



# CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office  
203 - 797-4625  
Fax 796-1596

Social Services Office  
203 - 797-4569  
Fax 797-4566

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

March 30, 2015

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The February 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 free dental clinic held at West Conn on March 20<sup>th</sup> – 21<sup>st</sup> and provided \$1.65 million in care to 1,997 patients, according to event organizers. The eighth annual event, sponsored by the Connecticut Mission of Mercy, needed to shutter its doors early each afternoon because the O'Neill Center was filled to capacity. The clinic was designed to aid people who don't have access to affordable dental care or need a way to offset its costs. More than 1,600 volunteers served over the weekend, with 136 dental chairs servicing patients for cleanings, X-rays, fillings, extractions, oral surgery and limited root canals.

The event rotates throughout Connecticut each year, and Danbury was the state's first repeat host city. 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



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

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### Patient Utilization Data for Period July 1, 2014 – February 28, 2015: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)	NMS (DPH Funded)	HATS (Non-DPH Funded)
Total # of Students Enrolled in all Schools	4,982	893	641
Total # of Patients Enrolled in the SBHCs	4,791	92	403
% of Total School Population Enrolled	96% (Up 8% since Sept. 30 <sup>st</sup> )	10.3%	63* *Increase of 18% since 8/31/14
Total # of Patient Visits	3,509 (536 patient visits in Feb.)	1	86
Total # of Medical Visits	1,777 (268 medical visits in Feb.)	0	86
Total # of Behavioral Health Visits	1,391 (223 BH visits in Jan.)	1	n/a
	341	n/a	n/a



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Total # Dental Visits			
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## SBHC Annual Aggregate Billing Status Report 7/1/14 – 2/28/15

For the period July 1, 2014 – February 28, 2015:

Billed Charges \$238,489.62

Cash Received \$199,795.25



### Program Snapshot: Activities/Meetings held February 1, 2015 – February 28, 2015:

#### M. Bonjour - SBHC Manager

02/03/15 – Participated in CIFC Management meeting held at OST administrative offices.

02/05/15, 02/20/15 & 02/25/15 – Convened NMS SBHC staff meeting in preparation of State DPH licensing visit.

02/05/15 – Participated in a telephone survey as part of a CT Association of SBHC’s YALE School of Public Health, Health Policy student intern research project focusing on the organization, support structures, and political climate of CT SBHC’s. The research project intern will collect information over a three month period from SBHC Directors, clinicians, and relevant school administrators throughout the State and put together an issue brief on the political successes and barriers faced by SBHC’s in CT.

02/09/15 – Participated in a telephone interview conducted by a WCSU third-year Nursing student regarding the structure of the SBHC service delivery model.

02/10/15- Participated in a Policy Learning Collaborative session sponsored by the National School Health Alliance. Presenter included Jeff Levi, Executive Director of Trust for America’s Health to lead a discussion on the development of Wellness Funds as a strategy for funding population health activities.

02/11/15 – Held meeting with Newtown School Superintendent to provide an update on the status of the SBHC and anticipated opening date.

02/17/15 & 02/27/15 – Interviewed WCSU health promotion students for potential summer internship.

02/19/15 – Chaired CT Association of SBHC BOD meeting, QVHD, North Haven. Agenda included legislative strategies for budget session.

02/24/15 – Convened SBHC staff meeting at OST Board meeting room.



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02/25/15 – Participated in NMS SBHC Advisory Board meeting held at the NMS. Community outreach and upcoming DPH licensing inspection was discussed.

02/16/15 – Maury Gibson, CT DPH Licensing and Regulations Unit conducted initial outpatient clinic inspection. Inspection went well and license was verbally granted.

02/26/15 – Participated in CHCACT site supervisor mid-year check-in conference call regarding process for conducting upcoming AmeriCorp members mid-year evaluations.

### Clinical Staff – All Sites

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

02/04/15 - The DHS APRN attended the postponed January Board of Directors' meeting at Newtown Youth and Family Services.

02/10/15 - The APRNs met with Dr. Golenbock for medical advisory.

02/11/15 – All SBHC BH Clinical staff met to conduct mid-year peer review of BH charts. Ten (10) charts were reviewed from each SBHC site and results forwarded to the SBHC Manager and Dr. Savarese, GDCHC Medical Advisor.

02/19/15 – The DHS APRN met with the programming director of Newtown Youth and Family Services to discuss community events.

02/23/15 – The DHS APRN attended a Board of Directors' meeting at Newtown Youth and Family Services

02/01/15 – 02/28/15 - In preparation for the upcoming report card for DPH, DHS staff spent much time analyzing data as well as brainstorming and researching.

<b>Outcomes</b>	<b>Measures</b>	<b>Achievement of Outcome</b>
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 100% enrollment as of 2/28/15.</p> <p>BMS 84% enrollment as of 2/28/15</p> <p>RPMS 93% enrollment as of 2/28/15</p> <p>b. 15% DHS enrolled students rec'd 1 or more visits for this school year</p> <p>27% BMS enrolled students rec'd 1 or more</p>



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		<p>visits for this school year</p> <p>31% RPMS enrolled students rec'd 1 or more visits for this school year</p> <p>c.100% DHS students' rec'd outreach contracts as of 2/28/15.</p> <p>100% BMS students rec'd outreach contracts as of 2/28/15</p> <p>100% RPMS students rec'd outreach contracts as of 2/28/15</p>
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## DHS SBHC –

Outreach efforts: Bulletin board for January was “Healthy Relationships”



The DHS cafeteria presentation in February was a little different than normal. In honor of Teen Dating Violence Awareness Month, the DHS staff collaborated with a Social Psychology teacher and the outcome was her students making this beautiful poster that was hung in the cafeteria. Efforts were also recognized in the school newspaper. In addition, staff placed requests in the student and faculty announcements asking people to wear orange in recognition of teen dating violence awareness, and had information read over the loud speaker of available resources including the School Based Health Center.

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



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Every attempt has been made collecting and verifying insurance information. Phone calls and emails to parents requesting information are sometimes unsuccessful. New permission slips have also been given out to students seen in SBHC whom do not have an updated CIFIC registration form on file. It has been stressed to student the importance of returning it with it completely filled out, but again the rate of return has not been great. A strategy for collecting the new registration forms for all students by next school year is being devised.

Dental services have been a challenge this month due to weather conditions. Our dentist was only able to make it in one day. Hygiene has not encountered as many weather problems but due to schedule changes not as many students were available. I am hoping to add another day somewhere for the dentist to attempt to complete treatment for as many students as possible before year end. Much time was spent scheduling and rescheduling the same students.

BMS SBHC –

Geri 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 attended the Basic Life Support Healthcare Provider CPR Instructor Update at Danbury Hospital on 2/5/15. In addition, a Pediatric Advanced Life Support (PALS) Training course was completed on 1/23/15 (not reported in January).

Western Connecticut State University Junior Undergraduate Nursing Students began shadowing Clare Nespoli, APRN on 2/24/15 - a new student will shadow on Tuesdays and Thursdays x 5 weeks.

On 2/12/15 a bulletin board was created at the SBHC entrance entitled, “What is Your Skin Telling You? I’m Protected or I’m Damaged.” This bulletin board is the segway into the upcoming skin cancer prevention classes that will be taught to the Broadview 6th graders during health class this spring.

RPMS SBHC –

In February, there were fifteen (15) reproductive presentations to two (2) eighth grade health classes. Cold exposure and prevention were discussed with forty-two (42) eighth grade students. Forty-two (42) sixth grade students received the skin cancer prevention presentation. SBHC services are emphasized in relationship to what topic we are discussing and SBHC consents are available in the



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health classroom. We continue to receive new enrollees because of the school nurses, new entrants, teachers, guidance counselors and other outreach efforts.

NP requested a list of students from the Special Ed Department who have been listed as having a disability. MA has made a notation in the chart of each student for NP's information. Upon MA's review of the list, it was noted that of the small number of outstanding SBHC consents, the majority of them were on this list. Another consent form was given to each one of these students.

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 Feb. as all students are up to date.</p> <p>One (1) HPV vaccine administered in Feb.</p> <p>100% compliance with vaccines being given at the SBHC.</p> <p>100% RPMS students received education through classroom &amp; open house presentations.</p> <p>Zero (0) flu vaccines given. APRN informed all reproductive &amp; skin cancer classes of flu vaccine availability.</p> <p>BMS SBHC – See notes below**</p>

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

RPMS SBHC –

One (1) student is identified as deficient in required vaccines in February but she received it at her provider. The NP works 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 is available to provide vaccines to those enrolled who needed them after receiving parental consent. One (1) HPV vaccine administered for the month of February. There is 100% compliance with vaccine series being given at SBHC.



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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.

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.	a. 90% of school staff receives 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	RPMS 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



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health needs that exceed the scope of service provided by through the SBHC are referred to an outside mental health specialty service.

c. Of 36 unduplicated students accessing counseling during the month of February, 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.

d. No students seen during the mth. of Feb. 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



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		<p>functioning after &gt; 3 mths visits.</p> <p>d. 0% students required referral to outside provider</p> <p>DHS 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. 75% students demonstrate improved functioning after &gt; 3 mths visits as evidenced by GAF scores.</p> <p>d. 0% students required referral to outside provider</p>
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## DHS SBHC –

DHS clinician maintains ongoing and consistent contact with various school staff including teachers, guidance counselors, administrators, and the crisis counselor. She has had contact with Stan Watkins, LCSW, crisis counselor, for example, regarding patients seen at SBHC several times in the past month who had also received referrals to him pursuant to concerns re. the student expressed by a friend or teacher. This happens commonly, necessitating coordination of care.

DHS clinician continues to provide ongoing psychotherapy.



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Staff and student bulletin/announcement is sent out inviting participation in recognizing Teen Domestic Violence Month. The message was that everyone has the right to be in a healthy relationship and that anyone who felt they were not in a healthy relationship or knew someone who was not, to please come to SBHC to learn how to get help. Staff and students were asked to wear Orange the 10th in recognition of TDV.

SBHC staff invited DHS all teachers, coaches, club leaders, etc. via bulletin/announcements and emails to participate in the "Our Thunderclap Campaign" on 2/13. Staff are asked to communicate with students on the issue of teen domestic violence in some way, inviting discussion and referring for help as needed. Website information is included.

## BMS SBHC –

In the month of February, the BMS SBHC MH clinician continued to see students individually and in groups, with twenty-five (25) individual student sessions and fifty-four (54) students attending group. Three (3) parent contacts were made. The Danbury SBHC MH clinicians met to perform the annual peer chart review.

New bulletin boards reflecting healthy skin care and healthy relationships were created as a measure of outreach to students.

02/04/15 and 02/25/15 – Jenny Casey, Broadview SBHC MH practitioner, co-facilitated With Christine Miller, BMS Social Skills Counselor, meetings for students who are interested in being leaders for this year's Positive Behavior Intervention Service (PBIS) "No Drama, Kindness and Inclusion" efforts.

Planning continues for this year's special week long activity formally known as "Alternative to Violence Week". Jenny Casey is coordinating this year's activities with Christine Miller, BMS Social Skills Counselor, with a theme of "No Drama, kindness inclusion."

## RPMS SBHC –

MA has been assisting the School Nurse with a group that has been developed for students who are unsupervised after-school and are at risk for developing detrimental behaviors. The goal of the group is to introduce them to healthy after-school hobbies and activities that they may continue to enjoy and have interest in during their spare time. The students have been referred by their guidance counselors or are seen through the school nurse and SBHC. So far, the group has learned to pin and cut a pattern, then sew either mittens or a cell phone case. They have also learned to make apple sauce and muffins. This group has met on Thursdays since 02/05/15.

The "Healing from Grief" group has been meeting weekly since November 12th. The group has had 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. At the end of February, another student was added to the group, bringing the total number to nine students. During a meeting with the student and her parents, her guidance counselor discovered that this girl's mother had died a couple of years ago from cancer; she has been struggling in school as the anniversary approaches. Accommodations were made to include her in the group as she was not aware that other kids have been dealing with similar issues. The other students welcomed her into the group.



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The group only met twice in February, due to weather delays and testing schedules. While the group was originally scheduled for 10 weeks, they 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.

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. Due to weather delays, the speaker had to be rescheduled until April. The suicide prevention materials were to go along with the speaker, so this part of the program was postponed as well. The SBHC Counselor did present information to students by way of morning announcements. "Trivia Tuesday" focused on questions to get students thinking about good "self-care" and how to best manage difficult situations. All correct entries got put into a weekly drawing for a prize. "Thankful Thursday" and "Friendly Friday" also included messages about the importance of gratitude and peer support. In addition RPMS social worker and Americares intern Alison Carini created a bulletin board themed "Love Wins, helping yourself and others".

Outcomes**	Measures	Achievement of Outcome
4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	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%.	a.100% BMS patients with reported asthma have an action plan (29 out of 29) 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 if not done by PCP. February = 7 Year to date



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=29.

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 = 7 Year to date = 29.

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. Six (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 = 116. 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 seventeen (17) students along with a registration form. Of the enrolled students in the school with asthma, thirty-five (35) already have albuterol inhalers/asthma action plan with the school nurse. In February 2015, Clare Nespoli, APRN started calling down the enrollees without an albuterol inhaler/asthma action plan and gave both a prescription and appropriate paperwork to 6 students. This plan will continue until all SBHC enrollees have the appropriate rescue medicine at school.

5. Reduce the proportion of SBHC users with obesity. (Not selected as a specific measure this program year)

See Attached: "Summary of Children's BMI-for-Age" compiled by the RPMS SBHC

<b>Outcomes</b>	<b>Measures</b>	<b>Achievement of Outcome</b>
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 (26 out of 26)  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.



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## 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 fifteen (15) reproductive classes in February to the two 8th grade health classes to two (2) groups. Since September six different 8th grade classes have received presentations for a total of one hundred-five (105) 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:

- 02/17/15 Coalition for Healthy Kids Conference Call
- 02/18/15 Community Action Planning Meeting
- 02/24/15 SBHC Staff Meeting
- 02/27/15 CHCACT Community HealthCorps Monthly Meeting

### Monthly Activities:

- Prepared two bulletin boards for HATS: “Meet the SBHC Staff” and “Words Inspire” about bullying prevention
- Prepared BMS and DHS bulletin boards, including board for BMS skin cancer prevention grant, and boards about healthy relationships
- 02/23/15 HATS Dine and Discover on Texting while Driving prevention
- Facilitated HATS appointments
- Facilitated SBHC billing



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## Newtown SBHC Implementation Update:

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

New SBHC staff have begun outreach to school staff, parents and community based providers. "Meet Your NMS SBHC Staff" flyer was sent to all school faculty electronically via school email. A bulletin board display showcasing new staff was created immediately outside entrance of SBHC.

On 02/05/15 NMS SBHC staff attended the NMS staff meeting to be introduced by Mr. Einhorn to the school staff.

On 02/12/15, the NMS LCSW held an orientation with Judy Blanchard, Newtown District Health Coordinator to receive information on the towns SERV Program.

On 02/12/15, the NMS LCSW met with the Newtown Recovery and Resiliency Team to discuss service provision by their team and discussed SBHC operation.

02/20/15- The NMS SBHC staff met with School Psychologist, Robert Rousseau. Discussed SBHC and interaction of the SBHC with his services as School psychologist.

The NMS LCSW met with NMS School Social Worker, Christen Cowden to gather information about MH needs in the school and discuss referral processes.

The NMS LCSW met with NMS Guidance Counselors, Tina Broccolo, Lesli Allen, Susan Connelly, Kate Mackinney to discuss operation of SBHC and interaction between two groups of staff.

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

DPH initial outpatient licensing inspection was conducted on 02/26/15 by Maury Gibson of the DPH Licensing and Regulations Unit. The SBHC was in complete compliance and licensure was verbally granted.



## News/Case Studies from the Field:

\*A 14 year old female is referred to the SBHC by the school nurse with complaints of cough, sore throat and dizziness. The student has a history of asthma and had been on maintenance medications (Advair) for several years but self-discontinued the medication approximately 3 months ago. She states her medication has since been thrown away. She reports she has been having a lot of problems with her asthma since then especially with the cold weather. The student is evaluated and counseled about asthma signs and symptoms and is restarted on maintenance medication.



# CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office  
203 - 797-4625  
Fax 796-1596

Social Services Office  
203 - 797-4569  
Fax 797-4566

\*A mother calls the SBHC to inquire whether the SBHC can evaluate her child for an ear infection. Per the mom, the child has a history of frequent ear infections. The mother is made aware that the SBHC is able to provide services and the mom texts her child to come into the SBHC to schedule an appointment. The student reports a history of frequent ear infections as well as 5 infections in the last year. She denies any recent ENT consultation. The student is treated for the current ear infection with success. The APRN consults with Dr. Golenbock, MD regarding the history of frequent ear infections with the unusual number of ear infections in a 16 yr. old. The APRN discusses with the mother the concern of frequent ear infections and the need to consider further investigation. The APRN advises the mother to approach her PCP with the matter.

\*A student was referred to SBHC for vaccines due to the fact that she had insurance that she was unable to find anyone in Connecticut to accept. She previously went to Doctors' Express where she had to pay out of pocket for a physical exam for school purposes. After doing some research and conferring with the mom, Elizabeth in our billing department, as well as Doctor's Express, I was able to call the mom and advise her to contact Doctor's Express and provide her primary and secondary (Husky) insurance information and that she would eventually get a refund for monies paid to them in the summer. The mom was not aware that if she visited a participating Husky provider that she should not be billed for any services as long as she was eligible on that date of service. Doctor's Express claimed to not know patient had husky as secondary insurance, but they were willing to submit accordingly. We administered the necessary vaccines for the student to be able to stay in school and I then referred her to CIFIC Greater Danbury Community Health Center as a medical home.

\* Student had been followed since Sept. for right otitis with perforation. Problems with both ears is a recurrent problem for this student who was first seen by SBHC May 2013. In Sept 2014, the SBHC NP prescribed antibiotics that didn't resolve the infection so referred him to his PCP who had also prescribed antibiotics recently. The student had completed both courses of medication but neither antibiotic cleared the infection. A third antibiotic was prescribed by PMD, but when SBHC followed-up; he continued to have discharge, ear pain and was unable to hear. His left ear also had a chronic perforation, wasn't infected but he failed his hearing test. The PMD hadn't made a referral to ENT. After speaking with MD and parent, SBHC made an ENT referral. Five weekly I&Ds were done at ENT and ear drops ordered. Because that failed to resolve the infection, surgery was planned but the parent hadn't called or heard from ENT. SBHC NP spoke with RN at ENT and was told his parent needed to call for surgical date. Surgery was done Feb. 6th to place bilateral tubes in TMs. Student now passes his hearing test perfectly for right ear and passes all but one frequency on left ear. Student was so shocked at how loud the world around him was that he stayed home an additional day, afraid of the loud noises at school. This demonstrates the amount of coordination of care, advocacy, and parental support needed to navigate the medical system, and follow-up required in order to improve the health and well-being of students.

\*A student presented to APRN with headache and sore throat. He sees the SBHC counselor because of depression, academic failure, domestic violence, deportation of father recently, and DCF involvement. APRN determined pain was caused by two dental abscesses and he had a low-grade fever. Antibiotics were started in clinic and called into pharmacy. Husky insurance problems prevented him from going



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for services. The MA spoke with EDS and obtained a temporary Medicaid number. He had been seen by a private dentist about a month ago for one abscessed tooth, treated with antibiotics but never returned because of insurance issues plus they didn't do root canals or sedation. He was seen back at SBHC the next morning for evaluation. He was significantly dental phobic with a large gag reflex and was unable to tolerate having X-rays done. A same day emergency appointment was made to a pediatric dentist who sedated him and will do the root canals. His primary pediatric provider was called and given the temporary ID number so he could get his DCF required physical done. This shows the collaboration between SBHC staff in order to meet the needs of this multi-problem family. After several weeks of unsuccessful attempts, the DHS MH clinician was able to coordinate, with the assistance of school psychologist Silvia Borges-Bostik, a meeting with an ongoing client, his mother, and Matt Laskowski, the student's dean. The meeting will review and develop a treatment plan to address with student's poor school performance, lack of motivation and lack of follow through at home, with medication management and homework/study skill development. Meeting is set for early March.