



# 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

November 19, 2014

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The October 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 operations 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. Continued work and preparation for Public Health Emergency Response plans and actions with Schools, Health Care facilities, Regional Partners and EMS. You are encouraged to review all the information for each Division, as it provides details concerning ongoing activities. Also, I thank you for giving the Health & Human Services Department the opportunity to serve the Citizens of Danbury and feel free to contact us with any questions you may have.

Sincerely,

Scott T. LeRoy, MPH, MS  
Director of Health & Human Service

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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November 18, 2014

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

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

## October 2014

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

Inspection / Hours	October 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	184	549
Wetlands / Water Resources (hours)	174	601
# Land Use Evaluations (Septic Systems and Well Water Supply)	126	381
# Housing Inspections	43	255
# Food Service Inspections	84	476
# General Nuisance / Miscellaneous Inspections	161	613

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 October, 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 ), 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 October, 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 October, 2014:

1. Our Housing Caseworker managed approximately 54 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 710 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. Action Plan Development: 33
  - c. Veteran Referrals: 49
  - d. Referrals to Cash Assistance: 0
  - e. Bus Tickets: 0
  - f. Housing Related Issues: 0
  - g. Housing Placement: 1
  - h. Job Searches: 12\*\*
  - i. Employment inquiries: 7
  - j. Case Management Services: 14
  - k. Showers: 120
  - l. Lunch: 376
  - m. Mental Health Referrals/Case Management: 15\*
  - n. Adult Medical Referrals: 3
  - o. Phone Usage: 5
  - p. Substance Abuse Referrals/Case Management: 42 \*
  - q. Clothing Vouchers: 1
  - r. Other: 30



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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

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).

Attended meeting of the CoC to discuss coordinated access for the Balance of State CoC's and following procedures and new policies and intake forms for all social service agencies that provides a variety of services to the homeless population.

1. Receiving weekly food donations from arrangement with Community Plates.
2. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
3. Updating VA Grant per diem for VA representative to discuss summary reports, discharge amendments and plan of action reports for each veteran stay regarding the per diem veterans grant.
4. Site visits to various local veterans associations to provide vouchers for veterans for the Farmers' Market season.
5. Meeting with Shelter Coordinator to discuss changes and new required documentation intake forms, vulnerability reports/intakes for Coordinated Access.
6. 1 Dental clinic held at the Emergency Shelter and well attended.
7. Flu shot clinic(s) held at the Emergency Homeless Shelter.
8. Attended one (1) meeting for Project Homeless Connect at the Danbury Police Station.
9. Attended bi-monthly meetings at City Hall for completing process and developing plan of action for Coordinated Access that is being initiated for October 27, 2014 required by HUD.
10. Discussion of supplies needed for Project Homeless Connect.
11. Review and updating/completing initial documentation required of all clients at the Emergency Shelter for Coordinated Access that has been scheduled for October 27, 2014.
12. Attended one (1) meeting of the Farmers' Market.
13. Attended one (1) meeting with the Food Collaborative.
14. Completed Veteran's Change of Scope for Per Diem Program for the City's Emergency Shelter and submitted for Corporation Counsel review and approval, then sent to Mayor's Office for official signature and placement on November City Council agenda.
15. Attended training at the Veteran's Administration in New Haven.
16. Working with clients for acceptance of grant funds for rapid rehousing.
17. Meeting with new chairperson of the Housing and Community Development Committee of the Danbury Housing Partnership to develop strategies for committee members.



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18. Finished quarterly report for HMIS for Department of Housing. 7
19. Finished quarterly report for CDBG.
20. Attended training offered by Connecticut Coalition to End Homelessness for Coordinated Access and 211 referrals.
21. Gave lecture at Western Connecticut State University Social Problems class on homelessness in our local community.
22. The local community CoC has gone "live" for Coordinated Access at the Emergency Shelter on October 27, 2014. 3 appointments will be conducted Monday-Friday at the Emergency Shelter at 8:30am, 9:30am and 10:15am. Interviews with families will be conducted at 11:30am at the Women's Center, Monday, Tuesday and Thursday.



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## School Based Health Centers (SBHCs) Monthly Operating Report October 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, Henry Abbott Technical School and Newtown Middle School (January 2105).

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, 2014 – October 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	5,017	645
Total # of Patients Enrolled in the SBHCs	4,630	392
% of Total School Population Enrolled	92% (Up 4% since Sept. 30 <sup>st</sup> )* *97% of DHS pop. enrolled indicating strong parent trust in program services	61%* *Increase of 16% since 8/31/14
Total # of Patient Visits	1,256	25
Total # of Medical Visits	752	25
Total # of Behavioral Health Visits	407	n/a
Total # Dental Visits	97	n/a



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## **SBHC Annual Aggregate Billing Status Report 7/1/13 – 10/31/14**

For the period July 1, 2013 – October 31, 2014: Billed Charges \$359,294.80/Collections \$319,455.74



### **Program Snapshot: Activities/Meetings held October 1, 2014 – October 31, 2014:**

#### M. Bonjour - SBHC Manager

10/01/14 – Participated on the CT Oral Health Initiative Leadership Committee meeting held at the COHI offices, Hartford, CT – Elected as a Leadership Committee by the full Board for a one-year term.

10/01/14 7 10/23/14 – Met with Newtown School system representatives and architects from Kaestle and Boos, Incorporated to confirm floor plans for new SBHC.

10/14/14 – Participated in the monthly meeting of the CT Association of School Based Health Centers, Inc. Board of Directors – Quinnipiac Valley Health District, North Haven, CT

10/17/14 – Attended a monthly planning group meeting for the Newtown SBHC – BOE conference room, Newtown to review project progress, contractual documents and preliminary floor plans.

10/22/14 – Attended monthly CIFC Board of Directors meeting.

10/23/14 – Participated in an Infection Control Procedures and Management for Ebola meeting called by Danbury Public Schools.

10/27/14 – Attended a SBHC Advisory Committee meeting, Farmington, CT. Group is formulating minimum standards for SBHCs document to be presented to the DPH Commissioner and State Legislature January 2015. It is anticipated a Bill will be introduced for the formalization of a “definition and minimum standards” for CT SBHCs during the 2015 session.

10/28/14 – Participated in a monthly CIFC Management meeting, OST Board meeting room.

10/29/14 – Convened the monthly SBHC Staff meeting at OST Board meeting room. Guest participants included GDCHC billing staff and Lisa King-Riley, Danbury Health Dept. to present an Ebola preparedness plan update.

10/30/14 – Facilitated a Parent Information Presentation at Newtown Middle School to respond to questions regarding the anticipated new SBHC location.

10/30/14 – Participated in a “Behavioral Health Integration in School-Based Health Centers and National Health Service Corps Enrichment Webinar” sponsored by BPHC. Intent of webinar is to provide an overview of current health trends, and needs of school-aged children, adolescents, and youth served at health centers, particularly SBHCs. The webinar also highlighted how the National Health Services Corps program supports behavioral health.

#### Clinical Staff – All Sites



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10/3/14 – J. George attended the regional ESF #8 emergency preparedness meeting. 10  
 10/7/14 and 10/28/14 - Jenny Casey, LCSW, attended Pupil Personnel Services meetings at BMS.

10/23/14 Clinical social work staff from all three sites met for peer supervision and discussed specific cases as well as issues regarding access to services within our individual schools.

Oct 27, 2014 - The DHS APRN attended Newtown Youth and Family Services' Board of Directors' meeting.

Oct 28, 2014 - Medical Advisory meeting was held at DHS with the APRNs and Dr. Golenbock. The Health corps members were invited to be in attendance. Topics of discussion included musculoskeletal injuries and conditions including patellofemoral pain syndrome and Osgood-Schlatter's disease.

10/30/14 – J. George attended the Coalition For Healthy Kids organizational planning meeting at the United Way, Danbury.

Oct 31, 2014 -The DHS APRN, J. George and A. Carini attended Pediatric Grand Rounds at Danbury Hospital.

Outcomes	Measures	Achievement of Outcome
1. Improve access to and utilization of primary and preventive health care and other essential public health services.	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.  b. At least 45% of students enrolled in the SBHC will receive one or more visits.  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).	a. DHS has 97% enrollment as of 10/31/14.  232 DHS enrolled students rec'd 1 or more visit for this year  100% DHS students rec'd outreach contracts as of 10/31/14.  BMS 90% enrollment as of 10/31/14  88 BMS enrolled students rec'd 1 or more visit for this year  100% BMS students rec'd outreach contracts as of 9/30/14.  RPMS 90% enrollment as of 10/31/14  219 RPMS enrolled students rec'd 1 or more visit for this year  100% RPMS students rec'd outreach contracts as of 9/30/14



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DHS SBHC - During the month of October, the DHS bulletin board focused on self-esteem and the “*Dine and Discover*” outreach activity focused on suicide prevention. DHS staff used “One Word, One Voice, One Life” campaign materials provided by Alison Fulton of HVCASA at [www.preventsuicide.org](http://www.preventsuicide.org). SBHC staff received boxes of materials ranging from pamphlets in both English and Spanish to stress balls, Chap Stick, notepads, etc.

The student attendance and participation in the event displayed the largest interest than most topics in the past. Each student was provided with information on how to recognize the signs of suicidality as well as instructions on how to seek help. Students were also asked to wear a sticker to raise awareness of suicide prevention.

Much of the month of October was spent by DHS staff examining enrollment forms for completeness and entry into computer data system and new patient chart. Outreach and enrollment is on-going. Dental services began at DHS on October 1, 2014. Many students were screened to assess need for hygiene and restorative dental care. Effort was placed on completing treatment for those students not completed last school year. Coordinating services for both the Hygienist and Dentist are both time consuming and challenging due to patient non-compliance.

BMS SBHC - Geri Alpert, MA is conducting an on-going review of incoming registration forms and referring all uninsured students to the GDCHC for assistance with Husky Applications through Access Health.

118 SBHC Permission Forms were sent to unenrolled students. School RN gives out registration forms to any students without registration forms whom she thinks would have benefited from SBHC services. GDCHC contact information is included with every letter sent home to SBHC members who need immunizations and/or physical exams.

Clare Nespoli, APRN referred 4 individuals to GDCHC as a medical home. A new female 7th grader from Torrington was seen at the SBHC for vaccines to start school. During that visit, an appointment with Eligibility Specialist, Catia Monaco, was set-up for mom to meet her that afternoon to help with the Husky Application and to become affiliated with GDCHC.

RPMS SBHC - During the 23 reproductive presentations to 2 eighth grade health classes in October, the benefits and services offered through the SBHC were emphasized and consents given if requested. SBHC staff continue to receive new enrollees because of the school nurses, new entrants, and guidance counselors.



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Outcomes	Measures	Achievement of Outcome
<p>2. Reduce the occurrence of preventable disease among SBHC enrollees.</p>	<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>150 RPMS students had not brought in proof of required vaccines. 6 students are now left to receiving vaccines. 18 students got 30 required vaccines plus 5 recommended vaccines.</p> <p>100% RPMS students received education through classroom &amp; open house presentations. 3 influenza vaccines given in Oct. Informed all reproductive classes of Influenza vaccine available.</p> <p>3 Menactra, 1 Tdap, 1 Varicella vaccines were given to students in Oct. that were deficient in required immunizations. 19 total vaccines were given in Oct. incl. 3 Flu, 6 Hep A, 4 HPV were given as recommended vaccines.</p>

RPMS SBHC - In October, there were 6 students identified as deficient in required vaccines or physical exams for 7th grade. The NP worked closely with the school nurses to obtain current vaccine/PE records from providers as new HIPPA laws do not allow the medical providers to give a student's vaccine information to the nurses without parental consent. The NP provided vaccines to those enrolled who needed them after receiving parental consent.



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There were 6 Hep A; 4 HPV; 4 MCV; 1 Tdap; 1 Varicella; 3 Inactive flu given for a total of 19 vaccines administered for the month of October. There are now no identified students deficient in required vaccines or physical exams. This is the earliest Rogers Park students have ever been complete with required PE/immunizations.

During the SBHC introductory classroom presentations and open houses, the NP emphasized that flu vaccines are available free to eligible students at the SBHC. The NP wore her bright orange T-shirt twice which says: "Say BOO to the Flu" the week Halloween.

NP has done BMIs on 137 students this year with 26% overweight and 29% obese. Of the obese students 30% boys, 29% girls. 40% of Boys and 47% of girls (44% total) were of normal BMI.

There were 2 physical exams done in October and all students were given the GAPS health questionnaire form.

NP is current with all Relias trainings. NP recertified with Pediatric Nursing Certification Board.

NP is precepting a Yale PNP student who talked to one class about his 3 years in Africa in Uganda and Botswana with the Peace Corps. He also did reproductive classroom presentations and updated the PowerPoint reproductive slides.

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.	a. 90% of school staff receive information about the mental health services offered through the SBHC.  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.  c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular therapy demonstrate improved psychosocial functioning.  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.	a. 100% of school staff reached with SBHC information via direct contact and/or school mailings  b. 100% of students seen by MH clinician received risk assessment through use of approved screening tool  c. DHS – 50% students demonstrate improved functioning after > 3 mths visits  RPMS – 100% students demonstrate improved functioning after > 3 mths visits  d. 100% requiring additional intervention by community-based provider received outside referral.  RPMS – Of 30 unduplicated students accessing counseling, 10 have been seen regularly for 3 mths or longer. Of these, all 10 demonstrate improved psychosocial functioning. 0% requiring additional intervention by community based provider. No student has been identified as having mental health needs that exceed scope of services offered by SBHC.



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## DHS SBHC -

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a. Staff learn about SBHC services from bulletin boards, dine and discover presentations, announcements in the staff newsletter and from ongoing interactions between the DHS clinician and school staff.

b. All students who attend treatment appointments with the DHS clinician are given a full biopsychosocial on or around visit #3. This includes risk assessment questions pertaining to such areas as suicidality, substance use, and abuse history. All students are asked during initial visits about potential harm to self or others.

c. The DHS clinician reviewed all charts and found that 50% students seen regularly demonstrated and improved Level of Functioning(LOF) score.

d. All students in need of a higher level of care, medication assessment, or outside evaluation have been appropriately referred to community resources .Other times, when treatment here is sufficient, the DHS clinician has simply had telephone contact with community providers such as pediatricians, DCF workers, etc.

This month has been characterized by a great deal of collateral contact between the DHS clinician and school staff, most particularly guidance counselors, a school psychologist, and the crisis counselor. Contact has been via phone, email, and in person and has been daily. Teachers and nurses have made many referrals as well as have Student Support Staff. As school requirements and demands grow, so have anxiety and overwhelmedness among many students.

The DHS clinician is in the process of setting up family treatment visits with a couple of students who are interested in and would benefit from sessions with their parents.

BMS SBHC - During the month of October 2014, the SBCH LCSW continued to meet with students both individually and in group. 4 more weekly groups were begun this month: A second 7<sup>th</sup> Grade Girls' Lunch Group, with 3 members; a 7<sup>th</sup> Grade Stress Management Group with 3 members, an 8<sup>th</sup> Grade Stress Management Group with 5 members and a 6<sup>th</sup> Grade Boys' and Girls' Group with 4 members. One student in individual treatment was referred for hospitalization, and spent 1 week at Four Winds Hospital in their Adolescent Inpatient Program. She has since returned to school and is receiving treatment by Danbury Hospital's Center for Child and Adolescent Services (CCATS) partial outpatient program, while the SBHC LCSW continues to provide support during her school day.

RPMS SBHC - SBHC Counselor attended a webinar on Oct. 8th conducted by The Renfrew Center entitled: "Living with a Hungry Heart: Understanding and Treating Binge Eating Disorder". Additionally, she attended a workshop presented by Fairfield County's Community Foundation, Fund for Women and Girls. This was the 3rd annual Girls' Symposium on October 17th. On October 22nd, the Counselor attended a workshop entitled: "Over 75 Quick On-The-Spot Techniques for Children and Adolescents with Emotional and Behavioral Problems". Monthly peer supervision with the other SBHC social workers was held on Oct. 23rd, as well as a CIFC SBHC staff meeting on Oct. 29th. Relias training on GDCHC Policies and Procedures Manual was also completed during October.

The SBHC counselor assisted the guidance counselors at RPMS with Anti-Bullying activities during the month of October.



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The first activity was an assembly program entitled: “Break the Silence”, which was presented to the entire 6th grade on October 23rd. She participated in 4 planning meetings and rehearsals for this original production created by the guidance counselors and the SBHC counselor. The program includes a compilation of videos, including one that was created by an 8th grade student who was inspired by the topic, and stories written by current 8th grade students on their own personal experiences with bullying (as victim, bystander or perpetrator) which were read anonymously by other 8th graders who volunteered to assist/participate with the assembly production. The second activity was a “Mix-it-up lunch” for the 6th graders on National Mix-it-up day: Oct.28th. This involves assigning each 6th grader, randomly, to a different lunch table that day. They were given conversation starters and challenged to meet new friends. All counselors mingled with students in the cafeteria to facilitate this activity. The bulletin board outside the SBHC was decorated with a bullying prevention theme to coincide with these activities.

Also to coincide with Anti-Bullying month activities, one of the RPMS social workers decided to roll out a “Paint the School Positive” program. This took place for 3 weeks in the student’s Advisory period every Thursday. Students discussed anti-bullying efforts and created signs that stated “I am” statements which were placed on the first floor of the school hallway. This was to be a positive statement about them. The second week, students discussed and made signs that said “I will\_\_\_\_\_” in which they were to write a pledge of something that they will do to end bullying and promote kindness. These were posted on the 2nd floor hallway walls. The third week in Advisory, students discussed and made signs which read “I have done\_\_\_\_\_” which said something they have done to end bullying and promote kindness. There were placed on the third floor hallway walls. The SBHC Counselor assisted the guidance counselors in the Advisory classes to conduct these activities.

Both the SBHC Counselor and Nurse Practitioner assist the Health teacher with the reproductive health unit. The counselor her segment entitled Healthy Relationships to two 8th grade health classes on Oct. 14th.

At the start of the school year, the guidance counselors identified a need for a Grief Recovery Support Group. The SBHC counselor worked to develop and plan this group, which was scheduled to begin in October. Unfortunately, there were some issues with the school social worker and school psychologist which hampered the efforts to get this group started. Five meetings were held at various times with the school psychologist, assistant principal, and ultimately the building principal to get approval to start this group. It is scheduled to begin on November 12th. One of the student’s registered for this group is dealing with some very new loss issues; the SBHC Counselor attended a cluster team meeting to discuss some ways the teachers could provide support to this student.



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The SBHC Counselor did a balloon launch with a 7th grade student who is dealing with grief issues. It was the year anniversary of her grandmother's death and she was having a lot of difficulty as the anniversary approached.

Two conversations were held with a parent of a student the SBHC Counselor worked with closely last year. The student was dealing with significant grief issues last year and was able to resolve them successfully by working with the SBHC Counselor. Mom is concerned because there is now another close family member dealing with a cancer diagnosis and wanted assistance from the SBHC in terms of how to discuss this issue with the student and knowing what to watch for in terms of student concerns.

Additionally one other teacher meeting was held re: a student's classroom anxiety, at the request of the student.

<b>Outcomes**</b>	<b>Measures</b>	<b>Achievement of Outcome</b>
4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	<ul style="list-style-type: none"><li>a. 90% of clinic users with asthma have a written asthma action plan.</li><li>b. 80% of clinic users compliant with a written action plan show improvement in symptoms as documented by a health care provider in medical record.</li><li>c. There is a 20% decrease in urgent visits (visits by clinic users seen in the SBHC due to asthma symptoms) as assessed by clinician notes, EHR or data base.</li><li>d. 90% of clinic users with asthma have a document flu vaccine.</li><li>e. E. The number of clinic users with asthma that report reduction in admissions to the ER during the school year is increased by 20%.</li></ul>	<ul style="list-style-type: none"><li>a.100% BMS patients with reported asthma have an action plan (3 out of 3)</li><li>b. See note below</li><li>c. See note below</li><li>d. See note below</li><li>e. See note below</li></ul>

\*\* Selected as an outcome measure by BMS SBHC only.



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Any student with a medical history of asthma whom did not have an albuterol inhaler and spacer with the school RN was given a medical authorization form, and prescription for both (or sample, if applicable). October = 3 students.

Goal for early November is to offer all SBHC enrollees with a diagnosis of asthma an inactivated injectable influenza vaccine. All other students with Husky or who are uninsured will also be offered an influenza vaccine (either injectable or Flu Mist).

ER visit data not collected to date.

“The Flu Ends With...U!” bulletin board created outside the entrance of the SBHC. Information highlighted includes the symptoms, contagiousness and prevention.

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. 100% DHS patients seen for possible STD screened for STIs to date (10 out of 10)  0 % RPMS patients screened for STDs*to date - no one identified as sexually active.  0 % BMS patients screened for STDs*to date - no one identified as sexually active.

DHS SHC -

All students who reported sexual activity were screened for Chlamydia and gonorrhea using urine based testing method. The SBHC collaborates with the CT DPH STD Division and the State Lab to screen sexually active students. Students are referred to Planned Parenthood, the AIDS Project of Greater Danbury, the Danbury STI clinic and local GYN offices for additional services as needed.



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RPMS SBHC - Both the SBHC Counselor and Nurse Practitioner assist the Health teacher with the reproductive health unit. The NP has given 20 reproductive classes regarding puberty, pregnancy, contraception and abstinence, STDs and the M&M game to 2 different 8th grade classes for a total of 26 presentations during this 8th grade health rotation. This year there is a dedicated health class so reproductive classes are given to boys and girls together which is working well. Two new 8th grade health classes will start Nov. 1st.

Medical Assistant (MA) continued to enter new student consent information into Clinical Fusion and update existing student information to ensure compliance with parent consent for services to be received by SBHC. MA assisted NP in preparation of materials for presentation being done in each eighth grade Health Class. Per NP, MA was given the responsibility of CDC Vaccine Back-Up Coordinator for the Rogers Park SBHC. Per the CDC, the Vaccine Coordinator is required to appoint a Back- Up Vaccine Coordinator to assume the responsibility of ensuring proper storage and handling of vaccines during NP's absence. MA completed the two Educational Activities as required by CDC for this position which were "Immunization: You Call the Shots Module Sixteen: Vaccines for Children-2014" and "Immunization: You Call the Shots Module Ten: Storage and Handling-2014".

MA proposed an "It's Your Special Day!" type of Birthday Recognition Announcement Program to Rogers Park Principal Pat Joaquim. As a part of this "Special Day" program, any student who has a birthday on the particular school day would have their name announced during the morning announcements. The speaker would simply say..."Today is "student's" Birthday! Don't forget to say a big Happy Birthday to him/her!!" MA is in the process of selecting customized stickers and will facilitate getting them to the students on their day. The stickers will be printed to say "It's My Special Day!" and delivered to the homeroom each day. It would be the student's choice as to wear it or not. Also, the student would be given a School Based Health Center pencil as a way to connect with our office and continue our outreach to the community! If a student has a birthday on a Saturday, it would be celebrated on the school day prior. If a student has a birthday on a Sunday, it would be celebrated on the following school day. Extended weekends or vacation weeks would also follow the before or after guidelines. Students who have had a birthday prior to the start of this announcement program will be included in the daily announcements spanning over a few weeks to ensure everyone has a "Special Day" at Rogers Park! MA's suggestion was enthusiastically approved by the Principal and should get started the first week of November. SBHC would like to make the students feel like they are extraordinarily "special" on that day and remind them that we care!

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)

HealthCorp Member Activities:



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J. George, former HealthCorp member, assisted with orientation of new member A. Carini.

Alison Carini, 2014-15 HealthCorp member participated in the following activities during the reporting period:

**Meetings Attended:**

- CT Association of SBHC Board Meeting
- Danbury Public Schools Infection Control Procedures and Management for Ebola Meeting
- CT Multicultural Health Partnerships 7th Annual Meeting
- Monthly SBHC medical advisory meeting
- Monthly SBHC staff meeting
- Newtown Middle School SBHC Parent Information Night
- Pediatric Grand Rounds

**Activities Performed:**

- Training at GDCHC pediatric front desk
- Prepared updated bulletin boards
- Facilitated HATS SBHC appointments
- Updated HATS vaccine permission letters

**News/Case Studies from the Field:**

A 14 yr old female with obesity and asthma was seen in the SBHC for a BMI assessment. The student's stature is 60 inches and weight is 218 pounds with a BMI of 42.6. This places the student in the category of morbidly obese. The APRN is collaborating with the student's PCP and a local endocrinologist to formulate a treatment plan. This student's case is complicated by a personal history of anxiety, trauma and depression as well as a family history of obesity and bipolar disorder.

A 16 yr old female with a history of seizure like activity and panic disorder was seen in the SBHC for complaint of headache. The student has recently had 4 episodes of seizure like behavior in school. Subsequent evaluation by a neurologist determined a diagnosis of pseudo-seizures brought on by stress. This student has multiple psychosocial stressors including a history of sexual assault in middle school, divorcing parents and family's negative reaction to student's sexual orientation. The SBHC is advocating for the student to modulate these stressors in an effort to reduce the occurrence of psychogenic, non-epileptic seizures.

A DCF report was filed by the NP late September due to the child's parent being incarcerated in August, leaving the child alone for a few days and for 30 days without an identified guardian. The child was in need of PE and vaccinations in order to stay in school. NP completed the PE and gave vaccines when DCF obtained temporary guardianship to the paternal aunt from the mother.

NP spent hours investigated why a special education, self-contained student in a wheelchair with serious reflux could not get his Pepcid medication because the State pharmacy program requiring only brand name Pepcid which was on backorder. The State pharmacy program wouldn't allow for generic substitution as they understood there was brand name available at pharmacies. I worked with his gastroenterologist's office, the parent, and the state pharmacy program. After calling many pharmacies confirming that none could get the brand named Pepcid, the state Husky pharmacy program reversed its decision and now allows generic Pepcid for all clients for the next 3 months.