



CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

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

December 29, 2014

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The November 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 operations and Environmental Health which identify specific inspections, tasks and hours provided by our staff.

Main Topics: The Veterans Farmers Market Voucher program for 2014 resulted in helping 611 veterans redeem \$12,840 worth of vouchers for food at the Danbury Farmers Market; the Department intends on continuing this program if it's available in 2015. The Department also 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. Continued work and preparation for Public Health Emergency Response plans and actions with Schools, Health Care facilities, Regional Partners and EMS. 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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December 22, 2014

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

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

November 2014

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	Nov. 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	164	713
Wetlands / Water Resources (hours)	155	756
# Land Use Evaluations (Septic Systems and Well Water Supply)	117	498
# Housing Inspections	46	301
# Food Service Inspections	81	557
# General Nuisance / Miscellaneous Inspections	152	765

See attached narrative



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Environmental Health Division Narrative Report

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

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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

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FR: Social Services

RE: Activities during November, 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 November, 2014:

1. Our Housing Caseworker managed approximately 72 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 699 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): 12
 - b. Action Plan Development: 27
 - c. Veteran Referrals: 40
 - d. Referrals to Cash Assistance: 3
 - e. Bus Tickets: 7
 - f. Housing Related Issues: 4
 - g. Housing Placement:0
 - h. Job Searches: 8
 - i. Employment inquiries: 2
 - j. Case Management Services: 14
 - k. Showers: 95
 - l. Lunch: 390
 - m. Mental Health Referrals/Case Management: 1
 - n. Adult Medical Referrals: 1
 - o. Phone Usage: 6
 - p. Substance Abuse Referrals/Case Management: 39
 - q. Clothing Vouchers: 6
 - r. Other: 44**

*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.

**coordinated access referral/call to 211



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The Homeless Management Information System (HMIS) is continually updated on a monthly and 6 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).

Attended meeting of the CoC to discuss coordinated access for the Balance of State CoC's and following procedures and new policies and intake forms for all social service agencies that provides a variety of services to the homeless population.

1. Receiving weekly food donations from arrangement with Community Plates.
2. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
3. Meeting with Shelter Coordinator to discuss changes and new required documentation intake forms, vulnerability reports/intakes for Coordinated Access.
4. Attended one (1) meeting for Project Homeless Connect at the Danbury Police Station.
5. Discussion of supplies needed for Project Homeless Connect.
6. Review and updating/completing initial documentation required of all clients at the Emergency Shelter for Coordinated Access.
7. Attended one (1) final meeting of the Farmers' Market on summer success and planning for 2015 season.
8. Attended one (1) meeting with the Food Collaborative.
9. Working with clients for acceptance of grant funds for rapid rehousing.
10. Night meeting conducted with all shelter coordinators to initiate winter overflow of homeless population. A total of 4 shelters will be open during the winter months in Danbury.
11. Food pick-up from Trader Joe's will be held every Tuesday for the City Shelter.
12. CCEH meeting held in Middletown Connecticut to update and provide additional information for Coordinated Access.
13. Meeting held at Danbury Hospital with assorted staff (ER, ambulance, police, shelter coordinators) to discuss winter protocol for those homeless clients in distress(mental/physical, substance abuse, etc.) and cannot enter any of the night shelters.
14. Attended one (1) meeting of the CoC.
15. Conducted intake/interviews with homeless population for Coordinated Access at the Emergency Shelter on Tuesday and Wednesday mornings.
16. Follow-up information and finalization/approval from the Department of Health to approve the Community Health Center to conduct behavior and medical clinics at the Emergency Shelter.
17. Committee on Housing and Community Development of the Danbury Housing Partnership monthly meeting held at City Hall.
18. Conducted shopping at Walmart for Project Homeless Connect.
19. Picked up food donated by Hologic for Thanksgiving Food Drive.
20. Attended City Council meeting.



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School Based Health Centers (SBHCs)

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Monthly Operating Report November 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, Henry Abbott Technical School and Newtown Middle School (January 2105).

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, 2014 – November 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	5,014	644
Total # of Patients Enrolled in the SBHCs	4,650	398
% of Total School Population Enrolled	93% (Up 5% since Sept. 30 st)	62%* *Increase of 17% since 8/31/14
Total # of Patient Visits	1,642	43
Total # of Medical Visits	925	43
Total # of Behavioral Health Visits	552	n/a
Total # Dental Visits	165	n/a

SBHC Annual Aggregate Billing Status Report 7/1/13 – 11/30/14

For the period July 1, 2013 – November 30, 2014: Billed Charges \$388,366.42/Collections \$363,832.99



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Program Snapshot: Activities/Meetings held November 1, 2014 – November 30, 2014: 8

M. Bonjour - SBHC Manager

11/4/14 – 11/6/14 - Traveled to Washington, DC as part of a five person CT state-based team of SBHC representatives to participate an in-person summit to launch a multi-state 18-month policy learning collaborative. The ultimate intention of the project will be to advance policies that support and value the full integration of school health care within emerging organizational and financial models to achieve high-quality, cost-effective, population focused health improvements and outcomes. Two to three learning sessions will be organized for the entire collaborative to further support policy objectives.

11/12/14 – As newly elected CASBHC President Attended the CT Voices For Children Leadership Award Event held at the Pond House, West Hartford. The “*Leadership for Children Award*” was presented to the CT Association of School Based Health Centers, Inc.(CASBHC) for its leadership in bringing accessible health services to our schools, helping thousands of children attend classes healthy and ready to learn.

11/13/14 – Participated in a health insurance exchange webinar hosted by the CT Association of Community Health Centers.

11/17/14 – Presented an overview of the CIFC GDCHC and proposed new Newtown Middle School program to members of the Newtown Rotary Club at their monthly meeting held at Mary Hawley Inn, Newtown.

11/17/14 & 11/18/14 – Conducted initial interviews of applicants for the Newtown Middle School SBHC clinical social work position.

11/19/14 – Attended a meeting of the Leadership Team of the CT Coalition on Oral Health held at Benecare, Hartford.

11/20/14 – Participated in the annual strategic planning session meeting of the CT Association of School Based Health Centers, Inc. held at QVHD, North Haven.

11/21/14 Met with office furniture representative from Global Furniture Distributors to view suggested furniture selection and design for new Newtown Middle School SBHC.

11/24/14 – Participated in a National School Based Health Alliance Federal Policy Update call to hear an overview of potential “political landscapes” posted November elections.

11/25/14 – Attended a CT SBHC Advisory Committee meeting held at the Exchange Building, Hartford. The Committee is working on the development of minimum standards and a definition for a School Based Health Center which will be presented to the Chairs of Public Health during the 2015 legislative session for possible regulatory action.

Clinical Staff – All Sites

11/7/14 – APRN staff attended the Danbury Hospital Annual Pediatric Update Conference.

11/13/14 – The DHS SBHC staff presented its monthly “*Dine and Discover with the SBHC*” during all lunch periods in the student cafeteria. The November topic was Flu awareness and prevention.

11/14/14 – J. George and A. Carini attended EFF#8 tabletop exercise: Ebola response planning

11/19/14 – SBHC staff attended Leir Conference on Obesity at Leir Conference Center, Ridgefield.

11/20/14 - SBHC behavioral health staff met for monthly peer supervision.

11/20/14 – SBHC behavioral health staff attended “When Tragedy Strikes a Community”. Moderated by Karen Alter-Reid, PHD, a panel of presenters addressed the short and long term issues facing children and their families, spiritual issues that arise in the course of disaster treatment, forming and maintaining a trauma recovery network, EMDR and somatic experiencing work and trauma treatment.



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11/21/14 – APRN staff attended the YALE New Haven Hospital Pediatric Update Conference. 9
11/24/14 – The DHS APRN Karen White attended the Newtown Youth and Family Services Board of Directors meeting.
11/25/14 – Medical Advisory meeting was held at DHS with the APRNs and Dr. Golenbock, MD. Topics of discussion included pharyngitis and rashes.

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. DHS has 97% enrollment as of 11/30/14.</p> <p>321 DHS enrolled students rec’d 1 or more visits for this school year</p> <p>100% DHS students’ rec’d outreach contracts as of 11/30/14.</p> <p>BMS 82% enrollment as of 11/30/14</p> <p>118 BMS enrolled students rec’d 1 or more visits for this school year</p> <p>100% BMS students rec’d outreach contracts as of 11/30/14</p> <p>RPMS 91% enrollment as of 11/30/14</p> <p>219 RPMS enrolled students rec’d 1 or more visits for this school year</p> <p>100% RPMS students rec’d outreach contracts as of 9/30/14</p>

DHS SBHC –

During the month of November, the DHS bulletin board focused on the “5th Annual Sock Drive” which is coordinated by the SBHC to collect socks for area homeless.

The “*Dine and Discover*” outreach activity focused on Flu prevention.

Dental services began at DHS on October 1, 2014. Many students were screened to assess need for hygiene and restorative dental care. Effort continues to be focused on completing treatment for those students not completed last school year and who experience extensive dental decay (See photos in News/Case Studies from the Field)

BMS SBHC -

Geri Alpert, Office Manager, on an ongoing basis, is reviewing incoming registration forms and referring all uninsured students to the GDCHC for assistance with Husky Applications through Access Health.

School RN provides registration forms to any students without registration forms whom she thinks would have benefited from SBHC services.



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GDCHC contact information is included with every letter sent home to SBHC members who need immunizations and/or physical exams. 10

Clare Nespoli, APRN referred 1 individual to GDCHC as a medical home.

Clare Nespoli, APRN advanced her knowledge by attending 3 conferences in November: 11/7/14 Danbury Hospital Pediatric Update; 11/19/14 Leir Obesity Conference; & 11/21/14 Yale Pediatric Update. She plans on utilizing the low glycemic index diet pioneered by Dr. David Ludwig at Boston Children’s Hospital in her approach to decreasing the obesity epidemic at Broadview. In addition, she plans on researching training programs in the area for increasing her knowledge about treating ADHD in order to offer this service at Broadview.

RPMS SBHC –

In November, during the fourteen (14) reproductive presentations to 2 eighth grade health classes and the two (2) Skin Cancer Prevention classes for a total of eighty-three (83) students, the benefits and services offered through the SBHC were emphasized and consents given if requested. We continue to receive new enrollees because of the school nurses, new entrants, and guidance counselors.

MA had proposed an “It’s Your Special Day!” type of Birthday Recognition Announcement Program to Rogers Park Principal Pat Joaquin last month. This new outreach was started November 4, 2014. As a part of this program, the MA prints a list of the current day birthdays and 4-5 birthdays that had passed prior to the start of the program, and gives this to the Central Office. This list is announced during the morning announcements and then the “Birthday Stars” as they are referred to, are asked to report to the School Based Health Center. When they arrive, each student is wished a “Happy Birthday”, given a small goodie bag consisting of a “Birthday Star” sticker to wear, School Based 11 Health Center pencil, a small notebook, a very small inexpensive fun item and a lip balm. The MA has scoured the area (and continues to do so!) for the most cost effective way to produce the large quantity of items necessary for the students enrolled. The current day birthday list is reviewed by the MA to see who has not enrolled in SBHC and another consent form is given out when they come in to get their birthday bag. Several students even came down to the SBHC asking for forms after the start of this program! This program is creating another positive, inviting connection to the SBHC for every student enrolled in Rogers Park and making a positive impact daily.

HATS SBHC - On 11/13/14 J. George and A. Carini conducted SBHC outreach at Abbott Tech Report Card Night

Newtown SBHC – J. George and A. Carini assembled SBHC informational packets & enrollment forms to be mailed to 897 Newtown Middle School parents first week of December.

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	RPMS – No required vaccines were given in Nov. as all students are up to date. 5 recommended vaccines were given in Nov. incl. 2 flu, 1 Hep A, 2 HPV. 100% RPMS students received education



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	<p>students behind in recommended intervals for immunizations who are brought up to date will be reported to the Department.</p> <p>b. The percentage of clinic users offered as well as the number who received Influenza Vaccine will be reported to the Department.</p> <p>c. The percentage of clinic users who received influenza prevention teaching will be reported to the Department.</p>	<p>through classroom & open house presentations. 11</p> <p>Two (2) influenza vaccines were given in Nov. Informed all reproductive classes of Influenza vaccine availability.</p> <p>Influenza bulletin board display done in Nov.</p> <p>3 Menactra, 1 Tdap, 1 Varicella vaccines were given to students in Oct. that were deficient in required immunizations. 19 total vaccines were given in Oct. incl. 3 Flu, 6 Hep A, 4 HPV were given as recommended vaccines.</p>
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** Selected as an outcome measure by RPMS SBHC only.

RPMS SBHC –

In November, there were no students identified as deficient in required vaccines or physical exams for 7th grade. The NP worked closely with the school nurses to obtain current vaccine/PE records from providers as new HIPPA laws do not allow the medical providers to give a student's vaccine 12 information to the nurses without parental consent. The NP is available to provide vaccines to those enrolled who needed them after receiving parental consent. There were one (1) Hep A; two (2) HPV; two (2) Inactive flu given for a total of five (5) vaccines administered for the month of November. There are now no identified students deficient in required vaccines or physical exams. This is the earliest Rogers Park students have ever been complete with required PE/immunizations.

NP has done BMIs on 167 students this year with 27% overweight and 29% obese. Of the obese students, 28% were males, 30% females. 43% of males and 44% of females (44% total) were of normal BMI.

There were two (2) physical exams done in November and all students were given the GAPS health questionnaire form.

Medical Assistant (MA) completed registration of all new student consent information into Clinical Fusion and updated existing student information to ensure compliance with parent consent for services to be received by SBHC.

MA created a “Don’t FALL for the Flu!” information bulletin board outside of the Rogers Park School Based Health Center emphasizing the importance of getting flu shot and included a statement saying “Come into the School Based Health Center and ask!”.

Nancy Munn, RPMS APRN is precepting a Yale PNP student who talked to four middle school classes about his three years in Africa in Uganda and Botswana with the Peace Corps. The YALE student also did reproductive classroom presentations, updated a power-point reproductive slide presentation, and conducted one skin cancer prevention class.

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will	a. 90% of school staff receive information about the mental health	RPMS SBHC-



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utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.

services offered through the SBHC.

b. 85% of clinic users identified with a mental health concern through risk assessment screening receive a mental health assessment administered by the SBHC mental health clinician or are referred for appropriate assessment.

c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular therapy demonstrate improved psychosocial functioning.

d. 90% of clinic users identified as having mental health needs that exceed the scope of service provided by through the SBHC are referred to an outside mental health specialty service.

a. 100% of school staff reached SBHC -12 information via direct contact and/or school mailings

b. 100% of students seen by MH clinician received risk assessment through use of approved screening tool

c. Of 34 unduplicated students accessing counseling during the month of November, 9 have been seen regularly for 3 mths or longer. Of these, all 9 demonstrate improved psychosocial functioning. This results in 100% students demonstrating improved functioning after > 3 mths visits.

d. One student required add'l. intervention by a community-based provider (DCF). Abuse was reported, mandating the reporting of this matter to DCF. This became a legal matter and a youth detective was also involved.

BMS SBHC –

a. 100% of school staff reached with SBHC information via direct contact and/or school mailings

b. 100% of students seen by MH clinician received risk assessment through use of approved screening tool

c. 97% students demonstrate improved functioning after > 3 mths visits.

d. 0% students required referral to outside provider

DHS SBHC –

a. 100% of school staff reached with SBHC information via direct contact and/or school



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		mailings	13
		b. 100% of students seen by MH clinician received risk assessment through use of approved screening tool	
		c. 50% students demonstrate improved functioning after > 3 mths visits as evidenced by GAF scores.	
		d. 0% students required referral to outside provider	

DHS SBHC –

The DHS SBHC LCSW confirmed that all students needing additional care or higher levels of care were referred appropriately. One example is a student who has additional medical needs and also required an assessment for anti-depressants. The SBHC clinician was able to coordinate this via a family meeting with the student and her mother and telephone contact with Amy Handler, MD at the GDCHC.

DHS clinician continues to coordinate care on a frequent basis with DHS staff. There have been a couple of cases involving behavioral issues, such as truancy and both SBHC and DHS staff have shared common goals and coordinated how to work with these students, to help improve attendance. In addition, a student disclosed some information to the clinician that ultimately necessitated a DCF report, not for her, but for another family member. In addition to DCF, the SBHC clinician met with one of the school resource officers who helped to coordinate with the Special Victims Unit.

In addition, there has been contact with school nurses, classroom teachers, and guidance counselors in several complex cases in which what is occurring emotionally is impacting ability to perform in school. A few examples are one student who was the victim of an assault; another who suffered a stillbirth; and yet another whose non-custodial parent is an active alcoholic. Still others are experiencing significant anxious or depressive symptoms and simply want teachers to be aware of this. In each case, the classroom teachers have been extremely responsive and supportive. Undersocialized clients are often referred to join clubs and the SBHC clinician often coordinates with the faculty advisor to help the students connect when they are hesitant to do so themselves.

BMS SBHC –

Jenny Casey, LCSW continues to see students individually and in group session.

On 11/7/14 Jenny Casey, LCSW, attended a workshop entitled “When Tragedy Strikes Communities: A Workshop for Clinicians”. This informative workshop included information regarding forming and maintaining trauma recovery networks, short and long term issues facing children and families following trauma, using integrative therapy techniques with children and families, using EMDR treatment for therapists and clients, and the effects of trauma as experienced by police and firefighters.

On 11/10/14 Jenny Casey, LCSW, attended Pupil Personnel Services meeting at BMS. Assistant Principal Nikki Rhodes informed all that in an interest to respect confidentiality, the school district is requesting that the SBHC LCSW or any outside provider, attend only portions of the PPS meeting that are relevant to their work.



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RPMS SBHC –

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At the start of the school year, the guidance counselors identified a need for a Grief Recovery Support Group. The SBHC counselor worked to develop and plan this group, which was scheduled to begin in October. Unfortunately, there were some issues with the school social worker and school psychologist which hampered the efforts to get this group started. Five meetings were held at various times with the school psychologist, assistant principal, and ultimately the building principal to get approval to start this group. The group began, successfully, on November 12th. The group is titled “Healing from Grief” and has eight students participating. Of these eight students, seven have lost a parent or primary caregiver in their life. Three of these students are dealing with multiple significant losses in their life.

The group met three times in November and will continue for 10 weeks. On November 25th, one of the Newtown-Strong Therapy dogs, “Honcho”, attended our group with handler Nancy, to provide additional comfort to these students.

One student was referred to the Department of Children and Families (DCF) after a friend brought her to the SBHC for help after reporting that this student was being abused at home. This also warranted intervention by the Danbury Police Department. Follow up services were provided not only to the student, but to her mother, as the family has no insurance. Through DCF and community referrals, the family was able to access community supports; the student is still followed by SBHC. This incident highlights the benefits of outreach work done by the SBHC counselor and nurse practitioner. Her friend reported to the SBHC because she “knew we would do something and help her friend”. Due to the difficulty of this case, the student who reported was nominated for a “PRO Award” in November for “doing the right thing when it wasn’t easy to do”. The SBHC Counselor attended the child’s parent-teacher conference with Mom, who wanted support to share the circumstances with her daughter’s teachers.

One additional parent self-referred her son to SBHC during conference week. She is concerned about his emotional effectiveness in the classroom.

Outcomes**	Measures	Achievement of Outcome
4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	<ul style="list-style-type: none"> a. 90% of clinic users with asthma have a written asthma action plan. b. 80% of clinic users compliant with a written action plan show improvement in symptoms as documented by a health care provider in medical record. c. There is a 20% decrease in urgent visits (visits by clinic users seen in the SBHC due to asthma symptoms) as assessed by clinician notes, EHR or data base. d. 90% of clinic users with asthma have a document flu vaccine. e. E. The number of clinic users with asthma that report reduction in admissions to the 	<ul style="list-style-type: none"> a.100% BMS patients with reported asthma have an action plan (3 out of 3) b. See note below c. See note below d. See note below e. See note below



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	ER during the school year is increased by 20%.	
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** Selected as an outcome measure by BMS SBHC only.

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100% of students who presented to SBHC APRN with a diagnosis of asthma or who reported asthma in the medical history received an asthma action plan. Year to date = 12.

Any student with a medical history of asthma whom did not have an albuterol inhaler and spacer with the school RN was given a medical authorization form, and prescription for both (or sample, if applicable). Year to date = 12.

All SBHC enrollees (Husky/Uninsured) with a diagnosis of asthma were offered an inactivated injectable influenza vaccine. Fifty-four (54) letters were sent home on 11/10/2014. Two (2) students received this vaccine as a result.

“The Flu Ends With...U!” bulletin board displayed outside the entrance of the SBHC. Information highlighted includes the symptoms, contagiousness and prevention

5. Reduce the proportion of SBHC users with obesity. (Not selected as a specific measure this program year)

Outcomes	Measures	Achievement of Outcome
6. Reduce the occurrence of STDs among student SBHC enrollees	a. 85% of sexually active students are screened for STDs.	<p>a. 100% DHS patients seen for possible STD screened for STIs to date (10 out of 10)</p> <p>0 % RPMS patients screened for STDs*to date - no one identified as sexually active.</p> <p>0 % BMS patients screened for STDs*to date - no one identified as sexually active.</p>

DHS SBHC -

All students who reported sexual activity were screened for Chlamydia and gonorrhea using urine based testing method. The SBHC collaborates with the CT DPH STD Division and the State Lab to screen sexually active



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students. Students are referred to Planned Parenthood, the AIDS Project of Greater Danbury, the Danbury STI clinic and local GYN offices for additional services as needed. 16

RPMS SBHC - Both the SBHC Counselor and Nurse Practitioner assist the Health teacher with the reproductive health unit. The NP has given fourteen (14) reproductive classes in November to two (2) new 8th grade health classes, covering male and female puberty and general health such as nutrition, drugs and exercise.

Since September, four (4) different 8th grade classes have received presentations for a total of forty (40) presentations for the first two 8th grade general health rotations. Information is given regarding health throughout the lifespan, puberty, pregnancy, contraception and abstinence, STD's and the M&M game. This year there is dedicated health class so reproductive classes are given to boys and girls together which is working well.

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)

HealthCorp Member Activities:

Alison Carini, 2014-15 HealthCorp member participated in the following activities during the reporting period:

Meetings Attended:

- - 11/06 CT AmeriCorp Launch 2014-2015
 - 11/07 Danbury Hospital Pediatric Update Conference
 - 11/19 Fourth Leir Conference on Pediatric Obesity

Activities Performed:

- - 11/13 Coordinated the Danbury High School SBHC "Dine & Discover" outreach activities
 - Worked with with J. George to facilitate HATS SBHC SBHC appointment scheduling
 - Assisted with SBHC patient information entries for billing processes
 - Coordinated outreach and scheduling for HATS flu clinic



News/Case Studies from the Field:

*A DCF report was filed by a SBHC APRN late September due to the child's parent being incarcerated in August, leaving the minor child alone for a few days and for thirty days without an identified guardian. The child was in need of physical (PE) and vaccinations in order to stay in school. The APRN completed the PE and gave vaccines when DCF obtained temporary guardianship to the paternal aunt from the mother. In November, the aunt reported that DCF is in the process of granting foster care status to the aunt as the mother is still incarcerated.



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*A special ed. student who has been chronically late to school, falling soundly asleep in class for the first few hours of school, failing classes, and without progress being made through school interventions for the past two years was referred to the SBHC by guidance for help with sleep issues. Initially the student was not interested in changing her behavior. The mother was very resistant to suggestions on how to get the student off her cell phone before 2am and having her in school on time and awake. The mother commented that "if you want her in school on time, you come to the home and wake her up and drive her to school." The student identified that she had difficulty focusing. The mother and teachers did the Vanderbilt evaluation tool which indicated ADD. The mother was totally against any talk of medication as the student "just needs to get the sleeping under control" which we agreed with. The student's paternal grandmother (PGM) had given her her cell phone but was unaware of the lack of restrictions placed on it by the mother. The PGM also had bought her new glasses in July but had broken for past two weeks. The student couldn't see any distance without squinting but didn't have an eye appt through Husky until January. The student was afraid to tell the PGM about breaking the \$500 glasses as it would cause more problems between the PGM and mother. The APRN called the PGM with the student's permission and although it wasn't a pleasant conversation, the PGM met the family at the mall and obtained new glasses within a few days. The issues surround the cell phone were discussed and the PGM put restrictions and monitoring on the phone.

Within a week of this intervention, the student has still arrived late to school but about 15 minutes earlier than before, has gone to the after school tutoring help at the library and has even turned in two essays. The student has gone to sleep at 10pm and no longer sleeps in class, as the mother now takes her phone from her at night. She still misses the bus as she spends time primping herself before school and the mother then drives her to school. All of the excuses or barriers that the mother and student identified are being addressed and progress is being noted. There is still a great amount of work needed with this family but we are pleased with finally seeing some positive changes.

*A student who had been diagnosed with ADD the end of last school year didn't respond to multiple passes this year to assess continuation of her medication. The family had been given names of area mental health providers to access during the summer but never did. The student had been off medications until Oct 22 when we finally were able to get the student and father in for an appointment. Nov. 24th an email went out to the teachers to see if they noted any improvement in her work, focus, etc. Three teachers responded that the student seemed to suddenly wake up and is participating, asking questions, quickly gets started on her work. Her math grade went from failing to passing but English grade is still a problem. The student is pleased to be back on medications and sees a big difference in her life.

*A 17 yr old female who is estranged from her parents presents to the SBHC for a pregnancy test. The student lives with her boyfriend and his mother. In the SBHC, she is diagnosed with a pregnancy of 6-7 weeks. The SBHC APRN counsels the student related to a healthy pregnancy and mobilizes community resources. The student is given information about HUSKY, WIC and Hopeline for an ultrasound. She is introduced to the Parenting class teacher. The student is supplied with prenatal vitamins and will be seen weekly until health insurance issues can be straightened out and prenatal care with an OB can be established. The student will also be introduced to staff from Families' Network of Western Connecticut for participation in their program for first time moms.

* The on-site dental services are proving to be valuable to a population with acute dental disease. Enclosed are two pictures of a SBHC patient who is receiving on-site dental care through the SBHC and who still is in mid-treatment. This case is one of two very extensive cases that the sub-contractual Dentist, Dr. Lucretia Cefola, DDS is working with currently.