



CITY OF DANBURY

HEALTH, & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health & Housing Office

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

February 23, 2015

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The January 2015 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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February 19, 2015

TO: Danbury City Council

FROM: Daniel Barody, Associate Director

RE: Monthly Status Report – Housing, Food Service & Environmental Health Division
January, 2015

January 2015

Housing, Food Service & Environmental Division Combined Stats Report

Inspection / Hours	Jan. 2015	Year to Date (fiscal)
Hazardous Materials Management & Public Health Preparedness (hours)	156	1,016
Wetlands / Water Resources (hours)	137	1,034
# Land Use Evaluations (Septic Systems and Well Water Supply)	39	596
# Housing Inspections	63	417
# Food Service Inspections	132	786
# General Nuisance / Miscellaneous Inspections	143	1,006

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 January, 2015 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 January, 2015

Mission Statement:

Our Social Services seek to provide the community and its residents with access to municipal and community social services in an expeditious, cost effective and comprehensive manner. Efforts are focused on improving access to housing and emergency shelters; improving access to medical care and coverage and improving social conditions for residents via collaboration and advocacy at the local, state and federal level by identifying and working to create systems of resources that are inclusive of all residents/clients in need.

The following are the highlights from our Social Services activities for January, 2015:

I. Our Housing Caseworker managed approximately 53 active cases.

1. The Day Center, located at the Emergency Shelter, had approximately 1,189 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): 6
- b. Action Plan Development: 32
- c. Veteran Referrals: 30
- d. Referrals to Cash Assistance: 32
- e. Bus Tickets: 12
- f. Housing Related Issues: 9
- g. Housing Placement: 2
- h. Job Searches: 14
- i. Employment inquiries: 1
- j. Case Management Services: 23
- k. Showers: 137
- l. Lunch: 700
- m. Mental Health Referrals/Case Management: 0
- n. Adult Medical Referrals: 2
- o. Phone Usage: 5
- p. Substance Abuse Referrals/Case Management: 115*
- q. Clothing Vouchers: 3
- r. Other: 96**



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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.

**coordinated access referral/call to 211, client verbal requests, 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. Review and updating/completing initial documentation required of all clients at the Emergency Shelter for Coordinated Access.
5. Working with clients for acceptance of grant funds for rapid rehousing.
6. Meeting with staff at Emergency Shelter at night to coordinate and access extra number of homeless clients needing beds at all four community shelters.
7. Food pick-up from Trader Joe's will be held every Tuesday for the City Shelter.
8. Meeting held at Danbury Mental Health Office with assorted community leaders and social service organizations/agencies for a weekly community care team for assisting our homeless clients for a variety of needs (i.e. housing, substance abuse, mental health issues, etc.).
9. Attended one (1) meeting of the CoC.
10. Conducted intake/interviews with homeless population for Coordinated Access at the Emergency Shelter on Tuesday and Wednesday mornings.
11. 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. Clinic will be opening in March, 2015.
12. Committee on Housing and Community Development of the Danbury Housing Partnership monthly meeting held at City Hall.
13. Follow-up meeting and reporting for the annual Project Homeless Connect that was conducted on Friday, December 12th, Western Connecticut State University.
14. Attended one (1) meeting of Coordinated Access Team.
15. Provided information on social services of all community agencies/organizations in our community for prospective Connecticut municipality in returning social services to their area.
16. Attended one (1) meeting for Social and Supportive Service Committee of the Danbury Housing Partnership.
17. Attended on (1) meeting for Housing and Community Development Committee of the Danbury Housing Partnership.
18. Attended seminar for the Danbury Continuum of Care at the Police Station and spoke with DEMAS representatives on the homeless population/situation in the community.
19. 211 Emergency Shelter given to several homeless families through DOH winter protocol funding for the City of Danbury's Emergency Shelter.



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School Based Health Centers (SBHCs)

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Monthly Operating Report

January 2015

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 – January 31, 2015:

(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	4,991	642
Total # of Patients Enrolled in the SBHCs	4,735	401
% of Total School Population Enrolled	95% (Up 7% since Sept. 30 st)	62.5%* *Increase of 17.5% since 8/31/14
Total # of Patient Visits	2,973 (597 patient visits in Jan.)	79
Total # of Medical Visits	1,509 (265 medical visits in Jan.)	79
Total # of Behavioral Health Visits	1,168 (276 BH visits in Jan.)	n/a
Total # Dental Visits	296	n/a



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SBHC Annual Aggregate Billing Status Report 7/1/14 – 1/31/15

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For the period July 1, 2014 – January 31, 2015: Billed Charges \$200,910.62 Cash Received
\$198,528.34



Program Snapshot: Activities/Meetings held January 1, 2015 – January 31, 2015:

M. Bonjour - SBHC Manager

- 01/06/15 – Participated in the monthly CIFC Management meeting held at OST Board meeting room.
- 01/06/15 – Participated in a DPH Advisory Committee conference call. The group worked on completion of a SBHC definition and minimum standards and activity report to the DPH Commissioner. It is anticipated that the SBHC language (definition) will be raised as a House bill during the 2015 legislative session.
- 01/08/15 – Met with Claudine Constant, new Site Supervisor for the CHCACT HealthCorp members.
- 01/12/15 – Met with Sean Mullens, Sales Representative for McKesson to finalize medical supplies and equipment order for the new Newtown SBHC.
- 01/14/15 – Convened a SBHC staff meeting at OST Board meeting room.
- 01/15/15 – Chaired a CT Association of School Based Health Center Board of Directors meeting, Quinnipiac Valley Health District, North Haven. Meeting agenda included a discussion on legislative agenda for 2015 session.
- 01/21/15 – Met with Senator Beth Bye and Representative Toni Walker at the State Legislative Building Hartford to discuss SBHC budget concerns and proposed Governor rescission (budget mitigation) cuts.
- 01/28/15 – Participated in a Newtown SBHC Advisory Committee meeting to conduct a tour of the renovated SBHC site and provide an update on the implementation progress.
- 01/28/15 – Participated in the monthly CIFC BOD meeting; presented an update on the Danbury SBHC's achievement of outcome measures and Newtown SBHC implementation progress.

Clinical Staff – All Sites

All SBHC staff are up to date with completion of required Relias Training Courses including cultural diversity and child abuse.

All SBHC staff completed Department of Public Health Family Health Section webinar titled “*Part II Results Based Accountability Training for Child Health Report Card*” The mandatory web-based training provides a virtual demonstration for the development of the legislative CT Children’s Report Card. Using a fictional SBHC as a model, the training describes the step-by-step instructions necessary for completing the report card as well as its relation to the SBHC Quality Improvement Work Plan.

The RPMS APRN began precepting a new YALE Pediatric Nurse Provider student on January 7th. The student will remain at the SBHC through the spring semester.

01/15/15 -All clinic social workers from the three sites met for monthly peer supervision.



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01/21/15 - The DHS APRN attended a meeting with the school nursing staff, the parenting class teacher and guidance counselors to discuss expectant students' academic and psychosocial needs.

01/23/15 - The APRN attended the Community Advisory Board meeting at Families Network of Western CT.

01/29/15 - The APRN completed a peer review of chart notes documented by Clare Nespoli, APRN

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. DHS has 99.5% enrollment as of 1/31/15.</p> <p>418 DHS enrolled students rec'd 1 or more visits for this school year</p> <p>100% DHS students' rec'd outreach contracts as of 1/31/15.</p> <p>BMS 84% enrollment as of 1/31/15</p> <p>194 BMS enrolled students rec'd 1 or more visits for this school year</p> <p>100% BMS students rec'd outreach contracts as of 1/31/15</p> <p>RPMS 92% enrollment as of 1/31/15</p> <p>268 RPMS enrolled students rec'd 1 or more visits for this school year</p> <p>100% RPMS students rec'd outreach contracts as of 1/31/15</p>

DHS SBHC –

Outreach bulletin board for January was “**D**rug**E**nd **A**ll **D**reams”

Dine and Discover topic for January was Internet Safety. In coordination with Alison Carini, AmeriCorp Member, students were educated on internet safety, given a snack, and asked to sign a pledge stating that they would be safe and responsible when using the internet. Information was available to them in both English and Spanish.



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Many hours were spent by the DHS SBHC staff assessing students in need of dental services. Students were called down to the office then introduced to our services as well as determined whether or not they currently receive dental treatment. Those identified in need were then scheduled with the hygienist and dentist accordingly.

Pamphlets for Greater Danbury Community Health Center (GDCHC) were given to all patients seen for medical services who presented with no medical home.

When a student was seen by the nurse practitioner for leg pain and expressed lack of medical treatment on the outside due to the inability to find an orthopedist that will accept husky, much time was successfully spent by the office manager finding an orthopedist that would see her the very next day. I coordinated with the mother and doctors' office and scheduled appointment for student as mom was unavailable to do so herself. This information was also shared with the other SBHC's as an available resource for future patients.

BMS SBHC –

On an ongoing basis, Geri Alpert, MA, reviews incoming registration forms and refers all uninsured students to the GDCHC for assistance with Husky Applications through Access Health CT.

School RN gives out registration forms to any students without registration forms whom she deems would benefit from SBHC services.

GDCHC contact information is included with every letter sent home to SBHC members who need immunizations and/or physical exams. Influenza Vaccines were offered to all uninsured students (123) at Broadview. 5 students to date have received the vaccine as a result. 2 of the 5 students were uninsured and referred to GDCHC.

In an effort to improve the confidentiality at the Broadview SBHC, we now have students called to the main office and Geri Alpert meets them there, rather than having the office secretary state over the intercom that the student should proceed to the SBHC. In addition, staff were gently reminded via email to please keep the destination of the SBHC confidential upon receiving a pass from a student.

RPMS SBHC –

In January, there were nineteen (19) reproductive presentations to four (4) eighth grade health classes. The APRN completed the series Jan. 14th. November/December's group and initiated a new series on January 21st. SBHC services are emphasized in relationship to what topic the SBHC staff are discussing and the SBHC consent forms are available in the health classroom at the time of the presentations.

The SBHC continues to receive new enrollees through referral from the school nurses, teachers, guidance counselors, other outreach efforts and new school entrants.



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The MA continues to receive new SBHC consents as a result of the Birthday Star Program as the student birthday list is reviewed to see who does not have a consent on file and a new one is given to the student when they come to the SBHC for their birthday prize. In January, ten (10) new enrollments were received.

The APRN conducted one physical exam in January. The “Guidelines For Adolescent Preventive Services (GAPS)” was utilized as a risk assessment tool during the visit.

THE APRN measured BMIs on 207 students to date, with 26% overweight and 27% obese. Of the obese students, 24% were male, 30% female. 47% of males and 45% females (46% total) were of normal BMI.

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>RPMS – No required vaccines were given in Jan. as all students are up to date.</p> <p>One (1) HPV vaccine administered in Jan.</p> <p>100% compliance with vaccines being given at the SBHC.</p> <p>100% RPMS students received education through classroom & open house presentations.</p> <p>BMS SBHC – See notes below**</p>

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

RPMS SBHC –There continues to be no students identified as deficient in required vaccines or physical exams for the school. The APRN works closely with the school nurse 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 APRN is available to provide vaccines to those enrolled who needed them after receiving parental consent.

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 = 4 Year to date = 22.



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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 = 4 Year to date = 22.

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.

In reviewing the school nurse's records, identified all students in the school with diagnosis of asthma = 113. Crossed checked who is not a school based health center member = 17. In turn, a letter highlighting our services (especially asthma management) was sent home to these 17 students along with a registration form. Of the enrolled students in the school with asthma, 34 already have albuterol inhalers/asthma action plan with the school nurse. The next step is to call down the enrollees without an albuterol inhaler/asthma action plan and to ensure that they do.

"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 36 unduplicated students accessing counseling during the month of January, 19 have been seen regularly for 3 mths or longer. Of these, all 19 demonstrate improved psychosocial functioning. This results in 100% students demonstrating improved functioning after > 3 mths visits.</p> <p>d. No students seen during the mth. of Jan. have been identified as having mental health needs that exceed the</p>



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		<p>scope of services provided by the 13 SBHC.</p> <p>BMS SBHC –</p> <ul style="list-style-type: none"> 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 <p>DHS SBHC –</p> <ul style="list-style-type: none"> 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.



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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 January, the DHS clinician had many conversations regarding 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.

In a review of 22 ongoing cases, many had comorbidities (e.g. more than one diagnoses, such as an adjustment disorder superimposed on a long-term diagnoses such as ADHD). The diagnoses affecting most clients are the various Adjustment Disorders (included but not limited to Adjustment Disorder with Depression and Adjustment Disorder with Anxiety with 16 students represented. The next highest occurrence falls in the more significant depressive disorder category. This includes both Major Depressive Disorders as well as Depressive Disorder Not Otherwise specified. Here 6 students are represented.*

BMS SBHC –

Jenny Casey, LCSW continued to see students individually and in group throughout the month of January.

With the start of a new year, Ms. Casey has been encouraging group members to reflect on the past year and think about the future. The groups have been using collage as a way to focus on all that the members are grateful for and/or hope to achieve in 2015. The students have enjoyed this process and have created some beautiful collages.

1/15/15 - Jenny Casey, LCSW, attended a Peer Supervision session with other the Mental Health Practitioners of the Danbury SBHCs. Interesting or difficult cases are shared and planning of special events is discussed.

1/16/15 - Jenny Casey, LCSW, attended Pupil Personnel Services meeting at BMS in order to begin to discuss what has been called Alternative to Violence Week. (Ms. Casey intends to change the name this year). It was suggested that Ms. Casey work with Christine Miller, Social Skills Counselor and facilitator of the annual Positive Behavior Intervention Service (PBIS) and add to and/or complement



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the school's year long PBIS. This year the PBIS theme is "No Drama; It's all about the Love" 15 and incorporates building leadership and fostering inclusion and kindness. The culmination of the PBIS would coincide with the BMS SBHC's annual week, (as of yet to be renamed) and Ms. Casey hopes to bring in speakers and activities that would complement the PBIS activities.

1/22/15 - Ms. Casey met with school principal, Mr. Robbs and Christine Miller to discuss the proposed SBHC and PBIS activities.

1/26/15 - Ms. Casey attended a PPS meeting to provide an update on the SBHC/PBIS collaboration.

1/30/15 - Ms. Casey met with Christine Miller to continue planning for the combined SBHC/PBIS Jenny Casey, LCSW continued to see students individually and in group throughout the

On 1/30/15 Ms. Casey began a new group entitled 6th Grade Girl Power, with 3 students attending. This group was formed at the request of the students and will meet weekly for the duration of the school year. The focus will be eclectic, with such themes as family issues, friends and peers, body image, relationships and healthy self-esteem.

RPMS SBHC –

The "Healing from Grief" group has been meeting weekly since November 12th. The group has eight (8) students participating. Of these eight students, seven (7) have lost a parent or primary caregiver in their life. Three (3) of these students are dealing with multiple significant losses in their life. The group met three times in January and was originally scheduled for 10 weeks. The group decided, as a whole to extend the length of the group so more issues could be discussed. The group would like to have a balloon launch in March, when weather is more accommodating.

Clinic SW was invited to the Common Planning period to discuss an 8th grade student with the team; there have been some concerns with this student's behaviors.

One RPMS social worker and the guidance counselors asked the clinic SW to help them to develop a month long program for February: Love Wins: Helping Yourself and Others. Part of this program will be to present information on suicide prevention. Several meetings occurred during January, in anticipation of this event.

The clinic social worker worked closely with a guidance counselor to assist a student and her family who were going through a difficult time. Family was now living with grandparents in New Milford and she would be going to New Milford schools next year; due to circumstances this student was missing a lot of school due to transportation issues. SW worked with the student and her family to develop a transition plan to move to New Milford middle school now so she could develop friendships prior to high school and help to ease her overall transition, as well as increasing her school attendance.

The clinic social worker began meeting with a new student to help transition to Danbury after moving here from another state and from foster care.

Outcomes**	Measures	Achievement of Outcome
4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the	a. 90% of clinic users with asthma have a written asthma action plan. b. 80% of clinic users compliant with a written	a.100% BMS patients with reported asthma have an action plan (3 out of 3)



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SBHC.	<p>action plan show improvement in symptoms as documented by a health care provider in medical record.</p> <p>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.</p> <p>d. 90% of clinic users with asthma have a document flu vaccine.</p> <p>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%.</p>	<p>b. See note below 16</p> <p>c. See note below</p> <p>d. See note below</p> <p>e. See note below</p>
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** Selected as an outcome measure by BMS SBHC only.

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.	<p>a. 100% DHS patients seen for possible STD screened for STIs to date (21 out of 21)</p> <p>0 % RPMS patients screened for STDs*to date - no one identified as sexually active.</p> <p>0 % BMS patients screened for STDs*to date - no one identified as sexually active.</p>

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.



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RPMS SBHC –

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The Nurse Practitioner assisted the Health teacher with the reproductive health unit. The NP has given nineteen (19) reproductive classes in January to the four (4) 8th grade health classes, two (2) groups completed the reproductive series and two (2) groups have started a new series. Since September six (6) different 8th grade classes have received presentations for a total of eighty-six (86) presentations for the first three 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)

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

Meetings:

01/13/2015 Coalition for Healthy Kids planning meeting
01/13/2015 Connecticut Mission of Mercy Full-Steering Committee meeting
01/14/2015 SBHC Staff Meeting
01/23/2015 CHCACT AmeriCorps Monthly Meeting

Activities:

- Designed HATS bulletin board on healthy exercise habits
- Facilitated SBHC billing and HATS appointments
- Assisted with RPMS bulletin board “Love wins”
- Drafted and compiled procedures for Newtown SBHC Operational Policies and Procedures binder

01/10/2015 Presented “Rethink your Drink” at Career and Health Fair at the Lincoln-Bassett School in New Haven, CT

01/15/2015 DHS Dine and Discover on Internet Safety

01/19/2015 MLK Day of Service at Peabody Museum in New Haven, CT-presented “Choose My Plate” and “Rethink Your Drink”

01/29/2015 HATS Dine and Discover on Healthy Eating co-presented by Food Corps member Jennifer Kruzansky

Newtown SBHC Implementation Update:



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The development and implementation of the new is well underway and project is moving along 18 very smoothly.

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. Currently there are approximately 80 returned forms on file.

Facility upgrades are complete and an approved Fire Marshal Certificate of Inspection is on file. A certificate of occupancy obtained has been obtained.

Staff recruitment has been completed and staff appointed to their positions. New SBHC staff have begun outreach to school staff, parents and community based providers. (See attached "Meet Your NMS SBHC Staff flyer).

Systems Support Inc. to deliver and set-up new IT equipment mid-February.

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.



News/Case Studies from the Field:

*A DCF report was filed by the APRN 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. The 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. This mother is still incarcerated as of the end of January.

*A special ed. student who has been chronically late to school, falling soundly asleep in class for the first few hours of school, failing classes, and without progress being made through school interventions for the past 2 years was referred to the SBHC by guidance for help with sleep issues. Initially the student was not interested in changing her behavior. The mother was very resistant to suggestions on how to get the student off her cell phone before 2am and having her in school on time and awake. The mother commented that "if you want her in school on time, you come to the home and wake her up and drive her to school." The student identified that she had difficulty focusing. The mother and teachers did the Vanderbilt evaluation tool which indicated ADD. The mother was totally against any talk of medication as the student "just needs to get the sleeping under control" which we agreed with. The student's paternal grandmother (PGM) had given her cell phone but was unaware of the lack of restrictions placed on it by the mother. The PGM also had bought her new glasses in July but had broken for past 2 weeks. The student couldn't see any distance without squinting but didn't have an eye appt through Husky until January. The student was afraid to tell the PGM about breaking the \$500



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glasses as it would cause more problems between the PGM and mother. The NP called the PGM 19 with the student's permission and although it wasn't a pleasant conversation, the PGM met the family at the mall and obtained new glasses within a few days. The issues surround the cell phone were discussed and the PGM put restrictions and monitoring on the phone. Within a week of this occurring, the student has still arrived late to school but about 15 minutes earlier than before, had gone to the after school tutoring help at the library and had even turned in 2 essays. For a brief few days, the student had gone to sleep at 10pm and didn't sleep in class, as the mother took her phone from her at night. She still missed the bus as she spends time primping herself before school and the mother then drives her to school. All of the excuses or barriers that the mother and student identified were being addressed and progress was being noted. There was still a great amount of work needed with this family but we were initially pleased with finally seeing some positive changes. Unfortunately, the supervision at home by the mother diminished and it was necessary to make a new report of neglect to DCF which is investigating the case. DCF was already involved with the family but the student disclosed information that she wasn't sharing with her worker where she was being left at home alone much of the night and possible substance abuse by the mother. The mother has pulled her daughter's consent for SBHC services after coming to the school very angry. In January we received the report that DCF is requiring mandated services now for the family. Since then the student is coming to school on time, with her glasses, and grades improving some.

*A student was sent to the ER for strangulated scrotal hernia which was operated on within one hour of leaving the SBHC. Another student was identified as having a thyroid goiter without other symptoms. Blood work done at SBHC reveals she has developed thyroid antibodies and was referred to her primary provider. Another student was sent to the ER for recurrent, uncontrolled epistaxis, that didn't respond to Afrin and compression. They repeated the Afrin which stopped the bleeding and referred him to ENT.

*A 17 year old female was seen for several visits during the month of January. She presents with concerns about a sexually transmitted infection for which treatment may have been ineffective. Additionally, by history, she may have been re-exposed to the untreated partner. The student had been diagnosed with Chlamydia and was treated on 2 occasions by her PCP but was not able to tolerate the medication. She requests the SBHC re-evaluate her for the infection and offer treatment if needed. She also requests counseling in regards to addressing the boyfriend in seeking testing and treatment. The student is diagnosed with persistent infection and is retreated. The boyfriend is referred to the STD Clinic on 70 Main St in Danbury. Complicating significant past medical history includes this student's recent release from Four Winds Hospital.

*A 16 year old female presents to the SBHC with significant knee pain of one week duration. Student denies injury, h/o tick bite and fever. Student is treated conservatively for a few days without any relief in pain. Student follows up with the SBHC with persistent knee discomfort that significantly impairs her ability to ambulate. Student is advised to schedule appointment with PCP for evaluation and possible referral to the ortho clinic. The case is complicated by the lack of orthopedists in the community who accept HUSKY insurance. Office assistant Melanie Mele makes several calls to orthopedic providers in the community and is able to secure a timely appointment with an orthopedist



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in Brookfield who will accept HUSKY. Melanie Mele works with the student, her mother and 20 the physician to have the patient evaluated rapidly. The student is seen by the orthopedist that has evaluated the student and has recommended a MRI.

*A female 8th grader presented for cold symptoms and during the intake she reported that she developed throat tightening and hives when eating shrimp. Her older brother who attends Danbury High School develops similar symptoms. Neither had reported this reaction to a medical provider before. The siblings are uninsured and their PCP is Samaritan Health Center. In addition, the female expressed concern that her brother needs glasses and cannot see the board at school, but Samaritan told him, "They don't handle that." These siblings needed lab work to confirm allergy to shellfish - slips given under school based health center account, as well as, Epi-Pens for home and school, Benadryl and a Food Allergy Action Plan. I spoke with office manager at Samaritan and learned that they had just 3 samples of Epi Pens (\$150 each) left. Appointments for the siblings were made for the following day. I provided the female all the paperwork for the above meds to be kept with the Broadview school nurse. In addition, Epi-Pen teaching was taught with a trainer and the student was referred to the Food Allergy and Anaphylaxis Network website. A Spanish interpreter was employed and mom was called explaining the seriousness of this allergy and need to keep all shellfish out of the home. Mom verbalized understanding. Coordinated with Danbury High SBHC APRN regarding the brother's issues. She referred him to school nurses for a referral to the Lion's Club for free exam and glasses if needed.

In follow-up, the siblings did receive Epi-pens from Samaritan Health Center and the family now understands the seriousness of this food allergy.