



CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

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Social Services Office

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

June 23, 2014

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The May 2014 Health & Human Services Department monthly report is provided for your review. Detailed reports are attached for each Service, including the Housing, Food Service, Lead Poisoning Prevention, Social Services transition, Seasonal Work, School Based Health Centers transition and Environmental Health which identify specific inspections, tasks and hours provided by our staff.

Main Topics: The Department continues to work on the computer systems to test and update our inspector's programs to produce reports so the public may have access to inspection results and improve partnerships with the Hospital and other medical clinics to improve services have continued as well. The CIFIC / SBHC Wellness Student Satisfaction Survey is attached for your review as well. You are encouraged to review all the information for each Division, as it provides details concerning ongoing activities. Also, I thank you for giving the Health & Human Services Department the opportunity to serve the Citizens of Danbury and feel free to contact us with any questions you may have.

Sincerely,

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

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

Dial 2-1-1 for all
Connecticut Services!

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



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Connecticut Institute For Communities, Inc. (CIFIC)

School Based Health Center Student Satisfaction Survey 2014

Purpose

The Connecticut Institute For Communities conducted the Student Satisfaction Survey to evaluate student opinions about the quality of the service they received at the School Based Health Center (SBHC) and how it has impacted their overall health.

Sample and Method

The surveys were completed by students who utilized the SBHCs from March 17, 2014 to May 30, 2014. The sample was made up of students from grades 6 to 12 and was composed of 63% females and 37% males. There were a total of 264 surveys completed by students from Broadview Middle School, Rogers Park Middle School, Danbury High School, and Henry Abbott Technical School (Non-DPH funded).

All four schools received the same survey tool and distributed them to every student who had an appointment. The surveys were then completed anonymously and were placed into a designated folder. The completed surveys were sent to the main offices of CIFIC where they were compiled into one database and the data was analyzed for this report.

Impact of SBHCs on Student Health and Behaviors

The mission of the School Based Health Centers is, "To provide access to high quality, comprehensive physical and behavioral health services while being accessible, confidential, culturally sensitive and developmentally appropriate." The SBHCs strive to keep kids in the classroom and learning by keeping them healthy. The data shows the positive impact of the SBHCs on the students. Ninety-eight percent (98%) of students who took part in the survey stated the SBHC was able to help them with health issues/problems that they came in for. In addition, seventy-five percent (75%) of students learned new health habits because of their visit(s). Sixty-five percent (65%) of students reported having changed their behavior in some way as a result of their experience in the health center.

Cultural Competency Questions	Yes
I could clearly understand the information given to me.	87%
Information was given in a language I/my parents understand.	95%
The health center staff respected my culture, values, beliefs, and sexual orientation.	96%
The health center staff made me feel welcome.	95%

"The School Based Health Center helped me with my problem and become a better person"

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Freshman from Danbury High School



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→ 98% OF STUDENTS SURVEYED THE SERVICES THEY RECEIVED

How the students rate care at the School Based Health

- ❖ 80% rated their care as **Excellent**
- ❖ 19% rated their care as **Good**
- ❖ 0% rated their care as **Poor**
- ❖ 1% left the question **Unanswered**



The Top 5 Reasons for Students to Visit the School Based Health Centers	
1	Illness
2	Injury
3	Sadness/Depression
4	Problems in School
5	Family Problems

Why I Like The SBHC*

"They give me clear directions and treat you with respect."

"When I see the nurse practitioner, she explains everything that is wrong with me and what I can do to help myself."

"I get good information and tips about things that are a problem to me and that I want to fix."

"The workers are really nice and it's more convenient than going to a doctor outside of school."

"I feel that the SBHC is a great asset that allows me to conveniently get the help I need/want and allows me to express my worries. I always feel respected and being able to talk to someone about my problems has helped me tremendously."

"The staff here is very kindhearted and supportive of me. They always welcome me with open arms."

"They really cared and tried to help me in every way possible."

** Student quotations from 2014 Student Satisfaction surveys*

Conclusion

The results of this survey not only inform the SBHC staff about user demographics, reasons for student visits and opinions about the quality of care, but also show that the SBHCs are an asset for the students and have a positive impact on their overall quality of life.

Through the examination of the data, it is evident that students are making the most of the information received at the SBHCs to learn new health habits and change behaviors. Students are also very satisfied with the quality of care received at the School Based Health Centers. The students are utilizing the SBHCs, not just for medical reasons, but for behavioral health and dental services. These visits improve their health and if the SBHCs were not available, treatment would either be delayed or would not happen at all. Since the treatment is available for these students, it is going to keep them healthier, which leads to less time out of the classroom and promotes higher academic performance.

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June 18, 2014

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

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

May 2014

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	May 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	109	1,183
Wetlands / Water Resources (hours)	102	1,433
# Land Use Evaluations (Septic Systems and Well Water Supply)	91	993
# Housing Inspections	106	1,121
# Food Service Inspections	108	1,341
# General Nuisance / Miscellaneous Inspections	159	1,864

See attached narrative

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Environmental Health Division Narrative Report

The status of major project and program activities of the Environmental Health Division (EHD) for May, 2014 can be summarized as follows.

Wetlands / Water Resource Management:

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

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

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

Program Planning and Administration:

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

Subsurface Sewage Disposal & Private Water Supply Wells Compliance Program:

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

Land Use:

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

Hazardous Materials Management & Public Health Preparedness:

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



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HOUSING AND FOOD PROTECTION PROGRAM NARRATIVE

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

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

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

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

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



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TO: Mayor Boughton and City Council

FR: Social Services

RE: Activities during May, 2014

Mission Statement:

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

The following are the highlights from our Social Services activities for May, 2014:

1. Our Housing Caseworker managed approximately 63 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 879 visits from homeless individuals or those at risk of becoming homeless (this includes weekend service meetings).
The breakdown of visits include the following:

- a. Initial Assessments(new clients): 1
- b. Action Plan Development: 4
- c. Veteran Referrals: 43
- d. Referrals to Cash Assistance: 12
- e. Bus Tickets: 6
- f. Housing Related Issues: 3
- g. Housing Placement: 2
- h. Job Searches: 19**
- i. Employment inquiries: 18
- j. Case Management Services: 5
- k. Showers: 102
- l. Lunch: 540
- m. Mental Health Referrals/Case Management: 15*
- n. Adult Medical Referrals: 10
- o. Phone Usage: 4
- p. Substance Abuse Referrals/Case Management: 64*



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- q. Clothing Vouchers: 1
- r. Other: 30

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

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

3. Social Service collaborations were continued for clients regarding health/medical/veteran status and any other required entitlements
4. Our Emergency Shelter continues to provide homeless individuals with support services, case management and any other necessary mental and physical assistance.
5. The Homeless Management Information System (HMIS) is continually updated on a monthly and quarterly basis to reflect current clients and activities in the Social Services section of the Health Department and through constant liaison with Dream Homes (ARC).
6. Attended meeting of the CoC to discuss coordinated access for the Balance of State CoC's and following procedures and new policies for all social service agencies provided a variety of services to the homeless population.
7. Receiving weekly food donations from arrangement with Community Plates.
8. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
9. Attended one (1) meeting of the Danbury Housing Partnership with consultant hired to conduct a study and provide a plan of action for our chronic homeless population in the community.
10. Attended one (1) regular monthly night meeting of the Fair Rent Commission.
11. Attended one (1) meeting of the Farmers' Market.
12. Attended one (1) meeting of the Social and Supportive Service subcommittee of the Danbury Housing Partnership.
13. Attended City Council meeting.
14. Finalized VA change of scope from original VA grant through consultation with our VA representative.
15. Attended Farmers' Market Fundraising evening event.
16. Attended one (1) meeting of the Coordinated Access Committee.
17. Attended two day workshop on Vulnerability Study for Coordinated Access in Hartford.
18. Attended Annual CCEH conference in Hartford.



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School Based Health Centers (SBHCs) Monthly Operating Report May 2014

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

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

Patient Utilization Data for Period July 1, 2013 - May 30, 2014: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)	HATS (Non-DPH Funded)
Total # of Students Enrolled in all Schools	5103	626
Total # of Patients Enrolled in the SBHCs	4642	304
% of Total School Population Enrolled	91%	48%
Total # of Patient Visits	4510	166
Total # of Medical Visits	2593	166
Total # of Behavioral Health Visits	1676	Not applicable
Total # Dental Visits	241	Not applicable



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SBHC Annual Aggregate Billing Status Report 7/1/13 – 5/30/14*

Revenue \$*198,874.80

Cash Receipts \$140,078.16

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

Billing Update

Behavioral health staff have been entered into eClinicalworks EHR. Back billing for behavioral health services to December will initiate as soon as licensing information has been accepted in system. HealthCorp member and WSCU intern will dedicate time to patient/billing data into system as quickly as possible.

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

Outcomes	Measures	Achievement of Outcome
1. Improve access to and utilization of primary and preventive health care and other essential public health services.	<p>a. There will be at least 70% percent of the school's student population enrolled in the SBHC. Enrolled means that a signed parent consent form for the student is on file.</p> <p>b. At least 45% of students enrolled in the SBHC will receive one or more visits.</p> <p>c. At least 80% percent of the student population will receive an outreach contact regarding services available at the SBHC (through distribution of literature, invitation to an open house or event, participation in an educational forum, social media, or other contact).</p>	<p>a. Maintained 90% enrollment as of since 8/26/13. (DHS SBHC reports 98% enrollment)</p> <p>b. 56% enrolled RPMS students rec'd. 1 or more visit as of 4/30/14.</p> <p>43% BMS students rec'd. 1 or more visit as of 5/30/14.</p> <p>21% enrolled DHS students rec'd. 1 or</p>



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		more visit as of 5/30/14. c. 100% students received outreach contacts as of 5/30/14
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DHS LCSW - During the month, utilized "stand alone" bulletins and emails generated with help from the DHS main office to let all staff know about the SBHC and our activities during this period. Fliers, when appropriate, have also been placed in staff mailboxes.

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

Skin Cancer Prevention class taught in 30 minute sessions to four, 6th grade health classes. A pre and post test was performed with significant improvement in knowledge after the educational presentation. A bulletin board outside of the SBHC and tri-fold poster presentation were utilized as bright, colorful educational tools highlighting prevention. *See Attachment A- Post Test.*

Results of a student satisfaction survey distributed to students March 17th through May 30th, 2014 were collated a published in a two-sided report which will be submitted to the State Department of Public Health as part of the year-end reporting documents. Overall satisfaction was very good, with staff rated as doing an excellent job in delivering culturally and linguistically competent services. *See Attachment B- SBHC Satisfaction Survey.*

Outcomes	Measures	Achievement of Outcome
2. Reduce the occurrence of preventable disease among SBHC enrollees.	a. Enrolled students will be immunized with vaccines recommended by Advisory Committee on Immunization Practices (ACIP) that are required by the State of CT. Annually the number of clinic users who received immunizations and the percentage of students behind in recommended intervals for immunizations who are brought up to date will be reported to the Department. b. The percentage of clinic users offered as well as the number who received Influenza Vaccine will	a. 71 RPMS students' immunization complete and documentation sent to State DPH as of 5/30/14. b. 100% of students offered/received influenza vac. were identified to the State



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	be reported to the Department. c. The percentage of clinic users who received influenza prevention teaching will be reported to the Department.	Immunization Program c. 100% receiving education identified to the State Immunization Program.
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BMS APRN – Provided a cumulative total of twenty-eight immunizations as of 5/30/14.

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

RPMS APRN – Provided a cumulative total of seventy-one immunizations as of 5/30/14.

- 14 influenza vaccinations were administered as of 5/30/14.

RPMS APRN - Outreach measures include telephone calls and faxes to providers and parents, and notes home to students from SBHC NP and school nurses regarding outstanding vaccines. Students are called down to clinic directly to receive necessary information and consents for vaccines. In October and November, information was placed in the school newsletter regarding flu vaccine information and availability.

Students and parents don't always know when/where/if they got their vaccines. Parents don't call back and students don't bring consents home or back. It was a very busy May, and NP's available time to address students with outstanding vaccines was limited. Some providers don't provide the information about vaccines directly to the school and parent must pick up vaccines which is a huge barrier to getting the information. Some students are still in process of receiving vaccines. New students deficient in required vaccines are added to the list from the school nurses.

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.	a. 90% of school staff receive information about the mental health services offered through the SBHC. b. 85% of clinic users identified with a mental health concern through risk assessment screening receive a mental health assessment administered by the SBHC mental health clinician or are referred for appropriate assessment. c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular therapy demonstrate improved psychosocial functioning.	a.99% of school staff reached with SBHC information via direct contact and/or school mailings b.100% of students seen by MH clinician received risk assessment through use of approved screening tool



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	<p>d. 90% of clinic users identified as having mental health needs that exceed the scope of service provided by through the SBHC are referred to an outside mental health specialty service.</p>	<p>c.98% receiving MH services 3mth or ></p> <p>d. 100% requiring additional intervention by community-based provider received referral</p>
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DHS LCSW - New patients are routinely assessed for suicidality, homicidality, and other high risk behaviors. Further information is gathered on or by the third visit utilizing the agency biopsychosocial assessment tool. Students are referred for additional or alternative services should the need arrive. Additionally, this period has included evaluations for medication. The BH clinician has coordinated with the school crisis counselor, teachers, and guidance counselors on several cases which have really been helpful to these clients. Staff have found it helpful to understand how mood symptoms affect the students in school and the clients report a sense of relief that their teachers or guidance counselors “understand them”. For patients that are compliant with treatment, most report symptom reduction. May marked the DHS SBHC “ALIVE” (*Adolescents Learning the Impact of Violence Through Education*) Week. The week long activities were covered, in part, by an endowment fund awarded to the SBHCs by the United Church of Christ, Southbury. Performances by Interactive Theater Group were viewed by approximately 400 students. A presentation by Dr. Jeremy Richman of the Avielle Foundation was viewed by over 660 students. Performances by Women's Center of Danbury in collaboration with student actors from Western CT State University were viewed by approximately 490 students. The group of young men and women in recovery from drugs and alcohol were seen by approximately 540 students. The Office of Adult Probation presentation was by 660 students. Following the week, the DHS clinician asked for feedback from teachers and students regarding what they enjoyed, what they did not enjoy, and what they would like to see more of in the future. The goal is to capture the needs and interest of the students and to empower them to help themselves and others so this feedback is instrumental in meeting the needs of the target population. BMS LCSW- In the month of May 2014, the Broadview SBHC LCSW continued to see students individually and is now running eight (8) weekly groups. As school is winding down, the focus is shifting to termination with individuals and groups. The LCSW attended four (4) Pupil Personnel Services (PPS) meetings with the school staff, and one special PPS meeting for a student who had been suspended and is now on homebound study.



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During the month of May 2014 the Broadview SBHC began two new groups, co-facilitated by Clare Nespoli, APRN and Jenny Casey, LCSW. The new groups, one for 8th graders and one for 7th graders, are entitled Healthy Lifestyles. They were created to help students address physical and mental health issues around weight, exercise, healthy eating and healthy body image. Students were identified by the SBHC APRN or LCSW, the school RN, and guidance counselors or were self-referred or referred by friends. The groups meet during the students' lunch period. Topics addressed include healthy food choices, the importance of breakfast, and the importance of exercise, healthy body image and self-esteem. The co-facilitators hope to get the kids out for a walk, to reinforce the benefits of fresh air and exercise. For the 7th grade group, the intention is to pick it up again when school begins in September. RPMS LPC -SBHC services are promoted by regular monthly meetings between the SBHC counselor and each of the guidance counselors. SBHC counselor also works closely with several teachers who have students with mental health concerns.

Of the forty-three (43) students seen by the SBHC counselor this month, thirty-five (35) have been seen for therapy for three (3) months or longer in the SBHC. Of the thirty-five (35), thirty-one (31) demonstrate improved psychosocial functioning.

Three (3) students newly presented for mental health counseling this month.

D. Twelve (12) students are currently under the care of an outside psychotherapist in the community. Two (2) students are receiving services provided by DCF; three (3) students seen by the SBHC counselor were seen by Crisis Intervention during the month of May; one (1) was admitted to a psychiatric facility; one (1) was released to his family for follow up with his psychotherapist; one (1) was released to her parent with the condition she would go for a follow up evaluation for services in the community.

SBHC counselor sat on two HS transition team meetings for "at-risk" students who are graduating from Middle School. The purpose of these meetings was to proactively plan for support service needs these students may have as they move forward academically.

SBHC counselor worked closely with one student and her family to properly diagnose some concerning psychiatric symptoms; school was concerned and held a safety meeting for this student. The counselor worked with the student's mother to access appropriate outside assessments required by the school as well as set up ongoing services for this student over the summer months.

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

(Not selected as a measure this program year)

5. Reduce the proportion of SBHC users with obesity.

(Not selected as a specific measure this program year)



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Outcomes	Measures	Achievement of Outcome
6. Reduce the occurrence of STDs among student SBHC enrollees	a. 85% of sexually active students are screened for STDs.	a. 85% of DHS students identified as sexually active were screened for STDs (34 out of 40) — a. 100 % of the 4 RPMS students who identified as having been sexually active were screened for STD's at of 5/30/14. 3 of the students were tested a 2 nd time to ensure they didn't have GC/Chl.

DHS SBHC – Forty (40) students have presented to the SBHC reporting sexual activity. Of these, thirty-four (34) were screened for chlamydia and gonorrhea using urine based testing. The goal of screening 85% of sexually active students for STIs was met. Students are counseled about making healthy and safe choices for themselves. Abstinence from sexual activity is promoted. Students are encouraged to wait until they are ready for sexual activity. Students are questioned about the qualities of the relationship they have with their partners and are educated about healthy relationships. Students are referred to Aids Project of Greater Danbury for HIV and syphilis testing and are referred to Planned Parenthood or local gynecologists for PAP smears.

Barriers to screening students for STIs include the patient's inability or refusal to provide a urine sample.

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

(Not selected as a measure this program year)



Program Snapshot: Activities/Meetings held May 1, 2014 – May 30, 2014:

May 1 & 2, 2014 – RPMS APRN attended the adolescent children's health update held at Philadelphia Children's Hospital – workshops covered primary care topics related to treating adolescents.

May 6, 2014 - Medical Advisory meeting was held at DHS with the APRNs and Dr. Golenbock.

May 7, 2014 – The DHS APRN participated in the first of a series of webinars hosted by The Center for School, Health and Education. The webinar focused on strengthening the capacity for integrating comprehensive public health practices and services into the clinical care that is delivered in the SBHC.



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May 8, 2014 – SBHC staff attended the “Inhalants: Nothing to Sniff At” conference held at the Leir Retreat Ctr., Ridgefield, and presented by the CT Inhalant Task Force to inform professionals working with children regarding the widely unknown abuse of inhalants by youth, particularly young adolescents.

May 12, 2014 – Select Danbury SBHC staff participated in conference call with representatives of the CHCACT SBIRT (Screening, Brief Intervention and Referral to Treatment) Team to discuss the feasibility of screening adolescents enrolled in the SBHC’s utilizing the SBIRT model. The CHCACT SBIRT team was seeking clarification from FQHCs on the legal pieces surrounding screening adolescents (i.e. necessary releases, parental consent, school-based versus clinic setting, etc.) prior to incorporating the component into their operational protocol.

May 13, 2014 & May 27, 2014 – M. Bonjour, K. White, DHS APRN and J. George (HealthCorp Member) participated in two of four (4) webinar/training modules as participants in a pilot project “*Public Health Capacity Assistance for School-Based Health Care Leaders*”, sponsored by the American Public Health Association Center for School, Health and Education. The series offers an opportunity to increase capacity of national, state, and local leaders to integrate comprehensive public health practices, services and messages into clinical care that is delivered in SBHCs.

May 15, 2014 – M. Bonjour participated in the CT Association of School Based Health Centers monthly Board of Directors meeting held at the Quinnipiac Valley Health District, North Haven. The agenda included the annual BOD election and re-cap of the 2014 legislative session.

May 16, 2014 – The RPMS SBHC staff hosted a site visit made by the new Newtown School Superintendent, Newtown Middle School Principal, Health Director and Medical Director. The visit include a tour of the SBHC offices, including dental, a general dialogue of the school based health care services and an information exchange between Newtown representatives and RPMS Principal Pat Joaquim.

May 19, 2014 -The DHS APRN attended the Board of Directors’ meeting at Newtown Youth and Family Services.

May 20, 2014 – SBHC behavioral health staff met for peer supervision including a discussion of case studies and journal rounds.

May 22, 2014 -The DHS staff presented its monthly Dine and Discover Program during all lunch periods highlighting sun safety and skin cancer awareness.

May 22, 2014 – Richard Maimone, a senior year Health Promotion and Sciences student attending Western CT State University initiated his internship with CIFC and the SBHC programs. The internship requires completion of 450 service hours and will include participation in a variety of public health activities including direct observation of programs and services, data collection and analysis and report preparation.

May 27, 2014 – The DHS APRN participated in the second of the aforementioned webinar series. This presentation focused on the use of RAAPS which is a rapid comprehensive screening tool for high risk behaviors. This tool is already in use in the DHS SBHC.



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May 28, 2014 – SBHC staff convened for a monthly staff meeting. Agenda included a presentation of the S.N.A.P. Program by Sara Arroyo, SNAP Outreach Coordinator, as well as a review of all SBHC year-end report contractual requirements. M with billing as each Medicaid student receiving mental health services need to have a pre-authorization done to meet eligibility for billing. Currently the policy for backdating authorizations only allows for ten (10) days. DSS will be contacted to obtain approval to backdate the authorization to Dec. 1, 2013.

May 28, 2014 – RPMS LPC met with CIFIC billing staff to review procedures for mental health billing. Concerns over delay in receiving CIFIC's Medicaid number were discussed. The delay presents a problem

Health Corp Member Update:

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

- Collected and entered patient and visit information from all May SBHCs medical visits into eClinicalWorks for billing
- Facilitated student appointments at Abbott Tech SBHC
- Updated SBHC enrollment packet for 2014-2015 school year
- Created Broadview Mental Health Spring Bulletin board
- Participated in Public Health Capacity Assistance for School Based Health Care Leaders Program
- Attended "Life after Americorps" training 5/2
- Spoke about SBHC at Abbott Tech Freshmen Orientation night 5/8
- Assisted with Danbury High School ALIVE Alternatives to Violence Week presentations 5/12-5/16
- Attended Coalition for Healthy Kids meeting 5/13
- Attended Community Health Report Card steering committee meeting 5/27
- Organized Dine and Discover at Abbott Tech about Texting and Driving 5/29



News/Case Studies from the Field:

A 17 year old female was referred to the DHS SBHC by a teacher for the evaluation of a potential eating disorder. The girl's weight at the visit was 74.5 pounds with a stature of 4 feet, 10.25 inches. Her BMI was calculated as 15.4. An assessment was done of her physical and mental health status. Nutritional counseling was done and the student was referred to a behavioral health counselor in the community. Family dysfunction and lack of transportation were issues for this student. Ultimately, the student was referred for a complete physical exam and work-up at the GDCHC.



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A 16 year old female was referred to the SBHC by the nurse for an evaluation of signs and symptoms consistent with asthma. A sample rescue inhaler was dispensed to the student as it appeared that there was not a family member who would fill a prescription. The next day, the student was dispensed a course of prednisone. The student was rechecked for wheezing and ultimately she was fine with the addition of an antihistamine to control allergies. However, during these visits the student disclosed a history of anxiety and family problems and the APRN was able to get her in to see the SBHC social worker without delay. Additionally, during the visits for asthma treatment the student also requested reproductive health education.

An 18 year old female was recently seen for services in the SBHC. Of note is that this student is one of many graduating seniors who have utilized the SBHC over the four years at DHS. This particular student has had 41 medical visits over the four year period which have included the following diagnoses: upper respiratory infection, sore throat, rash, headache, irregular menses, dysmenorrhea, seasonal allergies, asthma, bronchitis, cough, sprained ankle, chlamydial infection, injury and health education. This student has also been seen by the SBHC social worker over a dozen times.

A DHS female student who has been in treatment in the SBHC for behavioral health related issues throughout her high school career is about to graduate this year. She has always been an excellent student and very involved with DHS activities, most notably stage crew. Her feelings of overwhelmedness progressively worsened so that manageable stress, anxiety, and depression evolved into a Major Depressive Episode. Sessions were increased from once weekly to twice and care was coordinated to include family therapy as well as medication management with a psychiatrist. The client has improved slowly but surely and as of this past month has decided to go to a very reputable university in Manhattan and feels stable enough to be able to live in the dormitory this coming semester.



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Broadview Skin Cancer Awareness Post-test

Name: _____ **Date:** _____ **Grade:** _____

1. The dangerous UVA/UVB rays from the sun can cause which of the following:
 - A) Skin Cancer
 - B) Eye Cancer
 - C) Cataracts
 - D) Retinal damage leading to vision loss
 - E) All of the above
2. What number of American will develop skin cancer in their lifetime?
 - A) 1 in 25
 - B) 1 in 50
 - C) 1 in 5
 - D) 1 in 100
3. Melanoma (the most deadly of skin cancers) is the second most common form of cancer in young adults aged 15-29 years of age.
 - A) True
 - B) False
4. Teens that use tanning beds increase their chance of developing melanoma by 59%.
 - A) True
 - B) False
5. It is not necessary to reapply sunscreen every 2 hours if it says "WATERPROOF" on the bottle?
 - A) True
 - B) False
6. The best ways to protect our skin from the sun include which of the following measures?



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- A) Generously apply sunscreen with SPF 30 or greater and reapply every 2 hours.
- B) Make sure the sunscreen is “Broad-spectrum” to protect against both UVA/UVB rays.
- C) Apply sunscreen on cloudy days to protect the UVA/UVB rays that can penetrate the clouds.
- D) Wear a wide-brimmed hat, sunglasses and wear rash guard bathing suits.
- E) Find shade under a tree or umbrella, especially between 10am - 4 pm.
- F) All of the above