



# CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing 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 24, 2014

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The February 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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TO: Danbury City Council

FROM: Daniel Baroody, Associate Director

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

## February 2014

### Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	Feb. 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	81	833
Wetlands / Water Resources (hours)	97	1,073
# Land Use Evaluations (Septic Systems and Well Water Supply)	32	773
# Housing Inspections	90	815
# Food Service Inspections	121	1,026
# General Nuisance / Miscellaneous Inspections	159	1,354

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 February, 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 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 February, 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 February, 2014:

1. Our Housing Caseworker managed approximately 71 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 1052 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): 2
  - b. Laundry Services: 23
  - c. Mail Access: 55
  - d. Veteran Referrals: 2
  - e. Bus Tickets: 4
  - f. Housing Related Issues: 0
  - g. Housing Placement: 1
  - h. Job Searches: 5\*\*
  - i. Employment inquiries: 0
  - j. Case Management Services: 12
  - k. Showers: 93
  - l. Lunch: 779
  - m. Mental Health Referrals/Case Management: 0\*
  - n. Adult Medical Referrals: 0
  - o. Phone Usage: 5
  - p. Substance Abuse Referrals/Case Management: 62\*
  - q. Clothing Vouchers: 2
  - r. Other: 7



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

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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. 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. Fair Rent Commission formal hearing for filed complaint regarding increase in rent in Danbury.
11. Attended one (1) meeting of the Danbury Housing Partnership.
12. Attended one (1) meeting of the Danbury Fair Rent Commission.
13. Finalized the Community Health Center inspection for the weekly medical and behavior clinic.
14. Attended one (1) night meeting of the Fair Rent Commission.
15. Attended one (1) meeting of the Housing and Community Development subcommittee of the Danbury Housing Partnership.
16. Submitted revised/follow-up cumulative report for VA.
17. Attended one (1) meeting of the Farmers' Market.
18. Attended one (1) meeting of the Financial Resources and Fundraising Committee of the Danbury Housing Partnership.
19. Attended one (1) meeting of the Public Relations, Marketing and Education Committee of the Danbury Housing Partnership.
20. Due to severe weather conditions this past month, the Emergency Shelter followed the Governor's request for emergency shelter protocol.
21. Attended City Council meeting.
22. Visited Waterbury Hospitality House for the Homeless.



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23. Attended training for new HMIS service provider for new software system. Pg7
24. Attended workshop for Coordinated Access at the Norwalk Health Department, sponsored by CCEH.
25. Submitted CDBG grant application funding for the Emergency Shelter.
26. Conducted Fair Rent Investigation with Housing Code enforcement of the Health Department for fair rent complaint.



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## School Based Health Centers (SBHCs) Monthly Operating Report February 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.

\*\*\*\*\*

### Patient Utilization Data for Period July 1, 2013 February 28, 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	5096	631
Total # of Patients Enrolled in the SBHCs	4566	295
% of Total School Population Enrolled	90% (+ 2% increase since 12/31/13)	47%
Total # of Patient Visits	2303	94
Total # of Medical Visits	1495	94
Total # of Behavioral Health Visits	904	Not applicable



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### SBHC Annual Aggregate Billing Status Report 7/1/13 – 2/28/14\*

Revenue \$72,137.45\*

Cash Receipts \$35,748.36

\*Reflects super bills entered into eClinicalworks for billable medical visits only (both DPH funded SBHCs and HATS sites)

All SBHC medical providers (APRN's) have been identified as providers under CIFIC/GDCHC. Patient registration data and super bills for the month of December through February have been entered into eClinicalWorks for billing and collections.

An application requesting a behavioral health Medicaid number for the SBHCs has been submitted to CT Department of Social Services and is under review. Billing for behavioral health services will initiate immediately upon receipt of Medicaid authorization and provider number. Anticipated date 4/1/14.

### 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. 90% enrollment as of 1/31/14 (+ 2% 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>16% enrolled DHS students rec'd. 1 or more visit as of 2/28/14.</p> <p>c. 100% students received outreach contacts as of 12/31/13*</p>



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BHS SBHC – APRN referred six (6) individuals to GDCHC, including one (1) mother and an uncle who attended a student’s appointment. They complained of similar strep throat symptoms as the student. The uncle had utilized the emergency department the night before and complained they did not perform a strep test. Family members were encouraged to speak with Catia Monaco at GDCHC as soon as possible.

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 and will be documented in year-end report to DPH.</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 – Influenza versus common cold bulletin emphasizing the importance of hand washing board displayed outside of the entrance to the SBHC.

APRN requested permission from parents of five (5) students to perform 6<sup>th</sup> grade immunizations during a physical exam appointment at the SBHC. Three (3) physical appointments scheduled after school required CMT testing is complete.

Four (4) influenza vaccines offered, one (1) given. One (1) IPV (polio) vaccine given during the month of February.

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their	a. 90% of school staff receive information about the mental health services offered through the SBHC.	a.99% of school staff reached with SBHC information via direct



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<p>psychosocial functioning through assessment, intervention and referral.</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>contact 11</p> <p>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 &gt;</p> <p>d. 100% requiring additional intervention by community-based provider received referral</p>
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BMS SBHC – LCSW has met with 100% of all students who previously used the SBHC to assess status and offer support. LCSW continues to receive new referrals, to facilitate five (5) groups weekly and to attend weekly Pupil Personnel Services (PPS) meetings.

DHS SBHC - Students who present for mental health treatment receive a full intake/bios psychosocial evaluation on or by the third visit. Additionally, each new client as well as ongoing clients who are at risk are assessed for suicidality and homicidality. Those students who attend treatment consistently generally report an improvement in level of functioning. Those students requiring a higher level of care or a Psychiatric Evaluation, etc.. are always referred out for the additional or alternative services.

The DHS SBHC staff conducted its monthly student outreach and awareness activity ***“Dine and Discover with the SBHC Staff”*** in the student cafeteria. The topic was "Healthy Relationships." Staff created a trifold board showing images of unhealthy and even violent relationships featuring teens and young adults, including those easily recognizable to adolescents. Many of them approached the table, for example, after recognizing pictures of the singer Rhianna after her face had been bruised in an assault. The board also addressed signs of unhealthy and abusive relationships versus signs of healthy ones. Students participated in a contest as well.

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



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(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)

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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.79% screened for STDs* (+4% since 12/31/13)

DHS SBHC – Routinely sends urine samples for gonorrhea and chlamydia to the State Lab on every student who reports sexual activity whether protected or not. Students are referred to AIDS Project of Greater Danbury and/or the Danbury STD Clinic for testing for syphilis and HIV. Students are referred to Planned Parenthood or local GYNs for PAP smears and HPV testing.

Reasons for lack of screening are generally due to the patient's inability to provide specimens and subsequent noncompliance with follow-ups.

RPMS SBHC -The NP has conducted eleven (11) reproductive classroom presentations to 8th grade girls and boys. The series started Jan. 6 and there have been a total of thirty-three (33) presentations.

These presentations were given to four (4) different girls classes that included female puberty, reproductive and general health for a lifetime, pregnancy, contraception, abstinence, HIV, STDs.

Boys reproductive classes the end of Feb. and beginning of March.

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 February 1, 2014 – February 28, 2014:**

2/1/14 BMS LCSW attended to Housatonic Valley Coalition Against Substance Abuse presentation by the Statewide Narcotics Task Force Training coordinator Wayne E. Kowal on current drug trends in CT.

2/4/14 Melanie Bonjour participated in CT School Based Health Center Advisory Council meeting held at the A.J. Pappanikou Center for Excellence on Developmental Disabilities – discussion included SBHC behavioral health licensing inspections and review of the draft Advisory Council Report to the State Commissioner of Health.

2/20/14 – Melanie Bonjour participated in the monthly CT Association of School Based Health Centers Board of Directors meeting held at Quinnipiac Valley Health District, North Haven.



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2/23/14 Melanie Bonjour accepted a check in the amount of \$4,160.60 from the United Church of Christ, Southbury, as one of two recipients of the Board mission's 2014 Endowment award.

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The funds awarded by the congregation will enable the SBHCs to address two very serious problems plaguing our children and adolescents, illegal drug use and youth violence. Through large group assemblies held in March and April, over 5,000 students will participate in powerful presentations conducted by a variety of individuals with the skill and expertise to effectively engage youth and deliver effective prevention and intervention messages.

2/25/14 Melanie Bonjour accompanied a contingent of school and community representatives from the town of Newtown during a site visit to the Walsh Intermediate School and Branford High School as part of an exploratory and planning process for establishment a school based health center in a Newtown Public School. Follow-up planning meetings are to be held during the March and April.

2/25/14 SBHC staff monthly meeting held – CIFIC Board meeting room. Agenda items included format for Year-End Reporting to DPH and upcoming behavioral health licensing visit.

2/28/14 SBHC staff completed all required Relias Training courses for CIFIC employees and is in compliance with training schedule.

## **Health Corp Member Update:**

Jacqueline George, Health Corps Member assigned to the SBHC programs conducted the following activities during the month of February 2014:

- Collected and entered patient and visit information from all **February** SBHCs Medical visits into eClinicalWorks for billing
- Facilitated student appointments at Abbott Tech SBHC
- Assisted the Internal Medicine Residency Program to prepare for ACGME site review
- Attended ESF #8 Emergency Preparedness meeting 2/7
- Participated in Fight for Air Climb Service Project 2/8
- Attended Coalition for Healthy Kids meeting 2/11



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Legislative Update:

2/7/14 Bill Introduced:

## **Proposed Bill No. 5107 : An Act Concerning Funding for a School Based Health Clinic at Henry Abbott Technical School**

Introduced by:

REP. ARCONTI, 109th Dist.

REP. GIEGLER, 138th Dist.

REP. CARTER, 2nd Dist.

REP. SMITH, 108th Dist.

REP. GODFREY, 110th Dist.

REP. SCRIBNER, 107th Dist.

### ***Statement of Purpose:***

To provide funding for a school-based health clinic at the Henry Abbot Technical High School in Danbury.

That the sum of \$225,000 dollars be appropriated to the Department of Public Health, from the General Fund, for the fiscal year ending June 30, 2015, to fund the operation of a school-based health clinic at the Henry Abbott Technical High School in Danbury.

For information, go to:

<http://www.cga.ct.gov/2014/TOB/H/2014HB-05107-R00-HB.htm>

2/18Melanie Bonjour presented testimony to members of the State Legislative Public Health Committee on preserving the current CT DPH allocation for SBHC funding.



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News/Case Studies from the Field:

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- J.M. is an 18 year old pregnant female who was referred to the DHS APRN by the school nurse for evaluation and case management. She is uninsured and has not had any prenatal care. She does not have the support of either the parents or the father of the baby. J.M. is not sure of her last menstrual period but is estimated to be approximately 20 weeks gestation by the APRN. Case management of this client included: prenatal education, dispensing of prenatal vitamins, facilitation of prenatal care at Danbury Hospital as well as linking the student with services provided by the GDCHC and Families Network of Western Connecticut.
- The RPMS APRN has evaluated and initiated ADD/ADHD medications to seven (7) students. The initial successes in improved focus, behavior, grades, homework completion, and organization have been rewarding. There appears to be a "honeymoon" phase that wains as time goes by and the students slip back into old ways. It has become necessary to add a "homework" dose in order to address the difficulties with doing, completing, and turning in homework. There seems to be resistance by the students initiating the afternoon medication. With at least three (3) students, the involvement by the family in the child's school and help with organization of backpacks and homework oversight is lacking for a variety of reasons. With the family's and student's consent, the NP stays in contact with the cluster teachers and guidance regarding these students.

The benefit of doing the evaluation and initiation of medications in school includes ease and speed of getting screenings done, ability to have parents come in around their work schedule, getting many of the players input quickly, doing a PE, and starting treatment within a very short period of time, days instead of weeks. There can be immediate feedback from the students and teachers noting any changes in outcome measures. Parents can be contacted via phone for input from home, and teachers respond quickly to inquiries. When students are noted to have problems, it is easy to address them. There isn't a financial hardship encountered with insurance, and for some students without insurance, the first month of medication has been paid for out of a church fund. Barriers to care are greatly reduced.

The SBHC counselor and NP are planning to start two (2) ADD/ADHD groups to help students become more organized and understand ADD/ADHD better in order to learn strategies to be more successful.

- The DHS LCSW reports working with an interesting case involving a long-time therapy client. This young lady, through no fault of her own, is here without citizen papers. A good student, she is bright, hardworking, and earns good grades. However, her residency status and financial situation may preclude her going right on to college although she has already begun to receive acceptances. She is resourceful and already involved with Dream Act activists, and through some connections initiated by the LCSW, the student was referred for free legal consults as well as sources of international student scholarships that she may be able to apply for.