



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

March 26, 2016

Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The April 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

RE: Activities during April 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 April, 2016:

1. Our Housing Caseworker managed approximately 44 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 592 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): 7
- b. Action Plan Development: 0
- c. Veteran Referrals: 5
- d. Referrals to Cash Assistance: 0
- e. Bus Tickets: 0
- f. Housing Related Issues: 2
- g. Housing Placement: 2
- h. Job Searches: 1**
- i. Employment inquiries: 0
- j. Case Management Services: 7
- k. Showers: 82
- l. Lunch: 367
- m. Mental Health Referrals/Case Management: 10*
- n. Adult Medical Referrals: 3
- o. Phone Usage: 3
- p. Substance Abuse Referrals/Case Management: 42*
- q. Clothing Vouchers: 0
- r. Other: 61



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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 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 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.
9. Attended Housing Placement Committee meeting. Catholic Charities has received 10 vouchers for re-entry of chronic homeless individuals with long records of incarceration (the old FUSE program). Initiating meetings with landlords for housing opportunities.
10. Attended Danbury Food Collaborative meeting. Need to spend \$619.00 by the end of May.
11. Housing and Community Development committee meeting of the Danbury Housing Partnership. Will be holding a follow-up round table discussion on May 26th with local landlords and area agencies and political leaders to encourage renting apartments to our chronic homeless clients.
12. Prepare contractor’s bid for the repair and maintenance of the two restrooms at the City of Danbury Shelter. Local/approved architect inspected the Emergency Shelter and the request for complete renovation/ADA compliant bathrooms.
13. Found security deposit money from three local agencies to assist family who lost apartment in major fire in the community.
14. Attended one (1) meeting of the Housing First Committee. Planning a round table discussion meeting with local agencies and organizations to discuss homeless youths in the community. Meeting to be held at the Harambee Youth Center on May 17th at 10:30am.
15. Attended meeting with Director of Project Excellence (Mr. Nocera), Carrie Amos from Jericho and Sean from the Unit to continue discussion on the plans for hiring homeless clients to do work within the community. Project is designated for the week after City Clean-up Day on May 11th.
16. Attended annual Fair Housing Conference in Rocky Hill on April 28th.
17. Attended monthly City Council meeting on April 5th.
18. Attended Farmers’ Market meeting in preparation for June opening.
19. Completed quarterly report for Va Grant Per Diem Program.



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School Based Health Centers (SBHCs) Monthly Operating Report April 2016

Brief Program Description: The School Based Health Centers (SBHCs) are freestanding medical centers, located on the grounds of Broadview and Rogers Park Middle Schools, Danbury High School, Henry Abbott Technical School and Newtown Middle School.

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 April 1, 2016 – April 30, 2016:

	DHS, BMS, RPMS (DPH Funded)
Total # of Students Enrolled in all Schools	4,999
Total # of Patients Enrolled in the SBHCs	4,434
% of Total School Population Enrolled	89%
Total # of Patient Visits	4,620
Total # of Medical Visits	2,393
Total # of Behavioral Health Visits	1,683
Total # Dental Visits	544

Program Snapshot: Activities/Meetings held April 1, 2016 – April 30, 2016:

04/06/16 – Participated in a CT Association of School Based Health Centers conference planning call. 04/07/16 – Participated in part two of a CIFIC Strategic Planning meeting at OST. 04/08/16 – Joined BMS SBHC staff in a PC SBHC Pilot Project orientation meeting held at the CASBHC Offices, Quinnipiac Valley Health District, North Haven CT. Led by a consultant from the National School Health alliance, the meeting provided a brief overview of the PC-SBHC project, review of PC-SBHC standards and led participating sites through an initial site specific assessment.

04/21/16 – 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. 04/25/16 – Chaired the monthly SBHC staff meeting at OST. 04/26/16 – Joined SBHC staff in a mandatory annual first aid/CPR refresher course led by N. Munn, APRN and C. Nepoli, APRN.

04/26/16 – Joined BMS SBHC staff in a COIIN project webinar. Individual site project and updates on completion of PDSA-cycles was featured. 04/27/16 – Joined Clare Nespoli, APRN, Katie Curran, COO, Denise Kentala and Diane Trumbley, GDCHC Practice Manager in a meeting to review required data and reporting elements for DPH, UDS an current projects to assess what is data sets are currently captured in the EHR system and to determine what fields need to be added to assure compliance and conformity. 04/27/16 – Provided the CIFIC Board of Directors with highlights of SBHC



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activities at the monthly Board meeting. 04/28/16 – Joined K. White, APRN at the Families Network of Western CT Nancy and Bob Joy Annual Recognition Luncheon held at Matrix Conference Center.

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.

Distribution of Student Satisfaction Surveys was initiated at all SBHC sites April 27th to continue through Mat 27th 2016. Survey results will be collated and reported to DPH with year-end reporting documents.

04/07/16 & 04/08/16 – BMS SBHC staff participated in COIN Pilot Project webinar and virtual learning sessions.

04/07/16 – C. Cunningham, LPC attended a “Parent Awareness Workshop” of the Drug Free Schools committee of HVCASA. The topic this year was “The growth mindset”. The RPMS SBHC behavioral health provider sits on this committee as a middle school/SBHC representative.

04/8/16 – BMS SBHC staff and M. Bonjour traveled to New Haven for an initial meeting to discuss a new project entitled, Patient-Centered School Based Health Care (PC-SBHC). Broadview applied for the honor to participate and was selected to participate in the 18 month initiative.

04/26/16 C. Nespoli, APRN taught Healthcare Provider CPR to thirteen (13) SBHC staff members.

04/28/16 Clare Nespoli, APRN spoke to 100+ 8th grade students about the nursing profession at the BMS Career Fair.

04/12/16 – All SBHC medical providers met with Dr. Golenbock, MD, SBHC Medical Director, for monthly supervision. Topic: respiratory illnesses.

04/21/16 – N. Woering, APRN attended the CT APRNs annual conference, Rocky Hill CT.

04/25/16 – K. White, APRN attended the monthly Board of Directors meeting of Newtown Youth and Family Services.

04/28/16 – J. Casey, LCSW participated in BMS’s 8th grade career fair, representing the social work field in general and as it pertains to the SBHC. Three separate presentations were given.

04/29/16 – N. Woering, APRN attended Danbury Hospital Grand Rounds. Topic: “Abdominal Surgical Emergencies”

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.

DHS SBHC –

96% 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.

Outreach measures were continued during the month of April and included a bulletin board display on social media awareness (see photo below center).

BMS SBHC –

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.

Updated CIFIC SBHC registration forms are being distributed to all BMS students who currently have COD forms on file to update student records and bring enrollment records into compliance.

School RN and Guidance Department continue to give out registration forms to any students without registration forms



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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.

Outcomes	Measures	Achievement of Outcome
Improve access to and utilization of primary and preventive health care and other essential public health services.	<p>a. There will be at least 70% percent (40% for the NMS site) of the school's student population enrolled in the SBHC. Enrolled means that a signed parent consent form for the student is on file.</p> <p>b. At least 45% of students enrolled in the SBHC will receive one or more visits.</p> <p>c. At least 80% percent of the student population will receive an outreach contact regarding services available at the SBHC (through distribution of literature, invitation to an open house or event, participation in an educational forum, social media, or other contact).</p>	<p>a. DHS has 96% enrollment as of 04/30/16</p> <p>b. 15% of DHS enrolled students rec. 1 or more visit as of 04/30/16</p> <p>c. 100% DHS students received outreach contacts as of 04/30/16</p> <p>a. BMS has 75% enrollment as of 04/30/16</p> <p>b. 22% of BMS enrolled students rec. 1 or more visits as of 04/30/16</p> <p>c. 100% BMS students received outreach contacts as of 04/30/16</p> <p>a. RPMS has 80% enrollment as of 04/30/16</p> <p>b. 21% of RPMS enrolled students rec. 1 or more visits as of 04/30/16</p> <p>c. 100% students received outreach as of 04/30/16</p>

90% of parents are called by APRN after seeing their child, with the hope that a personal phone conversation will lead 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 (7 GDCHC). Of note, 3 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 April 2016 is to determine where in the EHR we would information pertaining to the annual well-child visit might be captured. On 04/27/16, C. Nespoli, APRN, K.



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Curran, COO, Diana Trumbley, GDCHC Practice Manager and Denise Kentala, EHR Data Specialist, met to discuss which fields need to be developed in eClinicalWorks to capture data needed to report on all five measures required by this initiative. In addition, it was determined that C. Nespoli, APRN would draft a "SBHC Documentation Guideline" for all SBHC medical providers.

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.

RPMS SBHC –

MA also continues to coordinate the dental appointments, as well as, attempts to resolve the multiple issues with the computer, and the ability to view and to take dental x-rays that is ongoing. New dental equipment was received and MA assisted with removal of old equipment and setup of the new equipment.

MA assists the APRN by interviewing each patient and obtaining as much information as possible, then enters this into ECW to streamline the process for the patient to be seen by the APRN. MA coordinated resolution of ECW issues that the NP was having which were resulting in more time than necessary to complete her entries. NP now has access to Escripts but now has difficulty entering the actual medication into Escripts. She has obtained answers to questions that will hopefully make more efficient use of her time.

The "Fun Club" afterschool program run by the MA and the School Nurse met once during the month of April, instead of twice, due to the April break and the School Nurse being unavailable for an additional meeting. At this month's meeting, the girls were provided with potting soil, planting pots and herb seeds. Each girl was able to plant several pots of seeds to take home with the hope of seeing the seeds grow with their care, and then using what was grown in a cooking project in one of the future meetings. In addition, once the planting was done, the girls were allowed to play and run around outside! It was a pleasure to see some of the girls, who normally would not interact with one another, approach each other to play the outdoor games together! One of the girls, who the SBHC had been working closely with regarding her morbid obesity, was doing her best to run and interact with the rest of the group in a game of "Marco Polo". It was very obvious that she was truly happy taking part in that activity. Another two girls, one of which was extremely introverted, have formed a friendship and have continued this outside of school.

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

Outcomes	Measures	Achievement of Outcome
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. Zero (0) required vaccine given in April.</p> <p>b. Zero (0) influenza vaccines administered and reported to State Immunization Program during the month of April.</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>



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Outcomes	Measures	Achievement of Outcome
<p>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. 89% of BMS students receiving MH services 3mth or > 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. 99% of DHS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 81% of DHS students receiving MH services 3mth or > demonstrated improved psychosocial functioning (LOF/GAF scores)</p> <p>d. 1% (2) DHS students required additional intervention by community-based provider during Mar.</p> <p>a. 100 % of RPMS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 100 % of RPMS students seen by MH 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 > showed improved psychosocial functioning. Of the 35 unduplicated users seen in April had recd. services during the last school year and 23 showed improved psychosocial functioning.</p> <p>d. In the month of April, 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 –New patients were referred by DHS school guidance counselors and teachers this month. As this is near to the end of the school year, efforts were made to fit in as many of these students as was feasible. Therapist had multiple contacts with school staff, in particular guidance counselors, regarding a number of ongoing staff. When compliance or school attendance is the issue, it becomes necessary to coordinate efforts even more so that treatment needs can be met. One student was referred due to panic attacks while another has missed so much school that he may need to be withdrawn. Clinician also learned regarding a possible sexual act that had taken place on school grounds that may have been filmed and shared. A school administrator was informed per school policy.

BMS SBHC –

J. Casey, LCSW had 68 student visits in the month of April, with 25 group appointments and 43 individual appointments. The Growing Up Female (GUF) group which began in March met three times in April.

The Family Issues group did not meet in April.

The 8th grade Girl’s Lunch group met two times in during the month.

During the month of April, J. Casey, LCSW had two (2) meetings with parents. One was with the student’s cluster teachers and guidance counselor, one was private.

04/13/16 and 04/27/16 - J. Casey, LCSW co-facilitated the BMS Leadership Council meetings.

RPMS SBHC –

The RPMS behavioral health provider participated in two cluster meetings for students.

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.

Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	<ul style="list-style-type: none"> a. 90% percent of clinic users with asthma have a written asthma action plan. 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. 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. d. 90% percent of clinic users with asthma have a documented flu vaccine. 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.
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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. April = 1; Year to date =27.

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). April = 1; Year to date = 27.

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)

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



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*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.	29 DHS students as of 04/30/16 were screened for GC/CT which was 100% of those reporting sexual activity 2 male RPMS students identified as sexually active declined STD testing

During the month of April, 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 – Sixteen (16) reproductive classes were given to two (2) new eighth grade health classes in April 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 April 2016 by Ally Cafferty, Health Corps Member:

- 04/06/16 Designed and assembled bulletin board on healthy relationships
- 04/07/16 Designed and assembled bulletin board on alcohol awareness
- 04/14/16 Outreach activity: *"Dine and Discover with the SBHC Staff"* – Topic: texting and driving
- 04/25/16 Attended CIFIC SBHC monthly staff meeting
- 04/29/16 Attended AmeriCorps Monthly Member Meeting
- 04/30/1 Assisted with *"Give Kids a Smile Day"*

News/Case Studies from the Field:

*A 15 year old female was seen in the SBHC after receiving a call from her PCP. The student had tested positive for a sexually transmitted infection sent out by her PCP and the PCP was not able to contact the student to arrange for treatment. The student was contacted and brought in for an immediate appointment in the SBHC and treated on the spot.

*A 15 year old female was evaluated in the SBHC for a painful mass to the base of her finger. The student reported the mass had been present since Oct 2015. It was becoming bigger and more painful and was interfering with the student's ability to write. The APRN located a surgeon in the community who would accommodate a patient with HUSKY insurance and sent a referral.

*A 16 year old male was seen for a deep laceration to the finger. He was using a knife in his kitchen the prior day and accidentally cut himself. The area was cleaned and steri-strips were applied. The student's vaccine record was checked for tetanus status. The student's mom was advised to have the student evaluated at the local ED.

*A 13 year old female was seen in January for chest discomfort. She was given an inhaler and spacer to trial to see if her chest discomfort would resolve. This girl's maternal grandmother and father were her legal guardians. Her mother was a heroin addict and lives out of town. The student lives with her grandmother. Dad lived in NJ. Dad does not allow the grandmother to have a copy of the girl's insurance card or have the insurance number. Dad requested that I call a pharmacy in NJ for him to purchase the medication and spacer needed for school. He would then overnight the prescriptions to his daughter in CT. Time had passed and recently the school nurse asked the Nurse Practitioner if an inhaler was prescribed



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because the student needed it for the Washington, D.C. trip. The grandmother was contacted and it was learned that Dad never mailed the inhaler and spacer to the student. Student was using the grandmother's inhaler if she needed it for chest pain. The free inhaler given to the student was empty. The student and grandmother thought the inhaler was empty because it was in her backpack and books might have expelled the medication. The school nurses thought the student might be trying to "get high" on the albuterol inhaler. The Nurse Practitioner educated one of the school nurses about the ingredients and side effects of an albuterol inhaler. Grandmother requested that the LCSW also see her granddaughter because she did not like her friends and was caught smoking cigarettes. The LCSW met with the student for an initial visit. The Nurse Practitioner saw the student, was given another free spacer and inhaler for the D.C. trip. Dad had moved to NY. Dad and Nurse Practitioner talked on the phone and another inhaler and spacer prescription was called into a different pharmacy of Father's choice. Student was then able to attend the D.C. trip with an inhaler and spacer from the SBHC. Student is scheduled to follow up with SBHC LCSW and Nurse Practitioner when she returns from the D.C. class trip.

*A student, in treatment with SBHC behavioral health provider most of last year and this school year since February sent a very worrisome email. She spoke of suicidality with some plan but also with a clear request for help. Her appointment was that day anyway, but much later and it seemed action needed to be taken sooner. It became very complicated as neither parent was reachable via phone at home or their jobs. (we later learned that the student who has no phone, had her mother's cell with her). Father is English speaking but mother, who is closer, is not. The clinician can understand some Spanish but would have been unable to communicate such delicate information effectively. Through multiple contacts, the clinician, the school, the doctor etc. have found the parents to be very open to therapy but not to medication or higher levels of care. It was unclear that even if reached, that they would go to crisis intervention. The student's guidance counselor was unreachable on this particular day and another school-wide mental health crisis was occurring in the building. In cases where parents are not reachable or are unwilling to transport as student to crisis an ambulance needs to be called and administration has to be informed. What finally occurred after a couple of hours during which another guidance counselor, who is multilingual attempted to leave messages for the parents, was that school administrators, including the principal, a school police officer, a school safety officer and the DHS clinician were able to locate the student within the building and she agreed readily to go with EMTs to Danbury Hospital. In the moments before she was to go with them one final attempt was made to reach a parent. The father picked up and immediately agreed to go to the hospital with his wife and to meet their daughter at the ER where she would receive a crisis evaluation.

This student did meet criterion for admission and a couple of days later. After being held in the ER, was transferred to Yale New Haven hospital.

*One ADHD student who isn't insured has been on twice daily generic Ritalin. He had been doing very well, with an immediate improvement in attitude, behavior, attention, and grades. He decided before April break to stop taking the 11am medication from the nurses, and has since stopped taking his medication in the morning before school. He reports he doesn't like being the nice kid, likes being the bad kid, doing what he wants. He has been in ISS now 6 days during April. No amount of discussion seems to persuade him to restart the medication or control his attitude or behavior. Parents and school guidance counselor are aware of his refusal to be medicated.

BMI: Since the start of 2015-16 school year, 312 RPMS students had their BMI recorded through the SBHC. Of those, 56% 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.