#### New Milford Board of Education Special Meeting Minutes June 10, 2021

Present:	Mrs. Wendy Faulenbach Mr. Pete Helmus Mr. Brian McCauley Mrs. Tammy McInerney Mrs. Eileen P. Monaghan Mrs. Olga I. Rella	TO PECEIVED  2021 JUN III P.
Absent:	Mr. Joseph Failla Mrs. Cynthia Nabozny	

Also Present:	Ms. Alisha DiCorpo, Superintendent of Schools Mrs. Catherine Calabrese, Interim Assistant Superintendent	
	Mrs. Laura Olson, Director of Pupil Personnel and Special Services	

1. A.	Call to Order Pledge of Allegiance  The special meeting of the New Milford Board of Education was called to order at 7:00 p.m. by Mrs. Faulenbach. The Pledge of Allegiance immediately followed.	Call to Order A. Pledge of Allegiance
2.	Public Comment  There was none.	Public Comment
3.	Item for Information and Discussion	Item for Information and Discussion
<b>A.</b>	<ul> <li>Ms. DiCorpo said Melanie Bonjour, from the CT Institute for Communities, will be presenting tonight regarding School-Based Health Centers. Ms. DiCorpo said she learned about Ms. Bonjour's work through Lisa Morrissey, New Milford's Health Director. Ms. DiCorpo said there is increased mental health needs PK-12 and while the district has already done a great deal of work at the Tier 3 level, they recognize additional needs coming out of COVID. A small group visited schools in</li> </ul>	A. School-Based Health Centers

Danbury to view the mental health and primary care models. She said her goal tonight is to bring the information forward to the Board for discussion and feedback, prior to writing any costs into the ESSER III grant.

- Ms. Bonjour said she has been involved with School-Based Health Centers (SBHCs) in CT since their inception in 1993. Danbury High School opened its center in 1994. The mission of the School-Based Health Center is to "provide access to high quality, comprehensive physical and behavioral health services while being accessible, confidential, culturally sensitive and developmentally appropriate. Students will know and adopt behaviors that promote their health and overall well-being and experience reduced morbidity and mortality through early identification and targeted interventions."
- There are 93 state-funded centers in 25 communities in CT, providing access to 44,000 students. The most recent data shows 131,000 visits annually to centers, with 96.5% of students returning to class following treatment.
- Goals of the SBHCs are to remove barriers to accessing timely, quality care; promote the physical and mental health of children and youth to ensure their access to comprehensive primary and preventive health care; emphasize early identification of physical and mental health concerns and the prevention of more serious problems though early intervention; and link students to medical primary care if they do not have it.
- SBHC providers may include an Advanced
  Practice Registered Nurse, Licensed Clinical
  Social Worker or Licensed Professional
  Counselor, Medical Director, Licensed Dental
  Providers and support staff, depending on the
  model. Models can include behavioral health,
  medical, dental and health education services.
  They do not replace any existing school
  services, just enhance and strengthen what is
  already offered.
- Behavioral health services include individual, group and family therapy.

- Center staff work with school staff and health teachers to align their health education with the current curriculum.
- SBHCs require no out-of-pocket costs for services; most insurances can be billed for services and they do accept HUSKY. The insurance billing builds a self-sustaining program.
- Parents are requested to complete an enrollment form at the beginning of the year, giving permission for their child to be seen.
- Benefits of SBHCs include keeping students in school, preventing mental health crises, managing chronic diseases such as asthma and diabetes, improving academic performance and saving CT money by reducing ER visits.
- Ms. DiCorpo said the recent visits to Henry Abbott Tech and Rogers Middle School centers illustrated that the program is readily accessible.
- Mrs. Faulenbach said she was very impressed with how cohesive the centers are and by the knowledge of staff in having students serviced. She asked what the vision is logistically going forward.
- Ms. DiCorpo said her goal is to start small and build a sustainable program. The mental health piece does not require a lot of space and she has asked principals to start thinking about where it might be located. The mental health piece also has small start up costs. These start up costs spike when the medical piece is added due to the need for equipment for an exam room. Based on data from principals regarding mental health issues coming out of COVID, Ms. DiCorpo is envisioning a shared mental health provider for NES and HPS and one each at SNIS, SMS and NMHS.
- Mrs. Rella said her son used the SBHC for medical services while he was at Henry Abbott Tech and it was great to be treated in school and not lose time out. She would like to see both medical and mental health services provided in New Milford.
- Ms. Bonjour said the full service model is the golden egg, but it is more costly. If money is a concern, she recommends starting off with the

mental health piece to build data that can then be taken to the community to look for additional funding. With the mental health piece, the only cost to the district is space and operational services such as lighting and internet. They also look for the district to help with promoting the program.

- Mrs. McInerney asked how the program works with the district's existing nurses, social workers and counselors.
- Ms. Bonjour said they suggest referrals to the SBHC for students who need a higher level of evaluation.
- Mrs. McInerney asked if the SBHC prescribes medication. Ms. Bonjour said they are able to write prescriptions.
- Mrs. McInerney asked Ms. DiCorpo if she plans to use ESSER III funds for start up. Ms. DiCorpo said yes and that she initially included the medical piece; but it is very expensive, averaging about \$150,000 per school. She said if the Board was interested in the medical piece, her recommendation would be to start at the high school and build up. Ms. DiCorpo envisions the mental health piece starting August 2021.
- Mr. Helmus asked which sites in the state only offer mental health services. Ms. Bonjour said she would have to check. She said the ideal is to have the medical part too as they often work in conjunction with one another.
- Mr. Helmus said the district already has supplemental behavioral health resources. He asked how the chain of command would work. He also asked about current staff reaction regarding job security. Ms. Bonjour said there is frequently some skepticism and a protective factor at first. It takes time to understand what the SBHC does, providing the next level of care beyond what the staff already does, and that it is a true partnership. She said of all the SBHCs in CT, none have closed; they are all successful.
- Mrs. Faulenbach noted that the start-up costs for the medical piece are front loaded. She suggested it might be financially beneficial to

use ESSER III funds to make this capital expenditure happen.

- Ms. Bonjour said the most successful programs occur when the district and community plan together to identify needs.
- Mr. Helmus asked for Mrs. Olson's comments regarding SBHCs.
- Mrs. Olson said any time we can provide more services to students that is a good thing. She has a few concerns about the roll out and timing. She said it will be important to take time to explain the process to all. She asked if the district will have a say in personnel hiring. Ms. Bonjour said the district can certainly be a part of that.
- Ms. Bonjour said they understand they are guests in the schools and that it will take time for the natural evolution of the program. The shared goal for all is their interest in supporting children.
- Mr. Helmus asked that Ms. Bonjour sit with Ms. DiCorpo and Mr. Giovannone to go over finances so that they are clearly articulated.
- Mrs. Faulenbach asked if donations were accepted. She is thinking of New Miflord Hospital as a resource. Ms. Bonjour said they are welcome.
- Mr. Helmus asked Ms. DiCorpo if she had considered the full program of medical and behavioral health for HPS, which has the highest EL numbers.
- Ms. DiCorpo said originally she looked at a
  full program for every school, but cost was a
  concern, especially since it would need to be
  self-sustaining once ESSER funding is gone.
  She wants to make sure the program stays over
  time. She said if the Board wants her to pursue
  that, she can work out the specifics regarding
  physical space and funding and present it.
- Mrs. Faulenbach said the ongoing feasibility study would be helpful in that regard.
- Mr. Helmus said he supports the idea; the more help the better. He would like to see more of the details.
- Mrs. Monaghan said she really likes the continuity of services for students and that the records follow with them. She said we can

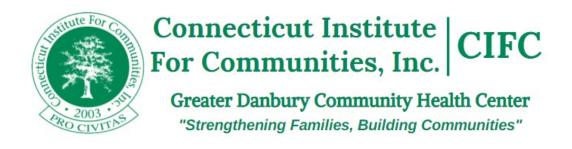
- always use more services for students and this may lighten the load for others.
- Mrs. Rella said the accessibility is very helpful.
  Parents don't have to leave work to take the
  child to an appointment or keep the child out of
  school while waiting for an appointment.
  Students quickly develop a comfort level with
  the SBHC too.
- Mr. McCauley said he feels schools need more mental health resources and that this is what ESSER funds are for. He likes the idea of the medical clinic too. It will help schools even more to become an essential part of the community.
- Mrs. Monaghan asked for clarification that the goal is to use ESSER III funds for all five.
- Ms. DiCorpo said they would launch and pay
  for the first year start up for all five out of
  ESSER III. She said it would be important to
  include secretarial support and that cost, as
  well as to recognize which sections of the grant
  would not be self-sustaining.
- Ms. DiCorpo said she thinks the transition is the most important part. She said the plan is to start with a launch of the mental health piece and have personnel meet with core teams such as the nurses, counselors and administrators. It will be important to make sure parents understand the options too; forums will be good for that. She said it will be important to ease into the rest of the start up. She said the medical part will take longer to set up, so she doesn't want to be held to an August date for start. It will take longer.
- Ms. DiCorpo asked about the involvement of community based organizations that service students, the Youth Agency for example.
- Ms. Bonjour said there is a Community
   Advisory Board and all with a student service
   connection are welcome and have an
   opportunity to be part of the discussion. She
   said the most successful programs have
   community input and information sharing.
- Mrs. Faulenbach thanked Ms. Bonjour for the presentation and dialogue. She asked any Board members who would like follow up

# information to go through Ms. DiCorpo so that she can share answers with all. 4. Adjourn Mrs. McInerney moved to adjourn the meeting at 8:37 p.m., seconded by Mrs. Rella and passed unanimously to adjourn the meeting at 8:37 p.m.

Respectfully submitted:

Tammy McInerney Assistant Secretary

New Milford Board of Education





# School-Based Health Centers

"HEALTHY KIDS MAKE BETTERS LEARNERS"



#### Our Mission

Connecticut Institute For Communities, Inc. (CIFC – pronounced "Civic") is an independent, non-profit, IRS recognized Section 501(c)(3) community development organization, serving low- and moderate-income families in the communities of Western Connecticut, with headquarters at Danbury, CT. CIFC is dedicated to advancing our communities, and fostering greater opportunities for the individual residents of our service areas, through a combination of **health**, **education**, **housing**, and **economic development services**.

#### HISTORY - GDCHC 2010 - 2015

- <u>2010</u>: GDCHC opened as an FQHC. GDCHC is a d/b/a of CIFC; CIFC itself is the Community Health Center.
  - 10 town service area: Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown (including Sandy Hook), Redding, Ridgefield, and Sherman.
- 2011: Added mobile health van.
- <u>2012</u>: Added Women, Infant and Children's Nutrition (WIC) Program and Supplemental Nutrition Assistance Program (SNAP). Opened a satellite at Henry AbbottTechnical High School.
- <u>2013</u>: GDCHC assumed operation of the three (3) School-Based Health Centers at Danbury High School, Rogers Park Middle School (Danbury), and Broadview Middle School (Danbury).
- <u>2014</u>: Achieved Level III Patient Centered Medical Home Status from the National Committee on Quality Assurance (NCQA).
- <u>2015</u>: Opened a School Based Health Center at Newtown Middle School.
- 2015: Added Behavioral Health and basic Dental services to Scope.

#### HISTORY - GDCHC 2016 - 2020

- 2016: Added new 70 Main Street location. Received Oral health expansion grant.
- 2017: New 120 Main Street Site opened. Received PCMH 3 recertification. Added 152 West Street location (Adult Behavioral Health).
- 2018: Added new dental operatories at 120 Main Street; new dental location at Ellsworth Avenue School, launched a re-fitted mobile van with dental services. 100% compliant OSV in Feb/March 2018. Received AIMS funding.
- 2019: Expanded 340B pharmacy program; Received Integrated behavioral health funding; Focused on diabetes QA/QI metric and other QA/QI initiatives.
- **2020**: Began telehealth services in the wake of COVID-19; Launched a drivethru COVID testing and pop-up program that has conducted approximately 7700 tests to date. (Approximately 9% of those 7700 have been COVID

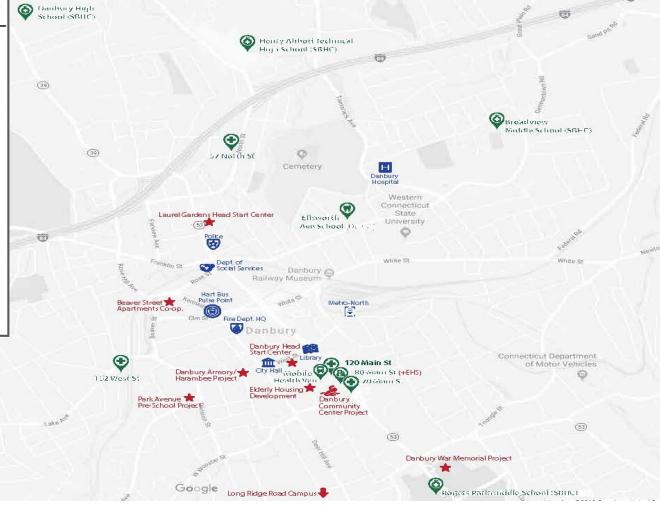
**CIFC GDCHC Sites** 11/01/2020



Newtown 6

(25)

Newtown and die School (SBHC)



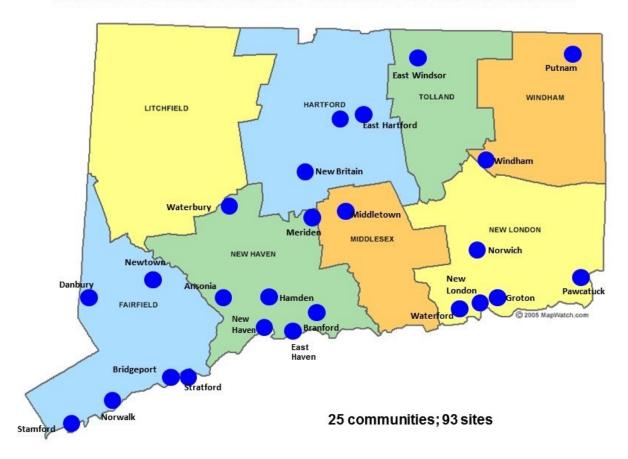
Long Ridge Road Campus

#### CIFC SBHC Mission

The mission of the CIFC GDCHC School-Based Health Center is to "provide access to high quality, comprehensive physical and behavioral health services while being accessible, confidential, culturally sensitive and developmentally appropriate. Students will know and adopt behaviors that promote their health and overall well-being and experience reduced morbidity and mortality through early identification and targeted interventions."

93 State-funded centers in 25 Communities 44,000 students access Healthcare ☐ 131,000 visits annually at Centers 96.5% of students return to class following treatment

#### Distribution of State-funded School Based Health Centers in Connecticut



## Goals of the SBHCs







Remove	Remove barriers to accessing timely, quality care
Promote	Promote the physical and mental health of children and youth to ensure their access to comprehensive primary and preventive health care
Emphasize Emphasize early identification of physical and mental health concerns and the prevention	
Link	Link students to a primary care medical home if they do not have one













## CIFC SBHC Locations

- Danbury High School
- •Henry Abbott Technical High School
- •Rogers Park Middle School
- •Broadview Middle School
- Newtown Middle School
- •Ellsworth Avenue Elementary School

#### SBHC Providers

Advanced Practice Registered Nurse (APRN)

Licensed Clinical Social Worker (LCSW) or Licensed Professional Counselor (LPC)

Medical Director

Licensed Dental Providers (Dentist, Registered Dental Hygienist and Dental Assistant)

Support Staff (Medical Assistant, Office Personnel)



Medical



Behavioral Health



Dental Services (at some sites)



Health Education

# Services Provided by SBHCs

#### **Medical Services**

- Physical exams/health assessments/screenings for health problems
- Diagnosis and treatment of acute illness and injury
- Diagnosis and management of chronic illness
- Immunizations
- Health promotion and risk reduction
- Nutrition and weight management
- Reproductive health care
- Laboratory tests
- Prescription and/or dispensing of medication for treatment
- Referral and follow-up for specialty care that is beyond the scope of services provided in the SBHC



## Behavioral/Mental Health Services



- Assessment, diagnosis and treatment of psychological, social, and emotional problems, both in person and telehealth
- Crisis intervention
- Individual, family, and group counseling or referral for same if indicated
- Substance abuse and HIV/AIDS prevention
- Outreach to students at risk
- Support and/or psycho-educational groups focusing on topics of importance to the target population
- Advocacy and referral for such services as day care, housing, employment, job training, etc.
- Consultation to school staff and parents regarding issues of child and adolescent growth and development
- Referral and follow-up for care that is beyond the scope of services provided in the SBHC

#### Health Education

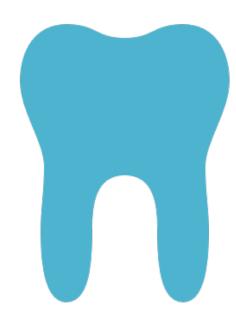
- •Consultation to school staff regarding issues of child and adolescent growth and development
- •School staff and parent training regarding issues of importance in target population
- •Individual and group health education
- •Classroom presentations



### **SBHC** Dental Services

#### Services may include:

- Screenings
- •Prophylaxis'
- •Fissure Sealants
- •Diagnostic X-rays
- •Treatment for carries
- •Simple extractions
- •Referral and follow-up for care that is beyond the scope of services provided in the SBHC







Ellsworth Avenue Elementary School Dental Service Site & CIFC Mobile Dental Van

## Payment for SBHC Services

SBHCs require no out-of-pocket costs for services

Most insurances can be billed for services

#### Accepted Insurances include:

- Medicaid (HUSKY, Title 19)
- Some Private Insurances

#### Data From 2018-2019 School Year

	DHS, BMS, RPMS* (DPH Funded)	NMS (DPH Funded)	HATS (Non-DPH Funded)
Total # of Students Enrolled in all Schools	5,034	683	671
Total # of Patients Enrolled in the SBHCs	4,119	343	566
% of Total School Population Enrolled	82%	50%	84%
Total # of Patient Visits	4,934	566	295
Total # of Medical Visits	2,968	222	0
Total # of Behavioral Health Visits	1,693	344	340
Total # of Dental Visits	243	N/A	N/A

<sup>\*</sup>Percentage enrolled will continue to increase as students are aware of the SBHC services, staff referrals are heightened and students self-report

## Benefits Of School-Based Health Centers

Emergency Room <sup>1</sup>	\$1,831	
Urgent Care	\$153	
SBHC <sup>2</sup>	\$100	

- Keeps Students in School, Lowers Absenteeism
- Saves Connecticut money by reducing ER visits
- •SBHCs improve academic performance, increase attendance, and reduce dropout rates
- Manages Asthma, Diabetes, Obesity, and other Chronic Diseases
- Prevents Mental Health Crises

#### **Comparison Of Per Visit Costs**

Average Cost of treatment for Asthma:

ER visits average 4.5 Hours; includes visit, breathing treatment, medications

Students receive treatment and return to class!

### What Students Have to Say About the SBHCs

Ratings of Care at all Sites

•Excellent - 73.58%

•Good - 25.66%

•27.76% of students would have done nothing if the SBHCs were not there

"They help with my
health improvement so I feel
less sick and don't worry as
much about going to the
ER to receive certain
medication."



\*Quotes from 2019 Student Satisfaction Surveys "I like the SBHC
because I'm able to talk to
someone who will listen and
not criticize or judge me. I
just feel so comfortable
coming here. I trust the
SBHC."

#### For More Information...

Contact: Melanie Bonjour, SBHC Manager: BonjourM@ct-institute.org

Telephone: (203) 743-9760 ext. 3411

Connecticut Institute for Communities website: <a href="https://www.ct-institute.org/">https://www.ct-institute.org/</a>

Thank you!