Alliance

Schools Committee Meeting

Alliance Schools Committee Wednesday February 21, 2023

Third Wednesday of the month

8:30 AM – 10:00 AM

Zoom:
https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09

Meeting ID: 897 9654 1408 Passcode: 651946

One tap mobile +16699009128,,89796541408#,,,,*651946# US (San Jose)

Committee Members: Co-Chair Claire Kille, Co-Chair Justin Potts, Ishawn Ealy, Mary Massey, Monica Parmley-Frutiger, Nole Kennedy, Shanda Hochstetler, Suzie Stadelman

Committee Members not in Attendance: Aditi Khanna, Amanda Parrot, Amy Ruona, Beth Wigham, Jennifer Johnson, Jon Rochelle, Kelsey Murray, Lauren Hval, Liz Thorne, Mila Rodriguez-Adair, Shelaswau Crier, Spencer Lewis

Staff: Annette Marcus (AOCMHP), Jenn Fraga (AOCMHP)

Staff not in Attendance: N/A

Guests: Benjamin White, Nathan Shay, Sky Wonders

Alliance

Schools Committee Meeting

Time	Agenda Item	Notes
8:30	**Introductions & Welcoming, Check-in** Justin Potts and Claire Kille	
8:35	**Updates / follow up from previous meeting as needed**	Purple Paper Follow up – OHA and ODE leadership will be in attendance at the March quarterly to present a response to the paper this Committee submitted. Annette proposes that the Schools Committee think through the response and see if there is any follow-up to what OHA and ODE share during the March Schools Committee meeting. Claire – 'Our ask of schools members is to take notes during quarterly and bring feedback and questions for the March School's meeting.'
8:40	**Transitioning From Acute Care Hospitalization to School** Angela Turner and Benjamin White	Materials shared from MESD: - Supportive Transition Planning: https://storage.googleapis.com/jnl-up-j-ce-files/journals/1/articles/61/63d78e148dca6.pdf - Research Spotlight PSU: https://psucollegeofed.wordpress.com/2023/03/07/research-spotlight-helping-children-transition-from-mental-health-crisis-back-to-school/ - https://continuityineducation.org/articles/10.5334/cie.61 --- Hospital school teacher roles: instruction, advocacy, and case management. Willamette Falls has a program for 5-10 year-olds.

		Findings from their research: - There needs to be identified people at schools to help with communication but there is no current consensus if that person should be hospital or school staff - Key stakeholder voices are not always involved in decision making including the youth and hospital staff - Re-entry / transition meetings are critical. These have gotten better over the years. - School staff feel unprepared for these situations as they aren't always trained around this and schools have limited resources for trainings - Timing for student re-entry – how quickly should students get back into their normal schedule? Q: Students returning to school after an inpatient hospitalization say that schools don't always know that there was a mental health crisis when the youth returns to schools. Any information or insight to this process? A: Students who go through the two hospitals that Ben and Angie are at (Unity and Providence Willamette Falls) are offered the communication between the program and schools however this is not necessarily offered to those who go to EDs or other hospital stays. There have been conversations around what this could look like and people aren't sure who would do that communication and case management or how hospitals would be reimbursed. Ben and Angie work with students from all over the state and this is a uniform concern from people. Q: Additionally, thinking about the role and skills of a transition coordinator, and knowing that this does not exist in the district/ESD, but if there were tangible and practical takeaways of someone facilitating this

		process. Who should it be? At minimum, what should this this look like? Q: How do students become admitted to the inpatient program? What prompts the discharge? How do you know when they are ready? A: Patients are admitted almost always through emergency rooms. Criteria for admit commonalities: serious incident (suicide attempt, severe self-injury, or lack of thriving / collapse of functioning). Even with those incidents, most students are referred to outpatient services before going to inpatient especially if they don't have prior inpatient treatment connection. Almost all students have MDD, GAD, PTSD, and / or ADHD. Co-morbidity of these diagnoses is also common. Most common average stay is 12-14 days of stay. There is not a prescribed number of days to stay. Discharging is a multi-level effort with clinical team treating youth and insurance. Specifics around discharge vary from youth-to-youth. About 80% of youth transition home. 15%-20% will meet criteria to go into longer-term residential care or sub-acute care. Q: What is the structure of their day like during the 12-14 days? A: Every hour, on the hour is a structured thing to engage in whether it is a group or community meeting. Only 80% of youth in acute hospitalization have parents who sign ROIs for them to speak to schools which makes it difficult to have those transition conversations. Acute level care is also the only setting currently where they will for sure do that communication if that ROI is in place.

Alliance

Schools Committee Meeting

		Claire – 'When we are thinking of possible proposals for action, I wonder if we begin considering a recommendation for a training to schools. Of course needing to think through who is responsible for that (development and delivery) and who should have that training. It makes sense to me to build up some local voice in the process, such as ESD's have a role in providing the training to their schools.'
9:30	**2024 Legislative Session Updates**	SB 1503: - A word about SB1503: The Task Force on Community Safety and Firearm Suicide Prevention is established - -6Amendment includes call out for coordination with Oregon Alliance to Prevent Suicide HB 4070: - Would increase funding to school based health centers and provides evidence-based resources that will be quickly available for schools to support youth mental and physical health. A study conducted in Oregon found that youth are 10-21x more likely to seek mental health support at a school-based health center (SBHC) and that SBHCs with increased mental health capacity were 12% less likely to report a depressive episode; 16% less likely to report suicidal ideation; and 18% less likely to report a suicide attempt. SB1583: - Will prohibit discrimination based on race, religion, ability, country of origin, sexuality or gender of the individuals featured in the content of the educational and library materials in Oregon Schools.

Alliance

Schools Committee Meeting

9:45	**Resource Sharing Time**	Not discussed this meeting.
10:00	**Requests for Future Agenda, Adjourn**	