



CITY OF DANBURY

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

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

June 23, 2016

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Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The May 2016 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 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 Grant Funding, Public Health Emergency Response plans, CTDP Epidemiology Program follow-up, Mosquito Control, Water Sampling, 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 May2016

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 May, 2016:

1. Our Housing Caseworker managed approximately 40 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 575 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): 9
- b. Action Plan Development: 0
- c. Veteran Referrals: 2
- d. Referrals to Cash Assistance: 0
- e. Bus Tickets: 0
- f. Housing Related Issues: 3
- g. Housing Placement: 1
- h. Job Searches: 1**
- i. Employment inquiries: 0
- j. Case Management Services: 8
- k. Showers: 88
- l. Lunch: 356
- m. Mental Health Referrals/Case Management: 11*
- n. Adult Medical Referrals: 2
- o. Phone Usage: 4
- p. Substance Abuse Referrals/Case Management: 45*
- q. Clothing Vouchers: 0
- r. Other: 66



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*MCCA counseling services have **RESUMED** on Saturday and Sunday from the hours of 9:00am – 3:00pm. In-house 3 counseling referral and case management services at the Day Center are also provided Monday through Friday.

** Providing computer access in Emergency Shelter for job placement and availability.

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 and updating VA forms.
5. The local community CoC has gone “live” for Coordinated Access at the Emergency Shelter on October 27, 2014. 3 appointments will be conducted Monday-Friday at the Emergency Shelter at 8:30am, 9:30am and 10:15am. Interviews with families will be conducted at 11:30am at the Women’s Center, Monday, Tuesday and Thursday. Ongoing appointments made with all local homeless clients staying at all 4 shelters in the community.
6. Attended one (1) meeting of the Continuum of Care.
7. Community Health Clinic has been conducting two clinics per week; medical and behavior clinics at the Emergency Shelter.
8. Attended three (1) meetings of the Community Care Team (CCT) of all community agencies, services and emergency services (Danbury Hospital, Danbury Police, Danbury EMT), to discuss chronic homeless clients in the community.
9. Attended Housing Placement Committee meeting. Catholic Charities has received 10 vouchers for re-entry of chronic homeless individuals with long records of incarceration (the old FUSE program). Initiating meetings with landlords for housing opportunities.
10. Attended Danbury Food Collaborative meeting.
11. Attended one (1) meeting of the Housing First Committee. Planning a round table discussion meeting with local agencies and organizations to discuss homeless youths in the community. Meeting to be held at the Harambee Youth Center on May 17th at 10:30am.
12. Attended meeting with Director of Project Excellence (Mr. Nocera), Carrie Amos from Jericho and Sean from the Unit to continue discussion on the plans for hiring homeless clients to do work within the community. Project started after City Clean-up Day on May 11th.
13. Attended Farmers’ Market meeting in preparation for end of June opening.
14. Completed quarterly report for Va Grant Per Diem Program.



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School Based Health Centers (SBHCs)

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May 2016

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 May 1, 2016 – May 31, 2016: (Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)
Total # of Students Enrolled in all Schools	4,990
Total # of Patients Enrolled in the SBHCs	4,447
% of Total School Population Enrolled	89%
Total # of Patient Visits	5,238
Total # of Medical Visits	2,704
Total # of Behavioral Health Visits	1,906
Total # Dental Visits	628



Program Snapshot: Activities/Meetings held May 1, 2016 – May 31, 2016:

M. Bonjour - SBHC Manager

05/02/16 – Joined Claudine Constant, AmeriCorps Supervisor, in a mid-year review of Ally Cafferty, 2015-16 AmeriCorps Member.

05/03/16 – Participated in the monthly CIFC Senior Management meeting.

05/03/16 – Met with Kim Doan, DPS Dental Coordinator to discuss the possibility of applying for a DPH SEALS! Dental sealant grant. Funding would support a part-time hygienist to apply dental sealants to students in grades 2/3 and 7/8.

05/03/16 – Participated in a CHCACT conference call regarding the possible ending of the national AmeriCorps program due to lack of contract renewal.



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05/03/16 – Attended a meeting of the State DPH Mental Health & Substance Abuse Action Team meeting, DMHAS,5 Hartford. Final revisions to the SHIP Mental Health Action Plan were discussed.

05/08/16 & 05/26/16 – Participated in two monthly COIN pilot project update webinars. State team progress in achieving data collection measures was the featured topic of discussion.

05/09/16 & 05/18/16 – Participated in the GDCHC QI/QA meeting at 57 North Street.

05/13/16 – Joined all SBHC staff at the annual CT Association of SBHC convention held at the Heritage Conference Center, Southbury. The keynote speaker was Dr. Marc Brackett from the Yale Center for Emotional Intelligence.

05/19/16 – Chaired the monthly meeting of the CT Association of School Based Health Center Board of Directors, Quinnipiac Valley Health District, and North Haven. Conference debriefing and Board nominations were discussed.

05/23/16 – Convened the monthly SBHC staff meeting at OST. Reporting requirements and eCW data entry were discussed.

05/24/16 – Participated in a SBHC Advisory Committee meeting at the Hospital for Special Health Care, New Britain, CT. An update of the progress in developing DPH SBHC standards were presented by Mark Keenan, DPH SBHC Program Specialist.

05/24/16 – Joined SBHC staff at an A-SBIRT training sponsored by CHCACT and held in CHCACT Cheshire offices.

05/25/16 – Met with Elizabeth Martucci, incoming CIFC Finance Director to provide a overview of SBHC services including funding streams.

05/31/16 – Participated in the monthly Senior Management meeting, OST.

SBHC Clinical Staff

All SBHC staff completed and are current with required Relias training courses.

All staff continue with the transition to electronic health records (EHR). To date, all SBHC have “gone live” on the medical component of the EHR. Behavioral health staff will enter visit codes and move to full use of EHR as soon as the system is cloud based to assure operational efficiency and record safety, and continue to meet as a team to provider peer training on use of the system until a more formal, targeted training is held.

During the month of May CIFC received approval of its Medicaid re-enrollment application which added behavioral health services to the range of services offered through the GDCHC. This new designation enables CIFC to obtain a higher rate of reimbursement for behavioral health services, both at the GDCHC and SBHCs. As part of the process, a new behavioral health Medicaid number and NPI number was issued. This resulted in a need for the SBHC providers to re-create new behavioral health authorization requests for ALL students insured through Medicaid which was a time consuming process.

4/27/16 - 5/27/16 - Distribution of Student Satisfaction Surveys was continued at all sites. Survey results will be collated and reported to DPH with year-end reporting documents.

05/06/16 & 05/20/16 – N. Munn, APRN attended Danbury Hospital Grand Rounds. Topics: Autism and Risk Reduction.

05/05/16 – K. London, LCSW and C. Cunningham, LPC attended a day-long training titled “Calming the Brain through Mindfulness: Rewire Emotions with the Power of Neuroplasticity”

05/11/16 – C. Cunningham, LPC attended a day-long training for behavioral health providers on “Working with Sexually Abused Boys and Men and Trauma and Counter-trauma, Resilience and Counter-resilience” held at the Leir Retreat Center, Ridgefield.

05/12/16 - J. Casey, LCSW attended the Broadview United Student Recognition Night, an awards ceremony for the Leadership Council and Unified Sports Students.

05/16/15 - J. Casey, LCSW, participated in the Broadview Clean-up, an annual event to beautify the school grounds.

05/17/16 – All SBHC medical providers convened for a monthly medical provider supervision meeting with Dr. Golenbock, MD. Topic: allergies and treatment options.

05/18/16 - C. Cunningham, LPC attended a meeting of the Drug Free Schools committee of the Housatonic Valley Council on Alcohol and Substance Abuse (HVCASA) as a middle school/SBHC representative.



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05/20/16 - J. Casey, LCSW, participated in a special assembly at which the BMS Leadership Council received award of \$10,000 from the Sandy Hook Promise for outstanding work done with the Say Something and Start with Hello programs. These funds will be utilized in the 2016-2017 school year.

05/24/16 – All SBHC staff attended an Adolescent Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) training sponsored by CHCACT. The intention of the day-long training was to introduce tools to screen for alcohol and/or substance abuse and to increase capacity of youth SBIRT interventions by SBHC nurse practitioners.

05/26/16 – K. White, APRN presented skin cancer educational sessions in the DHS student cafeteria during all lunch period. The awareness activity focused on skin cancer prevention measures.

05/26/16 – All SBHC behavioral health providers met for monthly peer supervision and to conduct provider chart reviews.

SBHC Outcome Measures 07/01/15 – 06/30/16

During FY 2015-16, SBHC staff will collect patient data and report on the following DPH required outcome measures listed below. Outcome data results will be updated cumulatively and presented in the CIFIC monthly BOD reports. Additionally, data will be utilized to prepare an annual SBHC RBA Report Card and compared to 2014-15 data, noting trends in reasons for visit or patient outcomes.

Outcomes	Measures	Achievement of Outcome
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 (40% for the NMS site) 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 96% enrollment as of 05/31/16</p> <p>b. 15% of DHS enrolled students rec. 1 or more visit as of 05/31/16</p> <p>c. 100% DHS students received outreach contacts as of 05/31/16</p> <p>a. BMS has 75% enrollment as of 05/31/16</p> <p>b. 11% of BMS enrolled students rec. 1 or more visits as of 04/30/16</p> <p>c. 100% BMS students received outreach contacts as of 05/31/16</p> <p>a. RPMS has 80% enrollment as of 05/31/16</p> <p>b. 37% of RPMS enrolled students rec. 1 or more visits as of 05/31/16</p> <p>c. 100% students received outreach as of 05/31/16</p>



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DHS SBHC –

96% of school population is enrolled in SBHC. New registrants continue to be verified in PowerSchool and entered. The DHS SBHC staff continue efforts to collect new CIFIC registration forms from students.

100% of school population has received outreach contact.

Staff continued to distribute Student Satisfaction surveys during the month. One Hundred (100) Parent Satisfaction Surveys were mailed to a randomly selected pool of DHS parents/guardians.

Outreach measures conducted during the month are noted below:

The bulletin board display for May was on texting and driving. Students stopped at the board frequently to read the stories behind each picture. (See photo center below)

The “*Dine and Discover with the SBHC*” topic for May was skin cancer. Students were asked to take a pre-test and a post-test to evaluate their general knowledge of skin cancer before and after they read our trifold board. Each student that participated received a brochure, a twizzler, SPF-15 Chap Stick and sunscreen.

BMS SBHC –

Gerri Alpert, Office Manager continues to review incoming registration forms and refer all uninsured students to the GDCHC Eligibility Specialists for assistance with Husky Applications through Access Health.

Updated CIFIC SBHC registration forms are being distributed to all BMS students who currently have COD forms on file to update student records and bring enrollment records into compliance.

School RN and Guidance Department continue to give out registration forms to any students without registration forms whom they think 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.

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 a therapeutic relationship and in turn, increase word of mouth positive feedback regarding the SBHC with other parents.

Broadview SBHC Birthday Program - once a month (for the previous month) students who celebrated a birthday were invited to drop by the SBHC for a treat (pencils and stickers), and if not currently registered, a registration form was given as well.

Year to date = Eleven (11) referrals to local PCPs for a medical home (9 GDCHC). Of note, 3 of these referrals to GDCHC did follow-through and are now patients. Year to date referrals to Access Health for Husky Insurance = 8.

Broadview is participating in the School Health Services National Quality Initiative (SHS NQI). The mission of this initiative is to build the capacity of SBHCs to adopt and report standardized performance measures to improve quality of care. The five performance measures are as follows: annual well-child visit; annual risk assessments; BMI assessment and nutrition/physical activity counseling; depression screening, and chlamydia screening. This is a 15 month project with monthly data collection.



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On 04/08/16, the BMS SBHC staff and M. Bonjour traveled to the CT Association of SBHC headquarters in New Haven 8 for an initial meeting to discuss a new project entitled "Patient-Centered School Based Health Care (PC-SBHC). Broadview applied for the honor to participate in this pilot and was selected along with the Branford SBHC team. As follow-up to the initial meeting, on 05/31/16, a group conference call with the Project Coordinator, Maia Bhirud, was held and all assessment data for the project was collected.

C. Nespoli, APRN drafted the "SBHC Documentation Guidelines" for all SBHC medical providers. The list was distributed and discussed on 05/23/16 at the monthly staff meeting. As a result, a follow-up meeting was scheduled for 06/09/16 with Diana Trumbley and Denise Kentala to finalize data sets.

On 05/19/16 & 05/20/16, Clare Nespoli, APRN educated two (20 gym classes of 90+ students each, as well as, four (4) health classes of 20+ students each about the dangers of skin cancer. A pre and post-test were performed and scores improved across all grade levels on the post test. The educational sessions provide the students with accurate health information so that they are armed with the necessary information to make positive health choices as well as serve as outreach to students promoting the availability of the SBHC services.

RPMS SBHC –

The RPMS SBHC MA completed distributing and collecting annual student satisfaction surveys. Results will be calculated and prepared for the SBHC End of Year Report, to be completed in June.

The MA reported to the APRN her concern about the student/patient's privacy while waiting to be seen by either the medical and/or behavioral health provider. It was discussed that a privacy curtain would be a beneficial addition to the waiting area that is directly visible by the students walking by in the hall. This was installed by the school janitor and student feedback has been very positive.

The MA has been in contact with Susan Gwiazda, CT Dept. of Social Service, SNAP Division, regarding the End Hunger CT program for the Danbury area. MA expressed concern about getting the information about the Free Summer Meal locations prior to the Danbury schools dismissing for the summer on June 9. Susan attempted to get the information, however, was unable to get the locations or the start dates for the program. MA asked Susan if she had a way to provide feedback to whomever was working on the dates and locations. MA asked Susan to forward the information about the missed opportunity to provide this resource information to 960+ children and their families. Susan did forward a general flyer about Summer Meals for MA. A notation was necessary on the flyer stating that the dates and locations would not be available until after June 20. MA made copies and sent an email to all homeroom teachers to let them know that this information would be in their mailbox for distribution to the students.

The "Fun Club" afterschool program run by the MA and the School Nurse met once during the month of May. At the meeting, the girls washed, cut and mashed strawberries to make strawberry jam. The strawberries were cooked and jarred during the meeting. Each girl was able to take a jar of jam home! Also, the girls followed the recipe to make biscuits to each with the jam. There were over 70 biscuits made and eaten at the meeting. The students very much enjoyed themselves and worked together at various stations to complete all the tasks of the recipes contributing to great team building.

*Selected as a DPH reportable outcome by the RPMS SBHC site only this program year.

Outcomes	Measures	Achievement of Outcome
2. Reduce the occurrence of preventable disease among SBHC enrollees.	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	a. Two (2) required vaccine given in May – Menactra and MMR. There were four (4) HPV recommended vaccines given in May.



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	<p>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>b. informed 100% of 9 all health classes of the flu vaccine availability for qualified students. Zero (0) influenza vaccine given in May.</p> <p>c. 100% of all RPMS students participating in reproductive and skin cancer classes conducted in May received influenza and flu vaccine information.</p>
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HATS SBHC – On May 19th, Irene Litwak from the Greater Danbury IAP, came to the school to conduct the Connecticut Vaccine Program evaluation. The site visit went very well and it was recommended that HATS consider offering the Meningococcal B vaccine. Staff will research if the GDCHC sites are administering the vaccine.

Outcomes	Measures	Achievement of Outcome
SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral.	<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>a. 100 % of BMS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 100 % of BMS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 89% of BMS students receiving MH services 3mth or > demonstrated improved psychosocial functioning</p> <p>d. 100% of BMS students requiring additional intervention by community-based provider received referral</p> <p>a. 100 % of DHS school staff were reached with SBHC information via direct contact and/or school mailings</p> <p>b. 99% of DHS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 90% of DHS students receiving MH services 3mth or > demonstrated improved psychosocial functioning (LOF/GAF scores)</p> <p>d. Zero (0) DHS students required additional intervention by community-based provider during May.</p>



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		<p>a. 100 % of RPMS staff were reached with 10 SBHC information via direct contact and/or school mailings</p> <p>b. 100 % of RPMS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool</p> <p>c. 94% of RPMS SBHC users receiving mental health services for therapy for 3 mths or > showed improved psychosocial functioning. Of the 40 unduplicated users seen in May, 31 had been seen in the SBHC for 3 mths or longer. All but two (2) showed improved or maintained stable psychosocial functioning; both students were dealing with life circumstances that impacted stability. One family lost their housing and was staying with relatives on a temporary basis; one was dealing with significant marital discord.</p> <p>d. In the month of May zero (0) RPMS students were identified as having mental health needs that exceed the scope of services provided by the SBHC and was referred to a community provider.</p>
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DHS SBHC –

During the month of May the DHS behavioral health provider worked with patients to develop a transition plan for the summer month while school is not in session. This relates not only to clinical issues but also to medical, social, and educational issues. For example, the DHS clinician had contact with Dr. Obre of DHS and Escape to the Arts as well as Bill Mc Namara, also of Escape to the Arts regarding helping students obtain volunteer positions there during the Summer months and perhaps beyond. Getting students involved in activities such as this as well as athletics or other programs has shown to be helpful in reducing anxiety, depression, and social isolation.

Coordination with school staff such as guidance counselors especially but also with a school psychologist, for example, as well as parents has been pivotal to meeting the many biopsychosocial needs that teenagers experience.

DHS clinician also spent some time during the month of May following up on DSS referrals relating to the student who was discussed in last month's report. A city worker has been very supportive and informative in getting the student coverage. In addition, school staff (in particular his level administrator) has worked with the DHS clinician to make sure that this student is supported academically.

BMS SBHC –

J. Casey, LCSW had 79 student visits in the month of May, with 24 group appointments and 55 individual appointments, including three (3) new intakes. This month, all Husky authorizations had to be redone to reflect a new NPI number.



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The Family Issues group and the 7th grade Girl Power group did not meet in May due to conflicts with school schedule 11 and workshops or conferences the SBHC staff attended. Termination for groups was begun towards the end of May. Both the Growing Up Female group, (GUF) and the 8th grade Girl's Lunch group met 3x in May.

On 05/04/16, 05/11/16 and 05/18/16, J. Casey, LCSW co-facilitated the BMS Leadership Council meeting with C. Miller, BMS Social Skills Counselor.

RPMS SBHC –

The RPMS SBHC behavioral health provider participated one cluster meeting for an at-risk student in May. Additionally, the provider has been working with a parent of a student going through a difficult time, including losing their home and temporarily staying with relatives. Mom and daughter already have a conflicted relationship.

4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.

*Selected as a 2015-16 outcome measure for BMS SBHC only.

<p>1. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.</p>	<p>a. 90% percent of clinic users with asthma have a written asthma action plan. b. 80% percent of clinic users compliant with a written asthma action plan show improvement in symptoms as documented by a health care provider in the medical record. c. There is a 20% percent decrease in urgent visits (visits by clinic users seen in the School Based Health Center due to asthma symptoms) as assessed by clinician notes, Electronic Health Record, or Data Base. d. 90% percent of clinic users with asthma have a documented flu vaccine. e. The number of clinic users with asthma that report a reduction in admissions to the hospital Emergency Department during the school year is increased by 20% percent.</p>	<p>**See notes below for BMS outcome measure findings</p>
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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. May = 1; Year to date =28.

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). May = 1; Year to date = 28.

The school nurse's database revealed 95 students at Broadview Middle School have asthma. The SBHC database revealed seventy-nine (79) members have an asthma diagnosis. The lists were cross-checked and twenty-one (21) students on the nurse's list were not SBHC members. These twenty-one (21) students were sent home registration forms with a letter highlighting our services in general with an emphasis on asthma management. In total, five (5) students have been registered as a result of this effort.

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.	32 DHS students as of 05/31/16 were screened for GC/CT which was 100% of those reporting sexual activity



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During the month of May, all students who report sexual activity will be screened for chlamydia/ gonorrhea using urine 12 based testing method unless they report screening elsewhere in the last 90 days. The SBHC collaborates with the CT DPH STD Division and the State Lab to screen sexually active students. Students will be referred to the Dr. Foye, MD at GDCHC, Planned Parenthood, the AIDS Project of Greater Danbury, the Danbury STI clinic and local GYN offices for additional services as needed.

RPMS SBHC –

Seven (7) reproductive classes were given to two (2) new eighth grade health classes in May reaching forty-nine (49) total students.

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)



News/Case Studies from the Field:

*A 14 year old female student who was seen for a medical complaint disclosed a history of sexual assault at age 9. The student reported that she still felt traumatized by the event. The SBHC confirmed with the school police officer that the case was appropriately investigated. The APRN communicated the history of sexual assault to the PCP to facilitate counseling for the patient.

*A 15 year old female was referred to the SBHC by the school RN for evaluation of an injury. The student was inadvertently stabbed in the hand with 2 pencils. The wounds were assessed and as pencil graphite leaves permanent tattooing, the APRN consulted with Dr. Golenbock, MD in regards to a Plastics referral. The mother was made aware of options for treatment.

*A 16 year old male presented to the SBHC reporting red discoloration to his urine on 3 to 4 occasions after strenuous running. The APRN submitted urine specimens to the lab, reassured the student and advised the student and his mother to follow-up with his PCP for evaluation and possible urology referral.

*A middle school student diagnosed in April with ADHD consistently refused to take his medication and was in ISS repeatedly due to behavior issues. Student resumed taking prescribed medication in May. He will be going to the high school and there is a plan in place to continue to give his 11am dose at nurses at the high school. The DHS SBHC has a plan to continue prescribing medication in the Fall. This student's medication had been paid for by Valley Presbyterian Church, but the mother states she will pay for it at the high school.

*A middle school student who was doing well on ADHD medication told his family that he didn't want to take it any longer and they discontinued giving it to him without notifying the SBHC APRN. His grades improved and his teachers reported a very positive response on the medication.

*A middle school student identified as having ADD and not been taking his medication during the school year, resumed taking it in the mornings via the nurses and his grades and teachers report his behavior is wonderful in school. Student has plan in place for high school to receive his medication at nurses every morning to improve compliance. DHS SBHC may be prescribing for him in the Fall.

*There will be one student who will continue ADD medication in the Fall through the SBHC unless the mother changes to have the medication px through her pediatrician. This student's grades and homework completion in a reasonable amount of time has greatly improved since increasing her dosage slightly.



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*Three female middle school students were referred to the SBHC behavioral health provider to discuss conflict that they 13 had been having with a teacher whom they shared. Several sessions were held to discuss their concerns, responses to it and future strategies that they should implement to cope with the difficulty. These sessions occurred intermittently. Two of the girls had been friends since Kindergarten. The third girl had befriended them at the beginning of the school year. In early April, the girls requested help with a new conflict that had developed. One of the students had become distressed because she felt that the newest addition to this “friend group” was trying to “steal the friendship” of her long- time friend. As a result of this she separated from the other two students. She became friendly with other students, stopped talking with her two previous friends, started making faces at them and spoke poorly about them on multiple occasions on Instagram. The two students became extremely upset about the behavior, did not understand why their friend had altered their behavior and agreed that their individual and respective behavior did not warrant such a response from their former friend. They were tearful on several occasions as they reviewed their feelings. They both agreed that they would be happy to meet together with the third student to address the conflict. The SBHC provider spoke via telephone with all parents to discuss the situation and met individually with the third girl who expressed that she felt hurt by her feeling that she had been rejected by the two previous friends. She refused to agree to a meeting with this clinician and the girls to attempt to resolve the disagreement. She reported that she no longer wished to meet individually with this clinician, as she” no longer needed to”. She promised to refrain from continuous harassment toward the girls, physically, verbally and in writing. The two girls continued to report individually that no change in behavior had been made by their previous friend and that they now hated school, and could not wait until the school year was over. A joint session between the three girls was held in the Assistant Principal’s office. They were each asked to discuss their individual feelings. The third girl was told that she must cease the harassment she had been exhibiting. The two girls expressed that the conflict had not been resolved, but that they felt better. They promised that they would have no more communication with the third girl for the foreseeable future. The SBHC provider will continue to meet individually with these two students to discuss their individual sources of distress and to assist them to develop better coping mechanisms.

*DHS update on a student discussed last month who had been hospitalized relates to the delay in getting her treatment in the community: Clinician was able to coordinate through school staff and Family and Children's Aid to see that this client received services

BMI: Since the start of 2015-16 school year, 327 RPMS students had their BMI recorded. Of those, 56% were between the 5-85th percentile, with 19% overweight and 24% obese. One student is underweight-1%. Students are informed of their BMI status and what it means and ways to eat healthy and exercise. (See attached graph print-out)



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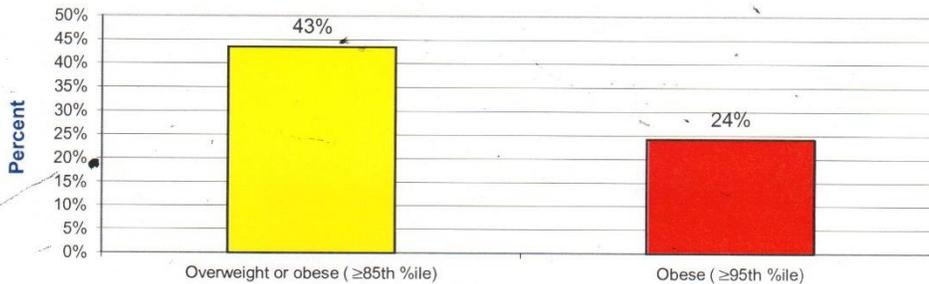
Rogers Park SBHC May 31, 2016

Summary of Children's BMI-for-Age

	Boys	Girls	Total
Number of children assessed:	144	183	327
Underweight (< 5th %ile)	1%	1%	1%
Normal BMI (5th - 85th %ile)	54%	57%	56%
Overweight or obese (≥ 85 th %ile)*	44%	43%	43%
Obese (≥ 95 th %ile)	28%	21%	24%

*Terminology based on: Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics. 2007;120 (suppl 4):s164-92.

Prevalence of Overweight and Obesity



Prevalence of Overweight and Obesity, by Sex

