

2015-2016 Report Card: Chaplin Enhanced School Health Service Program (Mental Health) 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.

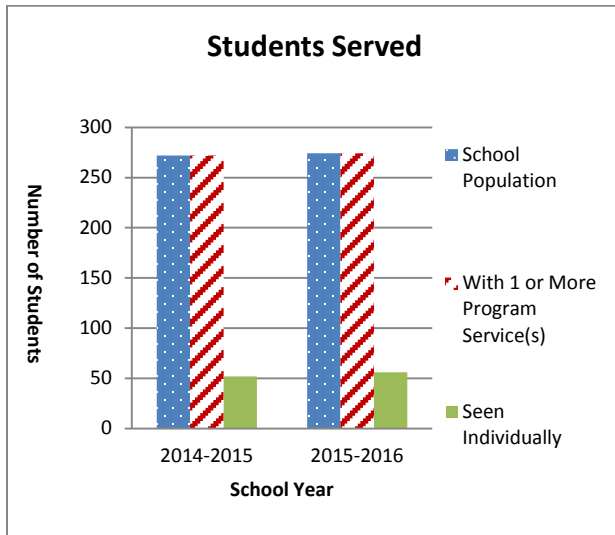
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 16	\$59,119*	\$0	\$0	\$5,400** \$7,535***	\$0	\$72,054
Estimated SFY 17	\$54,942*	\$0	\$0	\$6,100** \$10,215**	\$0	\$71,257

Sponsoring Agency: Regional School District #11

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 twenty 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.

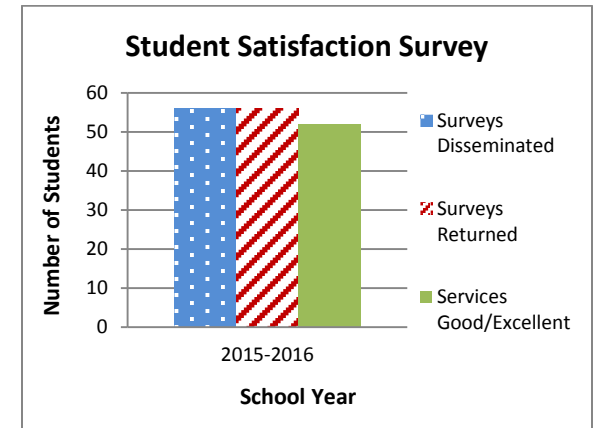
The school population in 2015-2016 was 274. Of those, 274 (100%) students received at least one program service which could have included curriculum based prevention services for all grade levels, risk assessments, or indirect services such as consults with teachers, parents, administration and community providers. Fifty-six (20.4%) students received individual counseling/case management services.

In 2014-2015 the school population was 272. Of those, 272 (100%) received at least one program service. Since the school population increased by 1% from 2014-2015 to 2015-2016, the number of students that received at least one program service also increased by 1% from the 2014-2015 school year to the 2015-2016 school year.

The number of students seen individually increased by 7.7% from 52 in 2014-2015 to 56 in 2015-2016.

Trend: [▲]

How Well Did We Do? Student Satisfaction



Story behind the baseline:

The social worker revised the survey from 2014-2015 which focused on awareness of services to include questions related to student satisfaction.

In 2015-2016, surveys were disseminated at the end of the school year to all 56 students seen individually. Of those, 56 (100%) students returned surveys and 52 (93%) indicated they found the services helpful.

Students were also surveyed to determine awareness and accessibility of ESHSP services.

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Two hundred seventy-four (100%) student received the survey at the end of the school year. Of those, 130 (47%) completed them with 119 (92%) students indicating an awareness of the services. The majority of those (113 or 95%) stated that they are/would feel comfortable accessing services. Eleven (9%) students were unaware of the program and the services provided.

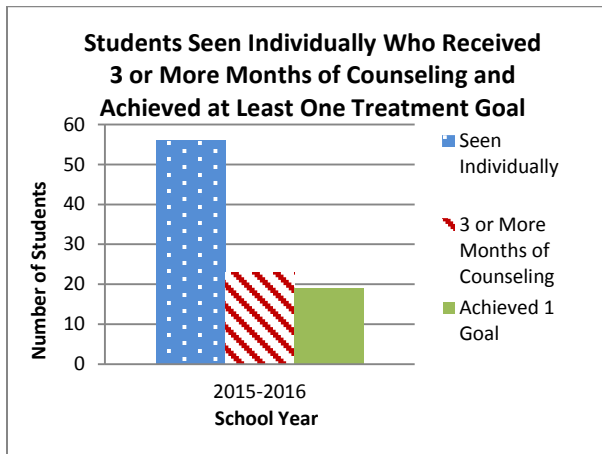
School staff was also surveyed. Questions focused on their understanding of the role of the school social worker, whether they felt the school social worker collaborated with them, if they felt she was a support to them and the children served, and whether they felt the services provided were important.

Twenty-four (89%) of staff that were provided a survey completed it. Of those, 24 (100%) had a clear understanding of the role of the school social worker, thought she worked collaboratively, viewed her as a support to them and the students served, and felt the services provided were very important.

Trend: [◀ ▶]

Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



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.

In 2015-2016, 56 (20% of the school population) students were seen individually. Of those, 33 (59%) students had service needs other than ongoing counseling. The remaining 23 (41%) students had treatment plans developed that included 1 or more treatment goal(s). Twenty-three (100%) of students received consistent counseling for three or more months. Of those, 19 (83%) students met one or more goals. Four students (17%) did not achieve at least one goal. Of those, 3 (75%) were referred to a community based mental health provider for services outside the scope of the ESHSP and 1 (25%) student moved.

The parents/guardians of all students that received individual counseling were contacted by the social worker. The purpose of the contact was to discuss ways to work collaboratively to assist the student in reaching his/her treatment goal(s). In 2015-2016, 23 (100%) of parents/guardians of students with treatment goals were contacted. Of those, 22 (96%) responded and continued communication with the social worker over the course of the student's treatment.

Trend: [◀ ▶]

Notes:

- * DPH funding for mental health services
- ** Northeast Communities against Substance Abuse Prevention Grant.
- *** Additional funding provided through the Regional School District #11 budget to supplement DPH funding for salary and benefits.

Proposed Actions to Turn the Curve:

How Much Did We Do:

- A program brochure will be included in the new student packet to increase student's awareness of the ESHSP.

How Well Did We Do:

- Student surveys will be reviewed and reasons for the low return rate examined. Input from other school support staff and administration will be solicited and specific strategies will be developed to improve survey returns.

Is Anyone Better Off:

- The social worker will meet with student support staff, administrators and other school personnel to develop strategies to improve student outcomes. The social worker will work collaboratively to identify and offer counseling to additional students in need.

Data Development Agenda

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