



# CITY OF DANBURY

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

Central Health Office  
203 - 797-4625  
Fax 796-1596

Social Services Office  
203 - 797-4569  
Fax 797-4566

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

April 25, 2016

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The March 2016 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 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 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

FR: Social Services

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RE: Activities during march 2016

### **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 March, 2016:

1. Our Housing Caseworker managed approximately 80 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 757 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): 11
- b. Action Plan Development: 0
- c. Veteran Referrals:21
- d. Referrals to Cash Assistance: 2
- e. Bus Tickets: 4
- f. Housing Related Issues: 10
- g. Housing Placement: 0
- h. Job Searches: 3\*\*
- i. Employment inquiries: 1
- j. Case Management Services: 15
- k. Showers: 120
- l. Lunch: 500
- m. Mental Health Referrals/Case Management: 5\*
- n. Adult Medical Referrals: 6
- o. Phone Usage: 2
- p. Substance Abuse Referrals/Case Management: 2\*
- q. Clothing Vouchers: 2
- r. Other: 81



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\*MCCA counseling services have **RESUMED** on Saturday and Sunday from 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 and updating VA forms.
5. 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.
6. Attended one (1) meeting of the Continuum of Care.
7. Community Health Clinic has been conducting two clinics per week; medical and behavior clinics at the Emergency Shelter.
8. Attended two (2) 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.
9. Last quarterly report and cumulative report for VA GPD for Emergency Shelter.
10. Finalized and completed VA annual report.
11. Attended updating HMIS training in Hartford, CT.
12. Attended Housing Placement Committee meeting.
13. Attended Danbury Food Collaborative meeting.
14. Pick up donation of coats at the Danbury Emergency Shelter. Re-organize entire storage unit of assorted coats and clothing. Will have a coat distribution at the end of February at Dorothy Day Soup Kitchen in the morning around 7:00am.
15. Housing and Community Development committee meeting of the Danbury Housing Partnership.
16. Prepare contractor’s bid for the repair and maintenance of the two restrooms at the City of Danbury Shelter.
17. Inspection/Investigation of elderly person whose landlord indicates that she has a hoarding problem. Social worker and housing inspector assisted in meeting and inspecting her apartment. No apparent problem in apartment, though landlord insists it is a fire hazard. 4 Taking steps to place elderly person into elderly housing asap.
18. Attended Farmers’ Market meeting.
19. Fair Rent Commission meeting.
20. Two Fair Rent Complaints resolved through landlord/tenant mediation.



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## School Based Health Centers (SBHCs) Monthly Operating Report March 2016

**Brief Program Description:** The School Based Health Centers (SBHCs) are freestanding medical centers, located on the 4 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 March 1, 2016 – March 31, 2016: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)
Total # of Students Enrolled in all Schools	4,990
Total # of Patients Enrolled in the SBHCs	4,408
% of Total School Population Enrolled	88%
Total # of Patient Visits	4,098
Total # of Medical Visits	2,132
Total # of Behavioral Health Visits	1,491
Total # Dental Visits	475

### SBHC Annual Aggregate Billing Status Report

07/01/15 – 03/31/16

Billing to Date:	07/01/15 – 03/31/16	\$297,470
Receipts to Date:	07/01/15 – 03/31/16	\$249,738



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### **Program Snapshot: Activities/Meetings held March 1, 2016 – March 31, 2016:**

#### M. Bonjour - SBHC Manager

- 03/01/16 – Participated in the monthly Senior Management meeting held at OST, Danbury.
- 03/07/16 – Participated in a meeting with Scott Leroy, COD Director of Health to review details of transitioning the SBHC contract from the City to CIFIC effective July 1, 2016.
- 03/09/16 – Participated in a quarterly meeting of the CT State Dental Sealant Advisory Group via conference call. Agenda items included a presentation by Jody Bishop-Pullan on the successful, long standing Stamford Health Department School Based Dental Program Model; Rose McLellan and Alice Martinez from DPH who discussed outpatient clinical license requirements, and Linda Ferraro who presented information on mobile x-ray unit registration.
- 03/10/16 – Attended the second of a two-session management/leadership training series at Danbury Library. Lead by a facilitator from Learning Dynamics, the 3 hour interactive session focused on coaching processes to use with employees, providing effective feedback and leadership derailers.
- 03/11/16 – Participated in a monthly COIN project webinar. Topic: Team member updates and how to complete effective PDSA cycles (Plan, Do, Study, Act).
- 03/16/16 – C. Cunningham, LPC attended a meeting of the HVCASA Drug Free Schools Committee as a representative of SBHCs.
- 03/16/16 – Both N. Munn, APRN and C. Cunningham, LPC participated in the RPMS Career Day program to educate students about careers in the medical and behavioral health fields.
- 03/17/16 – Chaired the monthly meeting of the CT Association of School Based Health Center Board of Directors, Quinnipiac Valley Health District, and North Haven. Agenda items included an update of the 2016 legislative session and status of the State budget for SBHCs.
- 03/18/16 – Attended a quarterly meeting of the Families Network of Western CT Advisory Board meeting.
- 03/21/16 – Convened an introductory meeting with DPH Commissioner Pino to discuss the current state of SBHCs, including goals, short and long term activities and funding concerns.
- 03/22/16 – Interviewed a WCSU Health Promotion Sciences junior interested in a possible Fall 2016 internship placement with the CIFIC SBHCs.

#### 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.
- 03/17/16 - 03/18/16 - F. Golightly, WCSU intern attended an Excel Basics Seminar Part I & II facilitated by Fred Pryor Institute.
- 03/18/16 – E. Koepke – Gibbs, PA assisted N. Woering with follow-up instruction on use of eClinicalWorks, the centers electronic medical record system.
- 03/18/16 – SBHC behavioral health providers met for monthly peer supervision at BMS SBHC.
- 03/22/16 – All SBHC medical providers met with Dr. Golenbock, MD, SBHC Medical Director, for monthly supervision.
- 03/28/16 – K. White, APRN attended the monthly Board of Directors meeting of Newtown Youth and Family Services.
- 03/01/16 – 03/31/16 – N. Munn, APRN attended two Danbury Hospital Pediatric Grand Rounds: Anorexia and eating disorders and sleep disorders.

- 03/29/16 – The BMS SBHC staff participated in a statewide COIN team meeting facilitated by J. Frese', CASBHC Executive Director at the Quinnipiac Valley Health District, North Haven.
- 03/31/16 – The BMS SBHC COIN team staff participated in a monthly progress update call facilitated by Erin Ashe of the National School Health Alliance.



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## SBHC Outcome Measures 07/01/15 – 06/30/16

During FY 2015-16, SBHC staff will collect patient data and report on the following DPH required 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 95% enrollment as of 03/31/16  b. 14% of DHS enrolled students rec. 1 or more visit as of 03/31/16  c. 100% DHS students received outreach contacts as of 03/31/16  a. BMS has 75% enrollment as of 03/31/16  b. 34% of BMS enrolled students rec. 1 or more visits as of 03/31/16 c. 100% BMS students received outreach contacts as of 03/31/16  a. RPMS has 80% enrollment as of 03/31/16  b. 60% of RPMS enrolled students rec. 1 or more visits as of 03/31/16  c. 100% students received outreach as of 03/31/16

DHS SBHC –

95% of school population is enrolled in SBHC. New registrants continue to be verified in PowerSchool and entered. The DHS SBHC staff continue efforts to collect new CIFIC registration forms from students.  
 100% of school population has received outreach contact.

BMS SBHC –



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

School RN and Guidance Department continue to give out registration forms to any students without registration forms 7 whom they think 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 a therapeutic relationship and in turn, increase word of mouth positive feedback regarding the SBHC with other parents.

Broadview SBHC Birthday Program - once a month (for the previous month) students who celebrated a birthday were invited to drop by the SBHC for a treat (pencils and stickers), and if not currently registered, a registration form was given as well.

Year to date = Nine (9) referrals to local PCPs for a medical home (6 GDCHC). Of note, 2 of these referrals to GDCHC did follow-through and are now patients. Year to date referrals to Access Health for Husky Insurance = 8.

Broadview is participating in the School Health Services National Quality Initiative (SHS NQI) The mission of this initiative is to build the capacity of SBHCs to adopt and report standardized performance measures to improve quality of care. The five performance measures are as follows: annual well-child visit; annual risk assessments; BMI assessment and nutrition/physical activity counseling; depression screening, and chlamydia screening. This is a 15 month project with monthly data collection. The Plan-Do-Study-Act (PDSA) Cycle chosen for March 2016 is to determine where in the EHR we would be able to capture information pertaining to the annual well-child visit. After corresponding with Diana Trumbley, it was determined that a date field would be developed in the "Social History" section of the acute note. The next challenge will be how to obtain documentation of those visits.

On 3/29/16, the Broadview Team participated in a CT SHS NQI Team meeting in North Haven. This was a productive meeting in terms of how each CT team is collecting data and how collectively we disagree with the data collection time frames; which subsequently, led to positive changes for all teams nationally.

A new bulletin board highlighting the amounts of sugar in popular drinks was displayed outside the Broadview SBHC as an outreach activity to inform and aware the students of the SBHC and services as well as to offer population health activities. (See photo below).

### RPMS SBHC –

The Birthday Star Program continues on a daily basis with birthdays being announced each day and any student not enrolled being given another CIFC consent form to bring home for their parent or guardian to complete. In addition, the SBHC MA has initiated sending home, through a student's homeroom, another CIFC SBHC consent to any student not currently registered with the SBHC.

The "Fun Club" afterschool program run by the SBHC MA and the School Nurse met twice during the month of March with participants participating in baking for school-wide events and gardening projects to be shared with their families. The groups will continue through the remainder of the school year.



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The SBHC MA attended a meeting held at the Danbury Library regarding the SNAP Program. The MA attended the meeting to facilitate getting information to the children of Rogers Park about SNAP and also about the summer food program, the students were not made aware of the summer food program until the second to last day of the school year. 8 The SBHC MA expressed to make the children aware of food availability prior the summer break.

N. Munn, APRN conducted skin cancer prevention presentations to four (4) 6<sup>th</sup> grade classes on 03/24/2016 to twenty (20) students. The classroom presentations provide opportunities to both furnish students with important health information as well as promote the availability and utilization of the SBHC services.

\*Selected as a DPH reportable outcome by the RPMS SBHC site only this program year.

Outcomes	Measures	Achievement of Outcome
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 vaccine given in March: MCV.</p> <p>There were five (5) recommended vaccines given: Flu, Hep A, HPV.</p> <p>b. One (1) influenza vaccines administered and reported to State Immunization Program during the month of March. There was one documented influenza A, and B clients in March.</p> <p>c. 100% of all RPMS students participating in reproductive and skin cancer classes conducted in Mar. received influenza and flu vaccine information.</p>

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.	<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</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. 91% 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>



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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 DHS school staff were reached with SBHC information via 9 direct contact and/or school mailings

b. 99% of DHS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool

c. 93 % of DHS students receiving MH services 3mth or > demonstrated improved psychosocial functioning (LOF/GAF scores)

d. 1% (5) DHS students required additional intervention by community-based provider during Mar.

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

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

c. 96% of RPMS SBHC users receiving mental health services for therapy for 3 mths or > showed improved psychosocial functioning. Of the 38 unduplicated users seen in Mar. had recd. services during the last school year and 27 showed improved psychosocial functioning.

d. In the month of Mar., 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.

## DHS SBHC –

Outreach measures conducted during the month included a Bulletin board display focusing on Bullying Awareness (see photo below - created by WCSU intern Francesca Golightly).



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99% students seen for three consecutive therapy sessions received an intake evaluation/biopsychosocial assessment. Risk factors such as use of drugs and suicidal ideation are addressed in the body of the approved intake form. One (1) student did not yet have his intake completed due to missed visits and emergent issues that prevented full completion of the form. 10 However, all risk factors were assessed during the course of the appointments.

Review of charts of students who attended treatment consistently for at least three months indicated that approximately 93% demonstrated an improved GAF score or maintained an increased GAF score.

Five (5) students received referrals for additional care during the month of March. These included appointments with a PCP and/or psychiatrist for the purpose of differential diagnoses and medication assessments. For some this may include blood panels to rule out physiological causes of lethargy. Two of the students were also referred for a crisis evaluation. Some of these referrals were made to the student directly or to parents. Others were made in conjunction with school staff who helped to coordinate, for example, a meeting with SBHC clinician, DHS staff, student and parents, one of which required a translator

The DHS SBHC behavioral health provider continued to receive new patient referrals during the month of March from different school guidance counselors. Additional efforts are made to engage hesitant students so that appointments can begin prior to Spring break. Additionally, guidance and DHS therapist have been in contact about new/ongoing issues with patients currently in treatment, such as one student who was dealing with her brother's suicide attempt, which he did survive.

Contacts were made with the school Social Worker as well regarding following up on and obtaining referrals. In one case, she linked the DHS clinician to a community provider who could help an 18 year old student obtain insurance. Ongoing contact has been maintained this month with administrators and teachers as well, where needed.

Three lengthy meetings were attended by the DHS clinician during the month of March. One involved a former patient whose mother presented in crisis regarding a recent incident with the student. The meeting involved the SBHC clinician, the parent, the student, his guidance counselor, the Associate Principal, Dr. Meghan Martins, as well as a school resource officer in order to set up a crisis evaluation. The second involved a current student whose mood has impacted grades. The guidance counselor set up a meeting with herself, the SBHC therapist, teachers, the student and her mother following emails from the SBHC clinician requesting assistance and coordination of care. The last meeting, which ran 1-2 hours, included the SBHC clinician, the student, her mother, a teacher, her guidance counselor, and a translator. This meeting addressed serious mental health issues that have impacted grades significantly. It was decided that a 504 plan would be helpful. A letter was requested by the school and provided by the SBHC therapist.

BMS SBHC –

J. Casey, LCSW had 99 student visits in the month of March, with 30 group appointments and 69 individual appointments.

A new group for 8th grade girls, Growing Up Female, (GUF) began in March with 4 participants. This group met 2x. The 8th Grade Stress Management group has been terminated and its members offered enrollment in the new GUF group. The Family Issues group met 2x in March. The 7th grade Girl Power group met 3x. The 8th grade Girl's Lunch group met 4x in March.

During the month of March, J. Casey, LCSW had three (3) phone consults with parents. She and SBHC APRN Clare Nespoli met 1x with BMS social worker Lori Sollose to discuss the needs of an 8th grade female student referred to the SBHC. J. Casey also met with BMS Guidance Counselor Tanya Douangta to discuss mutual students' needs and progress.

On 03/01/16 J. Casey, LCSW conducted a training/review for BMS Leadership Council students who were participating in an interview for the NPR show "Words to Give By", a community-wide storytelling project created to find, record and share stories of everyday generosity. The project is a partnership between the Hartford Foundation for Public Giving and WNPR.



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J. Casey, LCSW co-facilitated the BMS Leadership Council meetings on 3/2/16, 3/16/16, 3/23/16, 3/30/16 with C. Miller, BMS Social Skills Counselor.

On 03/14/16, J. Casey, LCSW, made a DCF referral for an 8th grade male student whose father has been physically abusive.

On 03/04/16 J. Casey, LCSW and C. Miller, BMS Social Skills Counselor, accompanied 7 BMS Leadership Council students to Hartford for the taping of an interview for the NPR show "Words to Give By".

## RPMS SBHC –

The RPMS behavioral health provider participated in one (1) cluster meeting for a student.

4. 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 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>	<p>**See notes below for BMS outcome measure findings</p>
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## 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. February = 1; Year to date =25.

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). February = 1; Year to date = 25.

The school nurse's database revealed 95 students at Broadview Middle School have asthma. The SBHC database revealed seventy-nine (79) members have an asthma diagnosis. The lists were cross-checked and twenty-one (21) students on the nurse's list were not SBHC members. These twenty-one (21) students were sent home registration forms with a letter highlighting our services in general with an emphasis on asthma management. In total, five (5) students have been registered as a result of this effort.

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



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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.	26 DHS students as of 03/31/16 were screened for GC/CT which was 100% of those reporting sexual activity  2 male RPMS students identified as sexually active declined STD testing

DHS SBHC –

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03/31/2016 – DHS SBHC staff conducted a monthly “Dine & Discover with the SBHC Staff” outreach and awareness activity in the student cafeteria. Topic: STD Awareness and “Wheel of Choices” game (See photos below).

Students were encouraged to spin the “Wheel of choices” to learn more about STDs that exist. Each space on the wheel was designated to a certain STD – when the wheel landed on a space, students received a question regarding that STD and could answer the questions to the best of their ability. Some of the choices on the wheel included Chlamydia, Syphilis, contraception, pregnancy, HIV, AIDS, etc. Students were very intrigued by the board and the questions and invited their friends to the table to try. Twizzlers snacks and pamphlets pertaining to STDs were distributed as giveaways. During the month of March, all students who report sexual activity will be screened for chlamydia and gonorrhea using urine based testing method unless they report screening elsewhere in the last 90 days. 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 –

Twelve (12) reproductive classes were given to two (2) new eighth grade health classes in March reaching forty-nine (49) total students.

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)

### 2015-2016 Health Corps Member Update:

Below is a summary of service hour activities completed during the month of March 2016 by Ally Cafferty, Health Corps Member:

- 03/11/16 Get Healthy CT event at Danbury High School (presented an array of nutrition education poster boards, pamphlets, and games to middle school aged students)
- 03/12/16 Community Garden Event in Hartford
- 03/19/16 A Night at the Peabody Museum Event (helped out as event photographer)
- 03/21/16 Walking School Program at RPMS
- 03/25/16 AmeriCorps Monthly Member Meeting



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

Central Health Office  
203 - 797-4625  
Fax 796-1596

Social Services Office  
203 - 797-4569  
Fax 797-4566

03/28/16 Walking School Program at RPMS

**News/Case Studies from the Field:**

\*An 18 year old male was seen for recurrent skin abscesses. The student presented to the SBHC tearful w severe leg pain<sup>13</sup> due to large infected boils and cellulitis. The condition necessitated incision and drainage, submission of specimens for laboratory evaluation and antibiotic therapy. Several visits were required over the course of the month as new lesions developed

\*An 18 year old male was seen in the SBHC for TB screening, flu vaccine and Menaetra vaccine required for a medical internship program. A thorough health history was taken and the student returned for two additional visits for nutrition counseling and STD education and testing for STDs

\*A 16 year old male with complaints of neck pain was evaluated in the SBHC. He sustained neck trauma while attempting a back flip on a trampoline. Student was put on a regime of NSAIDs and warm compresses and his neck pain resolved

\*A 17 year old uninsured student was treated with antibiotics for a tooth abscess in collaboration with the dental hygienist and the SBHC dentist who was out of the country. The APRN made arrangements for a dentist in the community to offer an evaluation for root canal

\*Student presented to RPMS SBHC requesting lozengers as throat was sore. The RPMS SBHC policy requires student to be evaluated prior to giving lozengers and the MA referred her to APRN. Very quickly into the interview process, the student indicated depression for some time and was contemplating hurting oneself by taking handful of various pills. SBHC counselor was immediately called into the room where the student poured out all of the troubling thoughts and pressures student was under. Student had been seen at pediatrician previously for depression after the student had disclosed to the mother, was referred to Family and Children's, but because student didn't want to worry or burden mother, student told mother to cancel the appointment as was "feeling better." This student has been meeting with the SBHC counselor on a regular basis since that day.

\*The RPMS SBHC is prescribing and following five (5) students on ADHD medications. When students take their medication it appears to be helping them focus in class but requires close supervision because of side effects unique to each student. More students and parents are being referred to the APRN for evaluation of ADHD/ADD symptoms because of failing school and being unfocused in class. In checking on compliance with filling prescriptions on the CT website, it was determined that two (2) students were not taking their medications daily as they and their parents reported. One (1) student was due to moving in with father instead of mother. The other student's family wasn't supervising the administration of the pills and thought the student was taking them every morning. Now the nurses are giving one student the medication at the beginning of school. Another student was able to be placed on Medicaid thanks to CIFC Access program, and is doing better with less side effects on long acting medication. The student was also tested and found to be very low functioning academically and is now getting more resource help and special education placement.

\*A seventh grade female was referred for counseling by her mother. She had an eating disorder that led her to eat very little in school. As a result, her mother and she reported that she would be hungry throughout most of the school day. The student informed the SBHC behavioral health provider that she had less energy than necessary to utilize in regard to doing school work while at school. During the first session with the student, the student reported that she was embarrassed by what she perceived as the fact that she had a larger stomach than she thought she should have. She reported that she spent considerable time examining her body in front of the mirror at home. She confided that she was afraid of gaining too much weight. After the first session, it was learned that she had been periodically slapped on her buttocks by two boys in her cluster. Several meetings were held with the NMS Assistant Principal, her parents, the Guidance Counselor and this clinician in order to work out a plan that would assist the student to proceed. A plan was implemented whereby the student would keep her food in the SBHC refrigerator. Before lunch, she would quietly retrieve her food from this site and go to the cafeteria to eat. She continued to meet weekly with SBHC staff to address issues of self - esteem, to review the experience of sexual harassment she had experienced, and to discuss her perception of her body appearance and diet. The student has reported that she feels much better emotionally. She is wearing more revealing (but appropriate) clothing. She denies



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distress about the harassment she experienced. She has more energy with which to do her school work as she is eating more while at school. She happily eats lunch in the cafeteria on a daily basis and is doing well academically. Sessions with this clinician have been reduced to bi-weekly given student's marked level of improvement.

\*A male student referred to the SBHC behavioral health provider for counseling shortly after arriving at NMS as result 14 of transfer from a local community. He had been born in another country and at the age of one had moved to the United States. While in the U.S. he had already moved twice during elementary school. The day after he arrived at NMS, the student stated to several students in the cafeteria that the Sandy Hook School Tragedy had not actually happened. He also asked a student if he had Ebola and another if he had AIDS. Information as to these comments spread quickly. Students were understandably extremely upset by these comments. Administrative meetings were held with the student and his parents. He was quickly referred to the SBHC for therapy with weekly meetings held since February. Throughout the sessions with the student, the student has reported extensively about how difficult it has been to move from community to community. He has explained that each move has represented enormous stress for him. He has reported that the comments he made when he arrived at NMS were made in an effort to cause humor. He had no understanding as to the level of pain that he would cause. Therapeutic sessions have focused on the trauma this student has experienced in moving from place to place. Issues of appropriate conversation and friendship development have continued. The student appears to be settling in well to his cluster. He has begun to develop friendships. A situation that could have led to continuous lack of acceptance by his classmates has been avoided.

\*BMI: Since the start of 2015-16 school year, 288 students had their BMI recorded. Of those, 55% were between the 5-85th percentile, with 20% overweight and 24% obese. Students are informed of their BMI status and what it means and ways to eat healthy and exercise.