HEALTH AND WELLNESS UPDATE

May 24, 2017
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Health Services Coordinator





Health Services – YTD

Vision Exams 1,728

Parasitic Exams 401

Hearing Exam 1,213

Scoliosis Exam 955

Documented Events 18,351

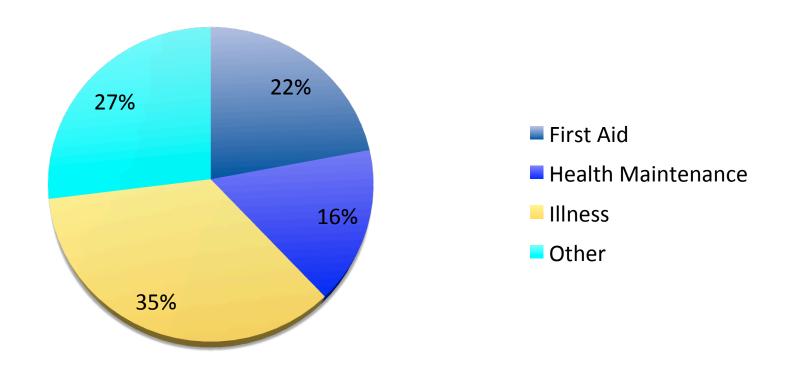
Growth Exams (BMI) 656

Medical Alerts 536



Health Summary - March

Documented Event by Type





Other

- Medication Administration
- Social/Emotional Health
- 504 Conferences
- Parent Meetings
- Parent Calls
- Staff Trainings
- Student education
- Planning meetings
- Staff Meetings
- Student Care Planning
- Documentation



Improvement Activities

- Update resource manual/best practices
- Substance Use:
 - Update policies
 - Narcan in health offices
 - Opiate training
 - SBIRT Planning
- LTA: Trainings, food out of classroom, improved culture
- Documentation: streamline, electronic health alerts
- MDPH Essential School Health Services Partnership
- Vision/hearing Process Emergency Medical Response
- AED upgrades
- Massachusetts Immunization Information System

Social/Emotional Wellness

- "Calm Classroom" (Staff Training K 8)
- "Signs of Suicide"
- Team Building (grade 9)
- Anxiety Prevention and Reduction (Grade 9)
- Cyber Bullying (Grade 9 & 10)
- Dating Violence/Abusive Relationships (Grade 9)
- Hope House Grade 9-12
- Mirrorless Monday (Eating Disorder Awareness)



Substance Use Education

- No First Time (HMS and HHS parents)
- Binge Drinking/Taylor's Message (HHS)
- Hope House Grade (HHS)
- Opiate/Narcan Awareness with Resource Officer (HHS)
- HMS Health Education
 - Grade 6 Smoking
 - Grade 7 Alcohol
 - Grade 8 Drugs
- D.A.R.E.
- SBIRT



Screening, Brief Intervention and Referral to Treatment

SBIRT



M.G.L. Chapter 71, Section 97

- Verbal tool to screen for substance use disorders (SBIRT)
- Annually
- 1 grade in Middle School, 1 in High School
- Parents notification prior year
- De-identified aggregate results to DPH
- Pupil or parent/guardian may opt out (writing)
- Responses confidential unless immediate medical emergency or student consent
- Referral to in-house staff with student written consent
- No identifying documentation
- Protection from liability for person conducting screening



SBIRT Protocol

- Implemented by school nurses and school psychologists/adjustment counselors
- Screening, Brief Intervention and Referral to Treatment
- CRAFFT
 - Part A: during the past 12 months, on how many days did you...
 - Part B: if <u>any</u> days of use ask the remaining CRAFFT questions
 - If no days of use, only as "car" question



SBIRT (continued)

- Brief Intervention: motivational interview, education, positive reinforcement for good decisions
- Referral to Treatment:
 - Always with consent unless medical emergency
 - In house: school psychologist, guidance/ adjustment counselor, school nurse
 - Out of school referral: Youth Central Intake, Help Line



SBIRT Policy



SBIRT Letter



Implementation

- Training
 - SBIRT 1 and 2 for all screeners
 - SBIRT 3 for select team leaders
- Letter to parents June 2017
- '17 '18 Screenings Fall Grade 8, Spring Grade 9
- Report to DPH aggregate, de-identified results
- Evaluate results and process with team
- Revise plan as needed

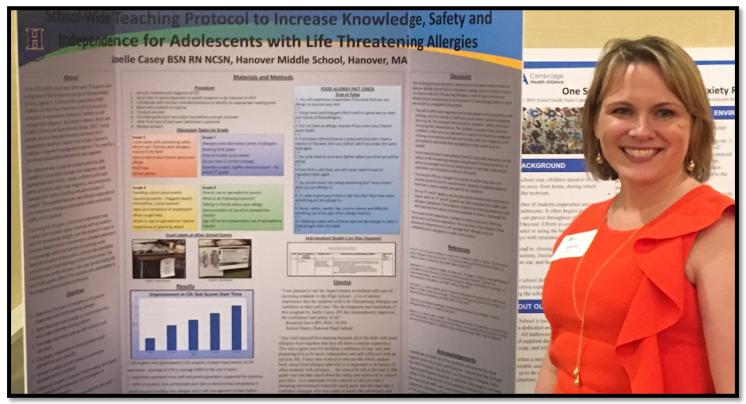


Goals for 2017 - 2018

- Implement SBIRT, evaluate and revise as needed
- Substance Education with SBIRT
- Social emotional teaching/social media
 - Evaluate needs
 - Provide professional development for staff
 - Learning opportunities for parents
 - Programs for students
 - Evaluate current health curriculum & make recommendations for future programming



School-Wide Teaching Protocol to Increase Knowledge, Safety and Independence for Adolescents with Life Threatening Allergies



Joelle Casey BSN RN NCSN, HMS School Nurse, presenting at the Massachusetts Essential School Health Services Conference 5/18/2017