



# 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

December 21, 2015 1

Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The November 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 Grant Funding, Public Health Emergency Response plans, CTDP Epidemiology Program follow-up, 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



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TO: Mayor Boughton and City Council

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FR: Social Services

RE: Activities during November, 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 November, 2015:

1. Our Housing Caseworker managed approximately 72 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 593 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: 0
  - c. Veteran Referrals: 7
  - d. Referrals to Cash Assistance: 0
  - e. Bus Tickets: 1
  - f. Housing Related Issues: 5
  - g. Housing Placement: 0
  - h. Job Searches: 1\*\*
  - i. Employment inquiries: 1
  - j. Case Management Services: 15
  - k. Showers: 115
  - l. Lunch: 360
  - m. Mental Health Referrals/Case Management: 16\*
  - n. Adult Medical Referrals: 1
  - o. Phone Usage: 1
  - p. Substance Abuse Referrals/Case Management: 0\*
  - q. Clothing Vouchers: 1
  - r. Other: 57



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\*MCCA counseling services have **RESUMED** on Saturday and Sunday from the hours of 9:00am – 3:00pm. In-house 3 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. Attended one (1) meeting of the Continuum of Care.
8. Community Health Clinic has been conducting two clinics per week; medical and behavior clinics at the Emergency Shelter.
9. 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.
10. Attended one (1) meeting of the Danbury Housing First Collaborative.
11. Attended one (1) meeting 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).
12. Working with college intern, Mary Bruce, working on Public Health degree. Mary will be working with Human Services division of the Health Department, every Wednesday for fall school session.
13. Intern, Mary Bruce, contacted several laundry/dry cleaning facilities within the local community to provide free cleaning of over 115 suites and shirts to be provided to the homeless population for job interviews and for keeping.
14. Preparing 2016 schedules for the Danbury Housing Partnership, all committees and the Fair Rent Commission.
15. Attended meeting and finalized all vendors for Project Homeless Connect revitalization for Western Connecticut State University on December 11<sup>th</sup>.
16. Attended meeting with Director of Project Excellence, Stephen Nocera, to discuss the homeless population in our community.
17. Attended one (1) meeting of the Food Collaborative. Preparation and finalization of all commercial refrigeration/freezers being delivered to local food pantries.
18. Finalized Winter Protocol and funding for ARC and the Governor’s mandate for sheltering the homeless on cold winter days/nights.
19. Webinair on the new HMIS guidelines for homeless shelters.
20. Preparing a letter for shelter donations.



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## School Based Health Centers (SBHCs) Monthly Operating Report November 2015

**Brief Program Description:** The School Based Health Centers (SBHCs) are freestanding medical 4 centers, located on the grounds of Broadview and Rogers Park Middle Schools, Danbury High School, Henry Abbott Technical School and Newtown Middle 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 November 1, 2015 – November 30, 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	5,020
Total # of Patients Enrolled in the SBHCs	4,306
% of Total School Population Enrolled	86%
Total # of Patient Visits	1,712
Total # of Medical Visits	901
Total # of Behavioral Health Visits	605
Total # Dental Visits	206



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## **Program Snapshot: Activities/Meetings held November 1, 2015 – November 30, 2015: 5**

### M. Bonjour - SBHC Manager

11/02/2015 & 11/30/2-15 – Participated in two of a series of work group meetings of the Mental Health and Substance Abuse Action Team meetings held at the CT State Department of Mental Health & Addiction Services (DMHAS), Hartford. Chaired by staff of DMHAS, the workgroup is charged with updating the Healthy CT 2020 State Health Improvement Plan mental health and substance abuse objectives.

11/03/2015 – Participated in CIFIC's monthly Senior Management Team held in the Board meeting room, OST.

11/04/2015, 11/17/2015 & 11/23/2015 – Convened NMS SBHC staff meetings.

11/04/15 – Chaired a NMS Community Advisory Board meeting held at the NMS. The NMS SBHC staff provided an overview of SBHC activity since the start of the 2015-16 school year late August.

11/05/2015 – Hosted a visit and a tour of the RPMS SBHC for staff of Waterbury's Staywell Health Center who are in the planning phase of expansion of their SBHC services to the middle and high school complex in Waterbury. Best practices were shared by the RPMS SBHC staff during a 2 hour long visit.

11/06/2015 – Attended "*Coping with an Active School Shooter*" workshop sponsored by the CT Association of School Based Health Centers and held at Four Points Sheraton, Meriden. The workshop was part of statewide emergency preparedness planning efforts and addressed school violence, understanding various types of threats, potential violence indicators, and mental conditioning.

11/09/2015 – Participated in an Office 365 SharePoint overview led by Ed Davis, System Support Inc.

11/10/15 – Participated in the CT Immunization Registry Tracking System Immunization Action Program Update held at Danbury Visiting Nurse Association.

11/17/2015 – Attended a meeting of the SBHC Advisory Committee meeting held at the Hospital for Special Children, Farmington. The charge of the committee is to provide recommendations to the DPH Commissioner on Health on suggested regulatory changes that would support on-going sustainability of SBHC services.

11/17/2015 – Participated in the CT Voices for Children "*2015 First for Kids Celebration*", held at the Pond House Café, West Hartford. The event annually recognizes legislative and youth voice champions advocating for the health and well-being of CT's children.



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11/18/2015 Chaired the monthly meeting of the Board of Directors of the CT Association of SBHCs, 6 b Quinnipiac Valley Health District, North Haven. General business and legislative updates was discussed.

11/18/2015 – Participated in a CASBHC 2016 conference committee planning meeting, Quinnipiac Valley Health District, North Haven. This is one of a series of planning meetings for a May 13<sup>th</sup> 2016 conference to be held in Southbury, CT. Conference title, keynote speaker and workshop topics were discussed.

11/23/2015 – SBHC Manager and BMS SBHC staff participated in a monthly National Quality Initiative Collaborative Improvement & Innovation Network (NQI CoIIN) action call led by the National School Health Alliance. Details of the CoIIN Project as well as upcoming in-person meeting to be held in Washington DC Dec. 2-4 were presented.

## SBHC Clinical Staff

All SBHC staff completed and are current with required Relias training courses.

All staff continue with the transition to electronic health records (EHR). To date, all SBHC have “gone live” on the medical component of the EHR. Behavioral health staff will enter visit codes and move to full use of EHR as soon as the system is cloud based to assure operational efficiency and record safety, and continue to meet as a team to provider peer training on use of the system until a more formal, targeted training is held.

N. Munn, RPMS APRN and C. Nespoli, BMS APRN continue to precept Yale PNP students weekly.

11/06/2015 – All SBHC medical staff attended the Annual Pediatrics Conference hosted by the Danbury Hospital Department of Pediatrics.

11/10/2015 – E. Koepke, PA led Karen White, APRN and Nicole Woering, APRN through a follow-up in-service on use of eClinicalWorks EHR.

11/17/2015 – All medical providers met with Dr. Golenbock, MD for monthly medical advisory/supervision.

11/18/2015 – C. Cunningham, LPC, RPMS attended a meeting of the Drug Free Schools committee of the Housatonic Valley Council Against Substance Abuse as a representative of SBHCs.

11/20/2015 – N. Munn attended a Danbury Hospital Grand Rounds on GI pain investigation.

11/30/2015 – K. White, APRN attended the monthly Newtown Youth & Family Services Board of Directors meeting.

## **SBHC Outcome Measures**

**07/01/15 – 06/30/16**



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During FY 2015-16, SBHC staff will collect patient data and report on the following DPH required 7 outcome measures listed below. Outcome data results will be updated cumulatively and presented in the CIFIC monthly BOD reports. Additionally, data will be utilized to prepare an annual SBHC RBA Report Card and compared to 2014-15 data, noting trends in reasons for visit or patient outcomes.

Outcomes	Measures	Achievement of Outcome
1. Improve access to and utilization of primary and preventive health care and other essential public health services.	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.  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).	a. DHS has 92% enrollment as of 11/30/15  b. 8% (480 visits by 234 users) of DHS enrolled students rec. 1 or more visit as of 11/30/15  c. 100% DHS students received outreach contacts as of 11/30/15  a. BMS has 73% enrollment as of 11/30/15  b. 21% of BMS enrolled students rec. 1 or more visits as of 11/30/15 c. 100% BMS students received outreach contacts as of 11/30/15  a. RPMS has 77% enrollment as of 11/30/15  b. 44% of RPMS enrolled students rec. 1 or more visits as of 11/30/15  c. 100% students received outreach as of 11/30/15



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New registrants are being verified in PowerSchool and entered into database. New CIFIC 8 enrollment/registration forms are currently being mailed to 10<sup>th</sup> graders that do not have the correct form on file.

DHS SBHC continued mailing of CIFIC registration forms with the assistance of Ally Cafferty, AmeriCorps member.

The DHS SBHC continued its annual Sock Drive during the month of November. All socks collected are given to the area homeless shelter. SBHC staff, in collaboration with the Key Club Coordinator continued to receive donations of socks which were given to John Webber, a teacher at ACE, for his Thanksgiving Morning Coat Drive event (see bulletin board display below left).

The DHS SBHC staff promoted sun safety during the month as a required activity under the State of CT Skin Cancer Prevention grant (see bulletin board display below right).

Promotion of the SBHC dental services continued during the month. The hygienist presented to eighteen (18) Academy students on proper oral hygiene and offensive mouth odor and distributed toothbrushes, floss, and toothpaste.

On 11/09/15, one SBHC dental patient was referred out for tooth extraction.

BMS SBHC –

Geri Alpert, MA continues to review incoming registration forms and referring all uninsured students to the GDCHC for assistance with Husky Applications through Access Health.

School RN and Guidance Department are giving out registration forms to any students without registration forms whom they think would benefit from our 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 = four (4) referrals to local PCPs for a medical home (3 GDCHC). Year to date referrals to Access Health for Husky Insurance = 2.

RPMS SBHC –

The RPMS MA continues to process new and updated consent forms. MA has been scheduling appointments for the hygienist and the Dentist weekly. On average, the dental staff is able to treat between 20-25 students per week. MA needs to work the appointments around the new RPMS student class schedule for this school year. At times, this can be a challenge to maximize the number of students seen during dental hours and around their academic classes. MA had been working with the



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RPMS School Nurse, last school year, holding an afterschool group for 10-15 girls. Details are being 9 discussed about the start-up of this afterschool group again for December.

RPMS NP, Counselor and MA transitioned over to using EMR at the beginning of November. MA met with Broadview MA, who has been using EMR since the beginning of the school year, for some training. The transition has caused the patient flow of the SBHC, as a whole, to slow down. Each student that is seen requires a significant amount of information to be entered into EMR prior to the medical provider starting her evaluation and exam. The medical provider and MA discussed how to make this transition flow more efficiently. It was determined that the MA will assist the medical provider by obtaining and entering medications, allergies, surgical history, hospitalization history, family history and dental information into EMR prior to the medical provider seeing the patient. This will provide much needed time for the medical provider to enter her progress notes into EMR.

<b>Outcomes</b>	<b>Measures</b>	<b>Achievement of Outcome</b>
2. Reduce the occurrence of preventable disease among SBHC enrollees.	<p>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.</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>a. One (1) required vaccines given during the month of November. There were four recommended vaccines given: 1 Hep A, 2 HPV, and 1 Flu.</p> <p>b. One (1) influenza vaccines administered and reported to State Immunization Program during the month of November.</p> <p>c. 100% of all RPMS reproductive and SBHC orientation classes conducted in Sept. received influenza and flu vaccine information.</p>



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BMS SBHC staff designed an Influenza Prevention bulletin board located outside the entrance to 10 the SBHC. (See photo left below)

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>a. 100 % of BMS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 100 % of BMS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 96 % of BMS students receiving MH services 3mth or &gt; demonstrated improved psychosocial functioning</p> <p>d. 100% of BMS students requiring additional intervention by community-based provider received referral</p> <p>a. 100 % of DHS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 100 % of DHS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 70 % of DHS students receiving MH services 3mth or &gt; demonstrated improved psychosocial functioning (LOF/GAF scores)</p> <p>d. 0% of DHS students required additional intervention by community-based provider during Nov.</p> <p>a. 100 % of RPMS school staff were reached with SBHC information via direct contact and/or school mailings</p>



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		<p>b. 100 % of RPMS students seen by MH 11 clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 100% of RPMS SBHC users receiving mental health services for therapy for 3 mths or &gt; showed improved psychosocial functioning. Of the 34 unduplicated users seen in Nov., 14 had recd. services during the last school year and 14 showed improved psychosocial functioning.</p> <p>d. In the month of November, zero (0) RPMS students were identified as having mental health needs that exceed the scope of services provided by the SBHC and was referred to a community provider.</p>
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## DHS SBHC –

DHS clinician has continued to have ongoing contact and coordination with school guidance counselors, teachers, administrators and the crisis counselor. One case also benefited from contact with the school social worker at BMS, Lori Sollose as well as Bill McNamara, a director at Escape to the Arts, both of whom have a long history with this student and her family.

## BMS SBHC –

J. Casey, LCSW had sixty-seven (67) student appointments in the month of November, with twenty (20) group appointments and forty-seven (47) individual appointments.

The Family Issues group added one new member this month and met 2x in November. All other groups, the 8th grade Girl's lunch group, the 7th grade Girl Power group and the 8th grade Stress Management group met 2 x throughout November.

November 18, 2015 – J. Casey, LCSW co-facilitated the Leadership Club meeting with C. Miller, BMS Social Skills Counselor.

November 10, 2015 - J. Casey, LCSW attended a cluster meeting for a 6th grade student who is struggling academically and personally. Many supports were put in place for this student both from



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the school and the SBHC. At the SBHC she will attend a weekly Family Issues Group and be seen . 12 monthly for individual treatment.

November 11, 2015 - J. Casey attended a PPT for an 8th grade boy as requested by the student's mother. The boy's grades have dropped in the past month as his parents are in court regarding custody issues.

November 23, 2015 - J. Casey worked in collaboration with the BMS PE/Health department to bring the Interactive Theatre's presentation "Sexual Health/Destructive Decisions" to BMS. All 8th graders attended the presentation on the transmission of STDs and HIV/AIDS, with a focus on abstaining and postponing sexual activity and the importance of self-esteem and self-worth. This program was brought to BMS free of charge, as Interactive Theatre had received a grant to offer the program.

## RPMS SBHC –

The SBHC behavioral health provider was asked to attend two 6th grade cluster meetings to discuss concerns about a student. One of these meetings was a planning meeting with administration to address teacher concerns; the other included the parent to address student concerns.

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

\*Selected as a 2015-16 outcome measure for BMS SBHC only.

<p>1. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.</p>	<p>a. 90% percent of clinic users with asthma have a written asthma action plan.</p> <p>b. 80% percent of clinic users compliant with a written asthma action plan show improvement in symptoms as documented by a health care provider in the medical record.</p> <p>c. There is a 20% percent decrease in urgent visits (visits by clinic users seen in the School Based Health Center due to asthma symptoms) as assessed by clinician notes, Electronic Health Record, or Data Base.</p> <p>d. 90% percent of clinic users with</p>	<p>**See notes below for BMS outcome measure findings</p>
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	<p>asthma have a documented flu vaccine.</p> <p>e. The number of clinic users with asthma that report a reduction in admissions to the hospital Emergency Department during the school year is increased by 20% percent.</p>	
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BMS SBHC \*\*\_

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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 if not done by PCP. November = four (4); Year to date = seventeen (17).

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). November = seven (7); Year to date = seventeen (17).

The school nurse's database revealed 95 students at Broadview Middle School have asthma. The SBHC database revealed 79 members have an asthma diagnosis. The lists were cross-checked and 21 students on the nurse's list were not SBHC members. Twenty-one (21) students were sent home registration forms with a letter highlighting our services in general with an emphasis on asthma management. In November two (2) of these 21 students signed up to be a SBHC member, Total = three (3).

N=79 SBHC members with asthma reported by parents on the SBHC registration form. Of those 79 students, 51 have Husky insurance or are uninsured. Letters were sent home to these 51 SBHC members offering the influenza vaccine this season. In November 2015, three (3) of these 51 students received their influenza vaccine at the SBHC, Total = five (5).

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

6. Reduce the occurrence of STDs among student SBHC enrollees.

\*Selected by DHS SBHC only as a 2015-16 outcome measure

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. 11 DHS students as of 11/30/15 were screened for GC/CT which was 100% of those reporting sexual



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		<p>activity</p> <p>One (1) RPMS student identified as sexually active but it was too early to screen. The student declined to identify the RP partner.</p>
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DHS SBHC –

14

All students who report sexual activity will be 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 will be referred to the Dr. Foye, MD at GDCHC, Planned Parenthood, the AIDS Project of Greater Danbury, the Danbury STI clinic and local GYN offices for additional services as needed.

### RPMS SBHC –

Nine (9) reproductive classes were given to two (2) eighth grade health classes in November, completing the first series. The students were asked by the Health Teacher to be honest and evaluate the series. They were asked how to improve it, identify what they learned, and is the program important for people their age. Two examples of a handwritten response were: “I feel like I’ve learned everything I wanted to learn, and then some. This program is important for people our age to inform us on what is going on with our bodies, and what is not normal. To improve this program, I would try to reduce or remove note taking during videos, maybe just a little on the videos when you think something is important. This is because it makes us divert more attention to the notes, and is distracting to the video. Overall, I think this program is very beneficial.” Another student wrote: “I don’t like health. But I do think this program is great because you can see what could happen to you if you chose the wrong choices. I think that the whole school should get this program because it’s really helpful for people our age.” The next new health class series will start Dec. 1st.

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)

### HealthCorps Member Update:

Below is a summary of service hour activities completed during the month of November 2015 by Ally Cafferty, 2015-16 HealthCorps Member:



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## Meetings attended:

16

11/4 Community Advisory Board Meeting  
11/5 Coalition for Healthy Kids event  
11/6 Coping with an Active Shooter Training  
11/9 HATS Dine and Discover: Portion Control  
11/13 DHS Bulletin Board: Tanning/Skin Cancer  
11/18 NMS Dine and Discover: Flu Season  
11/19 HATS Parent Teacher Conference: Showcase SBHC  
11/20 AmeriCorps Monthly Member Meeting  
11/30 Family Engagement Committee Meeting

## Activities Performed:

Facilitated HATS Appointments  
RELIAS Training  
Collated Student Enrollment Mailing Forms  
Scan Patient Documents  
Planned bulletin boards

## News/Case Studies from the Field:

\*During the month of November, a new patient presented to the DHS behavioral health provider with some similarities to a separate new case mentioned in the October board report. This is a family that outwardly is very high-functioning with parents who are highly educated professionals and students who do well in school. However, one parent is an alcoholic and behind closed doors the family functions very differently.

An additional young male patient whom the DHS clinician has been treating could benefit from an evaluation for medication. The DHS clinician has reached out to his mother with negative response. This is not alcohol-related but related to other apparent mental health issues. All of these cases demonstrate a trend of students that would likely never have received treatment in the community had dedicated staff at the high school not intervened and made referrals to the SBHC. Resources are not the issue but, rather, willingness on the part of the parents. Strong relationships with DHS staff have allowed the SBHC staff to meet these needs and to continue to coordinate care.

\*A 16 year old male was referred to the SBHC by a teacher for a health evaluation including a work-up of obesity. The student has a long history of poor eating habits and being overweight. The student presents to the SBHC with a weight in excess of 350 lbs. which is the maximum that the scale can measure. Examination of the student revealed findings consistent with insulin resistance including acanthosis nigricans and skin tags. The APRN evaluated the student and collaborated with a Danbury Hospital endocrinologist to begin a management plan. The student was advised to have the necessary blood work in preparation for an appointment at the Danbury Hospital Children's Health and Wellness Center with endocrinologist Dr. Arguella. The case is particularly difficult to manage as the student has cognitive delays and the mother is noncompliant with returning phone calls.



# CITY OF DANBURY

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\*An 18 year old female presents to the SBHC reporting late menses. The student determined to be pregnant and wishes to carry the pregnancy to term. The student begins to have vaginal bleeding during the pregnancy and a miscarriage is suspected. The student is urged to seek services from an OB but is uninsured and has no transportation. The student complicates the situation by no- showing for SBHC appointments. The APRN pulls the student into the office to follow up and calls Hopeline to secure a free ultrasound and schedules an appointment. The APRN and Hopeline plan to have Hopeline send the patient directly to the Women's Health Center at 70 Main St .The student states she will attend the appointment and then no shows. The vaginal bleeding continues and the student does not want her mom to be aware of the pregnancy in case a miscarriage occurs. Hopeline attempted to get a local OB to come into their office to do an ultrasound but he is uncomfortable with the vaginal bleeding and states the student should be seen in the ED. The APRN needed to consider informing the family about the pregnancy for the student's and fetus' well-being. Eventually the student decided to have an elective termination of pregnancy.

\*The RPMS clinical staff continue to work with a student who is morbidly obese. Unfortunately, the family did not provide recommended support and dietary/exercise suggestions over the summer. As a result, this student had gained an additional 16 pounds since the end of last school year and is now 323.5 pounds. The APRN has communicated with local providers who see this student. The student is meeting with the SBHC staff at the beginning of December to discuss this concern.

BMI: Since the start of 2015-16 school year, 164 students had their BMI recorded, Of those 54% were between the 5-85th percentile, with 20% overweight and 25% obese Students are informed of their BMI status and what it means and ways to eat healthy and exercise.