

2015 Program Report Card: Madison School/Community Outreach Program Exchange Program (K-4)

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

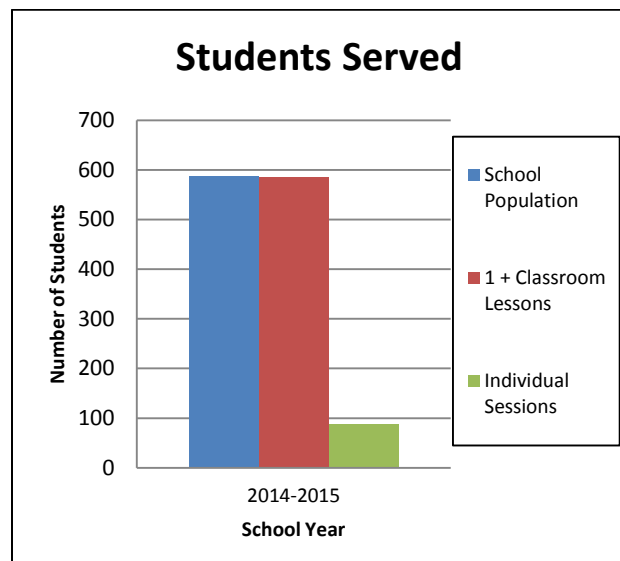
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

| 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 | \$0 | \$0 | \$57,613 |
| Estimated SFY 16 | \$59,119 | \$0 | \$0 | \$0 | \$0 | \$59,119 |

Partners: Parents, Students, Madison Youth and Family Services (MYFS), Madison Public Schools, Shoreline Pediatrics, Madison Health Department.

How Much Did We Do?

Access and Utilization



Story behind the baseline: Madison Public Schools operates the School/Community Outreach Program Exchange (SCOPE), that is designed to address the mental/social/emotional and behavioral needs of the mainstream K-4 student population enrolled at Jeffery and Ryerson Elementary Schools. The program, which has been operating for more than 15 years, consists of three components: classroom lessons, individual/group counseling, and parent support. Services are provided by the school social worker and a parent counselor from Madison Youth and Family Services (MYFS) The age-appropriate classroom lessons focused on diversity/differences, kindness, cooperation, teambuilding

strategies to cope with anxiety, and for 4th graders, transition to grade 5. Individual sessions were designed to address individual student problems. Parent support services enabled parents to improve their parenting skills and to learn how to support what their child is learning through SCOPE at home.

2014-2015 was the first year this program submitted a report card. All data provided is baseline.

The combined school population in 2015 was 585 students. Of those, 585 (100%) received at least one classroom lesson. Eighty eight students (15%) also received individual counseling. The school social worker had contact with the parents of all students seen individually, Parent support services were offered to 25 parents that required more support/ parent counseling than the school social worker could provide. Of the 28 parents referred, 25 (89%) attended at least one session.

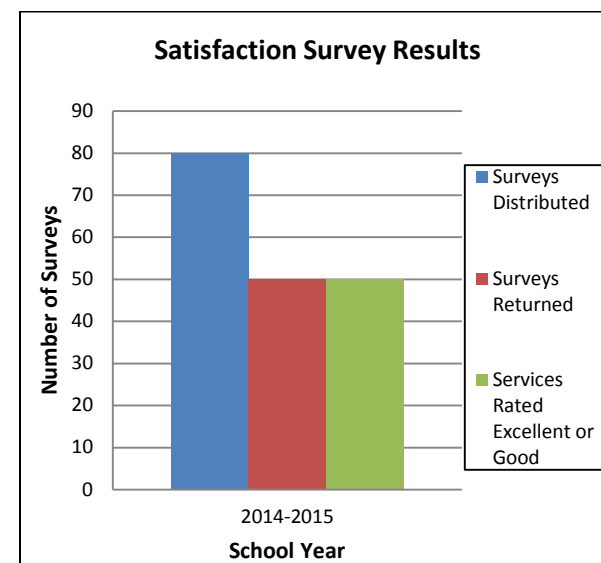
Outreach activities conducted by the program social worker included: individual meetings with school staff and administration explaining services provided; mailing to parents of all students outlining available services including parent support, and attendance at school wide events.

Trend: ◀▶ (Baseline)

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

How Well Did We Do?

Parent Satisfaction



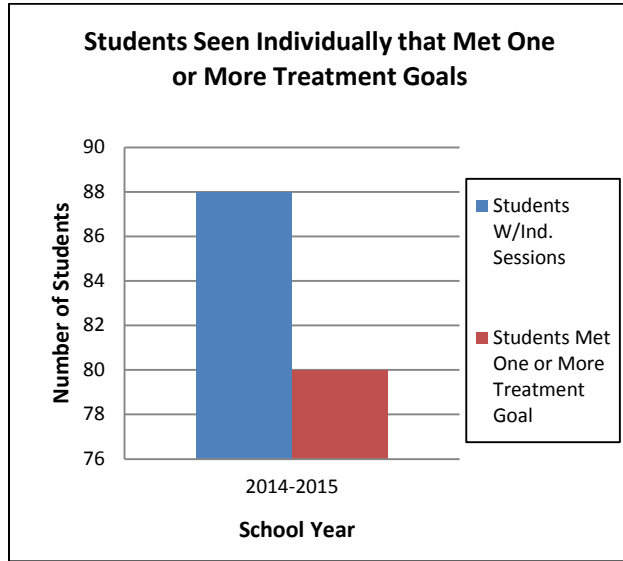
Story behind the baseline: Parent satisfaction surveys were distributed in early June 2015 to the parent(s) of the 88 students that received individual counseling during the period 9/1/14- 5/31/15. Of the 88 surveys disseminated, 50 (57%) were completed and returned. Of those returned, 44(88%) rated the services as excellent or good.

Trend: ▶◀ (Baseline)

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Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

The program social worker conducts a comprehensive assessment on each student referred for individual sessions. With input from teachers, parents and, if appropriate, other significant players in the child's life, a treatment plan is developed with the goals and objectives that target areas in which the student requires improvement so that he/she can maximize their educational potential. Goals and objectives are reviewed and revised on an ongoing basis during the period in which the student is receiving individual sessions. At the conclusion of the sessions, the program social worker identifies which, if any, treatment goals the student has achieved.

Of the 88 students seen individually in 2014-2015, 80 (91%) achieved at least one treatment goal. Eight of the 88 (9%) did not achieve at least one goal. Of the 8 that did not achieve at least one goal, 6 (75%) moved out of state prior to completing the individual sessions, 2 (25%) students required a higher level of care and were referred to community based mental health providers.

Trend: [◀▶]

Proposed Actions to Turn the Curve:

Access and Utilization:

- Program social worker will receive training in the Responsive Classroom, a research-based approach to elementary school teaching that emphasizes the strong link between academic success and social-emotional skills.

Parent Satisfaction Surveys

- Program social worker will develop and implement a Parent Satisfaction Survey Plan to include: How surveys are disseminated (i.e. in-person, mail, electronically,) How many surveys were disseminated; to whom and in what timeframe; Strategies for increasing return rate, and the procedure for survey analysis.

Mental Health Services:

- Program social worker will arrange more one on one meetings/contact with the parents whose children are receiving individual sessions. She will initiate a process for connecting with the parent support counselor to ensure a coordinated approach to student and family need.

Data Development Agenda:

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