



CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

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Social Services Office

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

January 27, 2014

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The December 2013 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 transition 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. The Severe Weather Protocol has been activated to help those residents in need of shelter during the bitterly cold weather season this month; Danbury's homeless shelter coordinators and the United Way's 211 hotline system are a vital part of this support system. 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 Services

All City Services 311
Eviction Prevention 797-4565
Information-Referral 797-4569

Dial 2-1-1 for all
Connecticut Services!

Emergency Shelter 796-1661
Em. Shelter Fax 796-1660
WIC Program 797-4638



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TO: Danbury City Council

FROM: Daniel Barody, Associate Director

RE: Monthly Status Report – Housing, Food Service & Environmental Health Division
December, 2013

December 2013

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	Dec. 2013	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	91	650
Wetlands / Water Resources (hours)	123	862
# Land Use Evaluations (Septic Systems and Well Water Supply)	75	691
# Housing Inspections	115	609
# Food Service Inspections	121	787
# General Nuisance / Miscellaneous Inspections	177	1,034

See attached narrative

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Environmental Health Division Narrative Report

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The status of major project and program activities of the Environmental Health Division (EHD) for December, 2013 can be summarized as follows.

Wetlands / Water Resource Management:

The EHD continued to provide technical support staff to the Environmental Impact Commission (EIC). EHD staff has conducted review of permit documentation and site plans, site inspection of on going construction of EIC Permitted Projects, attended EIC Meeting and discussed environmental issues related to future projects by organizing pre-application meetings with developers and their consultants.

The EHD continued its management of water resource projects, including Tarrywile Lake. The EHD continued to provide staff support and liaison to the Environmental Impact Commission. (EIC), conducting oversight, environmental monitoring and inspection of public and private construction projects.

The EHD conducted site investigations of complaints and construction activities along the shore front of Candlewood Lake in cooperation with The Candlewood Lake Authority (CLA). The EHD receives and processes complaints, service requests and inquiries through the 311 "City Line" and Q-Alert systems.

Program Planning and Administration:

The Director of Health (DOH) and Associate Director continued to coordinate various environmental programs. New employees both full time and part time are attending training courses to obtain required certifications.

Subsurface Sewage Disposal & Private Water Supply Wells Compliance Program:

The on-site sewage disposal and well permitting program staff continued to perform plan review, site soil suitability testing and inspection.

Land Use:

The EHD continued administration of the Grading Permit Program, conducting permit application review, site inspection and enforcement.

Hazardous Materials Management & Public Health Preparedness:

The Environmental Health Division (EHD) continues in planning, training and preparedness activities for all hazard events as well as completion of annual contract deliverables required by the Connecticut Department of Public Health (DPH) Public Health Emergency Preparedness Grants.



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HOUSING AND FOOD PROTECTION PROGRAM NARRATIVE

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The statistical report reflects field activities conducted in connection with housing, public health and food service functions undertaken by the department. This narrative report is intended to summarize administrative activities and enforcement actions initiated by these sections. The narrative also highlights tasks and initiatives that may be of special interest.

The inspectors were not required to make court appearances. Several other cases were resolved by the City's attorneys prior to court hearings being held. While every effort is made to encourage cooperation to correct violations, non-compliance with department orders leads to court action and possible penalties for contempt of court.

The department continues to participate in systematic and complaint inspections with the UNIT program as needed. Our Department inspectors serve as the liaison's to UNIT and participates in inspections as requested. The department also investigates complaints throughout the city referred through the Mayor's complaint line and from other departments in addition to complaints filed directly with the department. The department also receives complaints and service requests through the 311 system. Food service inspections for the month were affected by the extended leave of a full-time food service inspector.

The department's lead poisoning prevention efforts for the month included monitoring of laboratory reports regarding blood lead levels in children in cooperation with the Connecticut Department of Public Health. Staff made contacts with clients in need of follow up tests according to State testing protocols. Preparations were also made to deal with the increased activity expected to result from the implementation of Connecticut's new law that mandates universal blood lead testing of all children in Connecticut. The law went into effect on January 1, 2009 and has resulted in an increase in department activity in the monitoring and follow up of child blood lead test results. Increased testing may also result in the need for more mandatory environmental inspections by the department to address individual cases of elevated blood lead levels. The law also lowers the action level for triggering such investigations. The department also performed functions as a community partner in the LAMPP Program during the month. Participation makes Danbury property owners eligible to apply for grant funds to abate lead paint, replace windows and perform other repairs necessary to make units lead safe. One application involving a Danbury property is under consideration by LAMPP. In addition, the Health department has submitted program grant application to the HUD Healthy Homes Production and LAMPP. Danbury as a partner will be included in this exciting initiative!

Services to the Health Department and Danbury Home owners will include: Health Intervention providing, Rug replacement; Ventilating fan installation; Mold/mildew removal, etc. LAMPP will provide training the following: Training on healthy homes issues, Assessment tools (HUD Program & IPAD), Training on assessment process. LAMPP will also provide energy efficiency assessments of homes partnering with Northeast Utilities



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TO: Mayor Boughton and City Council

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FR: Social Services

RE: Activities during December, 2013

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 December, 2013:

1. Our Housing Caseworker managed approximately 45 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 811 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): 0
- b. Laundry Services: 14
- c. Mail Access: 43
- d. Veteran Referrals: 2
- e. Bus Tickets: 8
- f. Housing Related Issues: 1
- g. Housing Placement: 0
- h. Job Searches: 1**
- i. Employment inquiries: 3
- j. Case Management Services: 9
- k. Showers: 61
- l. Lunch: 601
- m. Mental Health Referrals/Case Management: 1*
- n. Adult Medical Referrals: 6
- o. Phone Usage: 10
- p. Substance Abuse Referrals/Case Management: 43*
- q. Clothing Vouchers: 0



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r. Other: 14

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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. Due to MCCA weekend counselor having 3 prior commitments, there was 3 weeks of no counseling services.

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

3. Social Service collaborations were continued for clients regarding health/medical/veteran status and any other required entitlements
4. Our Emergency Shelter continues to provide homeless individuals with support services, case management and any other necessary mental and physical assistance.
5. The Homeless Management Information System (HMIS) is continually updated on a monthly and quarterly basis to reflect current clients and activities in the Social Services section of the Health Department and through constant liaison with Dream Homes (ARC).
6. Attended meeting of the CoC to discuss coordinated access for the Balance of State CoC's and following procedures and new policies for all social service agencies provided a variety of services to the homeless population.
7. Receiving weekly food donations from arrangement with Community Plates.
8. One (1) final committee meeting for Project Homeless Connect scheduled for December 13, 2013 at Western Connecticut State University.
9. Attended one (1) meeting for the Social and Supportive Service Committee of the Danbury Housing Partnership.
10. Preparing Christmas list of families to be sponsored by local agencies, individuals, churches, businesses, etc. Making contacts and verifying contributions.
11. Preparing and finalizing contributions for 25 dinners to be distributed for Christmas. Donations by the Ladies of the Greater Danbury Irish Club.
12. Finalizing a total of 90 families being sponsored for Christmas gifts for 2013.
13. Conducted mass shopping at Wal-Mart for various clothing, toiletries, food, etc. for Project Homeless Connect annual event.
14. Secured gift cards, flowers, caterer, and all vendors associated for Project Homeless Connect.
15. Attended Food Collaborative meeting at United Way.
16. Meeting with Community Health Center staff at Emergency Shelter to secure areas for in-house medical and behavior clinic.
17. Finalized and submitted Fair Rent Commission budget for fiscal year 2014-2015.
18. Attended Connecticut Fair Housing Association quarterly meeting in Hartford.
19. Attended meeting with CDBG consultant for awarded grant for the Emergency Shelter.



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School Based Health Centers (SBHCs)

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Monthly Operating Report January 2014

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

This report reflects patient visit data for the time period July 1, 2103 through December 31, 2014 and highlights program activity during the transition phase of moving the SBHC programs from under the administrative oversight of the City of Danbury, Health & Human Services Department to the Connecticut Institute For Communities, Inc. (CIFC).

Patient Utilization Data for Period Ending December 31, 2014*: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)	HATS (Non-DPH Funded)
Total # of Students Enrolled in all Schools	5134	631
Total # of Patients Enrolled in the SBHCs	4490	294
% of Total School Population Enrolled	87%	47%
Total # of Patient Visits	1536	76
Total # of Medical Visits	978	76



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Total # of Behavioral Health Visits	516	Not applicable 8
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SBHC Annual Aggregate Billing Status Report 7/1/13 – 11/30/13*

*Billing report for the reporting period not available at time of submission of this report due to transition of billing contracts and processes from City of Danbury to CIFIC.

All SBHC medical providers have been identified as providers under CIFIC/GDCHC. Patient registration data and superbills for the month of December have been entered into eClinicalWorks for billing.

Mental health billing is on hold awaiting a Medicaid Behavioral Health Provider number and will initiate as soon as CIFIC receives notification from DSS.

SBHC Outcome Measures 7/1/13 – 6/30/16

Outcomes	Measures	Achievement of Outcome
1. Improve access to and utilization of primary and preventive health care and other essential public health services.	<p>a. There will be at least 70% percent of the school's student population enrolled in the SBHC. Enrolled means that a signed parent consent form for the student is on file.</p> <p>b. At least 45% of students enrolled in the SBHC will receive one or more visits.</p> <p>c. At least 80% percent of the student population will receive an outreach contact regarding services available at the SBHC (through distribution of literature, invitation to an open house or event, participation in an educational forum, social media, or other contact).</p>	<p>87.2% enrollment as of 11/31/13</p> <p>100% students received outreach contacts as of 10/31/13*</p>

Outcomes	Measures	Achievement of Outcome
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<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 receive 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>99% of school staff 9 reached with SBHC information via direct contact and/or school mailings</p> <p>100% of students seen by MH clinician received risk assessment through use of approved screening tool</p> <p>95% receiving MH services 3mth or ></p> <p>100% requiring additional intervention by community-based provider received referral</p>
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Outcomes	Measures	Achievement of Outcome
<p>6. Reduce the occurrence of STDs among student SBHC enrollees</p>	<p>a. 85% of sexually active students are screened for STDs.</p>	<p>73% screened for STDs*</p>

* The SBHC has seen 22 students who have presented to the SBHC requesting a reproductive health related visit. This includes but is not limited to students who report unprotected sexual activity, possible exposure to an STD as well as those with late or irregular menses or who request information related to birth control options. Of these 22 students, 16 of them submitted urine specimens for testing for gonorrhea and chlamydia. This represents 73% of the total number of students. Reasons for not obtaining specimens on 100% of students include: 1. the student has already had testing with an outside provider eg Planned Parenthood, private GYN/OB or 2. the student is unable to provide specimen and then does not show for the follow up appointment.



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Program Snapshot: Activities/Meetings held December 1 – December 31, 2013: 10

December 2, 2013 – Seven current SBHC staff ended their employment with the City of Danbury and hired by CIFC.

December 2, 2013 – Application for approval for Medicaid Behavioral Provider number submitted to Department of Social Services (will enable SBHC's to bill for behavioral health services under CIFC).

December 2, 2013 – M. Bonjour, SBHC Manager participated in CIFC Executive Team Meeting

December 3, 2013 – Licensed Clinical Social Worker vacancy at BMS filled by Jenny Casey, LCSW.

December 11, 2013 – SBHC staff convened in CIFC Board meeting room for monthly staff meeting.

December 15, 2013 – Plans confirmed to move Clare Nespoli, APRN from her part-time position at HATS to fill vacancy (full-time) at BMS effective January 2, 2014.

December 18, 2013 - Received confirmation from the State Department of Public Health Laboratory section that the school based health centers were added to the CT Institute for Communities Certificate of Waiver CLIA#07D11075932 multi-site certificate effective November 2013.

December 19, 2013 – M. Bonjour participated in CT Association of School Based Board of Directors meeting, North Haven, CT

December 26, 27 and 30, 2013 - SBHC staff Annual Performance Evaluations completed and submitted to Director of Human Resources.

December 2013 – SBHC staff participated in a number of collaborative meetings and/or learning opportunities including:

- World's AIDS Day Breakfast 12/3
- Family Focus Partnership Meeting 12/4
- CT Oral Health Initiative Annual Meeting 12/4
- CHCACT "Summit on Behavioral Health & Primary Care" 12/5

Special Activities Working Noting For December:

DHS SBHC conducted our 4th annual Sock Drive. Through means of daily announcements as well as a bulletin board, SBHC staff reached out to school staff and students to collect new socks. In result, three large boxes of socks, gloves, and hats were brought over to the Danbury Homeless Shelter for donation. This yearly initiative encourages the students to be more community minded and fills a need for those less fortunate.

DHS Skin Cancer Prevention: Students and staff were made aware of the dangers of artificial tanning and sun damage via bulletin board and handouts.

DHS Medical Asst. worked in identifying students in need of dental services through



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medical/dental chart review as well as contacting students and parents.

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Jacqueline George, AmeriCorps Member assigned to the SBHC programs had a productive December. Activities completed during the month included:

- Outreach at Abbott Tech “Shop Selection Night” 12/3
- Attended AIDS Project Greater Danbury World AIDS Day Breakfast 12/3
- Attended Supplemental Nutrition Assistance Program (SNAP) Meeting 12/4
- Attended Connecticut Forum on Youth and Homelessness 1/12
- Visited Bullard-Havens Technical High School SBHC and reported possible practices for Abbott Tech SBHC 12/16
- Compiled chart audit report for Danbury SBHCs
- Made Sugary Drinks presentation board for Rogers Park SBHC
- Entered December Medical visits into eClinicalWorks for all SBHCs for billing
- Facilitated appointments at Abbott Tech SBHC



Legislative Update:

December 20, 2013 – M. Bonjour participated in first meeting of SBHC Advisory Committee as a appointed representative of a CT SBHC: **Public Act 13-287-Senate Bill 1137 “An Act Concerning The School-Based Health Center Advisory Committee And A Study On The Provision Of Behavioral Health Services At School-Based Health Centers”- EFFECTIVE DATE: October 1, 2013**

This act expands, from seven to 17, the membership of the school-based health center (SBHC) advisory committee and adds to its responsibilities. It requires the committee to advise the DPH commissioner on matters relating to (1) minimum standards for providing services in SBHCs to ensure that high quality health care services are provided and (2) statutory and regulatory changes to improve health care through access to SBHCs. Prior law instead required the committee to assist the commissioner in developing recommendations for the latter.

The act also requires the DPH commissioner to study and report to the Public Health Committee by February 1, 2014 on the provision of behavioral health services by SBHCs in the state. She must do



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this (1) in consultation with the SBHC advisory committee and Department of Children & Families 12 commissioner and (2) only if DPH receives private or federal funds to conduct the study.

The act retains as members the commissioners, or their designees, of DPH, social services (DSS), mental health and addiction services, and education. It also retains as members three school-based health center providers. But, it (1) requires the Connecticut Association of School-Based Health Centers (CASBHC) board of directors to appoint only two, instead of three, of these members and (2) requires the third member to be the CASBHC executive director. (Neither existing law nor the act specifies how long members serve, when appointments must be made, and who fills any vacancies.)

The act extends, from January 1, 2012 to January 1, 2014, the date by which the committee must begin annually reporting to the Public Health and Education committees on its activities.

It also authorizes DPH, instead of CASBHC, to provide administrative support for the advisory committee.

DPH STUDY OF SBHC BEHAVIORAL HEALTH SERVICE PROVISION

By February 1, 2014, the act requires the DPH commissioner to report to the Public Health Committee on its joint study of the provision of behavioral health services at SBHCs. The commissioner must do this only if she receives private or federal funds to conduct the study. The report must include: 1. recommendations for standards concerning the provision of behavioral health services at SBHCs and oversight of such service provision; 2. the estimated cost for all SBHCs in the state to provide the recommended behavioral health services; 3. a description of the behavioral health services currently provided at SBHCs; and 4. recommendations for maximizing reimbursement for such services by private insurance and social service programs, including DSS-administered medical assistance programs.

For the purposes of the study, the act defines an SBHC as a DPH-licensed health clinic that provides health care services to students at school.



News/Case Studies from the Field:

Following are actual cases studies/examples of ways in which the SBHC counselor is able to support the students and school staff. This fall started with four high intensity cases that took many hours of clinical social work staff time; the benefit of the structure of the SBHC is that it allows for this type of “on call” counseling.

Student #1:



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A male 7th grade student presented in the school nurse's office during the first week of school. 13 He was tearful daily and presented with somatic complaints. Counseling revealed intense anxiety. Patient was seen more than 10 times for full visits during the first month of school. In addition, there were multiple "check-ins", communication with parents and participation in cluster meetings on ways to best support this student. Anxiety management techniques were taught to patient and suggestions made to cluster teachers on ways to best support him so he could remain in the classroom. By mid-October, this student was able to function normally in the classroom and access the SBHC on an as-needed basis.

Student #2:

An 8th grade male student was referred by his guidance counselor. This student attended the funeral of his cousin two days before the start of school. His cousin died suddenly as he was about to start college. This student was seen for multiple visits during the 1st month of school to help him process grief and be able to function normally.

Student #3:

An 8th grade female student had revealed a past trauma over the summer. She was having much difficulty in getting through the school day and refraining from self-injury. She had been hospitalized in the Spring and Summer. The SBHC counselor worked with the guidance counselor, her therapist and her family to provide support to be able to attend school daily. The decision was made to place her on a modified shortened day schedule. Her guidance counselor arranged bussing for mid-day. When the modified schedule began, this patient checked in during homeroom daily. She then needed the SBHC counselor to walk with her to and from each class to help her manage her anxiety. The intensity has eased and we now meet briefly before school starts and before she leaves for the day. The goal has been to improve her coping skills and level of independence within the school day.

Student #4:

A 6th grade female presented to SBHC at the end of October. She was referred by her teacher due to an inability to stop crying. This student revealed that her 4 year old cousin had died last spring due to cancer. She had "stuffed in" all emotions as the family was in turmoil. There was a Halloween fundraiser for a scholarship fund that "opened up" all the grief. She has needed intense counseling in school just to get through the day. This student has been seen daily, often multiple times during the day for reassurance, grief counseling and coping skills. She is now working with Healing Hearts for grief counseling and able to get through some days without crying. The grief has also revealed an anxiety disorder that we addressing at this time. This case has also involved multiple contacts with the student's mother and meetings with her cluster teachers. We still meet daily, but for just one period now.
