



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

May 22, 2014

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The April 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. 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

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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May 22, 2014

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

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

April 2014

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	April 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	106	1,074
Wetlands / Water Resources (hours)	143	1,331
# Land Use Evaluations (Septic Systems and Well Water Supply)	90	902
# Housing Inspections	114	1,015
# Food Service Inspections	104	1,233
# General Nuisance / Miscellaneous Inspections	157	1,705

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 April, 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 April, 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 April, 2014:

1. Our Housing Caseworker managed approximately 44 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 1221 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): 5
 - b. Laundry Services: 23
 - c. Mail Access: 70
 - d. Veteran Referrals: 6
 - e. Bus Tickets: 10
 - f. Housing Related Issues: 13
 - g. Housing Placement: 1
 - h. Job Searches: 18**
 - i. Employment inquiries: 1
 - j. Case Management Services: 40
 - k. Showers: 145
 - l. Lunch: 578
 - m. Mental Health Referrals/Case Management: 32*
 - n. Adult Medical Referrals: 8
 - o. Phone Usage: 7
 - p. Substance Abuse Referrals/Case Management: 235*
 - q. Clothing Vouchers: 0
 - r. Other: 29



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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 Community Food Collaborative meeting at United Way.
9. Attended one (1) meeting of the Danbury Housing Partnership with consultant hired to conduct a study and provide a plan of action for our chronic homeless population in the community.
10. Attended one (1) regular monthly night meeting of the Fair Rent Commission.
11. Attended one (1) meeting of the Farmers' Market.
12. Discussed scope changes to original VA grant that needs to be updated to our VA liaison.
13. Finalized report of Changes of Scope for the Per Diem grant for homeless veterans and the city shelter.
14. Attended annual Fair Housing Conference in Rocky Hill Connecticut.
15. Attended one (1) meeting of the Social and Supportive Service subcommittee of the Danbury Housing Partnership.
16. Participated in the planning of the annual fundraiser for the Farmers' Market.
17. Attended City Council Meeting.
18. Attended CCEH workshop on Coordinated Access for the State of Connecticut in Norwalk Connecticut.
19. Attended CCEH workshop on diversity training for coordinated access at Norwalk Community Center.
20. Submitted quarterly reports for CDBG.
21. Conducted home visit with elderly person at Danbury Towers on a complaint of a rent increase.
22. Attended and participated in the Community Health Forum at Two Step's.
23. Conducted hearing of shelter client banned from shelter for one year due to violence at the shelter.
24. Conducted conference call with Chronic Homeless consultant and the Committee on Housing and Community Development subcommittee of the Danbury Housing Partnership.



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School Based Health Centers (SBHCs) 7 Monthly Operating Report April 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 - April 30, 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	5105	626
Total # of Patients Enrolled in the SBHCs	4597	303
% of Total School Population Enrolled	90%	48%
Total # of Patient Visits	3691 (555 visits in 4/14)	148
Total # of Medical Visits	2165	135
Total # of Behavioral Health Visits	1337	Not applicable
Total # Dental Visits	189	Not applicable



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SBHC Annual Aggregate Billing Status Report 7/1/13 – 4/30/14*

Revenue \$154,687.80*

Cash Receipts \$93,113.52

*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 March have been entered into eClinicalWorks for billing and collections.

Billing Update

CIFIC finally received confirmation that the application requesting a behavioral health Medicaid number for the SBHCs was approved by the CT Department of Social Services 4/30/14 and Medicaid authorization and provider number were received. SBHC staff has been holding superbills for behavioral services provided on site will initiate the billing processes as soon as behavioral health staff have been entered into eClinicalworks EHR.

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. Maintained 90% enrollment as of since 8/26/13. (DHS SBHC reports 96% enrollment)</p> <p>b. 41% enrolled RPMS students rec'd. 1 or more visit as of 4/30/14.</p> <p>43% BMS students rec'd. 1 or more visit as of 4/30/14.</p> <p>21% (+ 2% since 3/31) enrolled DHS students rec'd. 1 or more visit as of 4/30/14.</p> <p>c. 100% students received outreach contacts as of 4/30/14*</p>



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BMS SBHC - Referred two (2) individuals to GDCHC. One (1) student's PCP is in the Bronx, the other does not have health insurance. CT Medicaid applications were provided in addition to the referrals.

Included GDCHC contact information and my recommendation with every letter sent home to SBHC members who need immunizations and/or physical exams.

"Skin Cancer Prevention" bulletin board created at the entrance of the SBHC emphasizing the importance of sunscreen, protective clothing and NOT utilizing tanning salons.

Re-established the Broadview SBHC as a CT Department of Public Health – STD/TB program member. Ordered testing supplies and medications.

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. 66 RPMS students' immunization complete and documentation sent to State DPH as of 3/31/14.</p> <p>b. 100% reported offered/received to State Immunization Program</p> <p>c. 100% receiving education reported to State Immunization Program.</p>

RPMS SBHC – Four (4) students received the flu vaccine in April and a total of fifteen (15) students received the flu vaccine this season.

The RPMS APRN spoke to one hundred (100) 7th grade students during Career Day about the field on Registered Nursing and Advanced Practice Nursing.

Three hundred eighty (380) 8th grade students received information on the HPV vaccines in April. 100% of 8th grade students received information on HPV vaccines.



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The APRN conducted six (6) classroom education sessions in April on reproductive health care concluding the educational sessions for the program year. A total of seventy-five classroom presentations were given from 01/06/2014 to 04/22/2014 to 8th graders.

Three hundred ten (310) RPMS students were initially identified by the school nurse as deficient of required vaccines. To date, all but seven (7) students are left to follow-up.

BMS SBHC – Seven (7) vaccinations were administered during the month of April.

Outcomes	Measures	Achievement of Outcome
<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>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>

DHS SBHC - Referrals continue to come through teachers, nurses, guidance counselors, administrators, and the crisis counselor Collateral contacts with staff is an ongoing activity and, when consent is granted, treatment needs and educational needs are coordinated. Through the use of emails/bulletins, *Dine and Discover* activities, and changing bulletin boards, SBHC staff members and activities are visible presences in the community.



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All ongoing patients seen by the behavioral health clinician are given an intake/full bio psychosocial assessment on or by the 3rd consecutive visit. This is inclusive of suicide assessment. Additionally, upon meeting any new patient, this writer assesses for suicidality and homicidality. Students that come to treatment regularly in general exhibit an improvement in their LOF.

The DHS behavioral health clinician has had collateral contact again this month with CIFC physician, Dr. Amy Handler and has referred another student for a physical exam with her personal physician. A prior barrier in this case was the mother's lack of follow-through however another phone call, this time to the student's father, resulted in an appointment being scheduled to address this patient's poor sleep, depression, and lethargy. Another case involving an ongoing patient included both individual sessions and a family session.

RPMS SBHC – During the month of April, four (4) students seen by behavioral health clinician received a risk assessment through use of an approved screening tool.

Twenty-four (24) students have received three or more behavioral health visits with the RPMS LPC to date.

DHS SBHC – Staff conducted outreach and awareness regarding bullying through “*Dine and Discover with the SBHC Staff*” in the student cafeteria during lunch hours. Through use of educational materials and a tri-fold board, staff promoted anti-bullying messages and asked students to “pledge a hand” against bullying. Students either signed their names or wrote a saying on a paper hand. The hands were then arranged on a bulletin board outside the SBHC.

BMS SBHC - In the month of April, the SBHC LCSW clinician continued to see students individually and facilitated five (5) groups weekly, with thirty-four (34) individual student sessions and thirty (30) students attending group. Four (4) parent contacts were made. Two (2) PPS meetings were attended. Activities continued for the annual “*Alternative to Violence Week*”, which kicked off on March 31st. Various activities were planned for the week, including grade appropriate presentations on bullying, substance abuse prevention, violence prevention and healthy relationships, a Daily Quiz and a *Random Act of Kindness Program*.

4/3/14 and 4/24/14 – Jenny Casey, Broadview SBHC MH practitioner, attended Pupil Personnel Services meeting.

4/10/14 – Jenny Casey attended a special PPT meeting called following a crisis intervention.

The “*Alternative to Violence Week*” for the 2013-2014 school year commenced on March 31st. The week included various activities to promote non-violence and healthy decisions. The students were invited to participate in a Daily Alternatives to Violence Quiz, with a different aspect of violence addressed daily. Those students who answered the quiz correctly were entered into a drawing for Broadview Bucks. Students were rewarded for *Random Acts of Kindness*, with those students being “caught” in kind acts entered into a raffle for iTunes gift cards. Mr. Robbs, BMS Principal, provided all the prizes. Special presentations were provided throughout the week. Officer Hayes, Resource Officer presented on internet safety to the 6th grade and on bullying to the 7th grade. The Interactive Educational Theatre presented on bullying to the 6th graders, on substance and alcohol use to the 7th



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graders and healthy decisions and relationships to the 8th graders. Deanna Dorkins, Danbury Adult Probation Officer returned to Broadview with an impactful presentation on consequences of violence for 8th graders.

Jacqueline George created a new spring MH bulletin board, fostering the planting of “positive seeds” such as joy, hope, confidence, self-esteem, etc.

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)

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.83% screened for STDs* (+1% since 4/30/14) Four (4) RPMS students were screened for STD's to date.

DHS SBHC - Cumulative data indicates that 30 out of 36 students were tested for STI's. This represents 83% of the students that were seen who reported sexual activity.

The SBHC strives to perform urine testing for chlamydia and gonorrhea on every student who reports sexual activity. Students are referred to AIDS Project of Greater Danbury for HIV and VDRL testing. Planned Parenthood, GDCHC and local OB/GYNs are resources for students to have a GYN medical home in the community.

The SBHC works closely with the CT DPH STD Division who arranges courier service for specimens to be transported to the State lab.

Barriers to meeting the stated goal of testing 85% of students include the patient's inability to provide urine specimen and noncompliance to show for scheduled appointment.

RPMS SBHC – APRN provided 388 8th grade students with comprehensive education on puberty, pregnancy, contraception, abstinence, STD, HIV and reproductive health education.



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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 April 1, 2014 – April 30, 2014:

SBHC staff are current with their completion of the required Relias Continuing Education Training Courses.

4/1 & 4/29 – M. Bonjour participated in CIFIC Management meetings. Updated staff on status of legislative efforts to secure State funding for establishment of a SBHC in a Newtown public school.

4/4/14 – Interviewed a Western CT State University student enrolled in the Community Health Sciences Program seeking placement for a senior internship with the SBHC. The placement, to begin mid-May will consist of 450 hours carry over the summer months for completion by the end of August.

4/8/14 – Medical Advisory meeting was held at DHS with the APRN's and Dr. Robert Golenbock, MD/SBHC Medical Director.

4/9/14 – M. Bonjour traveled to the State Capitol to outreach to State Legislative Representatives for the Newtown District to encourage the earmark of funding in the DPH budget to establish a SBHC in a Newtown Public School. Contact was made with Representatives Dan Carter and John McKinney.

4/10/14 – M. Bonjour was visited by Tom Campbell of the Brady Campaign who shared literature specific to ending gun violence. The literature was forwarded to the DHS SBHC for use during the upcoming Alternatives to Violence Week scheduled in May.

4/15/14 – M. Bonjour participated in SBHC Advisory Council meeting held in Farmington. Agenda included discussion regarding the potential process for developing SBHC Standards and a State definition of SBHCs.

4/22/14 – Conducted Jacqueline George's mid-term review with Rashad Collins, CHCACT Program Support

4/23/14 – Convened SBHC monthly staff meeting at CIFIC Board meeting room.

4/24/14 – DHS APRN and M. Bonjour attended the Families Network of Western CT Annual Recognition Luncheon held at Matrix Conference Center. This annual event is attended by behavioral health and medical providers practicing in the Greater Danbury Area, and who have collaborated with Families Network to strengthen families and reduce child abuse. The keynote speaker was Myra Jones-Taylor, Executive Director, CT Office of Early Childhood.

4/25/14 – Clare Nespoli, APRN attended the "Keeping It Real: Responding to the Sexual Health Needs of Adolescents" conference designed specifically for school based health center clinicians.

4/28/14 – M. Bonjour participated in 2014 Community Health Forum - Two Steps, Danbury, CT



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4/28/14 – DHS APRN attended the Board of Director’s meeting of the Newtown Youth and Family Services.

4/10/14 – Jenny Casey, BMS LCSW attended a special PPT meeting called following a crisis intervention.

4/25/14 – Jenny Casey, BMS LCSW attended Positive Psychology Intervention workshop at Southern Ct State University.

4/30/14 – SBHC LCSW’s attended The 2014 Leir Workshop on Drug Abuse and Prevention at Leir Retreat Center, Ridgefield, CT.

Health Corp Member Update:

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

- Collected and entered patient and visit information from all April SBHCs medical visits into eClinicalWorks for billing
- Facilitated student appointments at Abbott Tech SBHC
- Updated SBHC enrollment packet for 2014-2015 school year
- Created Broadview Mental Health Spring Bulletin board
- Made phone calls to Rogers Park parents regarding SBHC dental services
- Served at CT Mission of Mercy Dental clinic 4/25 & 4/26
- Attended 2014 Community Health Forum 4/28 – Two Steps, Danbury, CT
- Recertified in CPR 4/29
- Attended conference about opiates and other drugs 4/30 held at the Leir Retreat Center, Ridgefield, CT



News/Case Studies from the Field:

A 17 year old female was referred to the DHS SBHC APRN from the ACE school. The student did not have an established medical home in the community. She also had barriers to medical services in the community as she is estranged from her mother, lacks insurance and does not have transportation. She was seen for signs and symptoms consistent with urinary tract infection. Labs were sent out for urine culture and sensitivity as well as for chlamydia and gonorrhea. The student was dispensed antibiotics from the SBHC stock and given a brochure on the services available at the GDCHC.



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A 19 year old female student was referred to the DHS SBHC APRN for confirmation of pregnancy. A confirmatory urine pregnancy test was done on site. The student was counseled about pregnancy and was dispensed prenatal vitamins. The student was referred to WIC, Hopeline and the Women's Center of Danbury Hospital. The SBHC also collaborated with Families Network of Western CT to come to the high school to explain its services to the student. Emotional support was provided to the student regarding a dysfunctional home life. The SBHC APRN meets with all pregnant students weekly until prenatal care is established with an obstetrician.

The BMS SBHC LCSW has been working with a 7th grader, an adopted 12 year old female. The student was referred by a friend due to threats to self- injury following a break up with a boyfriend. During initial assessment the student claimed to use the threats to manipulate the boyfriend but stated she did not intend to hurt herself. The SBHC LCSW meet with the student on a weekly basis and treatment focused on helping the student express her feelings, find positive coping mechanisms for stressors and fostering positive interests and activities. The SBHC LCSW communicated with the mother, and learned that Mom had seen some "red flags" such as increased withdrawal from family, greater isolation and interest in "dark" or strange things like urban legends. Mom began bringing her daughter to a therapist outside of school.

When the SBHC LCSW was told by the same concerned friend that the student not only continued to talk about hurting herself but was making threats to hurt the ex-boyfriend, the SBHC LCSW reported the threat to the assistant principal. The student's mother and the therapist were also called. Mom came in to school and with the BMS LCSW and the SBHC LCSW, EMPS was called for an assessment. The EMPS worker did not feel the student was an imminent danger to self or others. The school, however, required that the student have a safety and risk evaluation by a psychiatrist. This evaluation also concluded that the student was not in imminent danger of risk of harm to self or others but suggested Mom find a therapist utilizing DBT therapy. Mom has just found such a therapist. The student continues to check in with the SBHC LCSW on a daily basis, to ascertain that she is ok and not at any increased risk of harm to self or others. This SBHC LCSW agrees that this student needs greater services than the SBHC can provide and agrees with the psychiatrist's advice of DBT therapy.