



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

May 20, 2015

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The April 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 Department continues to work on the computer systems to test and update our inspector's programs to produce reports so the public may have access to inspection results and improve partnerships with the Hospital and other medical clinics to improve services have continued as well. Continued work and preparation for Public Health Emergency Response plans, Winter / Cold Protocol and actions with Schools, CTDP Epidemiology Program follow-up, 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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TO: Mayor Boughton and City Council

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FR: Social Services

RE: Activities during April, 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 April, 2015:

1. Our Housing Caseworker managed approximately 47 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 1007 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): 14
 - b. Action Plan Development: 6
 - c. Veteran Referrals: 65
 - d. Referrals to Cash Assistance: 0
 - e. Bus Tickets: 1
 - f. Housing Related Issues: 0
 - g. Housing Placement: 0
 - h. Job Searches: 0**
 - i. Employment inquiries: 0
 - j. Case Management Services: 53
 - k. Showers: 225
 - l. Lunch: 499
 - m. Mental Health Referrals/Case Management: 5*
 - n. Adult Medical Referrals: 2
 - o. Phone Usage: 10
 - p. Substance Abuse Referrals/Case Management: 101*
 - q. Clothing Vouchers:
 - r. Other: 26

*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.



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- ** Providing computer access in Emergency Shelter for job placement and availability. 3
1. Receiving weekly food donations from arrangement with Community Plates.
 2. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
 3. Updating VA Grant per diem for VA representative to discuss summary reports, discharge amendments and plan of action reports for each veteran stay regarding the per diem veterans grant.
 4. Meeting with Shelter Coordinator to discuss changes and new required documentation intake forms, vulnerability reports/intakes for Coordinated Access.
 5. Attended Veteran's Administration Per Diem meeting in West Haven, CT.
 6. Working with clients for acceptance of grant funds for rapid re-housing and protocol in place for State approval. Turnaround time for funding is quick.
 7. The local community CoC has gone "live" for Coordinated Access at the Emergency Shelter on October 27, 2014. 3 appointments will be conducted Monday-Friday at the Emergency Shelter at starting at 8:30am on first come/first serve basis. Interviews with families will be conducted at the Association of Religious Communities (ARC) on Thursday. Ongoing appointments made with all local homeless clients staying at all 3 shelters in the community.
 8. Food pick-up at Trader Joe's on designated day of the week for all members of the Food Collaborative. The Emergency Shelter date of pick-up is Tuesday's.
 9. Follow-up meeting with Fairfield Coordinated Access Network team in Danbury on 211 protocol and intakes.
 10. Attended one (1) meeting of the Continuum of Care.
 11. Community Health Clinic has been conducting two clinics per week; medical and behavior clinics at the Emergency Shelter.
 12. Attended one (1) meeting for the Housing and Community Development committee of the Danbury Housing Partnership. Meeting with local agencies, support service agency and landlords to utilize properties for client rental with support services attached to assist homeless clients. Following the "housing first model".
 13. Attended one (1) meeting of the Social and Supportive Services committee of the Danbury Housing Partnership.
 14. Attended three (3) meetings of the CCT of all agencies, services and emergency services (Danbury Hospital, Danbury Police, Danbury EMT), to discuss chronic homeless clients in the community.
 15. Attended two (2) meetings of the Danbury Housing First Collaborative.
 16. Attended two (2) meetings of the Housing Placement Committee (HPC) in developing a housing registry of clients that are chronically homeless and providing vouchers that are becoming available to the Danbury Community (approximately 35).
 17. Attended one (1) meeting to develop policies and procedures for the HPC registry.
 18. Attended one (1) meeting of the Farmers' Market committee.
 19. Attended one (1) meeting of the Fairfield CAN committee.
 20. Attended annual meeting of the CoC at Middlesex Community College.
 21. Attended one (1) meeting of the Danbury Housing Partnership.
 22. Attended committee meeting to provide a "Thank You" luncheon for all participating social service agencies and volunteers for the 2014 Project Homeless Connect in May, 2015.
 23. Attended VA meeting in West Haven, Ct.



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School Based Health Centers (SBHCs) Monthly Operating Report April 2015

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Brief Program Description: The School Based Health Centers (SBHCs) are freestanding medical centers, located on the grounds of Broadview and Rogers Park Middle Schools, and Danbury High School.

The SBHCs promote the physical and mental health of children and youth and ensure their access to comprehensive primary and preventive health care. SBHCs emphasize early identification of physical and mental health concerns and the prevention of more serious problems through early intervention.

Mission: Through improved access to care, children and adolescents will know and adopt behaviors that promote their health and well-being and experience reduced morbidity and mortality through early identification intervention.

Patient Utilization Data for Period July 1, 2014 – April 30, 2015: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)
Total # of Students Enrolled in all Schools	4,975
Total # of Patients Enrolled in the SBHCs	4,830
% of Total School Population Enrolled	97% (Up 9% since Sept. 30 st)
Total # of Patient Visits	4,252 (743 patient visits in March)
Total # of Medical Visits	2,139 (362 medical visits in March)
Total # of Behavioral Health Visits	1,700 (309 BH visits in March)
Total # Dental Visits	413



Program Snapshot: Activities/Meetings held April 1, 2015 – April 30, 2015:

M. Bonjour - SBHC Manager



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04/17/15 – Meeting with CASBHC Executive Director to finalize format/agenda for 05/01/15 CASBHC Conference

04/22/15 – Convened monthly SBHC staff meeting at OST Board meeting room. Agenda included guest presentations by Bruce Svendsen of CIFIC Retirement Investment options and Patty Mascoli and Ann Marie Evans who provided an overview of WIC Services

04/22/15 – Participated in the monthly CIFIC BOD meeting at Armando’s Restaurant, Bethel

04/23/15 – Chaired monthly CT Association of School Based Health Centers BOD, Quinnipiac Valley Health District, North Haven

04/23/15 – Participated in an overview of the new Office 365 software presented by Ed Davis, System Support Inc

Clinical Staff – All Sites

04/01/15 – Staff completed required Relias Training courses

04/1/15, 4/8/15, 4/22/15 and 4/29/15 – 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 “Middle School United; A Week of Kindness and Inclusion

04/08/15 – All SBHC BH staff convened for monthly peer supervision. Topics discussed included how the new site at NMS was proceeding as well as a discussion of the different climates each of the clinicians practice in

04/17/15 - Jenny Casey attended a workshop entitled “Call to Care: Restoring the Forgotten Heart in Education” , Central CT State University

04/22/15 - The DHS APRN met with Irene Litwak, Vaccine Coordinator for a site visit

04/23/15 - The DPH APRN attended the Families Network of Western Connecticut’s Annual Robert Joy tribute event

04/27/15 – The DHS APRN attended a Board of Directors’ meeting at Newtown Youth and Family Services

04/28/15 – The APRNs met with Dr. Golenbock for monthly medical advisory meeting. Medical discussion focused on fungus conditions.

Outcomes	Measures	Achievement of Outcome
1. Improve access to and utilization of primary and	a. There will be at least 70% percent of the school’s student population enrolled in the SBHC. Enrolled means that a signed	a. DHS has 100% enrollment as of 4/30/15. BMS 85% enrollment as of 4/30/15



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preventive health care and other essential public health services.	<p>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>RPMS 95% enrollment as of 4/30/15 6</p> <p>NMS 14% enrollment as of 4/30/15</p> <p>b. 17% DHS enrolled students rec'd 1 or more visits for this school year</p> <p>27% BMS enrolled students rec'd 1 or more visits for this school year</p> <p>39% RPMS enrolled students rec'd 1 or more visits for this school year</p> <p>31% NMS enrolled students rec'd 1 or more visits for this school year</p> <p>c.100% DHS students' rec'd outreach contracts as of 4/30/15.</p> <p>100% BMS students rec'd outreach contracts as of 4/30/15</p> <p>100% RPMS students rec'd outreach contracts as of 4/30/15</p>
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DHS SBHC –

SBHC informational brochures were placed in a folder attached to a bulletin board located alongside the entranceway to the SBHC as a means of outreach. Brochures were restocked throughout the month as necessary.

BMS SBHC –

Gerri Alpert, Office MA regularly reviews incoming registration forms and refers all uninsured students to the GDCHC for assistance with Husky Applications through Access Health.

School RN distributes registration forms to any students whom she thinks would benefit from the SBHC services but is not currently enrolled in the SBHC.

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

90% of parents are called by APRN after seeing their child, with the hope that a personal phone conversation will lend towards the establishment of therapeutic relationship and in turn increase word of mouth positive feedback regarding the SBHC with other parents.



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Year to date = 13 referrals to local PCPs for a medical home (9 GDCHC).

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RPMS SBHC –

In April, there were eleven (11) reproductive presentations to two (2) eighth grade health classes. SBHC services are emphasized in relationship to what topic staff are presenting and SBHC consents are available in the health classroom. SBHC staff continue to receive new enrollees as a result of referral from the school nurses, new entrants, teachers, guidance counselors and other outreach efforts. APRN was a “Career Day” presenter on April 9th to eighty (80) students. Information about careers as a RN and as an APRN was distributed.

The “Birthday Star” program, started by the MA in November 2014, continues with great success in accessing the entire student body over the school year. This program has been able to reach students who may not have stepped into the SBHC otherwise. It is breaking any type of barrier that may exist within the school that would otherwise stop them from taking that first step in. Every student is welcomed in and wished a “happy birthday”, given a small goody bag with a Birthday Star sticker to wear for the day, School Based Health Center pencil, a small notebook, a chapstick, a small fun item, and most importantly, another SBHC consent if they are not already registered.

MA continues to assist RPMS School Nurse with a group that meets after school for students who have been referred by their guidance counselors, school social workers, teachers, nurses or SBHC. 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. It has also proven to be a great opportunity for children who would not normally interact, to work together toward a common goal. During April, the group was able to meet four times during the month after school. The students planted seeds at the first meeting, and then at the last meeting, they decorated planters to take home and transplanted their seedlings into the pots to take home. The girls were very excited to see the growth from this short time and to bring them home to care for. They were also very proud of the planter pots they decorated. Another volunteer came in to show them how to create jewelry with beads. This was a huge hit and the girls were eager to make as many things as possible during our time. They are enjoying each other’s company and are learning patience, tolerance and compassion for each other, as well as understanding for different life circumstances and situations.

The MA continues to process new consents as they come in as a result of an additional consent being given to the student when they come in for the “Birthday Star” program, nurse referral, and counselor referral or by new school enrollment.

The Dental program continues with the MA scheduling and coordinating student’s appointments to be seen by the Dentist and/or Hygienist. Dental consents are offered to all new enrollees, as well as any



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student who does not have a dentist on their consent form as they are seen in the SBHC. 8 Unfortunately, there is not enough dentist time to meet the needs of the children that need to see him. The student survey is given to as many students as possible that come into the SBHC. To date, fifty-four (54) surveys have been completed.

Students who have an old City of Danbury consent on file, but do not have a current CIFIC SBHC consent, are given one for their parents to fill out.

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 March. as all students are up to date.</p> <p>Five (5) recommended vaccines were administered in March.</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>Zero (0) flu vaccines given. APRN informed all reproductive & 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 –

The APRN 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 APRN is available to provide vaccines to those enrolled who needed them after receiving parental consent. 2 HepA, 1 MCV, and 2 HPV vaccines administered for the month of April. There is 100% compliance with vaccine series being given at SBHC.

BMS SBHC –

Connecticut Vaccine Program representative conducted a site visit at Broadview on 4/8/15 – SBHC



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was 100% compliant with the state's vaccine management policies.

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Outcomes	Measures	Achievement of Outcome
<p>3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.</p>	<p>a. 90% of school staff receives 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 44 unduplicated students accessing counseling during the month of April, 30 have been seen regularly for 3 mths or longer. Of these, all 27 demonstrate improved psychosocial functioning. This results in 90% students demonstrating improved functioning after > 3 mths visits.</p> <p>d. No students seen during the mth. of Mar. have been identified as having mental health needs that exceed the scope of services provided by the SBHC.</p> <p>BMS 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. 99% students demonstrate improved functioning after > 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</p>



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		mailings	10
		b.100% of students seen by MH clinician received risk assessment through use of approved screening tool	
		c. 70% students demonstrate improved functioning after > 3 mths visits as evidenced by GAF scores.	
		d. 0% students required referral to outside provider	
		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	
		a. 100% of NMS school staff received information about the mental health services offered through the SBHC.	
		b. 100% of NMS clinic users identified with a mental health concern through risk assessment screening received a mental health assessment administered by the SBHC mental health clinician or are referred for appropriate assessment.	

DHS SBHC –

During the month of April, one student was referred for outside treatment. A referral was made to Dr. Golenbock, MD for medication evaluation and medication monitoring. The student will also have additional visits with the SBHC LCSW for on-going psychotherapy.

The DHS clinician has continued to accept new referrals from the school and to provide assessment and ongoing psychotherapy. There has been consistent communication with various DHS staff. For example, one student who is having tremendous difficulty at home and school faces potential failure to graduate due to absences. Ms. London has been in close contact via email, in person, and on the phone with the student's level administrator, Domitila Pereira to understand the barriers to good mental health and to school performance as well as to coordinate efforts to help her. In addition, other students have benefited when the DHS clinician was able to be in contact with teachers and guidance counselors in order to coordinate a support system.

Bulletin board for March was “Depression..Know The Signs”

BMS SBHC –



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During the month of April 2015 the SBHC LCSW completed four (4) intakes for new students, 11 saw forty-one (41) students individually and facilitated six (6) groups per week, with a total of fifty-nine (59) group participants. She met with two parents and made one referral to Family and Children's Aid.

Planning continued for "Broadview United: A Week of Kindness and Inclusion". During weekly leaders' meetings, games and activities were shared to teach about the topic and to illicit what the kids already know. Students made posters for the week. They are also creating a movie, filming students and school and school based health center personnel to showcase our unity in diversity. Outreach has been made to the Women's Center of Danbury to invite them to participate in the week.

Alison Carini, AmeriCorps member, created a new spring mental health bulletin board with the theme "Spring into Friendship" promoting friendship, kindness and inclusion.

RPMS SBHC –

The "Healing from Grief" group has been meeting weekly since November 12th. The final group meeting was held on April 1st with a balloon launch. Each member wrote a letter to their deceased loved one and tied it to helium balloons. Each group participant received a booklet created by the SBHC counselor which included healing poetry, artwork created during the group and photographs of their particular balloon launch. Students reported this to be healing.

Five (5) new students were identified as having unresolved grief issues. A second "Healing from Grief" group began on April 8th. Four (4) students who participated in the first group indicated a desire to be part of the second group. There are currently nine (9) students in this group. Eight (8) of these students have lost a parent or primary caregiver in their life. Three of these students are dealing with multiple significant losses in their life.

The behavioral health staff from Broadview MS and Rogers Park MS have been meeting and talking to discuss school-wide programming for May. In the past, programs centered on "Alternatives to Violence" have been presented. Through discussion, staff realized the needs of the students currently are more centered on improving and developing healthy coping skills and reducing social isolation. The focus on programming in May will be centered on building and fostering overall mental health well-being. The RPMS SBHC Counselor has been meeting with the school principal as well as support staff during the PPS meeting to identify current needs. A barrier to success of this program is student schedules and testing demands, as well as some misconceptions about yoga among some school staff. The clinic counselor has been making outreach telephone calls to area providers to assess the feasibility of doing a wellness day.

The RPMS SBHC Counselor was invited to join HVCASA (the Housatonic Valley Coalition Against Substance Abuse) as a middle school and SBHC representative. The counselor attended the Parent awareness workshop on April 2nd. Speakers presented on: "video games, mental health and a parents call of duty" and "the science of violence and compassion". The RPMS SBHC counselor sat on the panel during the panel discussion that followed the presentations.

The RPMS SBHC Counselor had to file a DCF report on a student who had been assaulted by a relative. She has been working with the family to provide additional support during this difficult time.



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The RPMS SBHC Counselor was approached by an 8th grade cluster to assist them with many 12 students having difficulties with stress management. Discussions are underway as to how best help students. Counseling services in the SBHC have been a valuable resource to the teachers as well as school guidance counselors as they meet with students having emotional difficulties or when meeting with parents struggling with issues with their middle school children.

One of the school SWs brought in a speaker to address issues related to suicide prevention. The SBHC Counselor assisted with this program by creating a suicide prevention table of information outside of the auditorium and during all lunch waves that day.

SBHC counselor and nurse practitioner worked with a student and his father to assess for ADHD. Screening tools confirmed the diagnosis. A meeting was held to discuss the results and answer questions that the father had about medication and treatment options.

SBHC counselor also participated in a providers meeting regarding a 6th grade student with attendance issues.

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 and NMS patients with reported asthma have an action plans. b. See notes below c. See notes below d. See notes below e. See notes below

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

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. April = 0 Year to date =30.

Any student with a medical history of asthma whom does not have an albuterol inhaler and spacer with the school RN were given a medical authorization form, and prescription for both (or sample, if applicable). April = 0 Year to date = 30.

All SBHC enrollees (Husky/Uninsured) with a diagnosis of asthma were offered an inactivated



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injectable influenza vaccine. 54 letters were sent home on 11/10/2014. 6 students to date received 13 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 17 students along with a registration form.

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" complied by the RPMS SBHC

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 (37 out of 37) 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 eleven (11) reproductive classes in April to the two (2) new 8th grade health classes. In addition, there were two (2) STD classes given to PE students who are not in health classes. Since September 8th, different 8th grade classes have received presentations for a total of one hundred thirty-four (134) presentations for the four (4) 8th grade health rotations as well as the non-health PE students. 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.



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7. Increase access to and utilization of primary and preventive oral health care and other essential oral public 14 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 Attended

- 04/22/15 SBHC Staff Meeting
- 04/23/15 Families Network of Western CT Annual Recognition Luncheon
- 4/28/15 SBHC Medical Advisory Meeting

Activities Performed:

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- Revised and compiled operational and organizational binder for Danbury SBHC sites
- Facilitated SBHC bills processes and data entry



News/Case Studies from the Field:

*An 18 year old female presents to the SBHC complaining of allergy symptoms. The student has been seen in the SBHC for several visits over the last three years. This student has some unmet health needs as well as social stressors. The student has had a barrier to access to health care out of the school setting due to lack of medical insurance. The student's life is complicated by the lack of a parent in the home due to a past history of sexual assault. The student reports that she and her grandmother-caretaker have recently obtained documentation to live in the USA. The student is assessed and treated for her medical condition. The student is referred to the Greater Danbury Community Health Center (GDCHC) and is advised to speak with Catia Monaco, Eligibility Coordinator. The student is given information about the SNAP program.

*A 15 year old female presents to the SBHC with complaint of vaginal "burning". She ultimately admits to sexual activity that was unprotected and expresses concern over becoming pregnant. The student is unsure of her LMP. This student's situation is complicated by a dysfunctional home life and a history of ADHD, OCD and visual hallucinations. As a trusting relationship had been formed with Clare Nespoli, PNP at the BMS SBHC, the student is forthcoming with the staff at the DHS site. The student is thoroughly educated about reproductive health, pregnancy prevention, and avoidance of STIs and is made aware of resources in the community. The student is encouraged to identify a supportive family member.

*An 18 year old girl presents to the SBHC with severe hip pain. After trying some conservative measures at the school, the PA requested that the patient see a provider at the GDCHC for further evaluation. It was determined that an MRI would be useful in diagnosing her problem. The patient was concerned about the cost due to the fact that although she is in the USA on the DREAM Act, and is not eligible for insurance. The PA had her meet with our eligibility workers, who set her up with a sliding fee payment scale, which is also honored by Housatonic Valley Radiology Associates. With the stress of payment alleviated, staff was able to obtain an MRI



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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

for her which showed bursitis. Again, the PA saw the student at the SBHC and set her up with treatment. 15 Unfortunately it did not fully take care of the pain, so the PA called over to Dr. Metz to see if she could do a joint injection. Dr. Metz graciously squeezed her in the next day after school. This is a good example of how the SBHC and GDCHC can work together to give the best care to the adolescents within the community.

*Following up on this student: He has now had 2 root canals done and will complete the caps in a month. (A student presented to NP with headache and sore throat. He sees the SBHC counselor because of depression, academic failure, domestic violence, deportation of father recently, and DCF involvement. NP 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 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. Unfortunately in March the student's mom didn't complete the Husky information completely and no longer was on Husky. He broke both of the teeth that required root canals and was sent back to the dentist to see if there was enough of each tooth left, or would he need extractions and spacers. Fortunately he could still have the root canals but had his appointment rescheduled because of lack of insurance. He now has appointment early April for his root canals as he has insurance.

*Follow-up on this student: He has not had additional episodes of shortness of breath and has had any absences. He is more outgoing and engaging now. (NP and Counselor are now working with a student who has significant family and domestic violence issues and missed many days of school because of asthma after a referral from Guidance. The student is part of the Danbury Grassroots Academy and they were also concerned about asthma and absences. Parent and student came in and it was determined student needed a long acting bronchodilator. The student was using the rescue inhaler frequently despite being on long acting steroid. The asthma symptoms improved but was absent again because of what the student perceived as asthma. History revealed possible GERD symptoms and Nexium was ordered along with other treatments to reduce GERD symptoms. What complicates diagnosing this student's symptoms is the severe trauma sustained that included being choked and beaten with a metal bar by a family member who is now in jail for 25 years for multiple abuse charges. First asthma attack coincided with the first domestic violence act of which the student was the victim. SBHC counselor is assessing for PTSD. We are monitoring our medical and mental health interventions to see if they reduce his symptoms and improve his attendance and grades.)

*Follow-up on this student: She hasn't lost any weight yet, in fact gained 4 pounds since first visit, but she is now walking daily. She is still self-conscious about eating at school because of her weight. (The Counselor and NP just started working with a 12 year old severely morbidly obese student who is 61 inches tall and 300 pounds with a BMI of 54. Mom was 400 pounds before she had gastric surgery last year and has lost 100 pounds. The student had an elevated insulin and cholesterol level in 2012 but never attended the Fit Kid program and hasn't had a physical exam with the pediatrician since 2012. The pediatrician started seeing the child in October and December for weight checks and counseling but no labs or PE done. Their Husky insurance lapsed because mom didn't respond to the letter sent in December. A meeting was held with the mom, guidance, NP, SBHC counselor, assistant principal and Mr. Lee, Environmental Specialist, because of the student's absences and weight issues. Student disclosed to mom that student wasn't going to school because didn't fit behind the



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desks, it was hard to get up off the risers in choir because of weight, and wasn't eating lunch because didn't 16 want to eat in front of others. The student was going to be starting gym again and didn't want to participate. The student has SOB because of morbid obesity and doesn't move or exercise at all. Plans were made/coordinated for lab work, re-establishing Husky, getting a PE done, continued nutritional/exercise counseling, adaptive classroom and gym program, getting her to school daily, individual counseling through SBHC. Within a week of that meeting the student gained 3 pounds because she ate at Union Buffet and also had a double bacon cheeseburger and fries with mom. We are working with mom and student to develop a safe eating environment and limitations on eating out. The next week the student lost 2 pounds after NP spoke with mom. The family is now cooking at home and grandmother is no longer allowed to go grocery shopping as everyone is gaining weight.) NP suggested student walk after lunch for 10 minutes daily. MA meets with the student and walks with her. Other students have showed interest in doing the same thing and have joined the MA on this walk!

*Creative solutions to teach life lessons: During the suicide prevention day two things happened that created a very positive outcome. First was a student who is currently seen by the SBHC counselor who attended the presentation. She had a similar experience to the speaker, in that she had a friend commit suicide when she was younger. She had a strong emotional reaction which required her to leave the assembly and come out to talk with the counselor. The speaker inspired her to want to create a club at school which focuses on peer support for kids who feel sad and isolated. Arrangements were made for her to talk with the speaker after the assembly to get some ideas. A meeting was arranged with the school principal, SBHC counselor and her guidance counselor. By the time the meeting was held, three days later, word had spread, and another guidance counselor, a student intern and the school safety advocate asked to be included in the meeting because they wanted to help. The second incident involved the theft of a large roll of suicide prevention stickers during a time the table was unmanned. Through surveillance video and students coming forward, six students were identified as having a role. The SBHC counselor met with the students to discuss this as it related to the speaker. Three of the students have a direct connection to a family member with either past suicidal ideation or a past attempt. The students felt inspired to "give back" and it was agreed that their "punishment" would be researching information and creating a suicide prevention bulletin board outside the SBHC. By the next morning, these students had a plan to meet during x-periods and their lunch periods to plan the project. Within two days the students had four other students request to join in and help the project. Within three days they were joined by the student who wants to start the support group and her friend. There are now twelve students who have joined forces to provide peer support activities for their peers. These students have decided they would like to be the start-up for the group and have gained school approval to do this. This is a wonderful example of something positive coming out of a negative situation; all because of a thoughtful conversation and taking the time to ask questions and listen.