

National Assembly on School-Based Health Care
School Mental Health Capacity Building Partnership

SCHOOL-BASED MENTAL HEALTH ACTIVITIES IN OREGON

The following are a sample of the initiatives and programs that were discussed during the school mental health stakeholder discussion groups held in Oregon on August 14 and 15, 2007. The list below is not intended to be exhaustive but illustrates the range of school mental health best practices and innovation that take place in Oregon at both the state and local levels. Please note that some of the contacts listed for further information are the leads for the initiative/project, while others are individuals who are invested in the work and/or have implemented a particular activity. *If any of the information on this document is incorrect, please email corrections to Laura Hurwitz at LHurwitz@nasbhc.org.*

Initiatives, Coalitions, and Partnerships

Name of initiative, coalition or partnership	Funding	For more information, contact:
Gay-Straight Alliance Network is a youth-led organization that connects school-based Gay-Straight Alliances (GSAs) to each other and community resources. Anecdotal evidence indicates that GSAs can greatly improve the school climate for lesbian, gay, bisexual, transgender, questioning students and their allies. GSAs that conduct student and teacher sensitivity trainings typically see a decrease in slurs, name-calling, and harassment following their advocacy efforts. GSAs also create safe spaces for students to meet and socialize in a harassment-free environment. Through peer support, leadership development, and training, GSA Network supports young people in starting, strengthening, and sustaining GSAs.	State Private	Joyce Liljeholm Oregon Safe Schools and Communities Coalition Tigard, OR 503.232.4556 jliljeholm@gmail.com http://www.oregongsa.org/aboutus.html oregongsanetwork@gmail.com
Health Subject Area Endorsement was proposed by the Office of Educational Improvement and Innovation was adopted by the Oregon State Board of Education in 2006. Proposed Performance Requirements in the Health Subject Area Endorsement include one work sample in one of the following areas: environmental health; <i>promotion of mental, social and emotional health</i> ; promotion of physical activity; unintentional injury prevention; <i>violence and suicide prevention</i> , alcohol, tobacco and other drug prevention; prevention and control of disease; promotion of healthy eating; promotion of sexual health.	State	Brad Victor HKL B Team Member Oregon Dept. of Education Salem, OR 503.947.5655 Brad.Victor@state.or.us Tanya Frisendahl Oregon Dept. of Education 503.947.5659 tanya.frisendahl@state.or.us
Hillsboro Together for Successful Kids is the Hillsboro School District's Safe Schools/Healthy Students (SS/HS) program. In the spring of 2005, the Hillsboro School District partnered with local law enforcement, mental health, and many community agencies to apply for a SS/HS grant. Awarded in the fall of 2005, the SS/HS federal grant provides \$2.8 million per year in support of the grant initiatives for a period of three years. The SS/HS grant is funded by the U.S. Department of Education, Health and Human Services, and Justice. The six	Federal	Laney Coulter NW Regional ESD Hillsboro, OR 503.614.1250 LCoulter@nwresd.or.us

<p>primary goals of SS/HS projects and Hillsboro Together are to:</p> <ol style="list-style-type: none"> 1. Foster a safe and respectful school environment. 2. Prevent violence and alcohol and drug abuse. 3. Improve access to mental health services. 4. Promote early childhood mental health. 5. Make connections between schools and communities. 6. Establish and enforce safe school policies. 		
<p>MOU (Memorandum of Understanding) Group is comprised of representatives from the eight local school districts in Multnomah County, county mental health, child welfare, and juvenile justice who meet regularly to discuss integration and coordination issues. The MOU Group cooperatively developed a series of documents to ensure a smooth transition to school for children coming out of psychiatric day and residential programs and the Juvenile Justice system. The <u>transfer protocol</u> helps with the transfer of information needed for successful community placement, and the <u>MOU</u> describes the processes by which two agencies will maintain communication and provide services for all children involved with both agencies.</p>	<p>County</p>	<p>Godwin Nwermen Multnomah County Mental Health and Addiction Services Portland, OR 503.988.3999, ext. 28008 godwin.o.nwerem@co.multnomah.or.us</p>
<p>Multnomah County Child & Adolescent Mental Health and Substance Abuse Advisory Council (CAMHSA) serves as the County's mental health advisory committee to the Local Mental Health Authority and as the County's Local Alcohol and Drug Planning Committee (LADPC). In its role as the LADPC, CAMHSA is involved in strategic planning, periodic review of system performance, service needs, system/service development priorities, county implementation plan development, and competitive bid planning processes. The County's Office of Addiction Services reports to CAMHSA on a monthly basis. In its role as the local mental health advisory committee, CAMHSA advises the County on mental health policy, community needs, strategic planning, budget priorities, monitoring and evaluating utilization and system performance indicators, and service/system development. The CAMHSA is chaired by a family member, has 51% membership by family members, and was responsible for making a recommendation that mental health and suicide screening be done in all high schools in Multnomah County.</p>	<p>Local/ County</p>	<p>Sandy Bumpus 503.228.5692 sbumpus@comcast.net</p> <p>Karolin Lennon 503.988.5464 x26384 karolin.m.lennon@co.multnomah.or.us</p>
<p>Oregon Approved Evidence-Based Practices (EBP) is a list of over 40 practices identified by the Oregon Addiction and Mental Health Services (AMH) as meeting the standards for evidence. The AMH established this list as an informational tool for providers to use in the selection and implementation of Evidence-Based Practices. AMH does not assert that this list represents a comprehensive compilation of all Evidence-Based Practices (EBPs). This list and standards are required by Oregon law, and by 2009-11, 75% of public funds expended</p>	<p>State</p>	<p>http://www.oregon.gov/DHS/mentalhealth/ebp/practices.shtml#complete</p> <p>Mike Moore 503.947.5538 michael.w.moore@state.or.us</p> <p>Vikki Vandiver School of Social Work</p>

<p>for these services must be evidence-based practices. There may be many practices or programs not yet reviewed that would meet the AMH definition for EBPs. Some practices have been reviewed and have been found not to meet the AMH definition of an Evidence-Based Practice. By not adding these practices to the EBP list, AMH does not maintain that the practices are ineffective, only that rigorous scientific evidence for effectiveness is lacking.</p>		<p>Portland State University Portland, OR vandiverv@pdx.edu</p>
<p>Oregon Council on Early Adolescence is one of the most important elements of the Center on <u>Early Adolescence Oregon Research Institute</u> funded by the National Institute on Drug Abuse. Comprised of policy-makers and decision-makers from a broad range of domains, including education, mental health, state and county government, business, juvenile justice, parents, and child advocates, the Council works collaboratively with Center scientists to define how Oregon can effectively and efficiently bring scientific knowledge to bear on ensuring successful development in early adolescence through changes in policy and practices. The Center intends to improve well-being for early adolescents by reducing behavioral and psychological problems. During early adolescence many problems arise, and effective prevention at this stage could reduce juvenile crime, substance use, risky sexual behavior, and incidents of depression. The Center links researchers from organizations strong in early adolescence research: the Institute on Violence & Destructive Behavior, Child & Family Center, and College of Education at the University of Oregon; Oregon Research Institute; Oregon State University, Department of Public Health; and Paxis Institute in Tucson, Arizona.</p>	<p>Federal</p>	<p>Center on Early Adolescence Oregon Research Institute Eugene, OR Amy Baker Tel: (888) 92 - YOUTH (929.6884)</p>
<p>Oregon Family Support Network (OFSN) is a statewide, non-profit organization of families with children who have behavior, emotional, and mental health challenges. OFSN has an <u>advisory group</u> comprised of parents that advises the state on children's mental health. Since 2004, OFSN has been a primary force for change in the Oregon system of mental health services for children and their families. OFSN has been especially engaged in developing and integrating "meaningful family involvement" in the 2003 system wide children's mental health transformation. On their website they have strategies and opportunities for meaningful family involvement.</p>	<p>State</p>	<p>Jeanne Schulz, DCSW OFSN 541.342.2876 Toll Free for Families: 1-800.323.8521 OFSN@open.org http://www.ofsn.org</p>
<p>Oregon Health Fund Board was created by Senate Bill 329. (The Healthy Oregon Act). The Oregon Health Fund Board is a seven member board appointed by the Governor and confirmed by the Oregon Senate. The Board is developing a comprehensive plan to ensure access to health care for Oregonians, contain health care costs, and address issues of quality in health care. The members of the Board have experience, knowledge, and expertise in the areas of consumer</p>	<p>State</p>	<p>Oregon Health Fund Board OHFB.Info@state.or.us Salem OR 503.373.1538</p>

<p>advocacy, management, finance, labor and health care, and represent the geographic and ethnic diversity of the state. Barney Speight is the Director of the Oregon Health Fund Board.</p>		
<p>Oregon Safe Schools and Communities Coalition (OSSCC) seeks to create safe schools and communities where every family can belong, every educator can teach, and every child can learn regardless of actual or perceived sexual orientation or gender identity. The OSSCC believes that all youth deserve to feel safe and welcome in our schools and communities. The OSSCC seeks to achieve their mission through education, data collection, and provision of support services.</p>	<p>State</p>	<p>Joyce Liljeholm Oregon Safe Schools and Communities Coalition Tigard, OR 503.232.4556 jliljeholm@gmail.com</p>
<p>Oregon School Mental Health Demonstration Project was developed in response to the demonstrated need for mental health resources among school-aged children and youth. The Project expands the HKLB Coordinated School Health Program to incorporate a mental health component. Four schools were selected at the end of an application process and receive funding and support to: participate in a series of learning institutes, assess the school environment using the School Mental Health Inventory, select a priority mental health issue, and develop and implement an action plan to positively address the issue. Selected schools work with the project coordinator to pilot tools and strategies to address mental health utilizing a Coordinated School Health framework .</p>	<p>Federal and Private</p>	<p>Isabelle Barbour Healthy Kids Learn Better Partnership Oregon Department of Human Services Adolescent Health Section Portland, OR 971.673.0376 isabelle.s.barbour@state.or.us www.healthykidslearnbetter.org</p>
<p>Oregon School-Based Health Center Network is a membership organization dedicated to improving the health of Oregon's children through school-based health care. The mission of the Network is to advance access to quality health care for youth. The Network provides school-based health centers (SBHCs) and their supporters with training, technical assistance, and consulting services. It also offers SBHCs tools to improve communication and access funding sources as well as educates policy makers and funders about school-based health care.</p>	<p>State Private</p>	<p>Paula Moore Oregon School-Based Health Center Network 503.595.8423 paula@osbhcn.org www.osbhcn.org</p>
<p>Oregon's Children's Mental Health Initiative (HS3) is the result of an unprecedented effort to transform mental health systems and services for children in the state. In 2003, the Oregon Legislature sent a "budget note" to the Oregon Department of Human Resources, Office of Mental Health and Addiction Services that stated, "Current evidence-based practice demonstrates that children and adolescents with severe emotional disorders need to benefit from services that are coordinated, comprehensive, culturally competent, delivered in natural environments and that they often need multiple interventions to be successful." In response, the Department of Human Services has been directed to take a variety of actions to bring EBP into the service system arena.</p>	<p>State</p>	<p>Jeanne Schulz, DCSW OSFN Eugene, OR 541.342.2876 OFSN@open.or http://www.ofsn.org/MentalHealthInitiative.htmg</p> <p>Vikki Vandiver School of Social Work Portland State University Portland, OR vandiver@pdx.edu</p>

<p>For example, one directive is to require culturally competent skills-based staff training on evidence based practices and family involvement through prioritizing training resources and aggressively pursuing additional resources for this purpose.</p>		
<p>Oregon’s Children’s Mental Health System Change Initiative is an effort led by DHS and its partners to improve mental health services to children by: increasing parent involvement in decision-making, delivering more children’s mental health services in the community, improving inter-agency cooperation, and acknowledging the child’s language and cultural heritage.</p>	State	<p>Robert E. Nikkel DHS Addictions and Mental Health Services Salem, OR 503.945.5763 Robert.e.nikkel@state.or.us</p>
<p>Partners for Children and Families (PCF) is a collaboration of state and local agencies that are involved in planning, policy making, and providing services for children and families. Partners for Children and Families grew out of Senate Bill 555, a landmark piece of legislation passed in 1999, which states that "... communities provide the context for healthy children and families, and strong families and healthy communities are interdependent." The collaboration works to increase efficiency and effectiveness; set universal guidelines for planning, coordination, and delivery of services; and engage citizens in local decision making about Oregon’s system of supports to children and families.</p>	State	<p>Beth Glascock Oregon Commission on Children & Families Salem, OR 503.373-1570, ext. 240 beth.glascock@state.or.us http://www.oregonpcf.org/</p>
<p>Positive Youth Development (PYD) is an Oregon initiative that seeks to help all young people reach their full potential through meaningful opportunities provided at every stage of development. The Oregon Commission on Children and Families, in collaboration with state and local partners, works to promote a PYD approach in a variety of settings; including youth service agencies, governments, businesses, and communities. The Oregon PYD Advisory Council was formed in 1999 based on a federal Health and Human Services grant awarded to the Oregon Commission on Children and Families to assist in incorporating PYD into all relevant state policies and programs. The Council comprises state and local human services, public health and mental health staff, and employees of private youth serving organizations. The council meets regularly with other state partners and has recommended that the state align all state policies to support positive youth development, expand K-12 policies that support service learning and community involvement, and provide PYD professional development opportunities to those who work with youth.</p>	Federal	<p>Connie Carley Positive Youth Development State Coordinator 503.378.5096 connie.carley@state.or.us</p>
<p>Senate Bill 267 is a unique bipartisan bill passed by the Oregon Legislature in 2003 requiring key state agencies (e.g., Department of Corrections, Oregon Youth Authority, Oregon Criminal Justice Commission, the State Commission on Children and Families, and the Department of Human Services) to budget and implement “evidence-based programming” at</p>	State	<p>Review of the bill: http://www.leg.state.or.us/03reg/measures/sb0200.dir/sb0267.a.html</p>

<p>incremental levels over a five year period. The legislation defined an evidence based program as "... incorporates significant and relevant practices based on scientifically based research and is cost effective."</p>		
<p>The Ed Med Group formed to break down communication barriers between providers and educators, etc. As a result of this group, an in-service was scheduled in Bend, Oregon in October 2007. This is the second conference and is anticipated to become an annual event. Ongoing working teams are formed at the conference to work on developing future solutions. The mission of this gathering is to educate health care providers, human service providers, and educators on the importance of collaboration between health, social and educational services for children. Goals includes:</p> <ol style="list-style-type: none"> 1. Describing the overlapping interest in the care of children between health care professionals and educators; 2. Discussing IDEA and the health implications on education and overall health of children; 3. Problem solving barriers to effectively lead to collaboration between educational and health care services for children and youth. 	<p>Local and Private</p>	<p>Mike Barker Wraparound Education Liaison Multnomah Education Service District Portland, OR 503.257.1670 mbarker@mesd.k12.or.us</p>
<p>The Healthy Kids Learn Better (HKLB) Partnership is a statewide effort to help local schools and communities form partnerships and reduce physical, social, and emotional barriers to learning. It begins with a local Healthy Kids Learn Better Team, and reaches kids through the eight components of the coordinated school health program model. The HKLB Partnership is led by specialists from the Oregon Department of Education and the Oregon Department of Human Services-Health Services, in collaboration with other health and education organizations. There are three separate, but intertwined entities that comprise the Healthy Kids Learn Better Partnership:</p> <ol style="list-style-type: none"> 1. Healthy Kids Learn Better Coalition helps support policy and funding initiatives that will advance school health programs in Oregon. 2. Coordinated School Health (CSH) Blueprint Group -- comprised of education, health and prevention professionals -- guided the strategic planning process that resulted in the CSH Blueprint for Action and now focuses on fully implementing the Bold Action Steps contained in this Blueprint. 3. Healthy Schools Network 	<p>Federal and State</p>	<p>Brad Victor HKLB Team Member Oregon Dept. of Education Salem, OR 503.947.5655 Brad.Victor@state.or.us</p> <p>Tanya Frisendahl Oregon Dept. of Education 503.947.5659 tanya.frisendahl@state.or.us</p> <p>Isabelle Barbour DHS - Div. of Public Health Portland, OR 971.673-0376 isabelle.s.barbour@state.or.us</p> <p>CDC's coordinated school health program model http://www.cdc.gov/HealthyYouth/CSHP</p>
<p>Wraparound Oregon seeks to improve the quality of life for young people and their families through changes in the management of child welfare, education, mental health, and juvenile justice systems that allow agencies to share governance and resources. Wraparound Oregon is an initiative to build a coordinated system of services and supports for</p>	<p>Federal Local Private</p>	<p>Alice Galloway 503.692.6112 Galloway@northwest.com</p> <p>Janice Gratton, LPC Portland, OR</p>

<p>children birth to 17 and their families. Beginning in Multnomah County, Wraparound Oregon is a catalyst for statewide change in the way families access the services and supports they need to be successful. Ultimately, Wraparound Oregon will lead to system integration across all populations with interdependent partnerships between families, neighborhoods, public and nonprofit sectors, businesses, and the philanthropic communities. Wraparound Oregon assembled county child-serving systems to cut costs, achieve better outcomes, reduce duplication, and more effectively use resources for children who need the most intensive and costly care from multiple systems. Funding from various organizations is managed by Albertina Kerr Centers, one of the state's largest social service agencies. Governor Ted Kulongoski issued an executive order creating the Children's Wraparound Steering Committee charging Wraparound Oregon with developing a statewide plan by October 2007 to provide integrated care for children with, or at risk of developing, significant emotional, behavioral or substance abuse problems.</p>		<p>503.256.0010 jandsgratton@comcast.net</p>
<p>Youth Suicide Prevention Program is a state-run program that has developed "Call to Action, Oregon's Youth Suicide Prevention Plan, a youth suicide prevention plan for communities to use to reduce youth suicide. Communities throughout Oregon are organizing networks and coalitions to implement youth suicide prevention strategies described in the Plan. A Youth Suicide Prevention Coordinator is convening a State Agency Team to coordinate state level activities and to provide local communities with technical assistance in implementing suicide prevention strategies.</p>	<p>State</p>	<p>Donna Noonan Youth Suicide Prevention Program Portland, Oregon 971.673.1023 donna.noonan@state.or.us</p> <p>Oregon Plan for Youth Suicide Prevention http://www.oregon.gov/DHS/ph/ipe/ysp/docs/YSuicide.pdf</p>

School-Based Mental Health Programs, Curricula and Tools

Brief description of intervention	Intervention	For more information, contact:
<p>Adolescent Transitions Program (ATP) is a multilevel, family-centered intervention delivered in the middle school setting targeting children who are at risk for problem behavior or substance use. The intervention works within a "tiered" strategy (universal, selective, and indicated), where each level builds on the previous level to reach parents within the school setting, to address the needs of at-risk families, and to provide family treatment. The universal level of intervention establishes a Family Resource Center (see below) to engage all parents, establish norms for parenting practices, and disseminate information about risks for problem behavior and substance use. The selective level of intervention, the Family Check-Up (see below), offers</p>	<p>Family-centered prevention strategy</p>	<p>http://www.uoregon.edu/~cfc/atp.htm</p> <p>Kate Kavanaugh Child and Family Center University of Oregon Eugene, OR 503.282.3662 katek@hevanet.com http://cfc.uoregon.edu/atp.htm</p>

<p>family assessment and professional support to identify those families at risk for problem behavior and substance use. The indicated level, the Parent Focus Curriculum, provides direct professional support such as behavioral family therapy, parenting groups, or case management services. An evaluation of the parent-focused ATP component with 303 families in eight small communities in Oregon found significant improvements in family interactions. The program is currently being used and evaluated in numerous schools and mental health settings across the country.</p>		
<p>Applied Suicide Intervention Skills Training (ASIST) is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. ASIST has five learning sections: (1) Preparing: sets the tone, norms, and expectations of the learning experience. (2) Connecting: sensitizes participants to their own attitudes towards suicide. Creates an understanding of the impact which attitudes have on the intervention process. (3) Understanding: overviews the intervention needs of a person at risk. It focuses on providing participants with the knowledge and skills to recognize risk and develop safe plans to reduce the risk of suicide. (4) Assisting: presents a model for effective suicide intervention. Participants develop their skills through observation and supervised simulation experiences in large and small groups. (5) Networking: generates information about resources in the local community. ASIST promotes a commitment by participants to transform local resources into helping networks</p>	<p>Parent, Teacher and Caregiver Training</p>	<p>http://www.livingworks.net/AS_Abt.php</p> <p>Implemented by: Donna Noonan Youth Suicide Prevention Program Portland, Oregon 917.673.1023 Donna.noonan@state.or.us</p> <p>Pete Trepanier Bend, Oregon 541.617.1280 ptrepanier@aol.com</p>
<p>Comprehensive Guidance and Counseling (CGC) Curriculum is a developmental, proactive, preventative, and coordinated program that helps each student acquire skills, knowledge, and attitudes in the areas of academics, career, personal/social development, and community involvement. The CGC Curriculum helps to ensure success of students in school and in life. The CGC Framework helps to define systems for individual planning, responsive services, and support integration, crossing all grades and all content areas.</p>	<p>Prevention (Universal and Classroom based)</p>	<p>http://www.ode.state.or.us/teachlearn/certificates/cam/pdfs/orframe/oregonframework-cgcp.pdf</p> <p>http://www2.edtrust.org/NR/rdonlyres/2282F3FB-10D9-4F0B-824B-5CD681245013/0/TSC07session30.ppt</p>
<p>Crisis Management Institute (CMI) provides on-site training for "Flight Teams" includes conceptual aspects, problem-solving, planning, skill-building and pragmatic steps to take in dealing with crises. Districts are encouraged to include administrators, counselors, school psychologists, nurses, social workers, teachers, clerical staff, transportation, safety officers, and other key people on these teams. Flexibility allows for these teams to be district-wide, county-wide or of other configurations including agencies. Content includes administrative and organizational</p>	<p>Onsite education and Personnel Team Training</p>	<p>http://www.cmionline.org/home/cmi/page_9_28/crisis_team_flight_team_training.html</p> <p>Cheri Lovre, Director Crisis Management Institute Salem, OR 503.585.3484 clovre@earthlink.net</p>

<p>issues, grief, suicide intervention and Prevention, trauma, stabilizing the environment, and "Safe Rooms." The training also includes flyers, templates for letters and guidelines for teachers, counselors and others.</p>		<p>Implemented by: Oregon Department of Education Oregon School Boards Association</p>
<p>Family Resource Centers (FRC) are generally located in family friendly settings and serve as informal meeting places for classes, groups, and activities. A family resource center can be found in many different settings including community centers, converted school classrooms, and portable buildings near schools. Each family resource center is unique and programs are selected by the community. They provide more intensive services in a "one stop shop" environment. Examples of FRC programs include support groups, parenting classes, child care, recreation, well-baby checks, and adult education classes. FRCs are emerging throughout the state. Local FRCs include a center in the Bethel Barn in Eugene, a converted school building in Grants Pass, a shopping mall space in Klamath Falls, downtown buildings in Silverton and Drain, and school-based centers in the Portland area and Springfield.</p>	<p>Family education and support</p>	<p>http://www.co.marion.or.us/CFC/familysupport/frcfacts.htm</p> <p>Implemented by: Marion Co., Children & Families Salem, OR 97301 CFC@co.marion.or.us 503.588.7975</p>
<p>Jason Foundation, Inc. (JFI) is a curriculum is designed for high school classes. It is a five-lesson unit to enable students to help a friend, understand statistics and myths, the main warning signs, how to talk with a student at risk and to be aware of resources for help. JFI's student curriculums are presented in the "Third-Person" perspective – How to help a friend. JFI also offers a quality Kit including: teacher friendly lesson plans, a video depicting students at risk, overhead templates, and a staff development training seminar DVD and CD format for individual study.</p>	<p>Prevention (Classroom based)</p> <p>Teacher, caregiver, and youth Training</p>	<p>http://www.jasonfoundation.com/home.html</p> <p>Implemented by: Pete Trepanier Bend, Oregon 541.617.1280 ptrepanier@aol.com</p>
<p>Oregon Health Teen (OHT) Survey is a comprehensive, school-based, anonymous and voluntary survey, monitoring risk behaviors and other factors that influence the health and well-being of Oregon's children and adolescents. State and local agencies depend on OHT to assess youth needs, develop comprehensive plans and prevention programs, solicit funding, and measure outcomes. It was designed and is conducted as a collaborative effort by the Oregon Department of Education and Oregon Department of Human Services programs, with additional support from the Oregon Commission on Children and Families, the Governor's Commission on Juvenile Justice, the Oregon Progress Board and the Oregon Research Institute. Creating a single statewide system for getting a scientifically accurate picture of youth development helps reduce costs and redundancies sometimes associated with the multiple school assessments conducted in the past, and provides schools and their communities with a better</p>	<p>Surveillance Tool</p>	<p>http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/aboutoht.shtml#how</p> <p>Bob Nystrom Office of Family Health Public Health Division Oregon Department of Human Services Portland, Oregon 971.673.0234 Robertj.nystrom@state.or.us</p>

<p>opportunity to use the information for longer-term planning and evaluation of their efforts to improve youth outcomes.</p>		
<p>Oregon Model for Supporting Young Children's Social and Emotional Development is a customized model focusing on services within early childhood care and education settings. It was developed in 2006 with the recognition of the importance of integration with other systems that serve young children and their families in Oregon. Although the Model is primarily focused on social emotional development the intent is for it to be implemented within the context of the whole child. The model is designed to operate at three levels. At its foundation is the provision of high quality early childhood care and education for all children. On top of this foundation are additional individualized supports and education settings and finally referral and access to more intensive services provided by mental health providers when necessary.</p>	<p>Early Intervention Program (School Based)</p>	<p>http://www.ode.state.or.us/gradelevel/pre_k/oregonmodel.pdf</p> <p>Pam Dearthoff Teaching Research Institute Western Oregon University Monmouth, OR 503.838.8780 dearthop@wou.edu</p>
<p>Positive Behavior Supports (SW-PBS) uses a systems approach to enhancing the capacity of schools to educate all children by developing research-based, school wide, and classroom discipline systems. The process focuses on improving a school's ability to teach and support positive behavior for all students. PBS provides systems for schools to design, implement, and evaluate effective and individualized school-wide, classroom, non-classroom, and student specific discipline plans. PBS uses data-based decision-making around discipline and achievement at the school, school system, and state levels. Research indicates that schools using this approach have dramatically reduced discipline problems and increased staff satisfaction. Oregon's Department of Education has an Oregon PBS (OR-PBS) Initiative to help schools implement PBS, including an Implementation Blue Print, statewide conferences, action plans, and technical assistance materials. PBS is implemented several school districts throughout Oregon including: Linn Benton Lincoln ESD, Malheur ESD, Southern Oregon ESD, Clackamas ESD.</p>	<p>Prevention (Universal)</p>	<p>http://www.pbis.org</p> <p>Jennifer Doolittle Office of Student Learning and Partnerships at the Oregon Office of Special Education Programs Department of Education 503-947-5628 Jennifer.Doolittle@state.or.us http://www.ode.state.or.us/initiatives/idea/pbis.aspx</p> <p>Center on Positive Behavioral Interventions and Supports at the University of Oregon 541.346.2505 pbis@oregon.uoregon.edu</p>
<p>Project Alert Curriculum is a skills-based curriculum that is a nationally recognized, middle grade, substance abuse program that gives students insight, understanding and skills for resisting substance abuse. It addresses tobacco, alcohol, marijuana and inhalants, the substances teens are most likely to use. The program includes training, lesson plans, supporting videos and posters, and toll-free help with implementation. Teacher training is delivered online or through an on-site traditional workshop. The Project ALERT curriculum was developed and field tested over a ten-year period by RAND, the nation's leading think tank on drug</p>	<p>Prevention (Classroom based) Teacher Training</p>	<p>http://www.projectalert.com/</p> <p>Implemented by: Joe Koziol 503.722.6867 joeK@co.clackamas.or.us</p>

<p>policy. It was named an Exemplary Model Program by the U.S. Department of Health and Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) and Centers for Substance Abuse Prevention (CSAP).</p>		
<p>Project Social Emotional Assessment Measure (SEAM) is an innovative tool for assessing and monitoring social emotional and behavioral development in infants and toddlers with disabilities and their families from birth to 3 years. Developmental theory emphasizing a transactional, organizational model of early development combined with behavioral theory, emphasizing positive behavioral support and functional analysis provide the framework for the SEAM. The SEAM assessment was designed to assist in prevention and early identification of social emotional difficulties and behavioral disorders, as well as optimizing positive parent-child interactions in the first years of life.</p>	<p>Assessment (Family)</p>	<p>http://eip.uoregon.edu/seam.html University of Oregon College of Education Eugene Or 541.346.0807 jpj@uoregon.edu</p>
<p>Question, Persuade, Refer (QPR) is an emergency mental health gatekeeper training intervention that teaches lay and professional gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. Like CPR, <i>QPR</i> uses a "chain of survival" approach in which the gatekeeper learns to recognize early suicide warning signs, (1) Question their meaning to determine suicide intent or desire, (2) Persuade the person to accept or seek help, and (3) Refer the person to appropriate resources. The training is delivered in a standardized 1-2 hour multimedia format. <i>QPR</i> was developed in a joint venture between Spokane Mental Health and the Department of Health, Spokane County, Washington. Materials were written and reviewed by public health and mental health experts and a brief training program was designed to teach gatekeepers knowledge and skills in the recognition and referral of at risk persons. Training materials are available in multiple languages with cultural adaptations.</p>	<p>Prevention, Parent, Teacher and Caregiver Training</p>	<p>http://www.sprc.org/featured_resources/bpr/PDF/QPR_Fact%20Sheet.pdf Implemented by: Donna Noonan Youth Suicide Prevention Program Portland, Oregon 917.673.1023 Donna.noonan@state.or.us Pete Trepanier Bend, Oregon 541.617.1280 ptrepanier@aol.com</p>
<p>Reconnecting Youth (RY): A Peer Group Approach to Building Life Skills is an 80-lesson curriculum that has been proven effective in helping high-risk youth in grades 9-12 raise their GPAs and manage their anger, while decreasing drug use, depression, and suicide risk. The research-based <i>RY</i> curriculum is divided into four major units: Self-Esteem Enhancement, Decision-Making, Personal Control, and Interpersonal Communication. It is unique in that it is a comprehensive, sustained, semester-long intervention that integrates small-group work and life-skills training models to effectively enhance the personal and social protective factors of high-risk youth. A variety of school personnel throughout the nation have been trained by program staff to successfully implement the curriculum.</p>	<p>Prevention/early intervention (Group)</p>	<p>http://www.son.washington.edu/departments/pch/ry/curriculum.asp Implemented by: Donna Noonan Youth Suicide Prevention Program Portland, Oregon 917.673.1023 Donna.noonan@state.or.us</p>

<p>Red Flags/Claire's Story is a school-based prevention program. It was developed by the Mental Health Association of Summit County and adapted for the Ohio Department of Mental Health to help students, parents and school staff members recognize and respond to signs of depression and related mental illness. The three-pronged program includes an in-service training for school personnel, a video-based curriculum for students called <i>Claire's Story: A Child's Perspective of Childhood Depression</i>, and a seminar for parents, students and the community. Tested in Central OR from 2003 – 2007, it was rated highly by teachers, counselors and students in Bend, OR.</p>	<p>Prevention (Classroom based) Family and School Staff training</p>	<p>http://www.redflags.org/ Implemented by: Donna Noonan Youth Suicide Prevention Program Portland, Oregon 917.673.1023 Donna.noonan@state.or.us Pete Trepanier Bend, Oregon 541.617.1280 ptrepanier@aol.com</p>
<p>RESPONSE is a comprehensive high school-based suicide awareness program that increases awareness about suicide among high school staff, students and parents. This national best practice is designed to heighten sensitivity to depression and suicidal ideation, prepare key staff to intervene with a student at risk, and offer response procedures for students and all staff to refer a student at risk for suicide. RESPONSE is comprised of an implementation manual, a staff in-service component, a student component, and a one hour parent workshop. The program differs from other suicide prevention programs in that it focuses on the attitudes and behaviors that can interfere with help seeking and requires key staff to be trained in intervention skills. RESPONSE includes technical assistance for staff to insure that suicide prevention efforts are sustained at participating schools. The program also offers sample guidelines for suicide prevention, intervention and post-intervention.</p>	<p>Prevention (universal) Student, Family and School Staff training</p>	<p>http://oregon.gov/DHS/ph/ipe/ysp/response.shtml http://www.sprc.org/featured_resources/bpr/PDF/RESPONSE_FactSheet.pdf Implemented by: Jill Hollingsworth, MA Looking Glass Youth and Family Services Eugene, Oregon 541.607.7322 jill.hollingsworth@lookingglass.us Donna Noonan Youth Suicide Prevention Program Portland, Oregon 917.673.1023 Donna.noonan@state.or.us</p>
<p>School-Based Health Center (SBHC) Mental Health Needs Assessment was developed by the State Department of Health Program Office to capture valuable information about mental health needs, service delivery, and barriers to providing care in the SBHC setting. The mental health assessment tool provides specific data that will be used to provide technical assistance and training and to advocate for sustainable funding directed towards mental health services. During the assessment process, the State Program Office was able to develop collaborations with other youth-serving mental health systems and continues to maintain community partnerships to maximize local resources. The number of SBHCs in Oregon with a mental health provider on site increased from 44 percent in 2004-2005 to about 55 percent in 2005-2006.</p>	<p>Needs Assessment Tool</p>	<p>http://www.oregon.gov/DHS/ph/ah/docs/2007_SBHC_Status_Report.pdf Roslyn Liu DHS School-Based Health Center Program Portland, Oregon 971.673.0248 rosalyn.liu@state.or.us</p>

<p>Second Step is a program that integrates academics with social and emotional learning. Children from preschool through eighth grade learn and practice important skills, such as anger management, cooperation, respectful behavior, and problem solving. These skills help decrease students' negative and violent behaviors—fighting, name-calling, and stereotyping—helping to return the focus of classroom time to where it belongs: learning. Children also learn to recognize and respect people with different backgrounds, perspectives, and ethnicities. These essential life skills will help students in the classroom, on the playground, and at home. Medford School District is planning to implement this curriculum in grades K-8 of all of the public Schools.</p>	<p>Prevention (universal)</p>	<p>Implemented by: Medford School District http://www.medford.k12.or.us/Page.asp?NavID=2195 Mr. Rich Miles Medford, OR 541.842.3800 Rich.Miles@medford.k12.or.us</p>
<p>Signs of Suicide (SOS) is a school-based program shown to reduce suicide attempts in a randomized, controlled study. It has been selected by SAMHSA for its National Registry of Effective Programs and Practices. It is supported by secondary school principals, school psychologists, school nurses, assistance professionals and school counselors. The program highlights the relationship between depression and suicide. It begins with a DVD "Friends for Life: Preventing Teen Suicide" demonstrating students who show signs of risk for depression or suicidal thoughts. Students are taught how to use the ACT model: A – <u>A</u>cknowledge that your friend has a problem, and that the symptoms are serious. C – <u>C</u>are – Let your friend know you're there for them, and that you want to help. T – <u>T</u>ell a trusted adult about your concerns. Appropriate screening forms are used for the middle or high school level.</p>	<p>Prevention (Peer model, classroom based)</p>	<p>http://www.mentalhealthscreening.org/schools/index.aspx Implemented by: Pete Trepanier Bend, Oregon 541.617.1280 ptrepanier@aol.com</p>
<p>TeenScreen is a national mental health and suicide risk screening program for youth created by Columbia University. Its goal is to make voluntary mental health check-ups available for all American teens by assisting communities with developing locally operated and sustained screening programs for youth. Screening can take place in schools, doctors' offices, clinics, youth groups, shelters, and other youth-serving organizations and settings. TeenScreen has been implemented by the Canby, Ackerman, and Pendleton school districts in OR.</p>	<p>Prevention/ early intervention</p>	<p>http://www.teenscreen.org/ Implemented by: Joe Koziol 503.722.6867 joeK@co.clackamas.or.us Donna Noonan Youth Suicide Prevention Program Portland, Oregon 917.673.1023 Donna.noonan@state.or.us</p>

<p>The Early Assessment and Support Team (EAST) Program works to identify young people who are experiencing psychosis and to provide the information and support they need to continue on their life path. Early screening and intervention is the main goal. It works closely with the young person, and with family members and others who are supportive of the young person, to help him or her succeed. EAST is an evidence-based program originally from Maine that Oregon has implemented in Linn, Marion, Polk, Tullamook, and Yamhill Cos. EAST includes a school awareness component, which starts with older adolescents.</p>	<p>Early intervention/ Assessment/ Parent, Teacher, Caregiver, and youth Training</p>	<p>http://www.eastcommunity.org/ Early Psychosis Prevention and Intervention Center in Melbourne, Australia www.eppic.org.au</p> <p>Implemented by: Tamara Sale Mid-Valley Behavioral Care Network Early Assessment and Support Team (EAST) 503.361.2796 tsale@mvmvbcn.org</p>
<p>Youth Service Teams (YST) are multidisciplinary teams that provide integrated services to students. These teams consist of agency staff from schools, social service agencies, law enforcement, and other related services. Their purpose is to enhance the quality of services to students and families through coordinated planning. Teams involve youth who can identify what has made a difference for them. Youth who have shown improvement in target performance measures (e.g. school behavior, school attendance and academic scores) are asked to participate. Marion County has a 30 year history of YSTs in which schools and law enforcement partner to address threat/crisis prevention/intervention.</p>	<p>Prevention (Universal, Peer model, and Classroom based)</p> <p>Parent, Teacher, Caregiver, and youth Training</p>	<p>http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/cs3lk37.htm</p> <p>Implemented by: Linn Benton Lincoln ESD Vicki Harlos 541.812.2752 theresa_lynch@lbleisd.k12.or.us</p>