

## 2014-2015 Program Report Card: Enhanced School Health Service Program at Parish Hill/Middle High School (7-12)

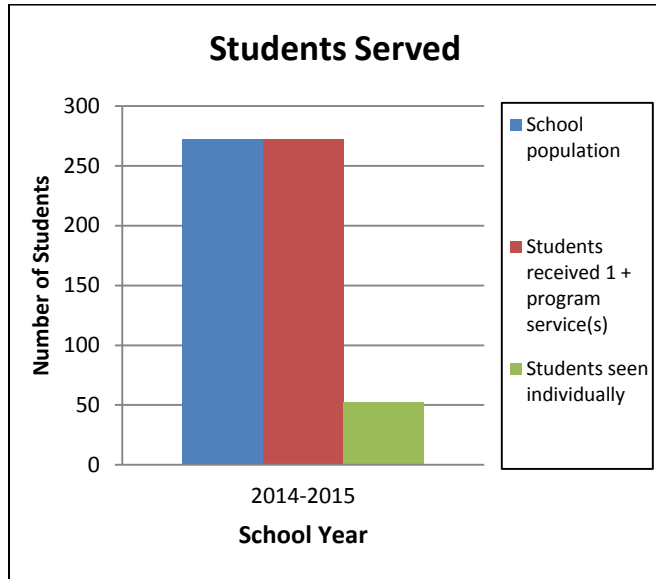
*Quality of Life Result:* All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed.

*Contribution to the Result:* School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$57,613	\$0	\$0	NECASA \$5,400* Regional District #11 \$7,535**	\$0	\$70,548
Estimated SFY 16	\$59,119	\$0	\$0	NECASA \$6,100* Regional District #11 \$10,215**	\$0	\$75,434

*Partners:* School administration, staff, students, parents/guardians, DPH, Northeast Communities Against Substance Abuse, United Community and Family Services, United Services, Natchaug Hospital, DCF, Juvenile Court, and Private Therapists

### How Much Did We Do? Access and Utilization



#### Story behind the baseline:

Regional School District #11 operates an Enhanced School Health Service Program (ESHSP) at Parish Hill Middle/High School in Chaplin, CT. The program is designed to address the social/emotion/behavioral needs of students in grades 7-12, and has been in operation for almost 20 years. Services are provided by a school social worker and include: individual, group and crisis counseling,

case management, classroom based lessons, prevention services, parent education and staff training/consultation. Since 2014-2015 is the first year for the ESHSP report card, all data provided is baseline.

The school population in 2013-2014 was 272. Of those, 272 (100%) students received at least one program service which could have included curriculum based prevention services, risk assessments or indirect services such as consults with teachers, parents, administration and community providers. Fifty-two (19%) students received individual counseling/case management services.

One hundred nine (40% of the total school population) students are in Middle School. Of those, 49 (45%) students were in 7<sup>th</sup> grade. Of those, 49 (100%) were involved in Second Step, a research based program, implemented by the Social Worker, which teaches and models essential communication, coping, and decision-making skills to help them navigate adolescence, make better choices and avoid pitfalls such as peer pressure, substance abuse and bullying. The lessons were taught on a monthly basis in the 7<sup>th</sup> grade School Success class which focuses on helping student with their transition to middle school.

A letter was sent to parent(s)/guardian(s) of the students involved to explain the program and included a link to the program website.

The Social Worker also provided mentor training to 12<sup>th</sup> grade students which enabled them to help new 7<sup>th</sup> graders transition to the middle/high school.

The Social Worker, in conjunction with school staff and administration, implemented school-wide events that focused on bullying prevention and motor vehicle safety.

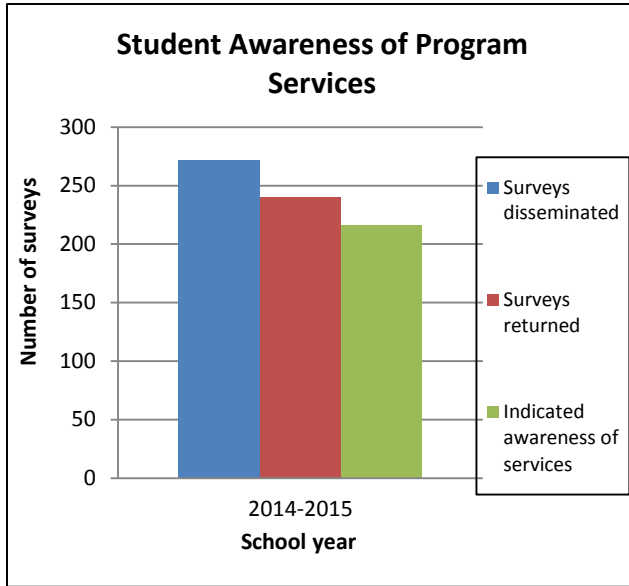
To increase access and utilization, the Social Worker, in conjunction with the School Counselor, worked to transition 6<sup>th</sup> grade students to 7<sup>th</sup> grade. The Social Worker met with all incoming students to get to know them and to explain ESHSP services. To introduce program services to parents, the Social Worker also attended the 6<sup>th</sup> grade parent night. Other outreach activities included maintaining the ESHSP page on the school's website and distributing flyers at open houses. To increase staff awareness of the ESHPS, the Social Worker included an explanation of the program and the services offered in a training she conducted for all staff regarding mandated reporting.

**Trend: ◀▶ (Baseline)**

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## How Well Did We Do?

Awareness of Available Services



### Story behind the baseline:

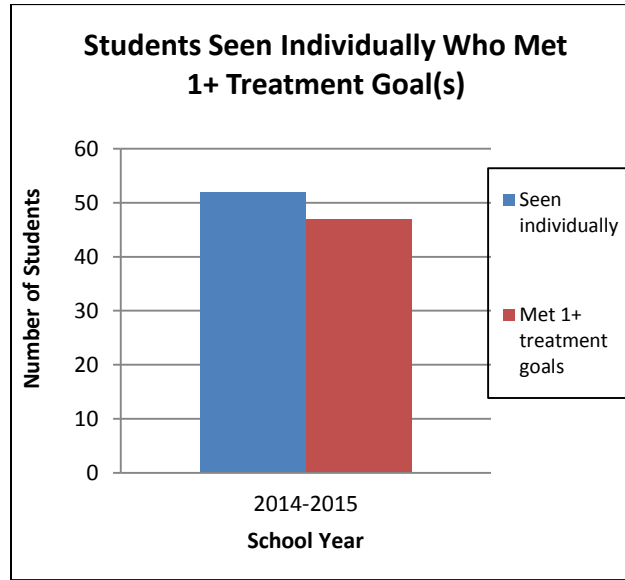
In the spring of 2015, access surveys were distributed to parents, staff and students. Student surveys were distributed to students during an Advisory Period. Advisory Period is held twice per week and allows students and staff to develop mentor/mentee relationships due to the low student to staff ratio. An advisor curriculum is also taught during one of the sessions. Of the 272 surveys distributed, 240 (88%) were completed and returned. Of those, 216 (90%) students reported that they were aware of the ESHSP services. 24 (10%) indicated that they were not aware of the program or the services offered.

Staff surveys were distributed at a faculty meeting. Out of the 30 staff surveys distributed, 30 (100%) were returned. 30 (100%) out of 30 staff reported that they are aware of the ESHSP and knew how to refer students

**Trend:** ◀▶ (Baseline)

## Is Anyone Better Off?

Mental Health Improvement



### Story behind the baseline:

All students referred to the ESHSP receive an initial assessment to determine the level of service needed. Treatment recommendations are made to the student and parent. With input from the student and other key individuals (parents, teachers, administration, community agencies), treatment goals are established and revisited on an ongoing basis.

Fifty two students received individual counseling in 2014-2015. Of those, 47 (90%) met one or more treatment goals. Five (10%) students did not meet a goal. Of those, 3 (60%) students were referred to a community based provider, 1 (20%) student was placed into a clinical day treatment school and 1 (20%) student did not reach a goal. Referrals to community based counselor were recommended, but student had not followed up on the referral prior to graduation.

The Social Worker reached out to the parent(s)/guardian(s) of students seen individually to discuss ways to work collaboratively to assist the student in reaching his/her treatment goal(s). In 2014-2015, the Social Worker contacted the 52 parent s/guardians of the 52 (100%)

students seen individually. Of those, 52 (100%) responded and continued communication with the Social Worker over the course of the student's treatment.

**Trend:** [◀▶]

### Notes:

\*The program was awarded The Northeast Communities Against Substance Abuse Prevention Grant. The grant focus is to provide drug/alcohol awareness, prevention and alternative activities to drug use

\*\* Additional funding was provided through the Regional School District #11 budget. The Enhanced School Based Health Center funding provides a portion of the Social Worker's salary and benefits, which is based on the Regional School District #11 Teacher's Salary Agreement. The remaining balance of salary and benefits is supplemented by the Regional School district #11 budget.

### Proposed Actions to Turn the Curve:

#### Access and Utilization:

- The school social worker will remind students throughout the school year of the availability of services through the ESHSP.

#### Student Satisfaction Surveys

- The student survey will be revised to include questions that also address student satisfaction.

#### Mental Health Services:

- The school social worker will expand the implementation of the Second Step Program to include 8<sup>th</sup> grade students. The Social Work will increase preventative services by expanding the Second Step Curriculum to include classroom based lessons with all 8<sup>th</sup> grade students on a bi-weekly basis. In addition, the 7<sup>th</sup> grade lessons will be taught bi-weekly instead of monthly.

#### Data Development Agenda:

- Work with DPH to modify mental health section of the DPH Access database to meet DPH reporting requirements.

**Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend**