



CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

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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

January 26, 2015

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The December 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 Veterans Farmers Market Voucher program for 2014 resulted in helping 611 veterans redeem \$12,840 worth of vouchers for food at the Danbury Farmers Market; the Department intends on continuing this program if it's available in 2015. The Department also 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, Winter / Cold Protocol 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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January 26, 2015

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

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

December 2014

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	Dec. 2014	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	147	860
Wetlands / Water Resources (hours)	141	897
# Land Use Evaluations (Septic Systems and Well Water Supply)	59	557
# Housing Inspections	53	354
# Food Service Inspections	97	654
# General Nuisance / Miscellaneous Inspections	98	863

See attached narrative

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Environmental Health Division Narrative Report

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

The housing section also provides staff support for the Danbury Fair Rent Commission. The half-time fair housing officer received two fair rent inquiries during February. The officer received one housing discrimination inquiry. The staff also serves to assist the Danbury Housing Partnership and staff their meetings as well as the Continuum of Care.



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TO: Mayor Boughton and City Council

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FR: Social Services

RE: Activities during December, 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 December, 2014:

I. Our Housing Caseworker managed approximately 53 active cases.

1. The Day Center, located at the Emergency Shelter, had approximately 697 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): 4
- b. Action Plan Development: 20
- c. Veteran Referrals: 36
- d. Referrals to Cash Assistance: 6
- e. Bus Tickets: 7
- f. Housing Related Issues: 6
- g. Housing Placement:0
- h. Job Searches: 7
- i. Employment inquiries: 0
- j. Case Management Services: 12
- k. Showers: 65
- l. Lunch: 376
- m. Mental Health Referrals/Case Management: 0
- n. Adult Medical Referrals: 0
- o. Phone Usage: 7
- p. Substance Abuse Referrals/Case Management: 75*
- q. Clothing Vouchers: 1
- r. Other: 75**

*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



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through Friday. Due to MCCA weekend counselor having 3 prior commitments, there was 3 weeks of no 6 counseling services.

**coordinated access referral/call to 211 and shelter from the cold.

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).

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. Meeting with Shelter Coordinator to discuss changes and new required documentation intake forms, vulnerability reports/intakes for Coordinated Access.
4. Attended one (1) meeting to finalize Project Homeless Connect at the Danbury Police Station.
5. All vendors and supplies/purchase orders finalized for Project Homeless Connect.
6. Review and updating/completing initial documentation required of all clients at the Emergency Shelter for Coordinated Access.
7. Working with clients for acceptance of grant funds for rapid rehousing.
8. Meeting with staff at Emergency Shelter at night to coordinate and access extra number of homeless clients needing beds at all four community shelters.
9. Food pick-up from Trader Joe's will be held every Tuesday for the City Shelter.
10. Meeting held at Danbury Hospital with assorted staff to develop a community care team for assisting our homeless clients for a variety of needs (i.e. housing, substance abuse, mental health issues, etc.).
11. Attended one (1) meeting of the CoC.
12. Conducted intake/interviews with homeless population for Coordinated Access at the Emergency Shelter on Tuesday and Wednesday mornings.
13. Follow-up information and finalization/approval from the Department of Health to approve the Community Health Center to conduct behavior and medical clinics at the Emergency Shelter.
14. Committee on Housing and Community Development of the Danbury Housing Partnership monthly meeting held at City Hall.
15. Attended City Council meeting.
16. Provided 65 families within the local community with Christmas gifts for their children.
17. Provided 25 families with Christmas complete dinners and assorted food bags provided by the Woman of the Hibernian/Irish Club.
18. Attended quarterly and annual Fair Housing meeting with the Fair Housing Association of Connecticut in Hartford, CT.
19. Annual Project Homeless Connect on Friday, December 12th.
20. VA annual Food, Fire and Safety Inspection at the Emergency Shelter.
21. Completed Fair Rent Commission 2015-2016 Budget.
22. Several donations of clothing, gift cards, food, etc. given to the Emergency Shelter to provide assorted gift items/presents to homeless clients on Christmas Eve.
23. Attended one (1) meeting of Coordinated Access Team.
24. Attended VA summit for Homeless Veterans.
25. Attended one (1) meeting of the Danbury Housing Partnership.
26. Provided information on social services of all community agencies/organizations in our community for prospective Connecticut municipality in returning social services to their area.



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School Based Health Centers (SBHCs) Monthly Operating Report December 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 (February 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 – December 31, 2014: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)	HATS (Non-DPH Funded)
Total # of Students Enrolled in all Schools	5,003	642
Total # of Patients Enrolled in the SBHCs	4,694	400
% of Total School Population Enrolled	94% (Up 6% since Sept. 30 th)	62%* *Increase of 17% since 8/31/14
Total # of Patient Visits	2,376 (734 patient visits in Dec.)	63
Total # of Medical Visits	1,244 (319 medical visits in Dec.)	63
Total # of Behavioral Health Visits	892 (340 BH visits in Dec.)	n/a
Total # Dental Visits	240	n/a

SBHC Annual Aggregate Billing Status Report 7/1/14 – 12/31/14



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For the period July 1, 2013 – December 31, 2014:

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Billed Charges \$162,563.62 Cash Received \$147,557.21



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

M. Bonjour - SBHC Manager

12/01/14 – Interviewed by The Newtown Bee for the Community Profile feature in the weekly newspaper.

12/02/14 – Participated in a State of CT Department of Public Health SBHC Advisory Council meeting held at the State Capitol, Hartford. The key charge of the group is to develop a definition and minimum standards for entities wishing to be designated as School-Based Health Centers. The final recommendations will be presented to the Commission of Public Health and Co-Chairs of the Public Health Committee for consideration and possible legislative action during the 2015 legislative session.

12/03/14 & 12/19/14 – Met with furniture sales representative from John Watts Associates to look at furniture selections for the Newtown Middle School SBHC site.

12/05/14 – Participated in a telephone focus group interview conducted by the CT Health Foundation (CHF) to assess organizational benefits afforded to the CT Association of School Based Health Centers (CASBHC) and its members as a resulting awarded to the CASBHC from CHF.

12/09/14 – Participated in an evening legislative outreach event held at CIFIC administrative office building. Attended by State Representative David Arconti and Senator Michael McLachlan, the information session highlighted the many programs of CIFIC, including the SBHCs.

12/16/14 – Participated in a CT Health Foundation Learning Session held at the Lyceum Center, Hartford. The session included a discussion on the current oral health policy landscape, both at the national level and in CT.

12/18/14 – Chaired the December meeting of the Board of Directors of the CT Association of School Based Health Centers held at the Quinnipiac Valley Health District, N. Haven. The meeting agenda included a facilitated part II Association strategic planning session.

12/19/14 – Participated in CIFIC's Employee Annual Recognition Event held at the Amber Room. Presented J. George with the SBHC Employee of the Year Award.

12/22/14 – Convened an initial planning meeting with Newtown Middle School nursing staff and SBHC staff assigned to work at the new health center. Additional planning meetings will be held with school staff as the program initiates services in 2015.

12/22/14 – Participated in a conference call with Julie Haggard, Director of Pupil Personnel, Newtown School District to discuss SBHC policies specific to release for information and compliance to HIPAA and FERPA requirements.

Clinical Staff – All Sites

All SBHC staff are up to date with completion of required Relias Training Courses.

All SBHC staff completed a Department of Public Health Family Health Section webinar titled *“Introduction to Results Based Accountability Training for Child Health Report Card”* The mandatory



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web-based training is designed to provide a general understanding of the Accountability (RBA) methodology suitable for programs participating in the legislative CT Children’s Report Card. 9
 12/07/14 – K. White, DHS APRN participated in the Annual Holiday Festival fundraising event of the Newtown Youth & Family Services
 12/10/14 – K. White, DHS APRN attended the Community Advisory Board meeting at the Families Network of Western CT.

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 98% enrollment as of 12/31/14. 381 DHS enrolled students rec’d 1 or more visits for this school year 100% DHS students’ rec’d outreach contracts as of 12/31/14. BMS 84% enrollment as of 12/31/14 194 BMS enrolled students rec’d 1 or more visits for this school year 100% BMS students rec’d outreach contracts as of 12/31/14 RPMS 92% enrollment as of 12/31/14 265 RPMS enrolled students rec’d 1 or more visits for this school year 100% RPMS students rec’d outreach contracts as of 12/31/14

DHS SBHC –

During the month of December, the DHS bulletin board focused on “Block the Sun and Skin Cancer” This outreach initiative is funded by a grant from the State Department of Public Health for population-wide skin cancer prevention activities.



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The DHS “*Dine and Discover*” student outreach activity topic for December was dental health. In coordination with Alison Carini, AmeriCorps member and J. George, students were introduced to SBHC dental services and assessed if they were in need. Demonstrative teeth and toothbrushes were used in a model for proper brushing techniques. Participants were invited to enter a quick fact quiz for the chance to win a free movie pass.

Of notable mention – the DHS SBHC conducted a 5th Annual Sock Drive in November in which school faculty and students were asked to donate new pairs of socks for Danbury’s homeless. Socks were delivered to the Shelter on New Street and Dorothy Day Hospitality House on Spring Street.

BMS SBHC -

Gerri Alpert, Office Manager, on an ongoing basis, is reviewing incoming registration forms and referring all uninsured students to the GDCHC for assistance with Husky Applications through Access Health.

School RN gives out registration forms to any students without registration forms whom she thinks would have benefited from our 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 2 individuals to GDCHC as a medical home. One student was referred to Center for Pediatric Medicine.

Influenza Vaccines were offered to all uninsured students (123) at Broadview. 4 students to date have received the vaccine as a result. 2 of the 4 students were uninsured and referred to GDCHC.

Clare Nespoli, APRN oriented Nicole Woering, APRN to the SBHC APRN role both at Broadview and Henry Abbott Tech.

RPMS SBHC –

In December, there were ten (10) reproductive health education presentations to the same two (2) eighth grade health classes from November. Overall SBHC services are emphasized in relationship to what topic SBHC staff are discussing. Staff continue to receive new enrollees because classroom presentations as well as through referral from the school nurses, new entrants, teachers, and guidance counselors.

The Birthday Star program continues with great success. Children who do not have a parental consent on file for SBHC are given another copy of the consent form when they come in for their birthday bag to bring home for their parent or guardian. There were 7 new enrollments for the month of



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December that were facilitated through this program!

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Medical Assistant updated the bulletin board for the holiday season with a caption “Happy Healthy Holidays!”. Also an additional caption of “Our Greatest Gifts All Year...” with a display of 3 trees decorated with the words “administration”, “nurses”, “school based health center”, “teachers”, “counselors”, “students”, “family”, “faith”, “hope”, “peace”, “love”, and “health”. This bulletin board was done to bring the students’ attention to the nonmaterial gifts we are fortunate to have all year. Hopefully, the children who do not benefit materially from the holiday season, will take something from this and feel a sense of fulfillment.

HATS SBHC - J. George and A. Carini created a bulletin board display focusing on holiday blues/depression. Initiating in December, SBHC staff including a new hire APRN N. Woering maintained a daily presence at the HATS clinic by offering morning hours in an attempt to increase awareness regarding the availability of services, boost enrollment and increase patient visits.

J. George and A. Carini conducted parent outreach at an Abbott Tech shop selection night held on 12/2/14

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>RPMS – No required vaccines were given in Dec. as all students are up to date. 5 recommended vaccines were given in Dec. incl. 2 flu, 1 Hep A, 2 HPV.</p> <p>100% RPMS students received education through classroom & open house presentations.</p> <p>Two (2) influenza vaccines were given in Dec. Informed all reproductive & skin cancer classes of Influenza vaccine availability.</p> <p>School morning announcements broadcast that flu vaccine was available through SBHC.</p> <p>BMS SBHC – See notes below</p>

** Selected as an outcome measure by RPMS SBHC only.

RPMS SBHC –

Since November, have been no students identified as deficient in required vaccines or physical exams for the school. The NP works closely with the school nurses to obtain current vaccine/PE records from



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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 is available to provide vaccines to those enrolled who needed them after receiving parental consent. There was 1 Hep A; 2 HPV; 2 Inactive flu given for a total of 5 vaccines administered for the month of December.

VFC Profile for Immunizations was completed and faxed back to DPH on 12/18/14.

BMS SBHC –

100% of students who presented to SBHC APRN with a diagnosis of asthma or who reported asthma in the medical history, received an asthma action plan if not done by PCP. December = 6 Year to date = 18.

Any student with a medical history of asthma whom does 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). December = 6 Year to date = 18.

All SBHC enrollees (Husky/Uninsured) with a diagnosis of asthma were offered an inactivated injectable influenza vaccine. 54 letters were sent home on 11/10/2014. 6 students to date have received this vaccine as a result.

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

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.	<p>a. 90% of school staff receive information about the mental health services offered through the SBHC.</p> <p>b. 85% of clinic users identified with a mental health concern through risk assessment screening receive a mental health assessment administered by the SBHC mental health clinician or are referred for appropriate assessment.</p> <p>c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular therapy demonstrate improved psychosocial functioning.</p> <p>d. 90% of clinic users identified as having mental health needs that exceed the scope of service provided by through the SBHC are referred to an outside mental health specialty service.</p>	<p>RPMS SBHC-</p> <p>a.100% 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. Of 37 unduplicated students accessing counseling during the month of December, 15 have been seen regularly for 3 mths or longer. Of these, all 9 demonstrate improved psychosocial functioning. This results in 100% students demonstrating improved functioning after > 3 mths visits.</p>



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d. No students seen during the mth. of Dec. have been identified as having mental health needs that exceed the scope of services provided by the SBHC.

BMS SBHC –

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. 99% students demonstrate improved functioning after > 3 mths visits.

d. 0% students required referral to outside provider

DHS SBHC –

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. 50% students demonstrate improved functioning after > 3 mths visits as evidenced by GAF scores.

d. 0% students required referral to outside provider



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DHS SBHC –

Staff receive information about the mental health services available at the SBHC through a variety of means. A significant number of staff refer to the MH clinician and do so on a regular basis. Additionally, the DHS clinician very often reaches out to teachers, guidance counselors, administrators, and faculty club advisors in order to coordinate services.

All students are given a full biopsychosocial intake assessment, in general on the 3rd visit. On occasion, this evaluation may be done before or after the 3rd visit if there are clinical reasons to either expedite or delay full completion. This includes risk assessment and students are regularly asked during the first visit re. suicidality and homicidality and this is reassessed as needed on an ongoing basis.

The DHS clinician reviewed all charts of students seen on an ongoing basis and more than %50 showed improved levels of functioning.

All students who needed additional services or a higher level of care were referred. For students involved with community health or other community based programs, there was communication between the DHS clinician. This included but was not limited to Dr. Amy Handler and a DCF investigator. In cases where it was uncertain what was needed the DHS clinician continued to work with the student while exploring other options.

During the month of December, the DHS clinician had many conversations re. coordination of treatment with the DHS crisis counselor and dealt these cases jointly. Additionally, a long time patient of the clinician finally began a course of anti-depressant treatment following a family session with her mother. Additionally, a patient who was a witness/anonymous reporter met with therapist and a DCF investigator in order to provide more help to this ongoing investigation which involves DCF, Special Victims Unit and a DHS resource officer, with whom the client and this therapist have also met.

BMS SBHC –

Jenny Casey, LCSW continued to see students individually and in group throughout the month of December. The 7th Grade Girls' Lunch Group (W) and the 6th Grade Boys' Group each added 1 new member and a new group was launched.

On 1/12/14 Jenny Casey, LCSW, and Clare Nespoli, APRN, began a Healthy Lifestyles Group for 8th Grade Girls with four members. The focus of this weekly, open, on-going group is on improving the members' health and lifestyle choices. Topics include food choices and portions, exercise habits, stress management and building healthy self-esteem

RPMS SBHC –

The "Healing from Grief" group has been meeting weekly since November 12th. The group has eight students participating. Of these eight students, seven have lost a parent or primary caregiver in their life. Three of these students are dealing with multiple significant losses in their life. The group met four times in December and will continue for 10 weeks.

The clinic social worker and nurse practitioner had a meeting with a 6th grade student's parents and



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his guidance counselor to discuss school functioning and a potential diagnosis of Attention Deficit 15 Disorder. The student had been observed independently by both the social worker and nurse practitioner to facilitate diagnosis and obtain observable information. The clinic social worker was asked to meet with a student who has been having significant difficulties is getting to school regularly and in a timely manner. As part of this intervention, the social worker also met with the student's cluster teachers during their common planning time. The clinic social worker assisted with second interviews for the social worker position open at the new Newtown SBHC. All clinic social workers from the three sites agreed that with the shortened month, it would be best to postpone monthly peer supervision to January. We did not want to further reduce availability to students.

Outcomes**	Measures	Achievement of Outcome
4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	<ul style="list-style-type: none"> a. 90% of clinic users with asthma have a written asthma action plan. 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. 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. d. 90% of clinic users with asthma have a document flu vaccine. 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%. 	<ul style="list-style-type: none"> a.100% BMS patients with reported asthma have an action plan (3 out of 3) b. See note below c. See note below d. See note below e. See note below

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

100% of students who presented to SBHC APRN with a diagnosis of asthma or who reported asthma in the medical history received an asthma action plan. Year to date = 12.

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). Year to date = 12.

All SBHC enrollees (Husky/Uninsured) with a diagnosis of asthma were offered an inactivated injectable influenza vaccine. Fifty-four (54) letters were sent home on 11/10/2014. Two (2) students received this vaccine as a result.



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“The Flu Ends With...U!” bulletin board displayed 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 (15 out of 15) 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 SBHC -

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.

RPMS SBHC –

The Nurse Practitioner assisted the Health teacher with the reproductive health unit. The NP has given ten (10) reproductive classes in December to the same 8th grade health classes as in November, which covered pregnancy, contraception, abstinence, and STIs. Since September four different 8th grade classes have received presentations for a total of fifty-four (54) presentations for the first two 8th grade health rotations. Information is given regarding health throughout the lifespan, puberty, pregnancy, contraception and abstinence, STDs and the M&M game. This year there is a dedicated health class so reproductive classes are given to boys and girls together which is working well.

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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Alison Carini, 2014-15 HealthCorp member participated in the following activities during the 17 reporting period:

Meetings Attended:

- 12/09/14 SBHC Staff Meeting
- 12/18/14 CHCACT Monthly Meeting
- 12/19/14 CIFIC Residency Program Interview Day Informational Meeting

Monthly Activities:

- 12/08/14 Rethink Your Drink Dine and Discover presentation at RPMS
- 12/18/14 Oral Health Dine and Discover presentation at DHS
- Viewed Association of Academic Health Centers webinar "Social Determinants of Health"
- Facilitated HATS appointments
- Facilitated RMPS, BMS, and DHS billing
- Helped create Holiday Blues/Depression bulletin board for HATS and BMS
- Helped create Tanning/Skin Cancer Prevention bulletin board for DHS

Newtown SBHC Implementation Update:

The development and implementation of the new is well underway and project is moving along very smoothly. Board of Education unanimously approved implementation of the new site at the Newtown Middle School at their 9/16/14 meeting. Planning group meetings have been on-going. A parent information night was held on 10/30/14 and it is anticipated that a second outreach forum will be held in January 2015 shortly after the center is open and licensed.

Parent information letters including a cover letter, SBHC enrollment form and HIPPA privacy notice were mailed to 897 households during the first week of December; returned enrollment forms are being collected and filed.

Facility upgrades are underway and it is anticipated that all work will be completed and certificate of occupancy obtained on or before 1/15/15.

Staff recruitment has been conducted and completed with staff selections for all positions obtained. An APRN is anticipated to start 12/1/14, LCSW and Medical Assistant to start 1/5/15.

eClinicalWork EMR has been selected and equipment quotes obtained. Orders will be processed to have EMR go live upon opening of new center.

Outpatient licensing initial application has been prepared and submitted to DPH Licensing Regulations on 12/19/15. Upon completion of Fire Marshal inspection, Certificate of Inspection will be submitted to DPH and DPH will be contacted to request initial inspection date.

Anticipated opening of new site is expected by 2/31/15. Public open house and formal ribbon cutting to be held shortly thereafter.

No local barriers were encountered. Project start date experienced a slight delay due to receipt of fully executed contract from DPH (11/10/14).

J. George, N. Woering and M. Bonjour held initial information and planning meeting with Newtown Middle School nursing staff as well as Principal and Assistant Principal.



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News/Case Studies from the Field:

*A DCF report was filed by the APRN late September due to a child's parent being incarcerated in August, leaving the child alone for a few days and for thirty days without an identified guardian. The child was in need of PE and vaccinations in order to stay in school. APRN completed the PE and gave vaccines when DCF obtained temporary guardianship to the paternal aunt from the mother. In November, the aunt reported that DCF is in the process of granting foster care status to the aunt as the mother is still incarcerated.

*A student who had been diagnosed with ADD the end of last school year didn't respond to multiple passes this year to assess continuation of her medication. The family had been given names of area mental health providers to access during the summer but never did. The student had been off medications until Oct 22 when SBHC staff finally were able to get the student and father in for an appointment. Nov. 24 an email went out to the teachers to see if they noted any improvement in her work, focus, etc. Three teachers responded that the student seemed to suddenly wake up and is participating, asking questions, quickly gets started on her work. Her math grade went from failing to passing but English grade is still a problem. The student is pleased to be back on medications and sees a big difference in her life.

*A 18 yr old female who has recently immigrated to the USA presents to the SBHC for a pregnancy test. She is accompanied by an interpreter. The student lives with her sister and does not speak any English. In the SBHC, she is diagnosed with a pregnancy of five weeks. The SBHC APRN counsels the student related to a healthy pregnancy and mobilizes community resources. The student is counseled about the risks of drugs, alcohol and medications during pregnancy. She is given a supply of prenatal vitamins. Information about HUSKY, WIC and Hopeline for an ultrasound is given. The student will also be introduced to staff from Families' Network of Western Connecticut for participation in their program for first time moms. The student is given CIFIC's GDCHC information for routine medical care.