

Schools Committee: Notes

Date: Tuesday, July 17, 2018 3:00 – 4:30 p.m.

Attending: Jamie Smith, State School Nurse Consultant; Kimberlee Best Care; Jonathan Rochelle, Prevention Sciences Lab;;Justin Potts, School Psychologist, Eugene 4J; Larry Sullivan, Superintendent S. Lane School District; Jeremy Wells, ODE; Emily Moser, Lines for Life; Annette Marcus, Staff

Next Steps in Red

Topic/YSIPP Objective	Items from Action Plan	Notes/Status
Welcome	Agenda Review	
Objective 6.1a Update on Surveys	<ul style="list-style-type: none"> Survey schools to assess current landscape regarding staff training and opportunities for protocol development. Survey athletic staff at schools regarding their role in suicide prevention. 	<p>Jonathan provided an update on statewide scan of schools:</p> <p>1st Round of data collection completed. Have 331 schools that have responded—about 25% of the schools in the state. Lots of assistance from the different professional associations (COSA, School Nurses, School Counselors) 900 schools have not responded. Jonathan is following up with them.</p> <p>Discussion: Jeremy-Need to be thoughtful about follow up with the schools that responded and asked for support. 77% of the schools said that “yes” we want some support around prevention.</p> <p>Next Step: Jon will send a follow up to schools by email pointing them to resources for support. The Committee needs to review the letter and determine what the response should be if additional support is requested. Jon estimates that there will be about 400 schools ultimately wanting support.</p>

		<p>There was broad response to the survey and a good spread of elementary, middle and high schools.</p> <p>A few preliminary data points from responding schools:</p> <p>25% of the schools are using ASIST 15% Mental Health First Aid 10% QPR</p> <p>30% had some kind of school-based curriculum 25 % had no type of protocol around (suicides? Suicide attempts? Follow up with Jon to get clear) 60% had a postvention plan of some sort in place.</p> <p>40% of respondents indicated they are uncomfortable with their ability to respond to suicide Two major barriers: Time and Money 90% of the respondents are interested in receiving information or support. 70% want to be contacted directly.</p> <p>Open question: What about the schools that did not respond? Jon is working on follow up with non-respondent schools.</p> <p>Peggy curious about whether there is any difference between rural and urban schools. Jon will take a look at this in the data analysis.</p> <p>Justin says that experientially the results align with what he hears in schools. He notes that schools are often quite insulated, and suggests that it would be helpful to raise awareness of schools around the statewide work that is occurring around suicide prevention/postvention. Communication about what is happening across the state and getting awareness out to various school districts.</p>
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		<p>Members discussed the overlap with the Governor’s Task Force on School Safety and the work of the Alliance. Peggy serves on the School Safety Committee and will follow up to share highlights from the School Safety Task Force legislative agenda. Emily—thinks that School Safety has a pretty comprehensive approach—the proposal is titled Safety not Threat Assessment.</p> <p>Next Step: Peggy will share highlights of the School Safety Task Force legislative agenda with committee members.</p>
<p>Review YSIPP Schools Action Plan</p>	<p>--Staying connected to YSIPP --What do we present at conferences? --Small workgroup?</p>	<p>Annette shared information about the draft statewide communication plan developed by the Outreach and Awareness Committee.</p> <p>Presentations at organizations related to schools has been a key recommendation of this group. Annette noted that she would like input from the group in designing a presentation. Emily thinks that the data we’re collecting is would be a good place to start with sharing information. Lines for Life is presenting the Step-by-Step at COSA and at the OSBA.</p> <p>Next Step: Develop an Alliance presentation for conferences. (School Psychologists, COSA, OSBA etc) Annette, Jeremy and Jonathan will develop it. Peggy will provide guidance re school boards.</p>
<p>4.2.d. OHA will work with communities to develop a plan to expand universal, evidence-based practices to prevent suicidal behaviors.</p>	<ul style="list-style-type: none"> Recommend the Department of Education make Youth Mental Health First Aid and other evidence-based mental health awareness and suicide prevention training programs available for education staff and students at state in-service training days or other available days 	<p>Trainings Discussion: Jeremy notes that ODE can help advocate for the trainings, but not require it. They can share information on listserv and generally make information available.</p> <p>Larry-one of the top requests he received from schools, especially rural, is training and support around mental health issues. He suggests working with head of the ESD to promote various quality mental health trainings. Peggy notes that David Novotney is on the Governor’s School Safety Task Force and can potentially help with this action item.</p> <p>Kimberlee is developing a list of evidence based prevention practices and local resources that she is willing to share with the Alliance as an example.</p>

	<p>for students within and outside of school time.</p> <ul style="list-style-type: none">• Recommend to ODE that acute care psychiatric and sub-acute facilities obtain a signed release of information to coordinate with ESDs and schools for transition and appropriate care. Recommend that ODE implement protocols for youth and young adults who have been identified as being at risk for suicide.	<p>Emily—Willamette ESD’s suicide prevention specialist has also developed this kind of list and regularly pushes it out to counselors. Develop a template, identify a coordinator to keep the list updated and push out the information regularly.</p> <p>Next Step: Annette coordinate with Emily and Kimberlee to develop a template for locally relevant training/resource lists. Share on website and possibly through ODE listserv.</p> <hr/> <p>Transition From Acute Care:ODE is not directly involved with most acute/subacute care; however, could distribute protocols. ODE has no authority in those areas. Multnomah ESD has developed some sample transition plans—Jeremy has them.</p> <p>Kimberlee asks if there has been input from families and youth. Jeremy notes that Children’s System Advisory Council (CSAC) gave a lot of input, youth and families gave feedback. Kimberlee is concerned/mindful of the difference between requiring signing off for families or if it’s optiona</p> <p>Emily—there are good resources. Promote the idea of schools developing a protocol. Is our job to have examples of good vetted protocols and promote the idea of thinking about developing and implementing a protocol.</p> <p>Peggy—be careful of mandating anything to schools because they are overwhelmed.</p> <p>Jon—notes that with the survey, there is a great opportunity to provide resources to the schools that request it. Then let’s look at the next steps of how to support actual implementation of suicide pre/int/postvention.</p> <p>Jeremy notes that 30% of families with children (young) who are in behavioral health placements do not sign permission for the information to be shared with the schools.</p>
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<p>6.1b OHA will collaborate with partners to expand and fund additional in-person and online training opportunities for school staff in best practice</p>	<ul style="list-style-type: none"> • Mental Health First Aid will be promoted and presented at the COSA meetings. Youth Mental Health First Aid trainings will occur throughout the state. • Support distribution of school suicide prevention guides such as the one developed by Public Health and the one developed by Lines for Life 	<p>MHFA: This is on track through the work of AOCMHP. More than 22,000 people statewide have been trained in either adult or youth MHFA. A training for trainers in Youth MHFA is scheduled for August 2018.</p> <hr/> <p>Distribute guides—discuss at next meeting.</p>
<p>6.1c By December 2019, OHA Health Systems Division will collaborate with school districts to</p>	<ul style="list-style-type: none"> • Pilot two Sources of Strength in FY 17-18. Bring training for trainers to Oregon • Expand pilot to 3 or more school districts in FY 18-19 	<p>On track for both of these action items. OHA has funded a training for trainers in Sources of Strength which is scheduled for Aug 7 – 10 in Corvallis. Alliance is coordinating the effort.</p>

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<p>pilot the best-practice Sources of Strength program for building positive social connections and norms among middle/high school students in at least three regionally diverse school districts to encourage peer-to-peer support and relationships with supportive adults.</p>		
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Objectives: Review Schools YSIPP Action Plan

Assess progress and barriers

Identify priorities FY 18-19

Next Steps in Red

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Committee Members: Ann D. Kirkwood, Amy Ruona, Bergen Nigro aruona@pps.net; Bergen Nigro Donna Libemday, Galli Murray, Jamie Smith, Jeremy Wells, John Seeley, Kimberlee Jones, Larry Sullivan, Peggy Holstedt, Phaedra Whitty, Riley Murphy, Heather Johnson, Chris Hawkins, Jonathon Rochelle

Staff: Annette Marcus

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UPDATED July 19, 2018: Oregon Youth Suicide Intervention and Prevention Plan: Schools Committee Objectives, Actions and Measures

YSIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Status: Complete; On- Task; Stalled; Not Started	Timeline
Strategic Direction 1: Health and empowered individuals, families and communities				
Goal 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors.				
Objective 2.1: Develop, implement and evaluate communication efforts designed to reach defined segments of the population.				
<p>2.1.a. OHA will identify communication needs, review available local, state and national resources, and collaborate with stakeholders to prepare a communication plan to promote statewide safe suicide prevention messages.</p>	<ul style="list-style-type: none"> Recommend to School Safety Task Force and each ESD in the state to take steps to ensure that students are connected with crisis resources when necessary, and that the School Safety Task Force and ESDs include the contact information for and appropriate youth crisis 24-hour service, operated by an American Association of Suicidology certified crisis center, on all students' identification cards, grades 6-12. 		AOCMHP Serves on School Safety Task-Force	June 2017
Strategic Direction 2: Clinical and Community Preventive Services				
Goal 4. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.				
Objective 4.2: Encourage community-based settings to implement effective programs and provide education to promote wellness and prevent suicide and related behaviors. (Decrease exposure to violence and adverse experiences.)				
<p>4.2.d. OHA will work with communities to develop a plan to expand universal, evidence-based practices to prevent suicidal behaviors.</p>	<ul style="list-style-type: none"> Recommend the Department of Education make Youth Mental Health First Aid and other evidence-based mental health awareness and suicide prevention training programs available for education staff and students at state in-service training days or other available days for students within and outside of school time. Recommend to ODE that acute care psychiatric and sub-acute facilities obtain a signed release of information to coordinate with ESDs and schools for transition and appropriate care. Recommend that ODE implement protocols for youth and young adults who have been identified as being at risk for suicide. 	Follow up survey?	Youth Mental Health First Aid Training for Trainers scheduled 2018	March 2018

YSIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Responsible Committee	Timeline
Strategic direction 2: Clinical and community preventive services				
Goal 6. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.				
Objective 6.1: Provide training on suicide prevention to community groups with a role in the prevention of suicide and related behaviors.				
<p>6.1a The Oregon Department of Education will collaborate with schools to identify gaps and opportunities for staff training and protocol development on suicide prevention and intervention</p>	<ul style="list-style-type: none"> Survey schools to assess current landscape regarding staff training and opportunities for protocol development. Survey athletic staff at schools regarding their role in suicide prevention. 	<p>Survey Results</p>	<p>Two surveys have been distributed. Data being analyzed.</p>	<p>May – July 2018</p> <p>Schools/ UO Team</p>
<p>6.1b OHA will collaborate with partners to expand and fund additional in-person and online training opportunities for school staff in best practice programs, such as Applied Suicide Intervention Skills Training (ASIST), Kognito, RESPONSE, QPR (Question, Persuade, Refer) and Mental Health First Aid, and others as the evidence base is established.</p>	<ul style="list-style-type: none"> Mental Health First Aid will be promoted and presented at the COSA meetings. Youth Mental Health First Aid trainings will occur throughout the state. Support distribution of school suicide prevention guides such as the one developed by Public Health and the one developed by Lines for Life 	<p>Evaluations from MHFA</p> <p>Posted on ODE web page and noted on listserv?</p>	<p>Coordinated by AOCMHP- On Track</p>	

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YSIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Status Committee	Timeline
<p>6.1c By December 2019, OHA Health Systems Division will collaborate with school districts to pilot the best-practice Sources of Strength program for building positive social connections and norms among middle/high school students in at least three regionally diverse school districts to encourage peer-to-peer support and relationships with supportive adults.</p>	<ul style="list-style-type: none"> • Pilot two Sources of Strength in FY 17-18. Bring training for trainers to Oregon • Expand pilot to 3 or more school districts in FY 18-19 	<p>Number of Schools Implementing?</p>	<p>Implemented in Albany and Clackamas FY17-18 OHA provided funding and Alliance will coordinate Training for Trainers scheduled for August 2018</p>	