



CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

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

February 24, 2014

1

Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The January 2014 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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Pg2

February 19, 2014

TO: Danbury City Council

FROM: Daniel Baroody, Associate Director

RE: Monthly Status Report – Housing, Food Service & Environmental Health Division
January, 2014

January 2014

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	Jan. 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	102	752
Wetlands / Water Resources (hours)	114	976
# Land Use Evaluations (Septic Systems and Well Water Supply)	50	741
# Housing Inspections	116	725
# Food Service Inspections	118	905
# General Nuisance / Miscellaneous Inspections	161	1,195

See attached narrative



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Environmental Health Division Narrative Report

3

The status of major project and program activities of the Environmental Health Division (EHD) for January, 2014 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 ongoing 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

4

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

5

FR: Social Services

RE: Activities during January 1, 2014

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 January 1, 2014:

1. Our Housing Caseworker managed approximately 70 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 1198 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): 3
 - b. Laundry Services: 19
 - c. Mail Access: 60
 - d. Veteran Referrals: 4
 - e. Bus Tickets: 10
 - f. Housing Related Issues: 1
 - g. Housing Placement: 0
 - h. Job Searches: 4**
 - i. Employment inquiries: 2
 - j. Case Management Services: 6
 - k. Showers: 76
 - l. Lunch: 862
 - m. Mental Health Referrals/Case Management: 0*
 - n. Adult Medical Referrals: 4
 - o. Phone Usage: 8
 - p. Substance Abuse Referrals/Case Management: 40*
 - q. Clothing Vouchers: 5
 - r. Other: 16



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s. Out of the Cold(due to extreme cold temperatures): 78

6

*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. Attended one (1) meeting of the Social and Supportive Service Committee of the Danbury Housing Partnership.
9. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
10. Received 4 cases of donated food from Bethel Health Care kitchen.
11. RFP discussion with assigned committee from the Danbury Housing Partnership to discuss and choose a company to provide information and finalized report on the chronic homelessness in the Danbury community.
12. Fair Rent Commission filed complaint regarding increase in rent in Danbury.
13. VA annual inspection at the Emergency Shelter.
14. Attended one (1) meeting of the Danbury Housing Partnership.
15. Meeting with the new chairperson of the Housing and Community Development to plan strategy and plan of action in which direction the DHP committee will undertake.
16. Attended one (1) meeting of the Danbury Fair Rent Commission.
17. Finalized the Community Health Center inspection for the weekly medical and behavior clinic.
18. Submitted the quarterly report for CDBG.
19. Conducted the annual Point In Time Count at the Overflow Shelter (1st Congregational Church) and Dorothy Day shelter on January 29th.
20. Attended one (1) night meeting of the Fair Rent Commission.
21. Attended one (1) meeting of the Housing and Community Development subcommittee of the Danbury Housing Partnership.



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7

22. Attended meeting at City Center with VA rep for City Works in assisting chronic homeless vets.
23. Submitted final accumulative report for VA.
24. Attended one (1) meeting of the Farmers' Market.
25. Attended one (1) meeting of the Financial Resources and Fundraising Committee of the Danbury Housing Partnership.
26. Attended one (1) meeting of the Public Relations, Marketing and Education Committee of the Danbury Housing Partnership.
27. Due to severe weather conditions this past month, the Emergency Shelter was open for 24 hours on January 1, 2, and 3, 2014.



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School Based Health Centers (SBHCs) 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, 2013 through January 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 January 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	5103	631
Total # of Patients Enrolled in the SBHCs	4503	295
% of Total School Population Enrolled	88% (+ 1% increase since 12/31/13)	47%
Total # of Patient Visits	1796	94
Total # of Medical Visits	1138	94



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Total # of Behavioral Health Visits	916	Not applicable 9
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SBHC Annual Aggregate Billing Status Report 7/1/13 – 1/31/14*

*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>a. 88.2% enrollment as of 1/31/14 (+ 1% since 12/13/13)</p> <p>b. 30.5% enrolled RPMS students rec'd. 1 or more visit as of 1/1/14.</p> <p>c. 100% students received outreach contacts as of 12/31/13*</p>



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BMS SBHC - Clare Nespoli, APRN (new hire 1/2/14) introduced herself to the BMS faculty and 10 answered questions regarding the role of the SBHC at a faculty staff meeting on 1/9/14.

RPMS SBHC - 922 students are enrolled in Rogers Park SBHC out of 1199 total student population. Guidance department includes the SBHC consent in all new student packets. The school nurses also seek to sign-up students who are not enrolled who could benefit from our services.

282 students have been seen in the clinic. That equals 30.5% of enrolled students having been seen. All of the 420 sixth grade students have received direct, in-person information from SBHC staff regarding our services. Staff has presented to 709 of the 779 seventh and eighth graders and will be completing the remaining students shortly. In addition to the SBHC general information that is directly given to all science classes, the NP and counselor have started the reproductive classes for all 8th grade students so by April, all eighth grades will have received information twice about our services.

From July 2013 through December 2013, the RPMS SBHC staff went into 41 science classes regarding SBHC services.

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. Data being gathered (See narrative below).</p> <p>b. 100% reported offered/received to State Immunization Program</p> <p>c. 100% receiving education reported to State Immunization Program.</p>

BMS SBHC - State DPH Vaccine Program representative made a site visit to Broadview SBHC on 1/15/14 and approved the refrigerator and refrigerator/freezer combination unit for vaccine storage and gave permission for clinician to start ordering vaccines.

1/30/14 – First vaccines ordered by BMS APRN. One (1) influenza vaccine given. Five (5) Vaccine Information Sheets (VIS) given to students.



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RPMS SBHC –

The school nurses are currently going through a list of 90 students who were identified as behind on the required immunizations. They refer students to the SBHC to obtain immunizations if the parent requests. Many of these students may have already had the vaccines but the information has not been brought into the school nurses yet. Because the seventh grade vaccine requirements of a TDAP, MCV, and #2 varicella have been in effect for 2 years, it is not expected that the SBHC will give as many vaccines as in years past.

The RPMS SBHC clinic was without a functioning approved refrigerator to store vaccines since April 2013. The refrigerator was fixed the end of December and staff are now able to order/store vaccines as of January 2014. The NP had to go to DHS to pick up vaccines on the day the vaccine was being given prior to January.

The NP has given a total of 26 vaccines from July-Dec. 2013 of which 3 were the required vaccines and 23 were recommended vaccines.

There have been 10 flu vaccines given by Jan. 1st 2014. The students are screened for flu vaccines, with many having received it at their doctors or at a flu clinic. There has been an overall lack of interest in people receiving the flu vaccine this year, despite it being offered to eligible students.

Documentation of student having received the flu vaccine elsewhere this season is listed on the immunization record. The NP has specifically targeted asthmatic students for flu vaccine information.

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 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>a.99% of school staff reached with SBHC information via direct contact and/or school mailings</p> <p>b.100% of students seen by MH clinician received risk assessment through use of approved screening tool</p> <p>c.95% receiving MH services 3mth or ></p> <p>d.100% requiring additional intervention by community-based provider received referral</p>



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12

BMS SBHC - Jenny Casey, LCSW has met with 98% of the students who previously received mental health services to introduce herself, assess the students' needs and create a treatment plan.

Received and responded to new referrals from school RN, assistant principals, guidance counselors and school social worker.

Attended a weekly Pupil Personnel Services meeting with Assistant Principals, guidance counselors, school social worker and school psychologist.

Started 5 support groups: an 8th Grade "Growing Up Female" Group; a 6th grade Girls' Group; a 7th grade Girls' Group; a 7th grade Boys' and Girls' Group; and an 8th grade Family Issues Group.

Contacted 5 parents for phone consultations and met with 1 parent in person.

DHS SBHC - During the month of January, as part of ongoing outreach to Danbury High School staff and students, SBHC staff created a bulletin board display about stress and Mood Disorders. The display provided information about Anxiety, Depression, Suicidality, and Seasonal Affective Disorder, as well as on how to obtain treatment.

During this month, staff also provided education and outreach via a "Dine and Discover" program which is held in the cafeteria. Through the use of a trifold board and a fun contest, students and staff were able to learn about stress/anxiety. This included causes, symptoms, and ideas to reduce or treat symptoms.

The clinician had two cases that required coordination of services with outside providers. While increasing treatment frequency to twice weekly and indefinitely family treatment, both students were also referred for Psychiatric evaluations for medication. This involved written and verbal collateral contacts with the clients, their parents, Pediatricians, and the evaluating Psychiatrist.

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

(Not selected as a measure this program year)

5. Reduce the proportion of SBHC users with obesity.

(Not selected as a specific measure this program year)

* RPMS SBHC - 228 students have had their BMI done with 48% overweight and 26% obese.

Outcomes	Measures	Achievement of Outcome
6. Reduce the occurrence of STDs among student SBHC enrollees	a. 85% of sexually active students are screened for STDs.	a. 75% screened for STDs* (+2% since 12/31/13)



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DHS SBHC -

13

The SBHC has seen 24 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 24 students, 18 of them submitted urine specimens for testing for gonorrhea and chlamydia. This represents 75% of the total number of students (represents a 2% increase since 12/31/13). Reasons for not testing included: the patient's inability to void at the time of visit and "no shows" for appointments.

RPMS SBHC - APRN is in the process of conducting education sessions for 8th grade girls' reproductive class. Will have covered puberty and health for a lifetime, pregnancy contraception and abstinence in January to four different 8th grade girls classes for 18 total classes taught in order to cover the information. As a result of the classroom presentations, there have been 3 students who self-referred for high risk sexual behavior.

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)



Program Snapshot: Activities/Meetings held January 1, 2014 – January 31, 2014:

1/7/14 & 1/28/14 - Melanie Bonjour, SBHC Manager participated in CIFC Management Team meetings

1/13/14 - Received confirmation that the School Based Health Centers were selected as a 2014 Endowment Project Mission recipient of the United Church of Christ, Southbury. Funds in the amount of \$4,164.50 will be awarded to the SBHC's to support violence prevention education outreach measures in the Spring 2014. Donation to be accepted at the 2/23/14 church session.

1/14/14 SBHC staff from all four sites convened for a team staff meeting to discuss operational and practice management items

1/16/14 Melanie Bonjour participated in the CT Association Board of Directors monthly meeting held at the Quinnipiac Valley Health District, North Haven. SBHC behavioral health licensing and legislative agenda for 2014 session were discussed

1/23/14 Participated in HealthCorps site visit conducted by Rashad Collins – Review of AmeriCorp member progress to date was conducted including member and supervisor as participants

1/30/14 Melanie Bonjour participated in Community HealthCorp Site Supervisor Call. Topics included member data collection, recruitment, member updates, upcoming events and program updates



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14

Jacqueline George, HealthCorps Member assigned to the SBHC programs conducted the following activities during the month of January 2014:

- Attended Coalition for Healthy Kids meeting 1/14
- MLK Day Service Projects at the Peabody and Wadsworth 1/19 & 1/20
- Participated in 1/30/14 “*Dine and Discover*” presentation at Danbury High School – Topic: Stress
- Made Stress education presentation board for Danbury High School Dine and Discover
- Assisted with stress and depression bulletin board displays at DHS
- Assisted with beginning plans for upcoming Alternatives to Violence week at DHS, Broadview and Rogers Park
- Entered patient and visit information from all January SBHCs Medical visits into eClinicalWorks for billing
- Facilitated student appointments at Abbott Tech SBHC
- Participated in 1/23 Health Corps Coordinator Site Visit – Conducted by Rashad Collins



Legislative Update:

1/8/14 & 1/10/14 – Melanie Bonjour participated in meetings with key legislative leadership of the State Appropriations Committee, including Representative Diana Urban, Representative Toni Walker and Senator Beth Bye to share information regarding the importance of SBHC’s as a safety net health care provider and need for continued State funding support

1/22/14 – Melanie Bonjour participated in an information meeting in Newtown including key community and school officials to begin discussion and explore interest and potential for establishing a school based health center in a Newtown public school. Next step: Site visit to a neighboring SBHC site in Branford CT.



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News/Case Studies from the Field:

15

1- The DHS SBHC staff has recently begun working with a very complicated family situation. A mother and her two sons had relocated to CT this past fall but quickly became homeless, living in a car and Danbury shelters. The family history is unclear but it has been reported that there may be a history of domestic violence, substance abuse and limited intellectual functioning.

Recently the family has secured housing in New Milford but the boys are being transported from New Milford to attend DHS under a homeless grant. The children do not have a medical provider in the community so the SBHC is offering full services and is acting as a resource and an advocate for these boys. The SBHC is offering medical services including vaccinations and tuberculosis screening to facilitate them entering into vocational training at Danbury Hospital.

2- A middle SBHC LCSW is helping a student who was referred by his Guidance Counselor (a 6th grade student who has had trauma in his life). He has ADHD as a diagnosis, but has problems with disruption and becoming agitated in the classroom. The LCSW worked with his cluster teachers and his outside therapist to help develop a school plan where he is permitted to leave the class for "a drink of water" when he becomes agitated and if that doesn't work to help him calm down, he is to come to SBHC to see me. In the 10 days since this plan has been in place, he has come to see the SBHC LCSW twice, both times opening up and talking about his feelings "in the moment". The SBHC LCSW was then able to share that information, with the student's permission, with his teacher so they can support him. In collaborating with his therapist, the latest thought is he doesn't have ADHD, but possibly PTSD.

This is a great example of SBHC's flexibility to work with the teachers and outside supports to really make a difference for a student.