



# FORWARD PROJECT

Oregon Alliance to Prevent Suicide- Schools Committee  
May 17th, 2023

# DESCHUTES COUNTY HEALTH SERVICES SUICIDE PREVENTION PROGRAM

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Mental Health Promotion Strategist

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Suicide Prevention Project Coordinator

# WHAT IS THE FORWARD PROJECT?



HEALTH  
SERVICES



A three-year grant funded suicide prevention project in the public K-12 school population to lower suicide deaths and attempts with an increase focus in populations at higher risk

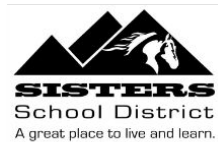
## High Desert ESD

Coordination, facilitation,  
fiscal agent, and project  
manager



## School Districts

Across the Central Oregon  
region, school districts are  
engaged in the work



## County Prevention

Crook, Deschutes, and  
Jefferson County prevention  
provide support and  
technical assistance



# WHO IS AT THE TABLE



HEALTH  
SERVICES

# DESCHUTES COUNTY SUICIDE PREVENTION PROGRAM INVOLVEMENT

- **Technical Assistance & Expertise**  
Best practice, evidence-based guidance and recommendations
- **Training Coordination & Facilitation**  
Coordinate and/or facilitate evidence-based suicide prevention, intervention, and postvention trainings
- **Adi's Act Supports**  
Support school districts in the maintenance of their suicide prevention plans
- **Advisory Board Involvement**  
Representation and guidance from our program to the overall project alongside others

# WHERE WE HAVE BEEN, WHERE WE ARE, WHERE WE ARE GOING

## 2020-2021

Received funding from Central Oregon Health Council [COHC], provided to Central Oregon Suicide Prevention Alliance [COSPA], determined HD ESD will be the managing entity.

## 2021-2022

Year One of the project; Development phase- worked on pulling students, parents, counties, school districts to the table to develop the work that will be identified in each school district's action plan.

## 2022-2023

Year Two of the project; Implementation phase- school districts working on their action plan goals and activities; counties supporting this work. Progress reporting is involved.

## 2023-2024

Year Three of the project; Continuation of the implementation phase; additional funds to support more activities, update action plans, report out with a focus on sustainability.



# FINAL ITEMS

## ● Logistical & Organizational Components

A lot of work to...

- Coordinate speakers
- Prepare agendas
- Facilitate meetings
- Write & gain signatures for MOAs (info sharing & compensation)
- Compensating volunteers
- Reimbursing meals
- Setting/reminding of deadlines
- Supporting Advisory Board

**Thank you HD ESD!**

## ● Project Benefits

Jamie Gunter to speak on the work and how it has benefitted our school districts, the student populations, and how it has moved the needle.



# CONTACT US

**Caroline Suiter, MPH**

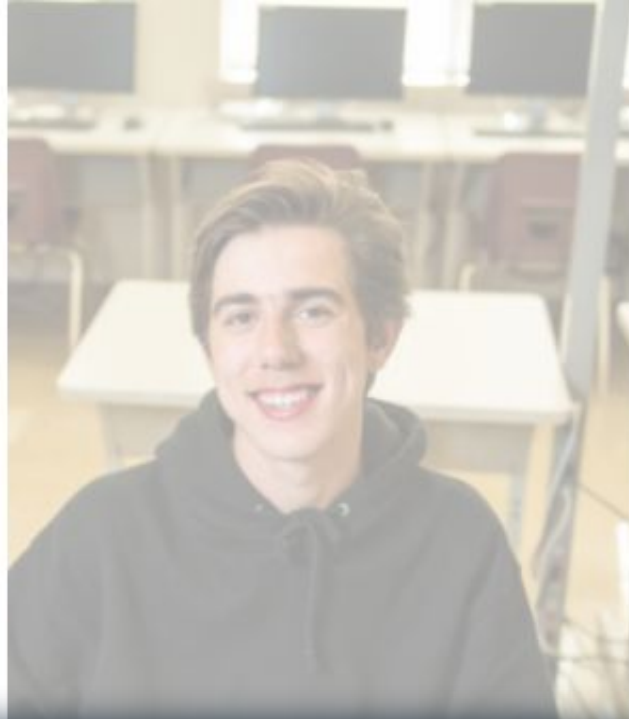
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HEALTH  
SERVICES



# Wellness and Belonging

*May 17, 2023*

Jamie Gunter, MS, LSC, LPC, NCC  
Suicide Prevention Coordinator,  
Counselor  
Bend-La Pine Schools



# Board End #3

Students, families, and staff  
**experience wellness,  
inclusion, and belonging**  
in our schools as measured  
by the following, overall and  
for historically underserved  
subgroups



# Strategic Initiatives

- Forward Project: funding for Adi's Act implementation



# Forward Project

## Action Plan Strategy Success Outcomes:

- Reduce suicide related ED visits
- Decrease the PYD metric disparity
- Establish a screening and referral process



# Forward Project

## Action Plan Strategies:

- Sources of Strength
- Care Solace
- Suicide Prevention Coordinator
- Gender Affirming Practices Training
- Case Management Solution



# Data to inform the Strategies

For students who have seriously considered attempting suicide in the last 12 months...

**Compared to the dominant group** (non-Hispanic, white, straight, above federal poverty level):

**46% higher for all other race/ethnicities**

**275% higher for all other sexual orientations**

**101% higher for students eligible for Free and Reduced Lunch program**

**Compared to students who meet OR's Positive Youth Development benchmark:**

**497% higher for students who do not meet the benchmark**

## Strategy #1

# Suicide Prevention Coordinator

- Organize the work in service of Adi's Act: create steering committee partnerships
- Update the suicide risk screening and referral process
- Train all SBMH staff in the new process, 2 district wide PD events this year
- Postvention protocol updated, Connect train leaders
- Consultation with all staff, consult on all multiple SRS
- Update Adi's Act
- Prepare for internal crisis team starting July 1



## Strategy #2

# care/solace

- Closes the loop on the screening and referral process
- For students, staff, and families
- Allows for choice in language spoken, therapist gender, race/ethnicity
- MH shortage, connects to telehealth state wide
- Levels of care: individual therapy, intensive outpatient, hospitalization & stabilization, psychiatry, partial hospitalization, medical detox, psychological assessment, intervention services, residential inpatient
- 2.52 FTE hours saved calculated by CS with hours of navigation so far



## Key Performance Indicators (KPIs)

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Inbound Interactions ?	0	336	659	606	575	594	685	540	605	226	4,826
Communications saved ?	0	1,973	4,280	4,045	3,123	3,813	4,736	4,036	4,011	1,574	31,591
Warm Handoffs® ?	0	56	118	53	48	83	70	56	64	18	566
Family-initiated cases ?	0	15	12	17	10	17	18	11	16	7	123
Total Unreachable	0	23	45	31	25	29	37	24	20	0	234
Total Declined Services	0	6	24	13	9	23	13	14	4	0	106
Total appointments into care ?	0	24	46	41	38	45	50	45	27	14	330
Anonymous searches ?	7	89	60	51	53	52	37	24	39	14	426

- **Inbound Interactions:** inbound phone calls, emails, and video chats from community members
- **Communications saved:** outbound calls, emails, and texts by our team to coordinate care
- **Warm Handoffs:** Referrals from school staff
- **Family-initiated cases:** Number of community members who contacted Care Solace directly for help
- **Total appointments into care:** Confirmation that the family attended the appointment
- **Anonymous searches:** Completed provider searches via your district's care match website



## Gender



Female: 57% Male: 40% Non-binary: 3%

## Age



Adolescents (12-17): 42% Children (3-11): 34% Adults (18-64): 24% Seniors (65+): 1%

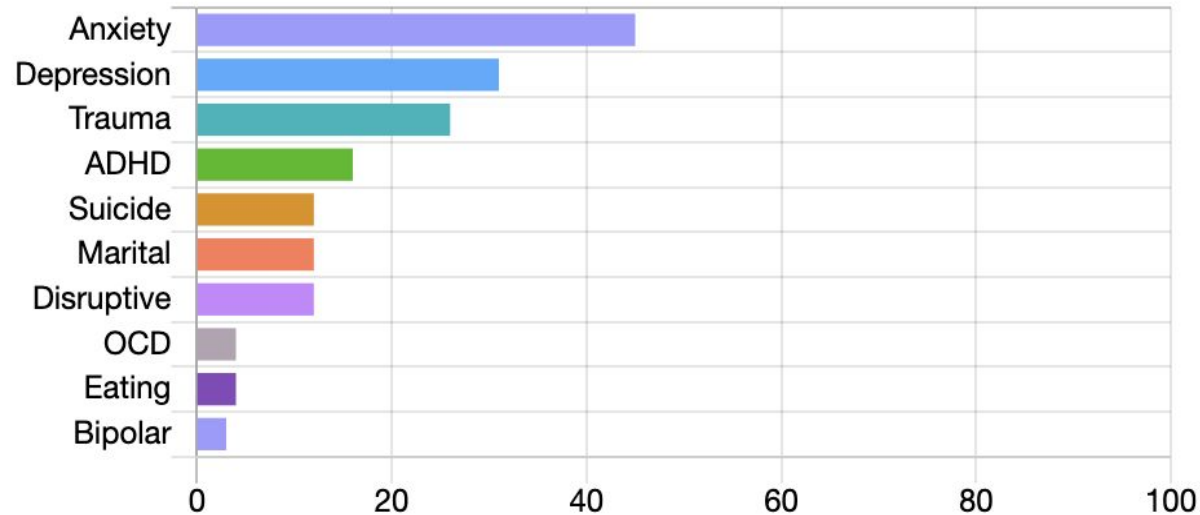
## Ethnicity



White / Caucasian: 81% Hispanic / Latino: 8% Other: 5% Decline to Answer: 3% Asian / Pacific Islander: 2% Black / African American: 1%  
Native American / American Indian: 1%



## Mental Health



Anxiety 45%  
Depression 31%  
Trauma 26%  
ADHD 16%  
Marital 13%  
Suicide 13%  
Disruptive 12%  
OCD 4%  
Eating 4%  
Autism 4%  
Bipolar 3%



## Strategy #3 Sources of Strength



- Healthy Schools Partnership with Deschutes County: public health specialists in buildings to assist with implementation
- 5 out of 7 middle and 5 out of 7 high schools are signed on to implement 23 24 SY
- District sponsored Adult Advisory Training in May
- Forward Project funding for full year classes to increase buy in at the building level
- As a strategy, this hits the mark for our partnership with Healthy Schools to increase Positive Youth Development and has been shown effective in both prevention and intervention outcomes as an evidence based program.



## Strategy #4

# Gender Affirming Practices Training: SY 23–24

Data: Usage of chosen name resulted in a 29% decrease in suicidal ideation and a 56% decrease in suicidal behavior (The Trevor Project)



# Strategy #5 Case Management Solution

- Choosing a solution: Navigate 360 or Raptor Student Safe
- Cloud based system to store and identify trends with analysis of aggregated case data
- Improve student outcomes, break down silos, share across school teams
- Dashboard of analytics overview at school and district level to immediately view school or district climate relative to behavioral health needs: respond in real time
- Provide data to advocate for staffing to address mental health needs of students
- Track suicide risk and behavioral threat numbers across the district



# Outcomes of Funding

- **Sources of Strength**: funding allows us to implement as a class; increases buy in and belonging
- **Care Solace**: closes the loop on the screening and referral process
- **Suicide Prevention Coordinator**: Prioritizes the work
- **Gender Affirming Practices Training**: More to come!
- **Case Management Solution**: Share information, track risk screen numbers, respond to needs in real time, advocate for more FTE

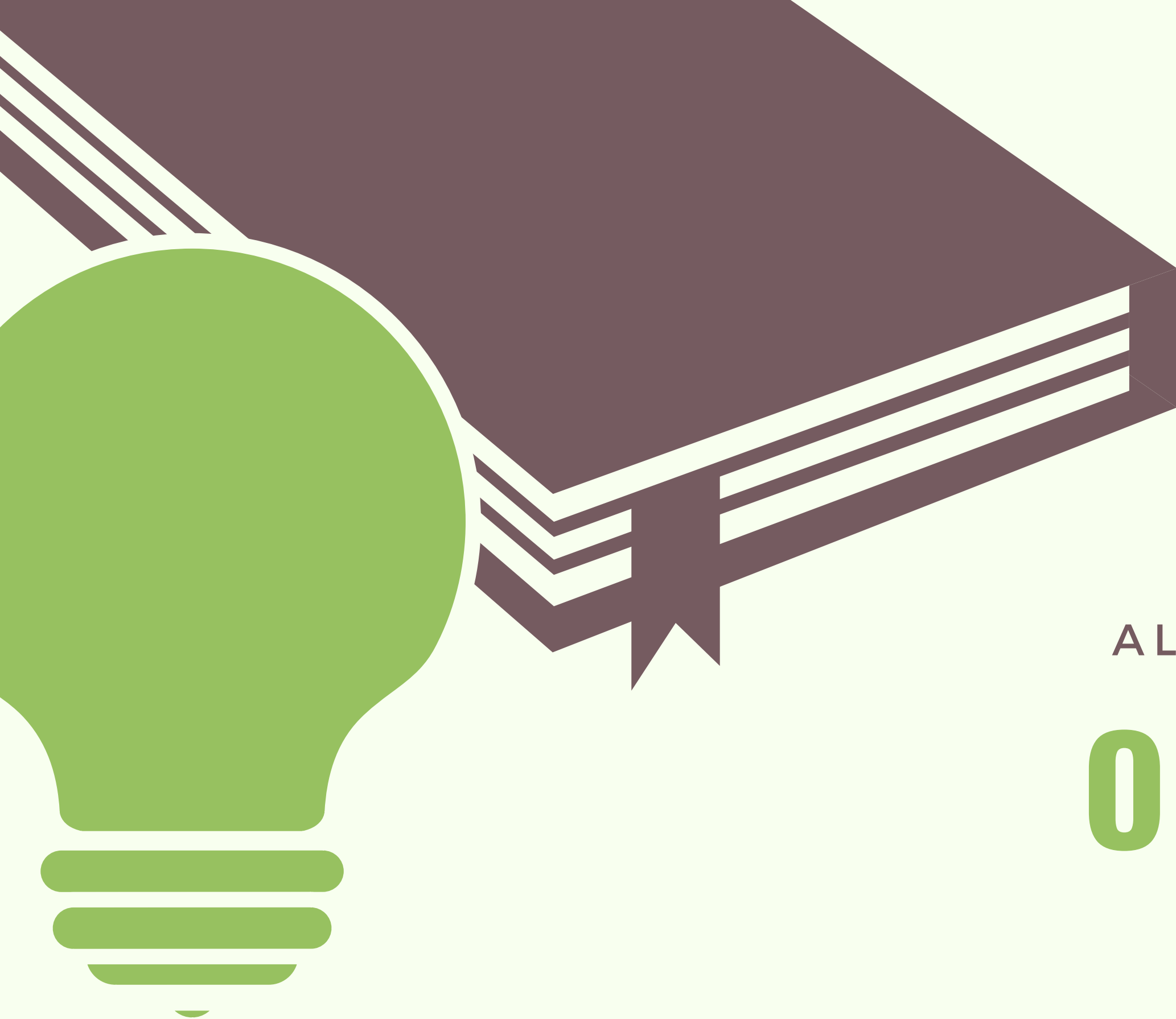


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ALLIANCE SCHOOLS COMMITTEE

# OREGON QPR IN SCHOOLS

All You Need to Know

# TODAY'S DISCUSSION

## KEY TOPICS

Background

Program presence in the state

Key Partnerships

Challenges



# OREGON QPR PROGRAM

## BACKGROUND INTRODUCTION

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We offer free QPR training

- For individuals
  - 2-3 regular public trainings virtually/month
- For groups
  - Specifically youth-serving organizations

And we offer free access to become a QPR trainer

- A value of \$495
- Specific program asks/priorities, among them:
  - Primary populations served
    - Youth, Veterans, People of Color
  - Location where training will be offered
  - Ability to offer 4+ trainings/year



# PROGRAM REACH

## OUR REACH

We have QPR trainers in 85 different school districts (teachers, admin, counselors, etc.)

Monthly learning collaboratives

## CONTINUAL INTEREST

People want to be trainers! (25+ new apps/month)

We are tapped for training support occasionally

## SSPW HELPS US EXTEND

Key to new connections/expanding reach

Help strengthen current connections and to ensure districts obtain the support they need around QPR





We have a number of notable, successful partnerships with a few different school districts:

# KEY PARTNERSHIPS

## DRIVING THE WORK FORWARD

- **Salem-Keizer:** We continue to hold at least half a dozen trainings for staff each year
- **Eugene 4J:** Successfully held two T4T trainings on site last fall to train 39 new QPR trainers
- **Springfield:** Held a virtual T4T in March to train 10 new QPR trainers
- **Woodburn:** In the process of processing several staff members through two T4Ts later this year





# CHALLENGES

## T4T INTEREST VS. AVAILABILITY

Funding limitations coupled with high demand

## FINDING THE RIGHT TIME

When is it appropriate to tap staff for these trainings (to become trainers and/or to attend a training put on by LFL or others)?

## TEEN CURRICULUM NEEDS UPDATING

For trainers who are training students, the QPR curriculum needs an update (work in progress)

## EXPECTATIONS OF STAFF

Clear expectations are essential. What are we communicating to staff up front? What is required of them to deliver trainings?



# QUESTIONS?

## CONTACT US

### HUNTER MOEN

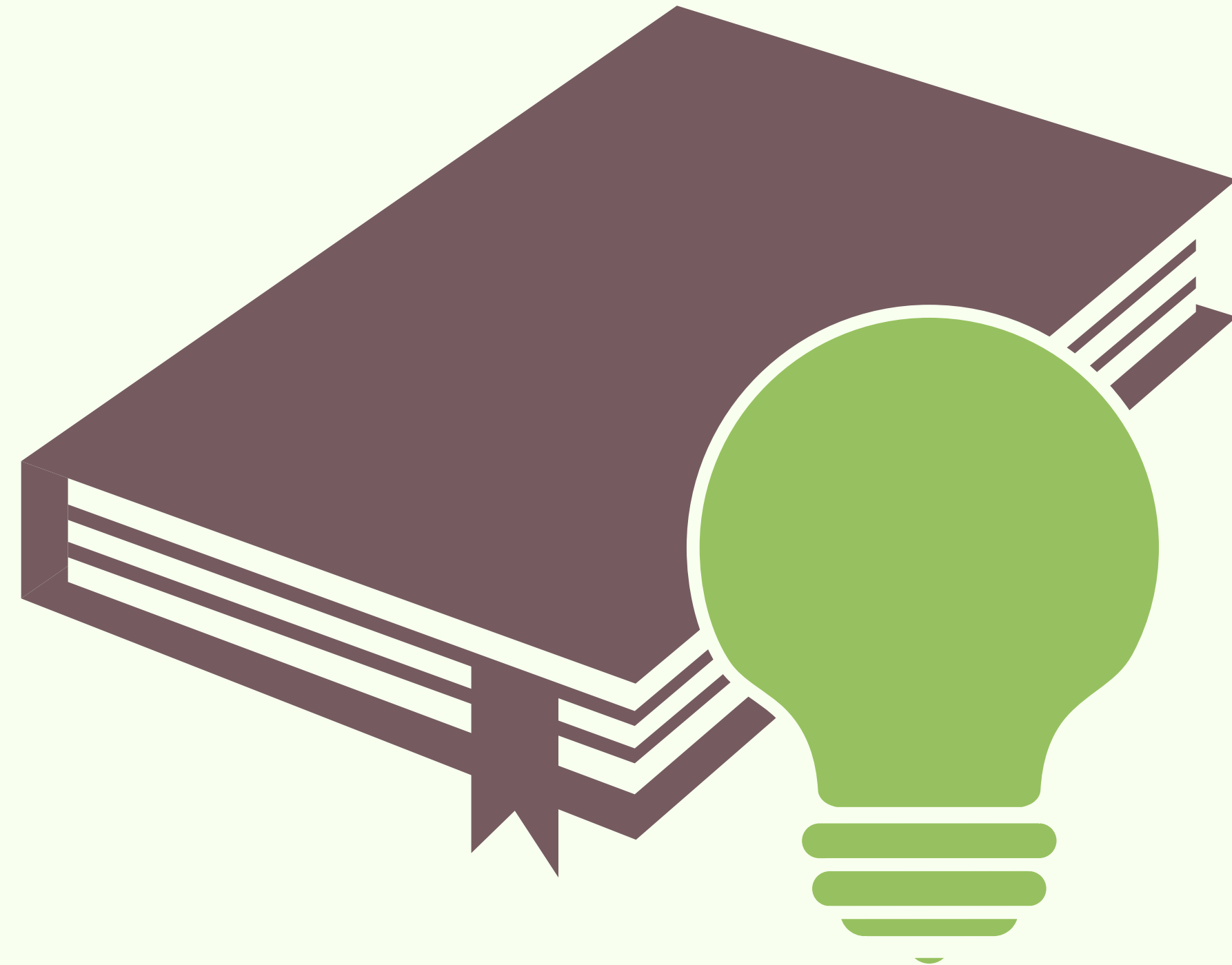
QPR Training Specialist  
HunterM@linesforlife.org

### COMMUNITY TRAINING TEAM

QPR@linesforlife.org

### VISIT OUR WEBSITE

[linesforlife.org/training/](https://linesforlife.org/training/)



The background of the slide is a dark gray surface covered with a complex network of thin, light gray lines. These lines connect various colored dots (nodes) in shades of teal, orange, red, purple, and yellow. The network appears to be a stylized representation of a social or organizational structure, with some nodes having multiple connections and others being isolated. The overall aesthetic is modern and tech-oriented.

# OAPS Schools Committee

Adi's Act Monitoring Update/Discussion

# Concerns

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"SHELF LIFE" OF DATA



IMPACT OF INFRASTRUCTURE  
WORK (TRAINING,  
PROGRAMS, RESOURCES)

# Div 22 Current Rule

**581-022-2510**

## **Suicide Prevention Plan**

- (1) For purposes of this rule, “behavioral health crisis” means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health.
- (2) Each district school board shall adopt a policy requiring plan on student suicide prevention for students in kindergarten through grade 12.
- (3) A plan required under this rule must include:
  - (a) All requirements set out in ORS 339.343;
  - (b) Supports that are culturally and linguistically responsive to the needs of students who are at higher risk of suicide and suicide ideation, including lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students;
  - (c) Procedures for reentry into the school environment following a hospitalization or behavioral health crisis; and
  - (d) A process for designating staff to be trained in an evidence based suicide prevention program. The Department of Education will provide a list of available programs.

**Statutory/Other Authority:** 2019 OL Ch. 172 (Enrolled SB 52) & ORS 339.343

**Statutes/Other Implemented:** 2019 OL Ch. 172 (Enrolled SB 52) & ORS 339.343

## **History:**

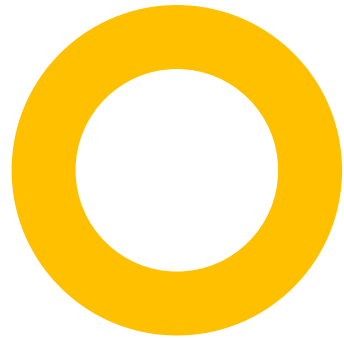
ODE 13-2020, adopt filed 04/23/2020, effective 04/23/2020

# Proposal

- Schools Committee joint report out to ODE and School Safety Task Force (and OHA?)
  - Updated highlights/outcomes (i.e. 3-year reduction, tools/trainings, collaborators)
  - Data collection
  - Implementation/driver gaps
  - Recommendations

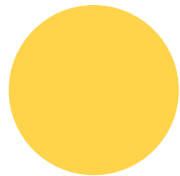
# Timeline

May 2023

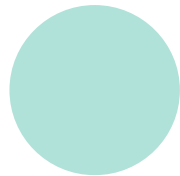


Intro

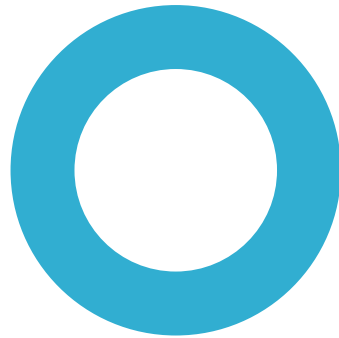
Content



Structure

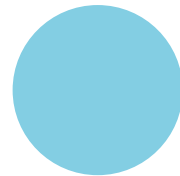


July 2023

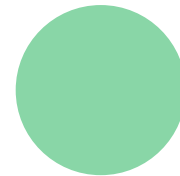


Draft

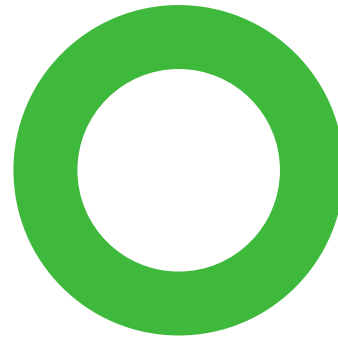
Revision



Review



August 2023



Final