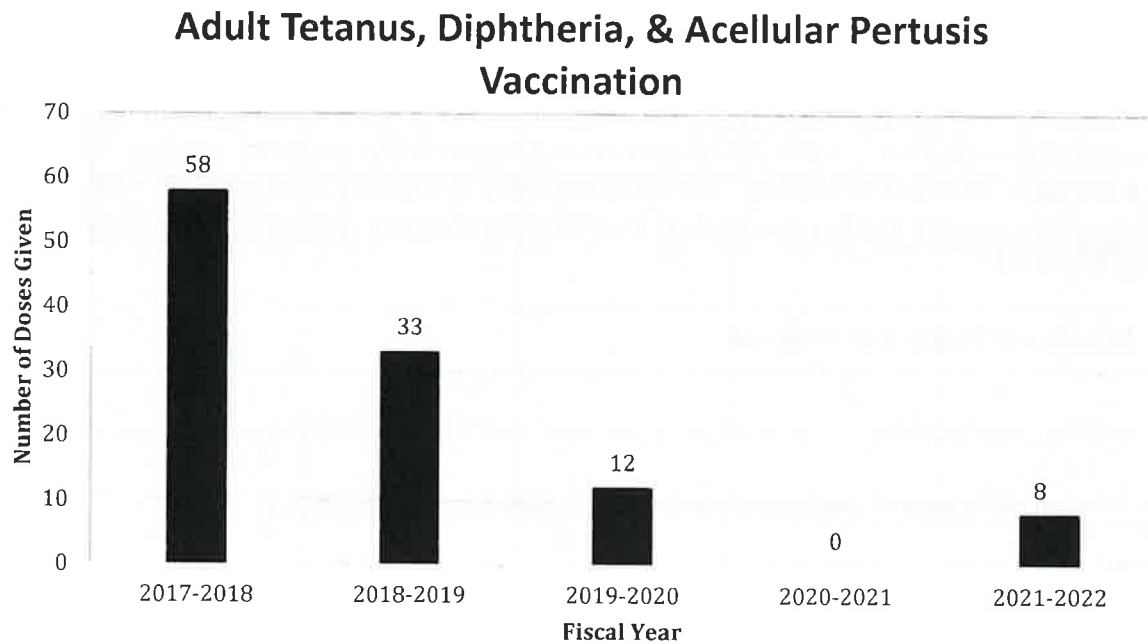
The Breath of Fresh Air Program (Asthma Program) is a collaborative effort between the Environmental Health and Inspections and Nursing Divisions that is offered free to parents of asthmatic children. The goal of the program is to reduce asthmatic attacks through education and environmental dust reduction. Table 2 below shows a decrease in the program's activity which is due to a dramatic decrease in funding. The Department of Health has been working with the Grants Department to seek funding to reinstate this valuable program. A student intern is also supporting this work.

**Table 1. Breathe of Fresh Air Program**

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
New Clients	1	3	0	0	0
No. of Visits	2	4	0	0	0

*Cocoon Program*

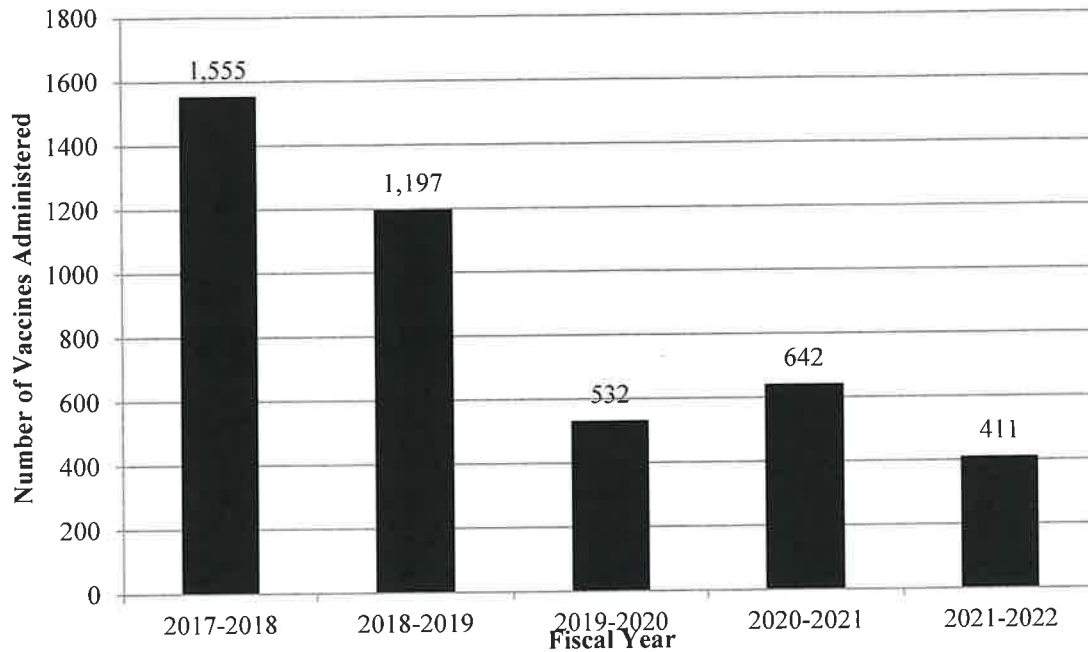
The Cocoon Program is a state funded program that provides free tetanus diphtheria and acellular pertussis (TDaP) vaccine to any adult family member who has contact with an infant. The goal is to protect the child against pertussis infection that may be transmitted from the adult caregiver to the infant. The vaccine is provided for free by Sanofi Pasteur through a program sponsored by the State Department of Public Health and the Centers for Disease Control and Prevention. Figure 9 shows the number of doses of tetanus diphtheria and acellular pertussis (TDaP) vaccine given in this last fiscal year 2021-2022 was eight doses administered. While the public is slowly becoming re-acquainted with this program, more promotion about the availability of the vaccine, especially for un-insured persons, is needed.

**Figure 9. Cocoon Program Five-Year Trends**

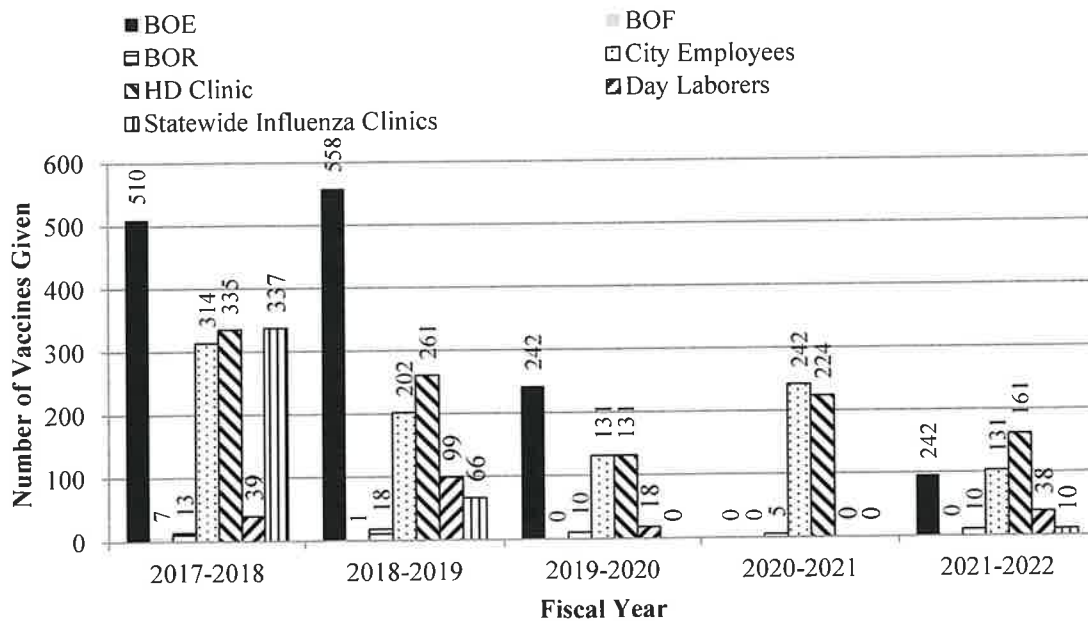
#### Influenza Prevention Program

The goal of the influenza prevention program is to increase the vaccination rates in the city, thereby increasing herd immunity. This will make the city better prepared to withstand the effects of an influenza pandemic. To help achieve this goal, the Department of Health provides influenza vaccine to all eligible persons ages three (3) years or older. The 2020-21 annual Influenza campaign was ‘kicked off’ at Henry Street Clinic on September 23rd, 2021. Over the years, the Department of Health has expanded its outreach activities in an effort to increase influenza vaccination coverage. These activities included targeting City and Board of Education employees, City of Stamford Boards of Finance and Representative Members, and members of the public. In addition to outreach events, Influenza vaccines are offered at the Henry Street Clinic throughout the entire influenza season from October through April. For the last 3 consecutive years, there has been an overall reduction in the number of vaccines administered due to the COVID-19 pandemic. The Department administered 411 flu vaccines which does not include children’s flu vaccines administered during the Well Child Clinics. Figures 10 and 11, respectively, show the five-year trends in influenza vaccine administration and the populations targeted

**Figure 10. Influenza Vaccination Program**



**Figure 11. Influenza Vaccination By Population Served**



Sexually Transmitted Disease (STD) Program

The Stamford Department of Health’s Sexually Transmitted Disease (STD) Clinic is partially supported by a grant from DPH that is funded through the Centers for Disease Control and Prevention. The program provides comprehensive diagnostics, treatment, and counseling for the most common STDs including syphilis, gonorrhea, *Chlamydia* spp., *Trichomonas* spp., and Herpes viruses. The program assists with the identification of the sexual partners of persons 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 DPH and are offered free of charge to STD clinic patients. *Table 2, details City of Stamford trend in STD positivity rates, which are reflective of the national trend. Overall, this emphasizes the need to maintain a local ability to provide needed STD services.*

**Table 2. Sexually transmitted Disease Clinic Five-Year Trends**

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
No. of initial visits	439	355	245	248	273
No. of follow up visits <sup>1</sup>	108	96	47	96	248
No. of STD tests <sup>2</sup>	486	380	256	659	521
No. (%) of syphilis positive	31 (7.0)	26 (7.3)	7 (2.7)	21(9.9)	30 (12.0)
No. (%) of <i>Chlamydia</i> spp. positive	35 (7.9)	25 (7.0)	13 (5.1)	17(8.0)	25 (9.0)
No. (%) of gonorrhea positive	6 (1.3)	10 (2.8)	5 (2.0)	7 (3.3)	11 (4.0)
No. of HIV tests done (% positive)	379 (.26)	319 (0)	129 (0)	206 (.5)	248 (.008)
No. of pregnancy tests done (% pregnant)	4 (25.0)	1 (0)	0	0	0

<sup>1</sup> Follow up visits are for counseling, medications, second dose of vaccines, rechecks for positive tests, and recheck if the patient remains symptomatic.

<sup>2</sup> 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 persons who were diagnosed with a STD were treated in the clinic. The STD grant requires that clients are treated within seven (7) days of their initial visit. 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 are referred for treatment based on positive test results elsewhere.

### Tuberculosis (TB) Program

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

- Conducting overall planning and development of policy
- Identifying persons who have clinically active TB
- Managing persons who have or are suspected of having TB disease
- Providing directly observed therapy (DOT) to persons 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 persons who are identified with active communicable TB
- Identifying and managing persons infected with TB
- Providing laboratory and diagnostic services
- Providing education to staff, clients, and providers about the prevention, diagnosis, and control of TB.

The Stamford Department of Health Adult TB Clinic services are conducted via a collaborative agreement between OPTIMUS Health Care, the Department of Health, and Stamford Hospital's Pulmonary Division.

Table 3 describes the five-year TB trends. The appearance of MDR TB cases in Stamford is not surprising given the large immigrant population, many of whom emigrated from parts of the world with high rates of MDR TB. 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 of Health's efforts to encourage providers to increase TB screening to facilitate early detection and treatment of TB cases and to communicate with the department so that we are quickly involved. DOT remains the cornerstone of effective TB treatment but is a labor intensive process that requires many nursing interactions for each patient.

**Table 3. Tuberculosis Five-Year Trends**

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
No. of new TB cases	2	4	6	6	7
No. (%) of new cases that are adults	2 (100)	4 (100)	6 (100)	6 (100)	7 (100)
No. (%) of multi-drug resistant TB cases <sup>1</sup>	0	1 (25)	1 (16.7)	1 (16.7)	1 (14.3)
No. of extremely drug resistant TB cases <sup>2</sup>	0	0	0	0	0
No. of visits to client on DOT <sup>3</sup>	148	460	1,300	1280	1820
No. of tuberculosis skin tests and or blood tests for TB administered	35	256	51	18	106
No. (%) of positive TB tests	1 (2%)	13 (5.0%)	6 (7.2%)	4 (22.2%)	5 (4.72%)

<sup>1</sup>Multi drug resistant (MDR) are cases in which the *Mycobacterium tuberculosis* strain is resistant to isoniazid and rifampin

<sup>2</sup>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



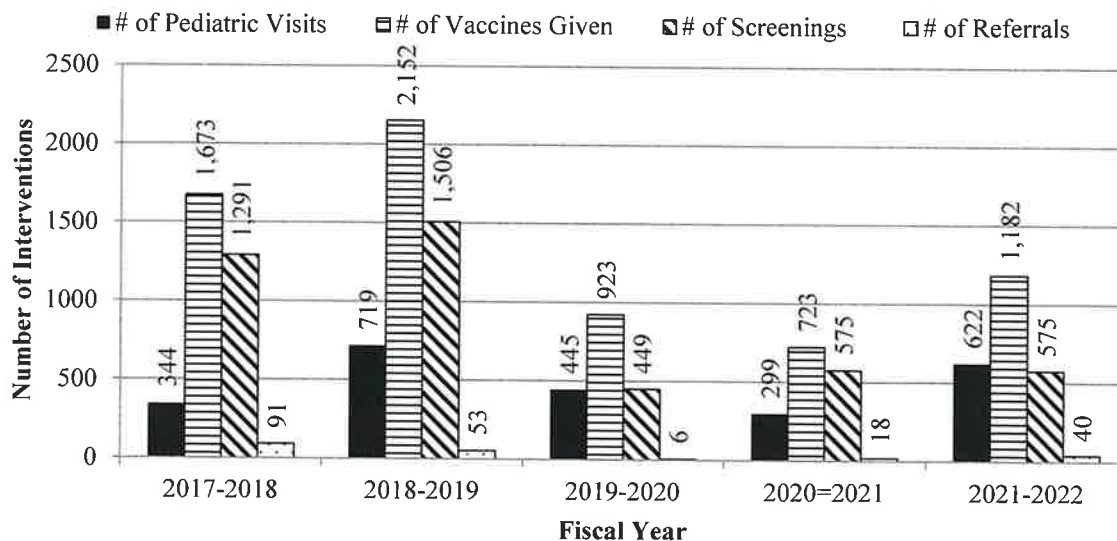
<sup>3</sup>DOT – directly observed therapy. This is used to ensure that persons who have active communicable TB disease are compliant with taking their medications.

The clinic continued its increased efforts to identify persons who are latently infected with the TB bacillus and recommend treatment to prevent subsequent TB disease and transmission.

### Well Child Clinic

The Stamford Well Child Clinic provides primarily underinsured or uninsured children with physicals, vaccinations, medical screenings, social and psychological needs assessments, and if necessary, referrals to specialists. Medical providers, school nurses, the Stamford Hospital, and other sources refer children to the clinic. Well Child Clinic visits are also used to educate families about child development, nutrition, sleep, safety, diseases, other health topics, and available community resources. The ultimate goal is to link children to a medical home to ensure continuity of care for the child. The clinic is an available resource for families who need physicals and vaccinations for the children to enter school. Vaccines are given for free to the Department of Health from CTDPH via the Federal Vaccine for Children program to ensure that children are up-to-date on their vaccines. FY 21-22 began to see an increase in visits toward pre-pandemic levels as parents attempt to get their children up-to-date with physicals and vaccines.. Figure 12 details the five-year trends.

**Figure 12. Stamford Well Child Clinic Five-Year Trends**

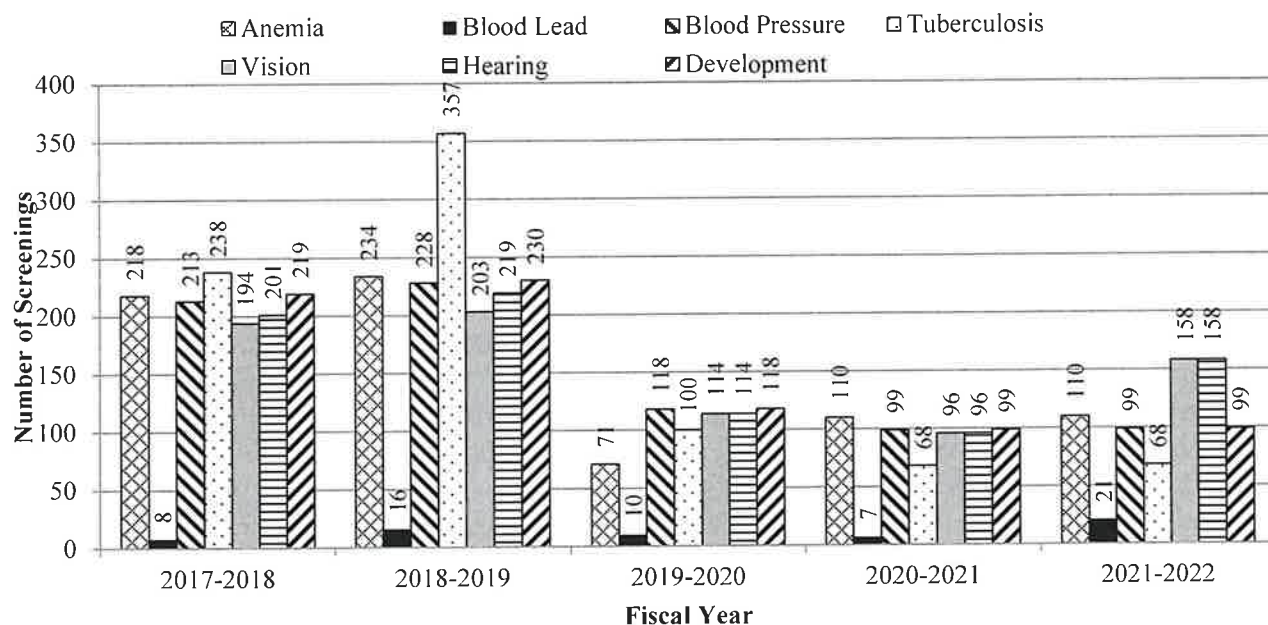


<sup>1</sup>Screenings refer to vision, hearing, scoliosis, dental, developmental screenings, hemoglobin blood tests and lead blood tests

<sup>2</sup>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). In addition to the lead screenings that are conducted through the Well Child Clinic, Community nurses follow up on all reports of elevated pediatric blood lead levels (BLL). An elevated BLL is defined as a BLL >5 ug/dl. Nurses ensure that the child is appropriately monitored by his or her healthcare provider, that parents take their child for follow-up testing, and that testing continues until the VBLL normalizes, meaning, falls below <5 ug/dl. When necessary, community nurses collaborate with Environmental Inspections Division, to conduct inspection of homes to identify and provide guidance in eliminating any potential source of environmental lead.

Given that pediatric lead screenings are only required for children ages 0 to 4yr 11 mo of age 21 children seen at the city's Henry Street Clinic were screened for lead with 14 children found to have a level below <5mg/dl. Children seen in the community as a referral with notification from MAVEN we saw seven children with elevated blood levels in the community. Nursing collaborated with Environmental Inspections Division, to conduct inspection of homes to identify and provide guidance in eliminating any potential source of environmental lead. In fiscal year 2021-22, the community nurses investigated 7 elevated BLLs that were reported to the Department of Health. Of these, four (66.7%) homes required environmental inspection, but

none was found to have lead on the property. However, it was established that these families were very transient, regularly travelling back to their home countries, where it is suspected they were being exposed.

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

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 DPH and to Local Departments of Health. Local Departments of Health either investigate these cases independently or provide support to the DPH-lead investigations. In fiscal year 2021-2022, there were 6 food outbreak related investigations, which included multiple cases per investigation.

Community Nursing Outreach Activities

In 2020, funding from a Preventive Health and Health Services Block Grant provided an Adult Wellness Program which will continue until 2022. The Department contracted a nurse to provide blood pressure screenings and coordinate nutrition and exercise education to adults in the community. The program offered exercise classes and cooking demonstrations to promote low sodium meal preparations and overall better management of hypertension. Participants were offered blood pressure devices, free of cost, for self-monitoring and to report to their PCPs as needed. Due to the COVID pandemic, HIPAA compliant Zoom sessions were held. Outreach was conducted to set up programs at sites where residents visit and congregate, including *barbershops*, to attract a wide range of residents. For the second year of the program two hundred nine participants received blood pressure screenings. (209). Data from the first and second year of the program are shown in **Table 4**.

**Table 4: Community Nursing Outreach**

<b>Stamford Department of Health Community Nursing Outreach</b>	<b>Number 2020-2021</b>	<b>Percent 2020-2021</b>	<b>Number 2021-2022</b>	<b>Percent 2021-2022</b>
No. (%) screened with normal blood pressure readings (< 120/80).	10	22%	55	26%
No. (%) screened with elevated readings (120-129/<80).	11	24%	59	28%
No. (%) screened with stage 1 hypertension (systolic 130-139 or diastolic 80-89	9	20%	52	25%
No. (%) screened with hypertension stage 2 readings (>140 systolic or >90 diastolic)	16	35%	41	20%
No. (%) screened with hypertensive crisis: >180 systolic and/or >120 diastolic	0	0%	2	1%

# OFFICE OF PUBLIC SAFETY - HEALTH DEPARTMENT

No. (%) screened with elevated blood pressure readings that were aware of elevation.	16	44%	81	39%
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### **School Nursing Program**

The School Nursing Program provides the Stamford Public Schools and eleven not for profit private and parochial schools nursing services throughout the school year. The primary goal is to ensure a safe learning environment for all students. Our School Nurses must analyze the immunization records and mandated physical exam forms for all new enterers as well as kindergarten, seventh and tenth graders. Monitoring and maintaining immunization compliance is another major duty throughout the school year and is vital to maintaining a safe environment. The reviewing of each and every medical record is pertinent to developing a medical problem list every school year to ensure that all students with chronic medical conditions are receiving the appropriate accommodations, nursing care and support throughout the school day. Nurses review with teachers the medical needs of students that require monitoring throughout the school day. Nurses also conduct hearing, vision and scoliosis screenings referring students for evaluation by a physician for early detection and treatment of developmental issues. The high school nurses are also responsible to make sure every student athlete has a physical exam on file with clearance to play sports.

Thirty-five School nurses managed 18,676 students in public, private and parochial schools last school year. They also provided physician-ordered medical interventions for children with medical needs. Administering specialized medical treatments has become more prevalent in all of the schools throughout the city. School nurses are providing diabetic care, administering tube feedings, ostomy care and urinary catheterization in multiple school buildings throughout the city. This specialized care is a critical component of the program providing direct nursing care to students. Nurses educate families regarding various health-related topics to ensure healthy outcomes. They also respond to medical emergencies, provide first aid and administer medications.

School Nurses assemble the appropriate state required health metrics, which are reported to the State Department of Education. The School Nursing Program benefits from the oversight of the city's Medical Advisor and the city's Medical Consultant who work closely with the School Nurse Supervisor to provide and update protocols, provide medication orders for emergency epinephrine and albuterol, contact private clinicians to address medical questions and review special medically related requests.

After a hybrid 2020-2021 school year, Stamford Public School students returned to full time in-person education in September 2021 with many mitigation strategies in place to provide a safe environment for students. In addition to typical school nurse duties, School Nurses were assessing students presenting with symptoms of COVID-19, tracking cases of COVID-19 as well as providing guidance to students and families. The School Nurses worked closely with Principals, the School Nurse Supervisor and Contact Tracers to determine and establish contacts within the school. Thirteen of the School Nurses also provided nursing care throughout the summer at a six week extended school year.



**Table 5. School Nursing Activities**

	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020 - 2021	FY 2021 - 2022
No. of public school buildings	22	22	23	24	24
No. of private/parochial school buildings	17	15*	15	11	12
<b>NURSING ACTIVITIES<sup>1</sup> (not including 911 calls or referrals)<sup>2</sup></b>					
TOTAL	308,901	350,882	100,031	176,147	305,598
No. (%) <sup>3</sup> of sick visits	67,840 (22.0)	61,063 (17.4)	50,349 (50.0)	33,009 (18.73)	64,073 (20.97)
No. (%) <sup>3</sup> of injury-related visits	31,333 (10.0)	28,899 (8.2)	14,706 (15.0)	11,469 (6.51)	32,649 (10.68)
No. (%) <sup>3</sup> of medication orders received and reviewed	3,016 (.9)	3,724 (1.0)	4,552 (4.5)	4,222 (2.39)	2,586 (0.84)
No. (%) <sup>3</sup> of medications given	23,696 (7.6)	27,628 (8.0)	11,705 (11.7)	44,641 (25.34)	90,704 (29.69)
No. (%) <sup>1</sup> of management of cases				67,632 (38.39)	85,192 (27.88)
No. (%) <sup>3</sup> other nursing activities	152,045 (50.0)	193,140 (55.1)	22,275 (22.0)	15,174 (8.61)	30,394 (9.94)
<b>Clinical Care That Are Mandated To an RN's Intervention<sup>4</sup></b>					
No. (%) of blood glucose testing	3,451 (1.0)	9,650 (2.8)	5,164 (5.0)	15,446 (57.13)	20,652 (53.52)
No. (%) insulin management	1,818 (.5)	2,830 (.8)	1,321 (1.3)	4,984 (18.43)	8,028 (20.81)
No. (%) of oral suctioning	1,542 (.5)	687 (.2)	997 (1.0)	687 (2.54)	773 (2.0)
No. (%) of catheterizations	322 (.1)	738 (.2)	573 (.60)	1,115 (4.12)	1,905 (4.94)
No. (%) of gastric-tube feedings	1683 (.5)	2,574 (.7)	573 (1.20)	4,202 (15.54)	5,963 (15.45)
No. (%) nasogastric tube feedings	1 (0)	0	0 (0)	0	0
No. (%) intravenous (IV) therapy	4 (0)	0	1 (0)	0	0
No. (%) nebulizer treatments	370 (.1)	347 (.1)	200 (.20)	18 (0.06)	264 (0.68)
No. (%) ostomy care	280 (.1)	581 (.2)	601 (.60)	581 (2.14)	636 (1.65)
No. (%) oxygen administered	359 (.1)	261 (.1)	89 (.10)	1 (0.003)	263 (0.68)
No. (%) tracheostomy suctioning	0	558 (.2)	494 (.50)	0	0
No. (%) ventilator care	0	0	0 (0)	0	0
<b>Other Mandated Activities</b>					
<i>Screenings</i>					
No. (%) <sup>3</sup> vision screenings	9,050 (3.0)	7,583 (2.1)	3,762 (3.80)	7,883	7,811
No. (%) <sup>5</sup> of vision referrals from screenings	549 (6.1)	430 (5.6)	248 (.20)	451 (5.7)	610 (7.8)
No. (%) <sup>3</sup> of hearing screenings	8,783 (2.8)	7,338 (2.0)	3,734 (3.70)	5,200	7,738
No. (%) <sup>5</sup> of hearing referrals	77 (.9)	49 (.6)	28 (0)	312 (6)	51 (0.65)
No. (3) <sup>3</sup> of scoliosis screenings	3,308 (1.0)	3,284 (.9)	769 (.80)	2,613	4,162
No. (3) <sup>5</sup> scoliosis referrals	53 (1.6)	52 (1.5)	35 (0)	22 (0.84)	24 (0.57)
No. of 911 calls <sup>2</sup>	72	67	36 (0)	11	47
COVID-19 positive cases				1,278	4,020
COVID-19 quarantines due to school contacts				3,590	1,010

<sup>1</sup> All major nursing activities that the school nurse engages in excluding 911 calls, treatments, screening/referrals for vision, hearing & scoliosis.

<sup>2</sup> Nursing Treatments

<sup>3</sup> Percentage of referrals resulting from screenings, referrals are made for students only to parents for healthcare providers

It should be noted that all of these services continued despite staffing challenges due to absences, retirements, and an overall nursing shortage.

### ***School Dental Program***

The Stamford Dental Program provides a range of clinical and educational services. The proper metabolism of food begins with proper mastication, therefore, good oral health is a key component of good nutrition. Children with oral health problems learn less either because they are unable to focus in class or they simply miss more school. Thus, proper oral health is important for proper childhood development.

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, the parents of students in whom oral health issues is identified are given referrals to community clinics, private dental providers, or the Stamford Department of Health Dental Clinics. Students sometimes require more than one visit to complete preventive and treatment services.

In 2002, the program initiated the dental sealant program that targets second graders. In 2016 the sealant program obtained a two-year grant from the Health Resources and Services Administration (HRSA) and the Connecticut Department of Public Health that allowed the expansion of the program to first, sixth, and seventh grades in qualified schools. These are schools in which 50% or more of the students are eligible for the free or reduced lunch program. The grant program was a part of the CDC Sealant Efficiency Assessment for Locals and States (SEALS) which is designed to capture, store, and analyze school sealant program data nationwide. Table 6 below details the five-year trends for the school dental program.

**Table 6: Dental Services Five-Year Trends**

	2017-2018	2018-2019	2019-20	2020-21	2021-22
Dental Hygienists <sup>1</sup>	4.4	4	4	3	3
Classroom Instruction	191	236	214	0	
No. of Elementary & Middle School Children Screened	8,701	8028	5557	0	3208
No. (%) of Elementary & Middle School Children Screened Requiring Dental Care	555 (6.4)	558 (6.9)	529 (9.5)	0	310 (9.6)
No. of Children Requiring Dental care who receive their Preventive care at the Department of Health's Dental Clinics (#Patients/#Visits)	281/361	301/376	244/278	0	0
No. of Children Requiring Dental care who receive their treatments at the Department of Health's Dental Clinics Treatment Services (#Patients/#Visits)	159/274	144/263	128/205	0	0
Sealants Grade 2	390	369	175	0	0
Sealants Grant Funded	184	N/A	N/A	0	0

(Grades 1,6,7) <sup>2</sup>					
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<sup>1</sup> Three full time hygienists, one grant funded part-time hygienist and one case manager

<sup>2</sup> The grant has ended and there are no additional funds available to support this program

The dental program was suspended before the close of school on March 6, 2020 due to the COVID-19 pandemic and did not reopen for the 20-21 school year. Instead, the dental hygiene staff was redeployed for pandemic response. The School Dental Program reopened slowly in September 2021 minus the position of Dental Case Manager. The remaining dental hygienists conducted screenings until a sharp increase in Covid cases in the schools caused another temporary program suspension and redeployment of the dental team. Replacement of that position is key to successful implementation of the full dental program

## **Health Promotion**

Health promotion efforts have been critical for responding to community needs during the past fiscal year, with existing and emerging health threats. Focuses for the past year have included coalition and partnership building and establishment of the Department as a trusted source for culturally competent and health literacy informed communication.

During the COVID pandemic, the Department maintained consistent communication with faith based organizations, community based organizations, congregate living shelters, and other key stakeholder groups. We provided flyers and other informational materials to these stakeholders to ensure dissemination of accurate health information. Department staff joined a variety of coalitions focused on different health topics. These relationships will prove valuable in addressing community health needs.

### *Health Education Workshops*

A health education series began in Fall 2021 with the Ferguson Library Harry Bennett Branch. Presentation topics included healthy aging, diabetes, and breast cancer prevention; the series had limited attendance due to logistical challenges at the library and was cancelled.

Workshops on heart health and healthy aging were hosted at the Stamford Senior Center. Additional presentations on second COVID boosters and making resolutions were planned but cancelled due to weather constraints or limited attendance.

A Hurricane Preparedness 101 Webinar was hosted in June over Zoom. Remarks were given by Mayor Simmons, Director Jankowski, and Chief Roach; the presentation was given by CERT leader Jon Perelstein and moderated by Brittany Dube. 39 people attended the webinar.

In addition, staff were trained as trainers for QPR (suicide prevention gatekeeper training) and Mothers and Babies (postpartum depression prevention group). Plans are underway to establish these as departmental offerings to the community on a regular basis.

### *Social Media*

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, as well as pertinent public health issues such as COVID, emergency preparedness, and mental health. Acquiring Hootsuite towards the end of the FY proved to be incredibly valuable and will provide the Department with the opportunity to engage much further with social media and track data monthly. Statistics for this fiscal year across all platforms are as follows:

Number of posts: 1,432  
 Total engagements: 77,543  
 Total impressions: 4,010,827  
 Total clicks: 16,042  
 Total Followers: 1,393

### *Community Health Needs Assessment*

The Department worked in collaboration with Stamford Health on a Community Health Needs Assessment (CHNA). The CHNA is conducted every three years and serves as a systematic assessment of the health needs of the community. The top three needs identified this year were mental/behavioral health, access to primary care, and housing. Findings from the CHNA will be used to develop the Community Health Improvement Plan (CHIP). Both of these are critical for community health planning and accreditation purposes.

### *Health Education Resources*

Throughout the year, health education materials were created and disseminated to ensure residents had culturally competent, plain language information. As often as was possible, information was translated into Spanish and Haitian Creole. Materials ranged from updating the website language for tick testing to informational flyers about the resources at the 137 Henry St. clinic to a brochure highlighting mental health resources in the city. Of particular note was the [mental health resources page](#) on the city website, to fill a gap identified by residents.

Flyers were printed and distributed by hand, as well as via email and on the Stamford Public Schools flyer distribution site, Peachjar. This allowed for thousands of people to view information about upcoming events, especially COVID vaccination sites. Data from Peachjar are shown below.

	# Flyers	Deliveries	Impressions	Views	Actions
<b>English</b>	28	194641	109995	5056	29
<b>Spanish</b>	22	146063	78543	939	8
<b>English and Spanish</b>	22	83180	54138	2768	4
<b>Haitian Creole</b>	4	144310	77295	1120	6
<b>Total</b>	76	568194	319971	9883	47



## OFFICE OF PUBLIC SAFETY – HEALTH DEPARTMENT

*Flyers distributed on Peachjar, by language.*

	# Flyers	Deliveries	Impressions	Views	Actions
<b>COVID</b>	72	485113	266052	6933	24
<b>Flu</b>	2	50976	32203	1151	4
<b>Preparedness</b>	2	32105	21716	1799	19
<b>Total</b>	76	568194	319971	9883	47

*Flyers distributed on Peachjar, by topic.*

### *Intern Curriculum*

The Department hosted two health promotion interns during this FY, one finishing up her Bachelor's degree and one completing her MPH. An intern curriculum was developed to ensure that interns were provided opportunities for personal and professional development, as well as working on meaningful projects for the Department. Continued engagement with local schools of public health will ensure that we are contributing to professional development within the public health workforce.

### *Establishment of lactation room*

The Department worked in collaboration with Operations to update the building's lactation room, located on the eighth floor. Department staff stocked the room with supplies and health literature, advocated for proper furniture for breastfeeding and pumping, and decorated the room to create a warm and welcoming environment.



### **Public Health Emergency Preparedness**

#### *Emergency Planning*

Using funds from a grant obtained from the State of Connecticut Department of Public Health, the City has contracted with All Clear Emergency Management, Inc. to assist with review of its



written Public Health Emergency Preparedness and Response (PHEPR) plans and its PHEPR activities. This fiscal year, they focused on updating the following plans: infectious disease, continuity of operations, medical countermeasures, shelter, and surge management). The Department and All Clear attended regular virtual meetings for ESF8, Critical Workforce Planning Group, and Cities Readiness Initiative.

This fiscal year, the Department's "3-DEEP List" was expanded to include two Acting Directors of Health, Ebrima Jobe and Brittany Dube. This list enables the city to respond in an emergency; if the Director of Health is not able to be contacted, the second Acting Director is notified, and then further down the list if needed. Maintaining this 3-DEEP list of multiple individuals who can serve as Acting Director is critical for the Department's emergency preparedness. The Emergency Response Specialist also attended the FEMA Emergency Management Basic Academy to learn about ICS structure, emergency planning, emergency management, and community resiliency.

At the beginning of the fiscal year, CERT volunteers were recruited to assist with organizing the two emergency trailers, mass feeding and sheltering. These trailers, held at Magee Ave by the fire station, can be used in the event of an emergency event, and their inventory hadn't been checked in years. In addition, inspectors' emergency supplies were documented, and gaps filled where they could be. Our inspectors are often those staffing shelters, so it's critical to ensure they have the forms, gear, etc. that they need.

In response to multiple suicides in a nearby town, a critical need for a suicide postvention plan was identified. Postvention refers to an organized way of responding after an incident, and can reduce the chance of suicide contagion in the community, thus also serving a prevention function. Department leadership worked in conjunction with the Director of Social Services to convene a group of community organizations and city departments. This group worked to develop a postvention plan and resources for responding in the case of suicide or untimely death in the community.

### *Emergency Response*

On July 13, 2021, department leadership attended a hurricane preparedness tabletop exercise to communicate about plans in preparation for hurricane season. The exercise pulled together leadership from across the city's departments.

In Fall 2021, Department staff activated shelters for two hurricanes, Henri and Ida. The shelter for Henri was open from 6 am to 6 pm on August 22. Three clients were served, including two homeless residents and one elderly homeowner. The shelter for Ida was opened spontaneously at 2 am on September 2 as urban flooding affected the city. Through the eight hours it was open, the shelter served four clients and one cat.

On April 29, 2022, Department leadership attended a regional Anthrax Tabletop exercise at Sacred Heart University, along with members of Stamford Police Department Bomb Squad and a representative from Stamford Health. We were joined by staff from health departments across the region; the purpose of the exercise was to test and strengthen our regional preparedness to

respond to a potential anthrax threat in the community. A regional improvement plan was developed, including relationship building between stakeholders, developing plans with CTDPH for procedures and communications, and update inventory/capacity lists to better document regional capacity.

On May 24, 2022, Department and City leadership participated in the Annual Statewide Emergency Preparedness Planning Initiative (EPPI) exercise. The focus this year was hurricane preparedness.

### *Medical Reserve Corps (MRC)*

Volunteers continued to be recruited to support the pandemic response efforts and other Departmental priorities, and 11 new members were sworn in during this fiscal year.

A survey of twenty active members in April 2022 showed that volunteers represented all neighborhoods in Stamford, as well as some who lived out of town. 75% of respondents identified as white, with two identifying as Black or African American and three identifying as Asian. A continued focus of recruitment is to diversify the volunteer pool to better represent the communities we serve.

MRC volunteers were activated to attend trainings, support mask distribution, support shelter operations, vaccinate residents for COVID-19, assist with contact tracing, translate preparedness messages, and more. Thirty-eight volunteers worked a total of 491 hours throughout the fiscal year.

A monthly training program was developed and began in January 2022. Topics for this fiscal year included personal preparedness, public health preparedness, ICS structure, and emergency communication.

At the end of the fiscal year, the Department was awarded \$50,000 from the National Association of City and County Health Officials (NACCHO) for the MRC program. Work under this grant will commence under FY 2022-2023.

### **Other Activities**

The Director of Health reviewed and approved 11 noise waiver applications and also reviewed death certificates to provide funeral directors with 10 non-contagion letters that allowed the removal of bodies for burial outside of the country.

## Department of Health COVID-19 Pandemic Response

### **PPE**

The Department distributed PPE to community organizations, city departments, and residents in vulnerable groups throughout the course of the FY. A total of 3,256 home testing kits, 5,578 N95s, and 4,735 surgical masks were distributed through various channels.

### **Public Health Education and Outreach**

The Department contracted with Conceptual Communications, a marketing and public relations firm, to develop a consistent, friendly health promotion campaign focused on vaccine, testing, and mitigation strategies. The group developed a variety of campaign assets in English, Spanish and Haitian Creole for the Department, including monthly social media posts, advertising campaigns, videos, print and television ads, podcasts, webinars, op eds, and a multitude of flyers. The campaign, focused on the statement, “It’s ok to ask questions,” featured Stamford residents and community leaders. A non-judgmental, informed tone was used throughout to ensure that residents felt that they could trust our information without feeling alienated.

We also developed a successful barbershop campaign called *Cut Out Covid*. Barbershops and salons promoted vaccines and offered vaccinations on site. Participating shops were honored by the Mayor.

Both paid and organic social media efforts were utilized to promote the campaign and reach target audiences and neighborhoods. Across Facebook, Twitter, and Instagram combined, analytics were as follows:

Impressions: 4,011,556

Engagements: 77,589

Posts: 1,352

Click to Web for more info: 16,053

641% Increase in Followers in FY 2022 (started at 188 ended at 1,393)

Two series of PSA-style videos were created in English and Spanish and premiered on Comcast for local customers. The PSAs garnered a total of 433,245 completed views from August through December 2021. The videos featuring local residents and healthcare providers, focused on answering common questions around the COVID-19 vaccine.

Conceptual Communications also developed two podcast series, one focused on lessons learned during the pandemic, and another featuring local pediatricians promoting the COVID-19 vaccine for kids 0-4. The first series garnered 77,051 listens and reached 76,388 residents. It also drove 1,276 clicks to our website. The second series reached 19,503 residents, 12,154 of whom

watched the videos in Spanish. There was a total of 105,324 listens, of which 91,670 listens were to the Spanish podcasts. This set drove 6,001 clicks to web, of which 4,163 were unique.

A large number of flyers were created and distributed throughout the FY. Teams from Family Centers, Southwest Area Health Education Center, and outreach workers from the Department helped to distribute over 15,000 English, Spanish, Haitian Creole, and Polish flyers across the city. They were also sent via email to community partners, including faith organizations, community organizations, daycare and childcare centers, and more. Flyers were also distributed through the Peachjar system – data are shown below. QR codes were included on the flyers, so that residents could easily connect to the city vaccine website.

	# Flyers	Deliveries	Impressions	Views	Actions
<b>English</b>	27	194641	109995	5056	29
<b>Spanish</b>	22	146063	107277	1767	7
<b>Haitian Creole</b>	22	144310	96919	3991	6
<b>English and Spanish</b>	1	83180	54138	2768	4
<b>Total</b>	72	568194	368329	13582	46

*COVID flyers distributed on Peach*

### **Environmental Health and Inspections Division**

As Inspectors resumed regular inspections and response to complaints, they also responded to pandemic needs by providing onsite management of vaccination clinics in the evenings and weekends.

### **Laboratory Division**

The Laboratory Director support pandemic response by receiving and maintaining PPE and Test Kit supplies and assisting in distribution.

Beginning in December 2020 the Laboratory assisted in conducting COVID vaccination clinics for first responders, city employees and the general public. The Laboratory was responsible for maintaining the cold chain of the COVID vaccine which included accepting delivery to storage and ultimately administration. A total of 5,811 COVID vaccine doses were administered between July 2021 to June 2022.

### **Nursing and Dental Services**

From July 2021 to June 2022 the school nurses and dental hygienists continued to provide pandemic response in addition to regular school nursing and dental duties. Many hours were spent in consultation with the Stamford Board of Education regarding the safe return to school, contact tracing and vaccine clinic support. School nurses provided vaccines to the homebound through the homebound program

### *Case Investigation and Contact Tracing*



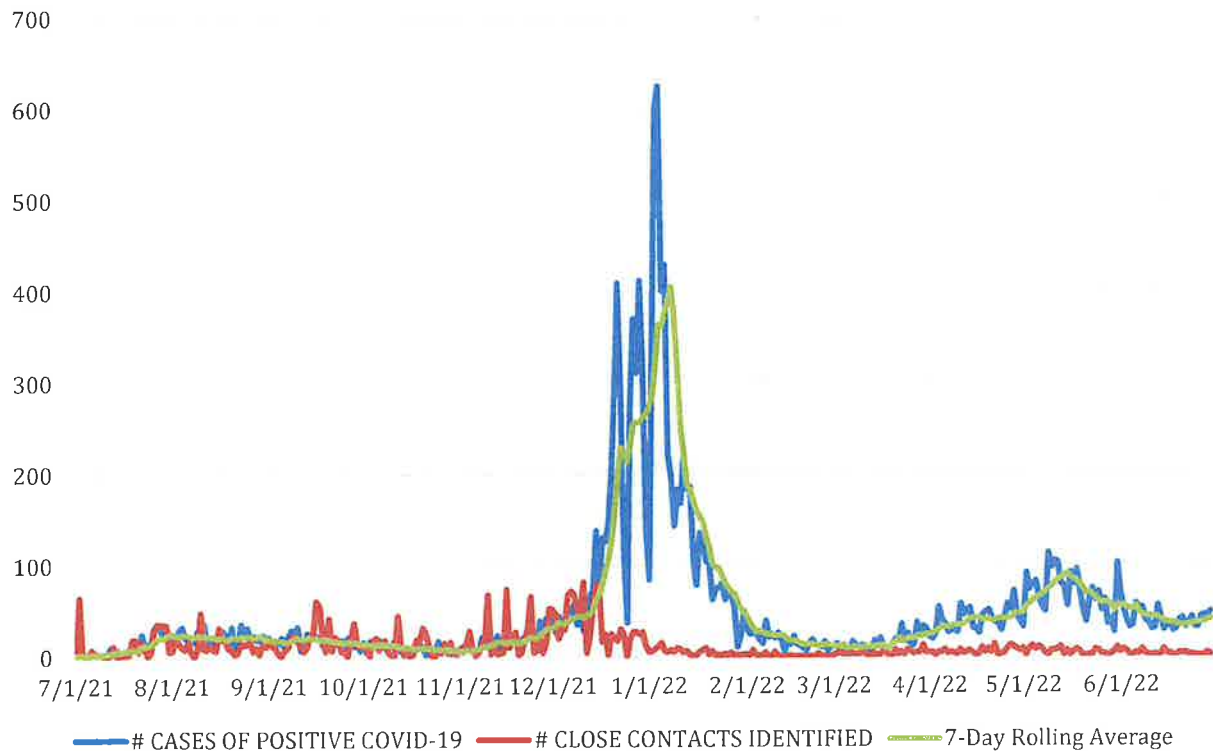
Case investigation and contact tracing are key strategies to stop the spread of infectious diseases. In June 2020, CTDPH implemented a contact tracing program (ContaCT), which was administered by Community Nursing until October 2020. Seasonal contact tracers were hired in November 2020 to take on most of the general contact tracing and assist with contact tracing in the schools. At the start of the fiscal year, Stamford's contact tracing team consisted entirely of seasonal employees, under the Nursing and Dental Services Division. COVID cases were called to provide guidance on isolation and identify contacts for quarantine. Contacts were also notified and provided quarantine guidance. Contacts were provided information regarding testing and encouraged contacts to follow CDC guidance for testing following an exposure by referring them to State supported test sites. Information was also provided on vaccination access in the City. This included general Stamford residents, City employees, school and daycare, and sports related cases and contacts, as well as providing guidance and support to nursing homes and assisted living facilities. When school resumed without the full reopening of the dental program, the dental hygiene staff effectively contributed to the contact tracing program until the resumption of their program in the spring of 2022.

As the pandemic developed, the team's mission evolved toward primarily providing information regarding current local, state, and Federal guidance, along with information about available resources to assist cases and contacts. School-related contact tracing was discontinued in March 2022, though the team continued to work with schools for case notifications and responses.

The start of the fiscal year coincided with the rise of the Delta variant. Case numbers, as reported to the electronic contact tracing system (ContaCT), rose from a 7-day rolling average of around 1 case/day in July 2021 up to a peak 7-day rolling average of 25 cases per day by early August 2020, before gradually declining until the Omicron variant took over later that year. After falling to a low of 6 in early November, the 7-day rolling average peaked in the early days of 2022 at 405 cases/day, before falling quickly until March 2022, and then building to a smaller peak in May 2022.

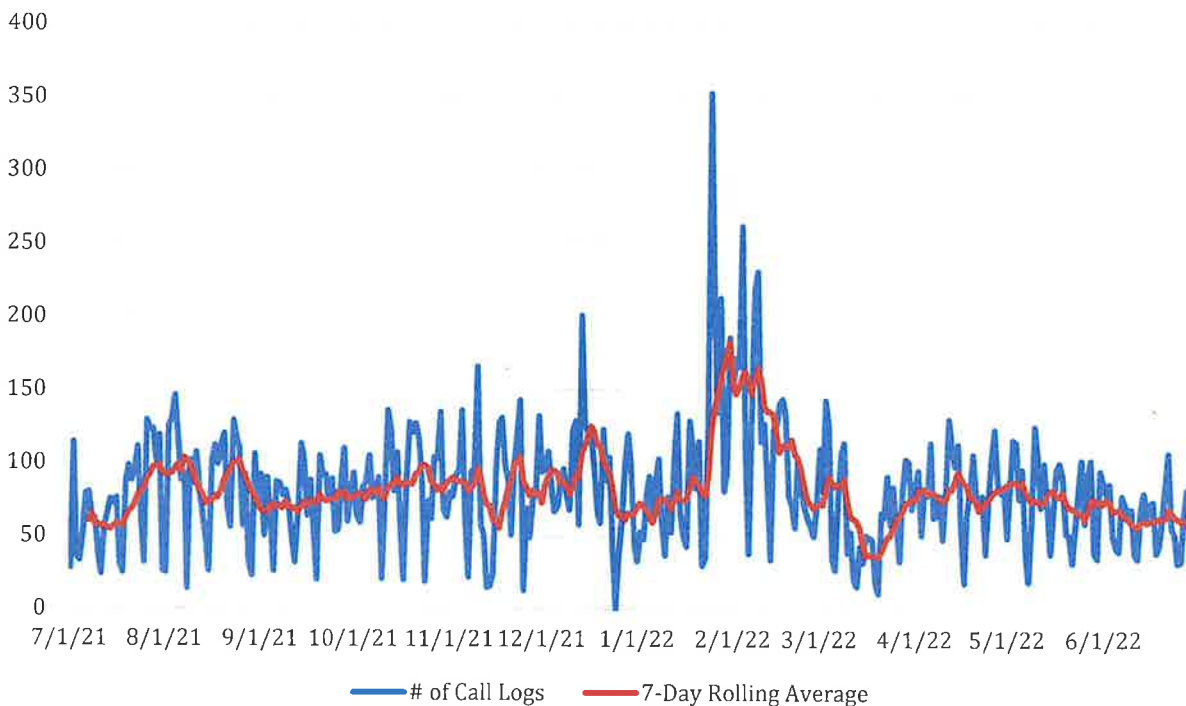
While changes in the availability of home COVID-19 testing made case numbers less reliable, from 7/1/2021 to 6/30/2022, there were 17,585 identified cases in Stamford. Even with MRC support, there were too many cases during the December/January and May peaks for the team to call every case. Call priority was given to cases 50 years of age and older, followed by cases under age 19. From the cases reached, 3,886 close contacts were identified during the fiscal year and were given the option to be monitored by text message, email, or phone call.



**Figure 15. COVID-19 Cases and Contacts.**

The CTDPH used the standard that 90%+ of cases and close contacts should receive a call within 48 hours of the local health department receiving notice and expected 50%+ to be reached (call answered by case/contact) within those same 48 hours. From 7/1/2021 through 6/30/2022, there were 29,889 official call logs by the Stamford case investigation and contact tracing team. Of those calls, 16,070 resulted in speaking with the case, contact, or a relative. The 7-day rolling average of call logs per day peaked in late-January 2022 at 183 calls averaged during the 7 days from 1/25/2022-1/31/2022.

**Figure 16. COVID-19 Contact Tracing Call Logs**



### *Community Health Workers/Community Resource Coordinators*

CTDPH implemented a Community Resource Coordinator (CRC) program to assist in resource delivery to cases and contacts who were isolating or quarantining due to COVID-19. The CHWs/CRCs assisted with a variety of needs including; personal protective equipment, cleaning supplies, thermometers, housing assistance, food support, and non-COVID health care concerns. CHW/CRC referrals totaled 359 from 7/1/2021 through the end of the program in March of 2022.

### *Vaccine Distribution*

The Stamford Department of Health has continued to collaborate with area agencies to provide access to the COVID vaccinations. Due to significant grant funding, the Department was able to collaborate with community agencies to provide a targeted approach to ensuring vaccine equity among our residents. Pop up clinics in sites throughout the City ensured access to vaccines for all. Outreach worker from Family Centers canvassed door to door to link residents to vaccine sites in their neighborhoods. The Department was able to achieve an 83% or higher Covid vaccination rate in all census tracts within the City.

One thousand eight hundred fifty two (1,852) vaccination clinics were held throughout Stamford by Griffin Hospital/State Department of Public Health, Community Health Center, and the Stamford Department of Health/ Nursing Division, for a total of 41,472 vaccinations.

**Table 9. COVID-19 Vaccination Clinic Locations**

Bethel AME	Rippowam High School
Chelsea Piers	Robinson Park
Cove Park	Scalzi Park
Cummings Park	St. Benedict Church
Building One Community	St. Mary's Church
Day Laborers location under the bridge	Stamford Barbershop
Domus	Stamford Government Center
Hunt Park	Stamford Green Apartments
Inspirica	Stamford Henry Street Clinic
King School	Stamford High School
Lathon Wider Center	Stamford Senior Center
Leoni Park	Stamford Train Station
Master Barbershop	West Beach
Men's Shelter / Pacific House	Westover School
Mill River Park	Women's Shelter
Murphy School	Yerwood Center
	YMCA

### **Homebound COVID Vaccination Program**

Stamford Department of Health, Nursing Division has provided COVID vaccinations to Stamford Residents that were unable to leave their homes. Stamford Department of Health Nursing staff gave 462 vaccinations to people living in Stamford in FY21-22.

The homebound program funding provided by ELC 1 grant and will continue under the ELC 2 grant. School nursing staff is utilized to support the program after the completion of their regular workday.

**Conclusion**

Despite the need to develop and maintain Covid-19 pandemic response, receiving and providing mitigation strategy guidance, and testing and vaccine support, attention was given to the regular functions of the Department as well as creating and implementing new programs to promote health and wellness within our community. Much time has been spent developing community relationships, improving health literacy and reducing health inequities.

**Prepared October 2022 by:**

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## MISSION STATEMENT

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The Stamford Police Department is committed to partnering with the community to provide quality police services and create a safe environment through fair and impartial enforcement of the law. We recognize the needs of the diverse community and it is our responsibility to maintain order and to protect individual's rights.

## LEADERSHIP TEAM

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The Police Chief and his entire Police Command staff are responsible for initiating and maintaining collaborative partnerships with community groups, judicial partners, parole, probation, neighborhood associations, local service providers and citizen groups to ensure the entire Stamford community is engaged in our shared public safety efforts.

## INTRODUCTION

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The Stamford Police Department continues to be a leader in the law enforcement field in addressing quality of life issues and crime. The department's priority is to develop and strengthen collaborative partnerships that have positive affects for all residents of Stamford. The Stamford Police Department has a community based policing philosophy as the core of service to the community. Currently, there are 271 members of the police department and over the past year, the department responded to 85,012 calls for service. The city of Stamford consistently remains ranked as the safest city in Connecticut and New England.

The Department has aligned the goals and vision of the Stamford Police Department with the six "pillars" articulated by the President's Task Force on 21<sup>st</sup> Century Policing to promote effective crime reduction strategies while building public trust. The SPD has applied the pillars as follows:

- ***Building Trust and Legitimacy-*** through enhanced collaborative community partnerships
- ***Policy and Oversight-*** revising all departmental policies and working towards State of Connecticut Police Accreditation, five member civilian police commission
- ***Technology and Social Media-*** enhanced use of body cameras and increased footprint on social media platforms
- ***Community Policing and Crime Reduction-*** implemented a mental health initiative, implemented partnerships with diverse groups such as the clergy and youth, started a new Police Activities League (PAL)
- ***Officer Training and Education-*** expanded Crisis Intervention Training, de-escalation training and cultural sensitivity training
- ***Officer Safety and Wellness-*** officers completed Health and Wellness training, Crisis Intervention Training, gym upgrades, peer support and SPA family events

In order to increase accountability, transparency and address the needs of the community, the department continued or pursued three major initiatives this year:

- 1) Connecticut Police Accreditation
- 2) Improving public safety responses and outcomes for individuals with mental illness and co-occurring mental illness and substance abuse.
- 3) Stamford Police Activities League

### Connecticut Police Accreditation



The project has required the SPD to revise its entire policy manual to meet accreditation standards and to provide a consistent and uniform standard of policies to assist the SPD improve the quality and equitability of its service delivery to residents.

Key partners in this project include a professional police consulting firm with vast experience in police policy development, and a host of local community groups invested in having the SPD function to the standards of an accredited agency. Community groups who partner in this project are; the Stamford Clergy Coalition, the Stamford Chapter of the NAACP and the civilian Stamford Police Commission.

*Improving public safety responses and outcomes for individuals with mental illness and co-occurring mental illness and substance abuse*

- The Police Mental Health Collaboration which partners the SPD with service providers and advocates to improve the mental health response and outcomes for individuals. This collaboration is the first of its kind in the state.
- The Mental Health Crisis Adaptive Patrol Response Program which partners the Police Department with the Stamford Emergency Medical Services (SEMS) and the 911 Communications Center. The restructuring and adaptive response has led to SEMS providers taking the lead role while Police assist in a supporting role, and only when needed. The restructuring has led to a **21% decrease in the number of calls for service with direct police involvement with individuals experiencing a mental health episode.** The 911 Dispatchers have been trained to identify callers who are experiencing a mental health crisis and are not a danger to others. Based on the 911 Dispatchers assessment they can then appropriately direct the response to calls for service.
- The City has absorbed the cost to embed Licensed Clinical Social Workers in the SPD by contracting with the Recover Network of Programs, Inc. (RNP) to improve the public safety mental health response. This is the first Public-Private partnership in the state and has had an enormous impact in the sixteen months that it has been operating.

**STAMFORD POLICE ACTIVITIES LEAGUE, INC.**

The Stamford Police Department partnered with the Stamford Police Association, Inc. and changed the vision and mission of the former Stamford Police Athletic League, Inc. The former organization used donated funds to assist local youth sport leagues with sponsorships. The organization was re-organized and named the Stamford Police Activities League, Inc. The Board of Directors of the new organization is made of members of the Police Department, the Stamford Police Association and the community. The new organization seeks to promote partnerships between youth, law enforcement and the community through educational, athletic and recreational programs designed to encourage team building and foster positive relationships. The new PAL is a pilot project focused on the west side neighborhood and is operating out of the Chester Addison Center.

Through the generosity of the Southfield Village Limited Partnership and Beacon Communities we were able to secure a long term lease for the Chester Addison Center. In addition, we were able to partner with the Ferguson Library, the Stamford Public Educational Foundation and other local service providers to work with us in moving the mission of PAL forward. The Stamford Police Activities League, Inc. at the Chester Addison Center will have the Mighty Mite Basketball program, Mentoring and Tutoring programs, Library services, Boys and Girls Leadership programs and other programs consistent with our vision and mission. In addition we have partnered with other local groups to provide services at the

Center to include tablet giveaways, back pack giveaways and several other community oriented services. The funding for this organization has been through generous donations and grants.

## COMMUNITY OUTREACH

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The Stamford Police Department's Community Outreach Program plays a critical role in the department's refocused approach to achieving and sustaining gains against crime by strengthening community relationships and trust. The department partners with community leaders, civic organizations, block associations, and concerned citizens to educate them on police policies and practices, and to develop solutions to challenges that arise within the city's many diverse communities. This will be the department's ongoing efforts to enhance quality of life for all communities of Stamford.

The department has expanded its Community Outreach Program (COP) to address these issues. The program has expanded from 10 officers to 25 officers. In addition to the growth of the program, there have been several new initiatives added. One of the initiatives is the "Shoulder to Shoulder" program. The mission of the program is to address the quality of life issues and concerns that have a negative impact on the communities we serve. Each week community outreach members have been working side by side with community leaders and numerous social service agencies assisting with and helping those members of our community that are in the most need.

**Healing Hearts** - COR Officers attended with a canine. Healing Hearts is a program that works with young adults with special needs. The program assist these young adults with working towards living a more independent and structured life. COR Officers conducted roundtable discussions that included safety tips and the dangers of using social media inappropriately.

**Mask Distribution** – COR Officers participated in several mask distribution events. Officers went to various communities and distributed thousands of mask to those most in need in our community. The events were highly successful and mainly took place during the early stages of the pandemic.

**Boys and Girls Club Stamford Teen Talks 2020 - 2021** – Officer participated in several panel discussions, via zoom, that discussed the social issues our teens and the community are facing today. Each forum had approximately 75-100 viewers.

**Coffee with a Cop** - The COR officers engaged with community partners and leaders and handed out cups of coffee to community members. Officers were able to have open discussions regarding community and policing topics. After sitting idle for two years, this event was extremely successful because officers were able to establish new relationships with business owners throughout the city. Officers provided safety tips and assisted citizens with general neighborhood complaints.

**Food Giveaway** – The COR officers collaborated with IMPACT a local group that provides meals to families in need. Through the collaboration, Officers were able to provide free food to nearly sixty families.

**Laptop Giveaway** – COR officers collaborated with community leaders to obtain 150 refurbished and new, donated laptops. The laptops were distributed to Stamford students in need.

**Coat Drive** – Lt. Junes coordinated the collection efforts of over 700 coats. The donated coats were donated to the Person to Person organization.

Other Community Outreach efforts we are proud of our officers for supporting include the awesome accomplishment this past November. For the past five years the Stamford Police Department had participated in the No Shave November cancer drives. We have supported various organizations including the Connecticut Cancer Foundation. This past year the Circle of Care reached out to us looking for support. Circle of Care raises money for Connecticut families with children who receive diagnosis of cancer. In years past, they have recruited Connecticut Police Departments including New Haven, Danbury, and Harford. We joined in and set a goal of \$5,000 and we more than doubled that amount reaching a total amount of \$11,383, finishing first as the most giving police participant. A phenomenal effort for such an important cause.

The Stamford Police Department Project Lifesaver Program assists families within the Stamford community locate loved ones who are prone to wander from their homes. The mission of the program is to equip the "at risk" family member with a monitoring bracelet which has a unique radio frequency that can later be used by the specially trained officers to help locate the loved one if he or she does wander from home. The program is geared towards adults and children who have the propensity to wander due to a cognitive condition such as Alzheimers, Dementia, Autism or Traumatic Brain Injury. The SPD Project Lifesaver program currently has ten active clients, eight adults and two children.

The project lifesaver program is used by law enforcement agencies throughout the US and can assist families traveling to cities who participate in the PLS Program. For example, if Project Lifesaver client from Stamford is traveling to Disney World our program coordinator gathers the travel information from the client's family and forwards this information along with the client's unique bracelet frequency to the law enforcement agency affiliated with Disney World in the event the client wanders while Disney.

## **PATROL DIVISION**

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Patrol is the largest division of the Police Department and consists of 135 officers and Supervisors. The Patrol leadership team consists of a Patrol Captain and four Patrol Squad Lieutenants. These commanders are not only responsible for crime prevention and crime throughout the city but also coordinate community outreach efforts. Uniform Police services throughout the city are broken down into four geographical Districts. Patrol officers are assigned beats within these districts, which gives community members a name and a face to connect with on various issues that may arise in assigned patrol areas.

The Patrol Division is the most visible of our Police Divisions on a daily basis and are part of our community outreach. Every interaction a Stamford Police Officer has with a community member is an opportunity to create positive dialogue and partnerships. Perspective and effective communication aim to improve the community members' knowledge and understanding of police procedures and laws as well as improving officers' knowledge and understanding of the diverse cultural communities in which they serve. To increase transparency throughout our community the Patrol Division is in the Fourth year with the Body Worn Camera program and the first year of the dash camera program, both of which have been tremendous assets. Officers within the Patrol Division performed 12 Narcan saves of individuals who had overdosed on illegal narcotics.

In addition to regular patrol duties, officers have continued programmed patrols at schools and parks. Officers conducted 30,863 programmed patrols and 3230 on school grounds. Programmed patrols are not only for criminal reasons but during the recent pandemic they were used to ease citizens' concerns at testing sites, food centers and other sensitive areas.

Traffic and pedestrian safety has continued to be a big concern in a city as thriving as Stamford. The Department continued to work on Enforcement and Education as part of the three E's of traffic safety. (Engineering being the third E is being worked on by other city agencies.)

This year, in support of the Department's mental health initiatives, one of our patrol cruisers was wrapped with special graphics in support of Mental Health Awareness month.

## INVESTIGATIVE DIVISIONS

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The Investigative Division is comprised of the following units: Major Crimes, Property Crimes, Crime Scene Unit, Special Investigations Juvenile Offenses, Special Victims Unit, Behavioral Health Unit, Digital Forensics, Narcotics and Organized Crime and the CrimeStopper Tip Line.

The Division is responsible for investigations and follow ups for all serious criminal investigations. These include but are not limited to homicides, sexual assaults, robberies, assaults, burglaries, auto thefts, car break ins, larcenies, computer and white collar crimes, fraud, crimes involving juveniles, crimes against the elderly, domestic violence, stalking, bank fraud, child pornography, narcotics, organized crime and firearms violations.

*Major Crimes* investigated 44 untimely deaths, 29 robberies, 38 assaults. From July 1, 2021 through June 30, 2022, 2 homicides occurred and through the investigative process, arrests were made in both cases.

*Property Crimes* is split into 2 units, Burglary and Financial Crimes as the investigation of each is specialized. The Burglary Unit concentrates on burglaries, arsons, and motor vehicle thefts, thefts from motor vehicles and theft of motor vehicle parts. The Financial Crimes Unit investigates computer crime, fraud, bank fraud, internet crimes, bad and/or forged checks and a variety of larcenies.

*The Burglary Unit* investigated in fiscal year 20/21; 116 burglaries, 291 reports of theft from a motor vehicle (15 involved forced entry) and 144 stolen cars. Most stolen vehicles were to the cars being unlocked and the key or fob was left in the vehicle. The unit applied for 48 arrest warrants and made 47 arrests during the fiscal year.

*The Financial Crimes Unit* in fiscal year 21/22 applied for 227 search warrants, 37 arrest warrants and made 21 arrests for various crimes. The nature of identity theft and the fact that many of the perpetrators are located overseas has made this a very challenging task for the Unit. Key components of the Financial Crimes Unit are continuous training and ongoing relationships with other investigative units including municipal, state and federal agencies. In addition to the Units investigative responsibilities, they continue to educate the community to reduce victimization, especially with our more at risk populations.

*Special Investigations Juvenile Offenses Unit* plays a key role in our outreach and crime fighting efforts. The SIJO investigates all crimes involving juveniles, as either victim or offender. The Unit is involved with the Boys and Girls Leadership Programs, truancy, and at risk youth programs. The Unit offers mediation and conflict resolution. In fiscal year 21/22 the Unit took on 606 new cases, made 240 arrests and investigated 84 sexual assaults.



*The Special Victims Unit* works closely with the Domestic Violence Crisis Center and the Victims Advocate Office. The focus on domestic violence cases, stalking, hoarding, elder abuse and assist in U-Visa applications. The unit's work does not end with an arrest they are also involved with helping the victims create a safety plan and assist in obtaining various protective and restraining orders. The unit conducted 156 proactive home visits in fiscal year 21/22 in addition to the taking on 228 new cases, serving 32 arrest warrants, investigated 16 hoarding cases, seized over 14 guns, and assisted in over 57 U-Visa applications.

*The Behavioral Health Unit* is the core of the Stamford Police Departments new Mental Health Initiative. This was an innovative three-prong approach which allowed the Stamford Police Department to establish the State's first Public/Private Partnership to collaborate with Recovery Networks of Programs (RNP), to combat the growing mental health problem within the State.

The first thing established was a Mental Health Crisis Adaptive Patrol Response Program. This was a re coding of EDP calls that are called into our dispatch center. Instead of sending the Police on every EDP call, dispatch either sent Stamford EMS, or had the Police stage nearby. This lowered our presence at EDP calls that did not necessarily need our uniformed presence. Within the first 8 months of this re coding, we saw a reduction of Police at 21 % of all EDP scenes.

Secondly, we bolstered our Crisis Intervention Training (CIT) to approximately 70 % of all our Officers. This CIT training instructs Officers on how to best diffuse situations, employ de-escalation techniques, and how to identify, and best deal with people experiencing a mental health episode. This training has had a remarkable effect on the way our Officers respond to mental health calls.

Thirdly, we collaborated with RNP to embed social workers (MSW) with the Stamford Police Department. This MSW program was geared to add resources for our patrol Officers and coordination of care, and follow up of patients. The other goal was to target recidivist EDP callers and redirect them to services that would best help them. Within the first 14 months of the program our MSW program has followed up on over 225 cases/patients and have referred them for after care or follow up for a successful recovery.

*The Digital Forensics Unit* is tasked with a tremendous responsibility. This Unit handles evidence and information that we receive from digital and electronic sources. They assist with such cases as child pornography and exploitation as well as any case where digital evidence may exist. Evidence in almost all criminal cases these days involves cell phones, computers, and video and it is the Digital Forensics Unit's responsibility to receive, obtain, and process all of this evidence. It is a tremendous task for such a small unit. In fiscal year 21/22 the Unit processed 158 pieces of digital evidence. Out of that 151 of the incidents involved cell phone or hard drive/data storage device extractions. A new initiative is training interested patrol officers to assist the Unit on a part-time basis. The Unit is also heavily involved in the Technical Investigation Unit of Southwest CT. This task force increases our capabilities and resources in this area. The task force has been involved in many high-profile criminal investigations.

*Narcotics and Organized Crime Unit* made 161 arrests this year. They have repositioned themselves to assist more with victims of the opioid epidemic but still manage to have impressive seizures as a result of the investigative process.

Seizures:



Crack Cocaine	\$15,930
Powder Cocaine	\$9,700
Marijuana	\$22,500
PCP	\$240
Heroin	\$1,050
Fentanyl	\$124,470
Prescription Pills	\$2,350
MDMA	\$30
Cash Seizures	\$28,961
Illegal Gun Seizures	21

*The SPD CrimeStopper Tipline* is a partnership between the Stamford Police Foundation, a not for profit 501(c)3 and the Stamford Police Department. A small group of investigative and supervisory personnel have been trained to receive tips on a 24/7 dedicated tip line, with the primary goal being the removal of illegal firearms from our community. In fiscal year 21/22 the tips led to the seizure of 15 total firearms consisting of 3 revolvers, 10 pistols, 1 rifle and 1 ghost gun. Reward money was paid in all these instances as the tipsters information led to the seizure of a firearm. All money paid out was provided by the Stamford Police Foundation. All tip money was provided by the Stamford Police Foundation, no City or Department funds were expended for this initiative.

## **SPECIALTY TEAMS**

### Explosive Ordnance Disposal (EOD) Unit

The Stamford Police Explosive Ordnance Disposal (EOD) Unit calls for service in FY' 21-22 were 240. The EOD Unit consists of six nationally certified Hazardous Devices Technicians, two Hazardous Devices Technician Assistants and three Explosive Detection canines. Requests for explosive sweeps and explosive ordnance disposal related services continue to be in high demand within the City of Stamford and throughout Region 1 in Connecticut. Enhanced police training and educating our civilian partners on explosive hazards and threats is a top priority for the EOD Unit. Through involvement in community partnerships such as Stamford Public Safety Citizens Academy and the "If you see something say something" campaign we continue to stress situational awareness and public safety as a community/police priority.

The EOD Unit Calls for Service have been broken down into the following four categories:

1. Presentations/Demonstrations-	48 calls (20%)
2. Explosive Sweeps/Unattended Bags-	116 calls (48%)
3. Suspicious Packages/Vehicles, Military Ordnance, Explosive Chemicals and Commercial Fireworks-	30 calls (13%)
4. K-9 Firearm Ballistic Searches-	46 calls (19%)

### Hostage Negotiating Team

Our HNT team had a total of seven (7) callouts during the fiscal year. Criminal barricades with mental health issues were the most common. Negotiation attempts were not entertained by the subjects/suspects and each time SRT had to make tactical entries.

The squad recently added eight new members to the team. The new negotiators will have to complete a 40 hr. basic crisis negotiation class.

K-9

The K-9 unit consists of five canine handlers and three canine Decoys/Assistants. Our K-9 Officers paired with their K-9 partners specializing in Patrol and Gun Detection, Patrol and Narcotics Detection and Tracking. Throughout the year, the K-9s were directly involved in the arrest/apprehension of 40 suspects, none of which resulted in a K-9 bite. The influence of the dog's presence in de-escalating a potentially dangerous situation and keeping officers and suspects safe from additional harm.

Marine Division

The SPD Harbor unit is operational year round. It is staffed by 1 sergeant and 2 officers in the boating season and reduced to 1 sergeant and 1 officer during the winter months. Additionally there are 6 officers who are certified and trained to go out with our full-time personnel in the event of an emergency.

Safety Checks	235	Verbal warnings	141
Infractions	5	Incidents	35
Assist vessels in distress	9	Sinking Vessels	7
Abandoned Vessels	2	Rescues	9
Retrieve Runaway Docks or Hazardous debris	2		

Special Response Team (SRT)

This highly trained team consists of 21 members who complete 156 hours of rigorous training. The Team trains 16 hours each month and continues to maintain good relationships and train with other teams such as the FBI Hostage Rescue Team, CT and MA State Police, NYPD, Fairfield PD, New Haven PD and Stratford PD.

One of the Team's most valuable operations is that of High Risk Warrant Service (HRWS) for persons and weapons. Out of the 16 High Risk Warrant Service operations the Team was involved in, they seized 8 guns. The high ratio of HRWS to instances of guns seized is an indication of excellent intel by NOC and BCI. It is also a good indicator that the Team is being utilized in a responsible manner and only when significant threat to officers or civilians exists. The Team realizes that it is important that the units they are working with all place the goal of saving lives as a priority.

SRT responded to (4) barricaded subject calls this fiscal year. One was in support of Bridgeport Police Department ESU in Bridgeport CT when they requested an additional Bearcat and internal drone. Another involved a suicidal male subject who barricaded himself in his car with a gun and Cummings Beach. The Bearcat was used in the incident but unfortunately, the male took his own life with a firearm. Another call was on Mohegan on the East Side where a female suspect barricaded herself in an apartment with a knife. SRT used several different TTPs including barricade-penetrating rounds to get her into custody. She was armed with a knife and dropped it when confronted with the K9. Lastly, a male suspect and female party barricaded themselves in their one room apartment on Scofield Ave. Again, several TTPs were used to include OC based vapor. The male tried to harm himself by attempting to jump out of the second floor window. SRT Operators saved the male by grabbing him through the window and safely taking him into custody.

The Team also provides security details for large events such as concerts, fireworks and parades. This year there was a significant change in the type of callouts. The shift was a result of protest marches and calls for police reform nationally and locally.

Traffic Enforcement Unit/C.A.R.S. (Collision Analysis Reconstruction Squad)

As mentioned in the Patrol Division section traffic safety continues to be a concern in Stamford so the Traffic Enforcement Unit is dedicated to enforcement of traffic laws. Unfortunately, during this fiscal year there were 5 traffic related fatalities. The unit also coordinates the D.O.T. grants for Distracted Driving Enforcement, OUI Enforcement and the Click It or Ticket campaigns.

The Department of Social Services provides Stamford's citizens with information and assistance with accessing programs and/or resources available to meet a variety of needs and/or protect basic human and legal rights.

In 2021-2022 fiscal year, the Department experienced several personnel changes with a retirement and promotion that left the Department short-staffed and down one full-time person for 7 months of the fiscal year. Social Services staff is responsible for responding to, planning, administering, implementing, managing and/or making referrals in connection with a myriad of social problems. The Department has seen the request for services rise above Pre-pandemic levels with the top request for help include securing affordable housing, un-fair rent increase, eviction, health insurance, mental health, and financial assistance. Each Staff member receives between 300-400 calls per month and spends on average 30 hours a month receiving and returning calls.

Staff utilizes different ways to work with clients including in-person, email, or zoom to ensure we can connect to people in a way that works for them. This approach was adopted during the pandemic and has continued as staff finds it to be more efficient in that they are able to assist more people and make better use of time than we did when there was an open door walk-in policy. If someone shows without an appointment, an available staff member will speak to the client and assess whether there is a crisis that requires immediate attention or something that can be done by appointment.

Collectively, the Department staff encounters gaps in services and works outside the box to give clients options when traditional ones don't exist. Some challenges we see are: Helping people in need navigate systems that are not user friendly or require technology to access. Significant rises in rents, make finding an apartment to rent almost impossible and forcing many long-term Stamford residents to leave for other cities and states. People who are unable to secure housing because of eviction or poor/no credit. Getting help for those who refuse services that affect their housing, health and safety. Lack of resources for undocumented residents who work, live and attend school in Stamford. Behavioral Health and financial resources for persons who hoard or have blighted properties. Emergency shelters are always full, people in need have to wait until space is available.

### **Application Assistance**

On a daily basis, trained staff explains medical bills and provides one-to-one application assistance with respect to a number of federal, state and municipal benefit programs for which individuals may be eligible. These include:

- Access Health Connecticut (Obamacare);
- HUSKY and Title XIX (also known as Medicaid);
- Medicare Part D;
- Medicare Savings Programs (for income eligible seniors) including: QMB which pays Medicare Part A & B premiums, Medicare deductibles and Medicare co-payments for eligible seniors; and SLMB and ALMB which pay the Part B premium

- SNAP (federally funded food stamp program provides assistance to persons meeting monthly income limits)
- Subsidized Senior & Family Housing
- Uniform Relocation Assistance
- Unemployment filings with the CT Department of Labor
- Easy Access (subsidized transportation for disabled individuals); and
- The State of Connecticut Rent Rebate Program (income qualifying Stamford residents sixty-five or older, or disabled and receiving disability payments may be eligible to receive a partial refund of rent and utility payments from the State).

Application assistance is labor intensive, involving considerable time securing information and getting the correct information from the applicant. Staff may also have to translate the questions and responses for the applicant in their native language. In situations where someone may be denied for a benefit, staff will advocate and do necessary appeals to exhaust all options to assist the client.

### **Working with Community Partners**

The need for casework, advocacy and community services often presents coincident with the need for application assistance. Staff's effectiveness in helping residents to address their needs or manage life crises requires a thorough knowledge of community resources and programs; the ability to take initiative; and the maturity to exercise sound judgement. Errors can result in failure to obtain, or loss of service.

Accordingly, staff maintain strong working relationships with personnel in other municipalities, internal departments (health, police, and board of education), state agencies, community social service and not-for-profit organizations, local housing authorities, health clinics, hospitals, etc.

The Department collaborated with the Shoulder to Shoulder, Suicide/Untimely Death Postvention, Mayors' Youth Employment Program, Mayors Council on older Adults, Giving (Panhandling Diversion), Vita Collaborative, the Food Collaborative, Stamford/Greenwich Housing First, Affordable Housing Trust Fund, Housing and Zoning Safety Task Force.

### **Mandates- Eviction, Relocation & Fair Rent**

#### **Evictions**

After a residential eviction 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 municipal designated location for storage. Possessions remaining unclaimed after fifteen days may be sold at a public auction. In Stamford, evictee's possessions are delivered to, and stored in city-owned trailers located at Magee Avenue. The Department's Mandated Services Director 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 housing or shelters.



### Relocation Assistance

Under Connecticut landlord tenant law, landlords are required to comply with the provisions of municipal codes (health, building, zoning and fire) that affect the health and safety of their tenants. When municipal inspectors charged with code enforcement responsibilities find residential conditions that constitute immediate or serious threats to occupants' health or safety, the subject premises are declared "unfit for human habitation", "condemned" or require an "immediate vacate." Occupants displaced as a result of code enforcement orders may be legally eligible for financial assistance from the municipality to cover specific costs associated with permanent "relocation." The Department's Mandated Services Director is responsible for administering and service delivery in connection with Stamford's relocation program, including determining, on a case by case basis, whether local code enforcement activities have resulted in displacement and, if so, whether, and what benefits displaced families and/or individuals may be eligible for. Assisting tenant with a temporary place to stay if needed, help with moving and rehousing cost. As permitted by law, Stamford holds non-code compliant property owners liable for reimbursement of relocation payments made to, or on behalf of their displaced tenants. If necessary Relocation Liens are placed to ensure the City will be reimbursed.

### Stamford Social Services Commission

The Social Services Commission has oversight responsibility for issues pertaining to the social welfare of Stamford's citizens, including shelter. In this capacity, the Commission is charged with coordinating and promoting policies and strategies that maximize the existence and availability of local social service resources and increase the flow of relevant information to Stamford citizens in need. The Social Services Director serves also as the Social Services Commission Coordinator. The Coordinator receives the initial complaint, investigates and tries to work out mutual agreements between property owner and tenant without intervention of the Commission.

### Fair Rent and Human Rights

Connecticut law permits municipalities to establish Fair Rent and Human Rights Commissions within the guidelines required by State law. Effective July 2023 all municipalities with \$25,000 (Twenty-five Thousand) residents or more must adopt fair rent commissions. Accordingly, the Stamford Social Services Commission acts as the city's Fair Rent Commission, as well as its Human Rights Commission. In its Fair Rent capacity, the Social Services Commission is empowered to make studies and investigations, conduct hearings and receive complaints relative to rental charges on housing accommodations within the city, in order to control and eliminate excessive rental charges on such accommodations.

### General Housing Issues and Inquiries

On a daily basis staff provides written or verbal assistance, substantive advice and appropriate referrals in response to inquiries on virtually all housing related inquiries: landlord - tenant rights; rental assistance; security deposits (including "return of"), discrimination, homelessness, housing code violations, evictions, subsidized housing,

public housing, senior housing, inclusionary zoning, privately sponsored affordable housing, requirements and limitations of HUD, tax credit and state funding programs, and foreclosures.

### **Senior Transportation**

Stamford's state-funded (CT Dial-a-Ride grant) Share the Fare program provides subsidized rides for Stamford senior citizens and disabled individuals. Utilizing dollars required as a local match for Share the Fare, working with local non-profit partners, the department assists low-income seniors to access local destinations by subsidizing their bus or, in the case of disabled seniors, their paratransit fares. We also use match funds to support the Ride to Wellness, a Silver Source program that provides free medical transportation and is open to all Stamford senior citizens.

### **Division of Social Services Activities 2021-2022**

<b>Service</b>	<b>Numbers Served</b>	<b>Comment/Outcome</b>
<b>Insurance Enrollment (Access Health CT, HUSKY A,B,D Insurance, Presumptive Eligibility Medical Vouchers, re-determinations, unpaid medical bills, spend-downs)</b>	<b>1691</b>	<b>One-on-one assistance to apply for:</b>  <b>Access Health CT-ACA (applications and appeals-826)</b>  <b>HUSKY applications-(600 applications)</b>
<b>Eviction Management</b>	<b>90</b>	<b>Coordinate storage, retrieval &amp; auctioning of evictees belongings</b>
<b>Fair Rent Inquiries / Proceedings</b>	<b>32</b>	<b>Complaints are received, investigated and resolved or heard</b>
<b>Relocation Assistance</b>		<b>Relocation assistance provided to people</b>

	<b>18</b>	<b>displaced by code enforcement: (relocation costs, moving fees, emergency housing (mandated by Uniform Relocation Assistance Act),</b>
<b>Renter's Rebate Program</b>	<b>1600</b>	<b>CT Tax Relief Program for elderly and/or disabled renters</b>
<b>Landlord / Tenant Inquiries</b>	<b>4519</b>	<b>Responses and assistance with problems pertaining to landlord tenant relationships, fair housing, affordability, public housing, senior housing, etc.</b>
<b>Senior Transportation</b>	<b>1324 people @ 12, 987 rides</b>	<b>Door-to-door transportation for elderly &amp; disabled who need affordable transport to senior nutrition sites, medical appointments, and shopping.</b>

## Stamford Emergency Medical Services (SEMS)

SEMS' mission is to provide consistent, compassionate, high quality, pre-hospital paramedic service to the citizens and visitors of Stamford. SEMS continues fulfilling this mission to the City of Stamford as it has faithfully since May of 1992.

SEMS responded to 15,846 calls for medical assistance this year, our highest volume in service history. Of those calls 6,901 required our highly trained paramedics to perform Advanced Life Support (ALS) interventions. This volume of calls requires SEMS to operate 5 ambulances during peak hours of the day to ensure quality patient care in accordance with our mission. SEMS responded to 93% of all calls within 8 minutes and SEMS has an average response time of 5.9 minutes to ALS calls. The utilization of Emergency Medical Dispatching (EMD) significantly reduces the utilization of "lights and sirens" responses, which aids in decreasing risk to the public and SEMS personnel.

For fiscal year 2021/2022 SEMS personnel continue to treat COVID-19 patients. 551 confirmed COVID-19 were treated and transported with the highest volume in December and January. Our paramedics and EMT's were required to wear masks, gowns, gloves, and face shields on these calls as well as any other calls where COVID-19 was suspected. SEMS personnel continue to self-test, monitor, and isolate to ensure that asymptomatic employees help mitigate the spread of the virus. While 100% of our staff are fully vaccinated, we are continuing to encourage all personnel to obtain boosters.

All of SEMS' services are performed with a full-time staff of 45 people supported by per-diem employees and an active contingency of 25 volunteers.

<b><i>SEMS - At a Glance</i></b>	
Calls for medical assistance	14,556
Number of patients transported to hospital	11,711
- Number of advanced life support interventions	6,901
Percentage responded to within 8 minutes	93%
Average Code 3 ALS response time in minutes	5.9
Code 3 Responses (lights & sirens)	9,524
Code 1 Responses (no lights & sirens)	6,975