



CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

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

July 27, 2015

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The June 2015 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 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. Continued work and preparation for Public Health Emergency Response plans, CTDP Epidemiology Program follow-up, Health Care facilities, Regional Partners and EMS. Seasonal program have started; Public Pools, Beach Sampling, increased nuisance complaints, WNV, etc... 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



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TO: Mayor Boughton and City Council

FR: Social Services

RE: Activities during June, 2015

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 June, 2015:

1. Our Housing Caseworker managed approximately 71 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 808 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): 19
 - b. Action Plan Development: 14
 - c. Veteran Referrals: 6
 - d. Referrals to Cash Assistance: 0
 - e. Bus Tickets: 3
 - f. Housing Related Issues: 1
 - g. Housing Placement: 0
 - h. Job Searches: 0**
 - i. Employment inquiries: 0
 - j. Case Management Services: 27
 - k. Showers: 241
 - l. Lunch: 377
 - m. Mental Health Referrals/Case Management: 0*
 - n. Adult Medical Referrals: 0
 - o. Phone Usage: 5
 - p. Substance Abuse Referrals/Case Management: 61*
 - q. Clothing Vouchers: 0
 - r. Other: 54



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*MCCA counseling services have **RESUMED** on Saturday and Sunday from the hours of 9:00am – 3:00pm. In- house counseling referral and case management services at the Day Center are also provided Monday through Friday.

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

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. Updating VA Grant per diem for VA representative to discuss summary reports, discharge amendments and plan of action reports for each veteran stay regarding the per diem veterans grant.
4. Meeting with Shelter Coordinator to discuss changes and new required documentation intake forms, vulnerability reports/intakes for Coordinated Access.
5. Working with clients for acceptance of grant funds for rapid re-housing and protocol in place for State approval. Turnaround time for funding is quick.
6. The local community CoC has gone “live” for Coordinated Access at the Emergency Shelter on October 27, 2014. 3 appointments will be conducted Monday-Friday at the Emergency Shelter at 8:30am, 9:30am and 10:15am. Interviews with families will be conducted at 11:30am at the Women’s Center, Monday, Tuesday and Thursday. Ongoing appointments made with all local homeless clients staying at all 4 shelters in the community.
7. Food pick-up at Trader Joe’s on designated day of the week for all members of the Food Collaborative. The Emergency Shelter date of pick-up is Tuesday’s.
8. Follow-up meeting with Fairfield Coordinated Access Network team in Danbury on 211 protocol and intakes.
9. Attended one (1) meeting of the Continuum of Care.
10. Community Health Clinic has been conducting two clinics per week; medical and behavior clinics at the Emergency Shelter.
11. Attended one (1) meeting for the Housing and Community Development committee of the Danbury Housing Partnership. Meeting with local agencies, support service agency and landlords to utilize properties for client rental with support services attached to assist homeless clients. Following the “housing first model”.
12. Attended one (1) meeting of the Social and Supportive Services committee of the Danbury Housing Partnership.
13. Attended three (3) meetings of the Community Care Team (CCT) of all community agencies, services and emergency services (Danbury Hospital, Danbury Police, Danbury EMT), to discuss chronic homeless clients in the community.
14. Attended two (2) meetings of the Danbury Housing First Collaborative.
15. Attended two (2) meetings of the Housing Placement Committee (HPC) in developing a housing registry of clients that are chronically homeless and providing vouchers that are becoming available to the Danbury Community (approximately 25).



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16. Attended one (1) meeting of the Fairfield CAN committee.
17. Attended one (1) meeting of the Farmers' Market.
18. Meeting with representatives from New Reach that will be utilizing space at the Social Service Office to conduct one-on-one critical care intervention assistance with chronic homeless clients that will be receiving housing vouchers in the community.
19. Day of Action at the City Emergency Shelter, painting inside of building and planting flowers and plants on the outside. Volunteers were from Savings Bank of Danbury.
20. Submitted quarterly report for CDBG funding.
21. Opening day of the Farmers' Market on June 26th.
22. Attended one (1) meeting of the Danbury Housing Partnership.
23. Received donation of \$50.00 from St. Rose School for the City Emergency Shelter.



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School Based Health Centers (SBHCs) Monthly Operating Report May 2015

Brief Program Description: The School Based Health Centers (SBHCs) are freestanding medical centers, 6 located on the grounds of Broadview and Rogers Park Middle Schools and Danbury High 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, 2014 – May 31, 2015: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)
Total # of Students Enrolled in all Schools	4,969
Total # of Patients Enrolled in the SBHCs	4,743
% of Total School Population Enrolled	95% (Up 9% since Sept. 30 st)
Total # of Patient Visits	5,646 (1,394 patient visits in May)
Total # of Medical Visits	2,798 (659 medical visits in May)
Total # of Behavioral Health Visits	2,283 (583 BH visits in May)
Total # Dental Visits	413



Program Snapshot: Activities/Meetings held April 1, 2015 – April 30, 2015:

M. Bonjour - SBHC Manager

05/01/15 – Attended a 2015 regional conference “*Catch Them Before They Fall: School-Based Health Centers As A Safety Net for Youth*”, sponsored by the CT Association of School Based Health Centers held at Water’s Edge Resort, Westbrook, CT

05/05/15 – Attended a WCSU Department of Nursing Advisory meeting to discuss RN student observation experiences



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5/12/15 – Participated in a School Health Alliance Policy Learning Collaborative conference call to discuss 7 progress on State project and development of a SBHC definition and minimum standards

05/13/15 – Interviewed an applicant interested in a 2015-16 AmeriCorps member placement

05/18/15 – Participated in a conference call with DPH staff regarding revisions to the RPMS SBHC RBA Report Card

05/19/15 – Attended a ESF-8 Region 5 Coalition Building Planning meeting – City Hall, Danbury

05/21/15 – Chaired a CT Association of School Based Health Centers BOD meeting – Quinnipiac Valley Health District, North Haven, CT

05/27/15 – Attended a “5210 Let’s Go” Business, Schools and Community Summit for the launch of Danbury’s childhood obesity prevention program

Clinical Staff – All Sites

Staff completed all required Relias training courses.

05/01/15 - SBHC staff attended the Connecticut Association of SBHCs Conference: “*Catch Them Before They Fall: School-Based Health Centers As A Safety Net for Youth*”. Staff attended informative sessions on asthma, dermatology, anxiety, active shooter and cultural competency

05/05/15 & 05/13/15 - Jenny Casey, BMS SBHC MH practitioner, and Christine Miller, BMS Social Skills Counselor met with Ann Rodwell-Lawton, Program Manager, Education & Outreach of Danbury’s Women’s Center to discuss her participation and presentations during Middle School United, A Week of Kindness and Inclusion

05/07/15 & 05/19/15 – Jenny Casey and Christine Miller met with BMS Principal, Mr. Robbs, to coordinate the Middle School United, A Week of Kindness and Inclusion

05/12/15 - Behavioral health staff met for peer supervision at BMS SBHC

05/13/15 – SBHC DHS staff attended a child abuse conference held at the Leir Center, Ridgefield, CT

05/13/15 – K. White, APRN participated in the monthly Newtown Youth & Families Services Board of Directors meeting

05/13/15, 05/20/15 & 05/27/15 – Jenny Casey and Christine Miller co-facilitated the weekly meetings for students who are interested in being leaders for this year’s “Middle School United; A Week of Kindness and Inclusion

05/20/15 – The DHS APRN attended the NMS SBHC advisory committee meeting at NMS to share information on the working relationship of the DHS SBHC with school staff

05/ 21/15 - N. Woering, APRN made contact with Heather Peracchio, a dietician for UConn (referred by Sara Arroyo, SNAP). H. Peracchio is able to offer nutrition counseling to members of the community at no cost.

Outcomes	Measures	Achievement of Outcome
1. Improve access to and utilization of primary and	a. There will be at least 70% percent of the school’s student population enrolled in the	a. DHS has 99% enrollment as of 5/31/15.



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preventive health care and other essential public health services.	SBHC. Enrolled means that a signed parent consent form for the student is on file. b. At least 45% of students enrolled in the SBHC will receive one or more visits. 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).	BMS 85% enrollment as of 5/31/15 RPMS 95% enrollment as of 5/31/15 b. 19% DHS enrolled students rec'd 1 or more visits for this school year 27% BMS enrolled students rec'd 1 or more visits for this school year 46% RPMS enrolled students rec'd 1 or more visits for this school year c. 100% DHS students' rec'd outreach contracts as of 5/31/15. 100% BMS students rec'd outreach contracts as of 5/31/15 100% RPMS students rec'd outreach contracts as of 5/31/15
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DHS SBHC –

99% of school population is enrolled in SBHC. A list of all students registered in Clinical Fusion has been run by grade level. Each student's enrollment and current grade was verified in Power School. If a student transferred out prior to the first day of this school year they were removed from the database. Grades 12 and 11 are complete, and the other two grades are in progress.

Bulletin board for May was “Seven Days without Exercise Makes One Weak”

Brochures were placed in the folder attached to the bulletin board and restocked as needed during the entire month.

Dine and Discover topic this month was “Sun Safety and Skin Cancer” All students were invited to participate through the morning announcements. Participants were asked to answer a few brief questions testing their basic knowledge on sun safety. They were then directed to read the informational board and then re-answer the same questions. Students were given samples of sun screen, protective lip balm, as well as informational brochures. Data on the pre and post scores of the participants' tests are being tabulated for the skin cancer grant report. A beach bag filled with protective sun gear was provided as a raffle prize to one winner.

BMS SBHC –

Gerri Alpert, Office Manager continues to review incoming registration forms and refer all uninsured students to the GDCHC for assistance with Husky Applications through Access Health.



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School RN gives out registration forms to any students without registration forms whom she thinks would benefit from SBHC services.

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

90% of parents are called by APRN after seeing their child, with the hope that a personal phone conversation will lend towards the establishment of therapeutic relationship and in turn increase word of mouth positive feedback regarding the SBHC with other parents.

Year to date = 13 referrals to local PCPs for a medical home (9 GDCHC).

5/15/15: Skin cancer prevention lectures (30 minutes each) with a pre/posttest given by APRN to 6 health classes = 85 students total. Samples of SPF 30 broad-spectrum sunscreen and lip balm distributed. Overall improvement scores from pretest = 67% to post test = 88%. (See photo below)

RPMS SBHC –

In May, there were eleven (11) reproductive presentations to two (2) eighth grade health classes. SBHC services are emphasized in relationship to what topic staff are discussing and SBHC consents are available in the health classroom.

The RPMS SBHC continues to receive new enrollees because of the school nurses, new entrants, teachers', guidance counselors and other outreach efforts, such as the Birthday Star program.

The Dental program continues with the MA scheduling and coordinating student's appointments to be seen by the Dentist and/or Hygienist. Dental consents are offered to all new enrollees, as well as any student who does not have a primary dentist identified on their consent form.

MA continues to work with parents who have been having difficulties getting their Husky benefits activated. Parents come into the SBHC office and/or the MA contacts Husky and Access Health after the parent has given consent for this over the phone. MA also conducts an insurance appeal to get claims that were previously denied by Husky reprocessed and paid.

Students who have an old Danbury consent on file, but do not have a current CIFIC SBHC consent, are given one for their parents to fill out.

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.	RPMS – No vaccines were given in May 100% RPMS students received education through classroom & open house presentations.



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	<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>Zero (0) flu vaccines 10 given in May. APRN informed all reproductive & skin cancer classes of flu vaccine availability.</p> <p>BMS SBHC – See notes below**</p>
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** Selected as an outcome measure by RPMS SBHC only.

RPMS SBHC –

The NP works 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 information to the school nurses without parental consent. The NP is available to provide vaccines to those enrolled who needed them after receiving parental consent. No vaccines were administered in May. There is 100% compliance with vaccine series being given at SBHC.

Outcomes	Measures	Achievement of Outcome
<p>3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.</p>	<p>a. 90% of school staff receives information about the mental health services offered through the SBHC.</p> <p>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.</p> <p>c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular therapy demonstrate improved psychosocial functioning.</p> <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>RPMS SBHC-</p> <p>a. 100% of school staff reached with SBHC information via direct contact and/or school mailings</p> <p>b. 100% of students seen by MH clinician received risk assessment through use of approved screening tool</p> <p>c. Of 42 unduplicated students accessing counseling during the month of May, 24 have been seen regularly for 3 mths or longer. Of these, all 22 demonstrate improved psychosocial functioning. This results in 92% students demonstrating improved functioning after > 3 mths visits.</p> <p>d. Two (2) students seen during the mth. of May have been identified as having mental health needs that exceed the scope of services provided</p>



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by the SBHC. One (1) was referred 11 for a medication evaluation for depression and one (1) was referred to iicaps in home services for himself and his family.

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. 99% 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 mailings

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

c. 80% students demonstrate improved functioning after > 3 mths visits as evidenced by GAF scores.

d. 0% students required referral to outside provider

a.100% of school staff reached



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		<p>SBHC information via direct 12 contact and/or school mailings</p> <p>b.100% of students seen by MH clinician received risk assessment through use of approved screening tool</p>
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DHS SBHC –

Trends this month included life transitions, end of the year issues, and college preparation for many of the clinician's clients, some of whom have been in treatment throughout much of their high school career. Sessions included talk about summer plans and transition out of high school. Ongoing contact has continued regarding some cases between the clinician and various school staff, in particular administrators and teachers. Linkage was provided between one client, an aspiring photographer, Dr. Obre who is the head of the art department at DHS and Escape to the Arts. Another student who began to experience an exacerbation in seizure symptoms benefited from coordination with classroom teachers regarding her memory loss due to this medical condition.

DHS clinician has been able to coordinate family treatment with various students, including with a set of brothers, both of whom are in individual treatment as the DHS SBHC.

Another student utilized treatment to confront some difficult issues with her father.

One longtime client who struggles with Social Anxiety found a job and is doing very well.

New referrals were still accepted earlier in May, including a very challenging, treatment-resistant young man struggling with a history of loss and trauma.

BMS SBHC –

The SBHC mental health practitioner saw a total of eighty-seven (87) students this month. There were five (5) new intakes done, twenty-eight (28) students seen individually and fifty-two (52) students treated in group.

Further, there were two (2) brief, case management appointments.

Planning continued for the “Middle School United; A Week of Kindness and Inclusion” and the event was held from May 26 – May 29th.

The annual “Alternative to Violence” week was changed this year, with a new name, focus and activities. This year the event was called “Middle School United: A Week of Kindness and Inclusion”. Jenny Casey, the BMS SBHC LCSW worked with Christine Miller, BMS Social Skills Counselor and the Middle School United Leaders to create the new event which took place the week of May 26-29, 2015. The focus was on kindness and inclusion. The week's activities were kicked off with a separate assembly for each grade. Middle School United student leaders led the assemblies through a PowerPoint highlighting the week's focus and featuring a student made video on the acceptance and celebration of our differences. Ann Rodwell-Lawton, Program



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Manager of the Danbury Women’s Center’s Education & Outreach Program offered each grade a presentation on Challenging Stereotypes. Also, 8th grade Drama students presented a short piece on how bullying effects 13 individuals.

Student leaders designed a different focus for each weekday, with Mindful Monday, Tolerant Tuesday, Welcoming Wednesday, Thankful Thursday and Drama Free Friday. Every morning the students read a brief morning announcement around the day’s theme. This activity will continue throughout the remainder of the year and into next. Other activities included a “caught in kindness” contest and raffle, with student leaders “catching” their fellow students in a kind act and giving them a raffle ticket. 42 Students received raffle tickets, with 15 students winning raffle prizes supplied by both BMS and the SBHC. On Thursday, BMS Middle School United leaders were invited to participate in a Ben’s Bells activity with the life skills program students. On Friday, in culmination of the week’s activities, students were asked in their homerooms to read and sign a pledge of Broadview’s Pride, pledging to do their best to make the school a place where everyone can feel safe, respected, proud and happy. All who signed the pledge received a bracelet provided by the Life Skills program. In the 2015-2016 school year, Jenny Casey will continue to work with Christine Miller and the Middle School United Leaders to continue to create a kind, inclusive school environment.

RPMS SBHC –

A second “Healing from Grief” group began on April 8th. Two (2) new students were identified by their guidance counselors, as having grief issues, during the month of May. There are currently eleven (11) students in this group. Eight (8) of these students have lost a parent or primary caregiver in their life. Three (3) of these students are dealing with multiple significant losses in their life.

Due to the month long SBAC testing process in the school, SBHC staff have not been able to schedule any additional special programs in May. Ideally the focus on programming was to be centered on building and fostering overall mental health well-being. The RPMS SBHC Counselor has been meeting with the school principal as well as support staff to identify current needs. The decision was made to shift all programming to fall of 2015 to ensure success and not further disrupt the academic day. The clinic counselor has been making outreach telephone calls to area providers to assess the feasibility of doing a wellness day next October.

The RPMS SBHC Counselor was invited to join HVCASA (the Housatonic Valley Coalition Against Substance Abuse) as a middle school and SBHC representative. The counselor attended a planning meeting for next academic year on May 20, 2015.

The RPMS SBHC Counselor participated in a telephone survey regarding integration of behavioral health and primary care practices on May 18, 2015.

Outcomes**	Measures	Achievement of Outcome
4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	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	a.100% BMS patients with reported asthma have an action plans. b.See notes below c. See notes below



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	<p>by clinic users seen in the SBHC due to asthma symptoms) as assessed by clinician notes, EHR or data base.</p> <p>d. 90% of clinic users with asthma have a document flu vaccine.</p> <p>e. E. The number of clinic users with asthma that report reduction in admissions to the ER during the school year is increased by 20%.</p>	<p>d. See notes below 14</p> <p>e. See notes below</p>
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** Selected as an outcome measure by BMS SBHC only.

BMS SBHC –

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 if not done by PCP. May = 1 Year to date =31.

Any student with a medical history of asthma whom does 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). May = 1 Year to date = 31.

In reviewing the school nurse’s records, identified all students in the school with diagnosis of asthma = 116. Crossed checked who is not a school based health center member = 17. In turn, a letter highlighting our services (especially asthma management) was sent home to these 17 students along with a registration form.

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

See Attached: “Summary of Children’s BMI-for-Age” compiled by the RPMS SBHC

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 (40 out of 40)</p> <p>100 % RPMS patients (1) seen for possible STD screened for STDs*to date</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 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.

RPMS SBHC –



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The Nurse Practitioner assisted the health teacher with the reproductive health unit. The APRN has given 15 eleven (11) reproductive classes in May to the two (2) new 8th grade health classes. In addition, the APRN went into five (5) 8th grade science classes to answer any questions they had about reproductive issues. The students were given paper to write any questions down which resulted in lively discussions and education. Since September 8th, different 8th grade classes have received presentations for a total of 145 presentations for the four (4) 8th grade health rotations as well as the non-health PE students. Information is given regarding health throughout the lifespan, puberty, pregnancy, contraception and abstinence, STDs and the M&M game. This year there is a 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)

Alison Carini, 2014-15 AmeriCorps Member participated in the following activities during the reporting period:
Meetings attended:

5/1 CASBHC Conference
5/6 Immunization Action Program Advisory Committee meeting
5/7 Dine and Discover at DHS on Skin Cancer Prevention
5/7 Freshman Orientation at HATS
5/13 Leir Conference on Child Abuse
5/19 Coalition for Healthy Kids Planning Meeting
5/28 Dine and Discover at HATS on Skin Cancer Prevention
5/28 Family Engagement meeting at HATS
5/29 Monthly AmeriCorps Meeting

Activities Performed:

5/15 Provided coverage at RPMS SBHC
Facilitated HATS appointments
Facilitated SBHC billing
Drafted/revised SBHC operational and organizational binders Drafted/revised/translated SBHC permission forms Created Sun awareness bulletin board Planned parent survey implementation

News/Case Studies from the Field:

*SBHC APRN and LCSW case collaboration: APRN has seen patient for acute illnesses, and for BMI monitoring. There are some financial and mental health needs among this patient's family. This patient lives with dad and brother. The parents are divorced. The patients other siblings live with the mother. It is costly to eat healthy fresh foods especially when there is a financial hardship among a family. The SBHC LCSW was under the impression that the family received food stamps. In talking with the father and the SBHC patient, APRN discovered that the family does not receive support from SNAP. The father would only receive food from the local food pantry during the holidays. Patient was given a brochure for the SNAP program, and the father was contacted to give him the phone number for SNAP. APRN also talked with Sara Arroyo about the possibility of a free of charge nutritionist in the area. Ms. Arroyo referred me to Heather Peracchio, a dietician.



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Ms. Peracchio is employed by the Community Health Center and UCONN and can offer free nutrition 16 counseling to those in the community. APRN then gave the patient her brochure, and called the father to give him Ms. Peracchio's contact information. APRN shared with the other SBHC APRN's this wonderful contact that can offer her nutrition services to those in need, in our community and graciously thanked Sara Arroyo and Heather Peracchio for their services!

*A middle school student who is still grieving the loss of her parent's marriage through divorce came to the SBHC LCSW office in distress about a recent conversation with her father. The LCSW contacted the student's mother who then met with the SBHC staff to discuss the loss of the marriage and the resultant adjustments the child had to make, such as her mother's current residence with her boyfriend, father's discussion of potentially moving out of state and her brother's somewhat current relational estrangement from mother.

*SBHC LCSW is currently working with a middle school student who reported having been sexually abused by a former foster brother. Much discussion with her parents occurred that involved the discussion of my client's multiple problems and their potential connection with her experience of sexual abuse. Her parents were encouraged to seek outside therapy beginning at the end of this school year. The student's mother promised to call Newtown Youth and Family Services as the student will be transitioning to the High School.

*A 14 year old male was referred to the SBHC by a teacher for evaluation of a thermal burn to his inner thigh. The student sustained the injury from a hot muffler on a motorcycle. The student was assessed and diagnosed with a second degree burn. His past medical history was reviewed including the date of his last tetanus vaccination. The student was instructed in burn care and antibiotic cream and dressing supplies were dispensed. The student was seen for 2 follow-up appointments to detect any signs or symptoms consistent with infection and to monitor the healing process. An interpreter was present at each visit to facilitate communication.

*A 15 year old male was referred to the SBHC by a nurse for evaluation of an animal bite. The student sustained a dog bite in his home from the family pet. The student was examined and was found to have several deep puncture wounds to the hand. The area was cleaned and dressed and analgesics were given for pain. His immunization records were obtained from the nurses' office to establish the date of his last tetanus vaccination. The student was prescribed oral antibiotics. The parent was contacted to discuss the incident and to confirm the dog's history of rabies vaccination. The treatment plan was outlined to the student and father and a follow-up appointment was made.

*SBHC LCSW and APRN are working with a female student who had frequent intermittent severe abdominal pains since March. Student was sent to the ER and GI specialists because of the severity of the pain. During another abdominal pain episode, student disclosed to the NP that her dad had died in March. She also disclosed that he had been sexually abusing her for years and had been in prison since she was 3 years old for raping her older sister. When he was released from prison, he made contact with the family and that was when he started abusing her. She had disclosed the abuse to her mom when she became aware that he was trying to abuse her younger sister. The police had already been notified. The Counselor and NP are working with her and her family to get her the necessary treatments needed as she is manifesting physical and mental health symptoms from the trauma of the abuse.

*Follow-up on this student: He has not had additional episodes of shortness of breath and has not had any absences. He is more outgoing and engaging now and says his asthma is "terrific". He remains on GERD measures. (NP and Counselor are now working with a student who has significant family and domestic violence issues and missed many days of school because of asthma after a referral from Guidance. The student is part of the Danbury Grassroots Academy and they were also concerned about asthma and absences. Parent and student came in and it was determined student needed a long acting bronchodilator. The student was using the rescue inhaler frequently despite being on long acting steroid. The asthma symptoms improved but was absent again



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because of the student perceived as asthma. History revealed possible GERD symptoms and Nexium was 17 ordered along with other treatments to reduce GERD symptoms. What complicates diagnosing this student's symptoms is the severe trauma sustained that included being choked and beaten with a metal bar by a family member who is now in jail for 25 years for multiple abuse charges. First asthma attack coincided with the first domestic violence act of which the student was the victim. SBHC counselor is assessing for PTSD. We are monitoring our medical and mental health interventions to see if they reduce his symptoms and improve his attendance and grades.)

*Follow-up on this student: She hasn't lost any weight yet, in fact gained 4 pounds since first visit, but she is now walking daily during gym or lunch with SBHC staff and her friends and at home. She tolerates the physical exertion much better with minimal shortness of breath. She is still self-conscious about eating at school because of her weight. Her insurance is active, she had lab work drawn and had a PE at her primary medical center. (In March the Counselor and NP just started working with a 12 year old severely morbidly obese student who is 61 inches tall and 300 pounds with a BMI of 54. Mom was 400 pounds before she had gastric surgery last year and has lost 100 pounds. The student had an elevated insulin and cholesterol level in 2012 but never attended the Fit Kid program and hasn't had a physical exam with the pediatrician since 2012. The pediatrician started seeing the child in October and December for weight checks and counseling but no labs or PE done. Their Husky insurance lapsed because mom didn't respond to the letter sent in December. A meeting was held with the mom, guidance, NP, SBHC counselor, assistant principal and Mr. Lee, Environmental Specialist, because of the student's absences and weight issues. Student disclosed to mom that student wasn't going to school because didn't fit behind the desks, it was hard to get up off the risers in choir because of weight, and wasn't eating lunch because didn't want to eat in front of others. The student was going to be starting gym again and didn't want to participate. The student has SOB because of morbid obesity and doesn't move or exercise at all. Plans were made/coordinated for lab work, re-establishing Husky, getting a PE done, continued nutritional/exercise counseling, adaptive classroom and gym program, getting her to school daily, individual counseling through SBHC. Within a week of that meeting the student gained 3 pounds because she ate at Union Buffet and also had a double bacon cheeseburger and fries with mom. We are working with mom and student to develop a safe eating environment and limitations on eating out. The next week the student lost 2 pounds after NP spoke with mom. The family is now cooking at home and grandmother is no longer allowed to go grocery shopping as everyone is gaining weight.) NP suggested student walk after lunch for 10 minutes daily. MA meets with the student and walks with her. Other students have showed interest in doing the same thing and have joined the MA on this walk!

SBHC PA evaluated a male student for a first visit for a rash. Student completed a RAAPS form. From this, the medical provider learned that student had been harassed and threatened by an ex-girlfriend's friends a few months ago. Though the school and police knew about it, the patient was still dealing with the anxiety, stress and ultimate depression of this incident. PA counseled him and with his permission and with him present, discussed the case with the school social worker so he could have counseling services through the school social worker since SBHC mental health services are not currently offered at this SBHC site since mental health is not a component of the SBHC.