Transcript: National Center for School Mental Health Advancing School Mental Health Annual Conference Presentation: Effective School-Based Suicide Prevention

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SARAH PARKER MCMINN: [INAUDIBLE]. Perfect.

MARIE YUILLE: There we go. And just remember to let everybody know as they enter. All right, good luck everyone.

SARAH PARKER MCMINN: Thanks.

TANDRA RUTLEDGE: Thank you.

SARAH PARKER MCMINN: Hi. Welcome everyone. Thank you for joining us. I appreciate you all being here. So let's get started.

So welcome everyone. We're happy to have you here today to learn more about our project, Building Capacity for Effective School-Based Suicide Prevention-- Lessons Learned from Kalamazoo Public Schools. Just so everyone is aware, we will be recording this presentation. I am Sarah Parker McMinn. I am the School-Based Mental Health Program Manager at the Great Lakes Mental Health Technology Transfer Center.

I am joined by Liz Dodson-Walker, a District Climate and Culture Coach at Kalamazoo Public Schools, and Tandra Rutledge, Director of Healthcare Systems Initiatives at the American Foundation for Suicide Prevention and the Chief Transformation Officer at Avidity. As we get started today, feel free to use the chat to engage with each other, add your thoughts, and ask any questions.

Before we get started, we just need to let you know that this presentation was prepared for the Great Lakes Mental Health Technology Transfer Center, or MHTTC, under a cooperative agreement from the Substance Abuse and Mental Health Services Administration, or SAMHSA. The opinions expressed here are the views of us, the speakers, and do not reflect the official position of SAMHSA. We also want you to know that the MHTTC network believes that words matter and that we use affirming and respectful language.

So I want to introduce you to the Mental Health Technology Transfer Center, or MHTTC

network, who was a vital partner on this project. The MHTTC network, funded by SAMHSA, includes a network coordinating office, 10 regional centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center. I work at the Great Lakes MHTTC in region five, and we are located at the University of Wisconsin Madison. We serve the states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

This is the MHTTC network map. Each state and the US territory has access to a regional center. I am happy to connect you with your local contacts after our presentation if you are outside of the Great Lakes region. You can also access information for all of the regional and national centers mhttcnetwork.org.

So what is a Technology Transfer Center? Technology transfer, as we use the term, means accelerating the use of mental health evidence-based practices in the field. Our technologies are evidence-based practices, including therapeutic and psychosocial treatments. Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective, evidence-based practices to individuals.

Our services cover the full continuum, spanning mental illness prevention, treatment, and recovery support. Our training and technical assistance events include webinars, learning communities, online courses, face-to-face trainings, and conferences. We also develop products, including fact sheets, curricula, and tools to help implement a specific evidence-based practice.

Today, we have three learning goals that Liz, Tandra, and myself will be walking you through. When you leave today, you should be able to define the key components of a comprehensive, culturally relevant school suicide prevention plan, discuss school-related risks among racial and ethnic minority students, and summarize lessons learned from the Kalamazoo school district in Michigan, who created a suicide prevention plan using this model.

I'm going to turn over the next part to Liz from Kalamazoo, Michigan, our gold star district, who has been engaged in this process with us from the beginning.

LIZ DODSON-WALKER: Hi, everyone. Thank you, Sarah. As Sarah said, my name is Liz Dodson-Walker, and I am a culture and climate coach from Kalamazoo Public Schools. Before we start talking about our district's continuing journey towards creating a comprehensive suicide risk plan, I'm going to talk a little bit about Kalamazoo so we set the scene.

Kalamazoo is in the southwest part of Michigan's lower Peninsula. It's about midway between Chicago and Detroit, and our population in the city is over 76,000. In

Kalamazoo, there several nationally recognized organizations and businesses, and there are three institutions for higher learning. And there is also our public school system, Kalamazoo Public Schools, or KPS, as you might hear me say.

KPS is the largest school district and the County of Kalamazoo. We educate over 12,500 students in 24 schools. And KPS is a really, really special place for a million different reasons, but today, I'm going to tell you specifically about two because we only have so much time together. The first reason KPS is special is because of the Kalamazoo Promise.

And you might have heard about that before, but if not, it was founded in 2005. And it's a scholarship opportunity that provides up to 100% post-secondary tuition for all KPS graduates who meet attendance and residency requirements. KPS is also home to the Social Emotional Learning Professional Development Center.

In 2021, KPS received $1,000,000 grant to create a center to help support the social and emotional well-being of teachers and students. The center is where I work. And it has been home to many of the prevention components of our plan.

As I mentioned before, KPS is the largest district in our region. And it is also the most diverse. Here's a little bit of demographic information about our student population and some pictures of our students in action across the district. Pretty soon, we're going to talk a lot about statistics, planning, policies, and other really important things. And that's a very necessary conversation, and that's why you guys came today.

But before we go there, we wanted to take a moment to recognize that when we are talking about putting these things in place, this is the reason. These are the people. And they make up our community, and they're really important to us.

Without further ado, here are those statistics that I promised. This information was gathered from the 2022 Michigan Suicide Prevention Commission Annual Report. It is a very thorough report, and this data right here gives you really good background information on what it looks like in Michigan right now.

Also from the report, I wanted to make note of a few more specific points. So in Michigan, the age-adjusted suicide rate has increased overall since 2010. But there has been a significant decrease in the rate from the years 2019 through 2020. Also, nationally and in Michigan, suicide remains the second leading cause of death for children ages 10 through 14 and those between 15 and 24 years of age.

Last, according to the Youth Risk Behavior Surveillance System Data, YRBSS, the lesbian, gay, and bisexual high school youth in Michigan are more likely than their heterosexual peers to report that they have seriously considered suicide, that they have made a plan to attempt suicide, or that they have actually attempted suicide. So the risks and the numbers are significant, and the cost is even more so.

In the past several years in Kalamazoo, we've lost community members, teachers, and students to suicide. And as I said, Kalamazoo is a pretty decently sized city, and it can get really small and personal when a crisis like that occurs. And over the past couple of years in all of the rooms that I've been in talking to people about this issue, whether it be teachers, administrators, social workers, almost everyone has some type of story, some sort of impact with suicide, whether it's their experience, experience with a family member, experience with a student.

So we know it's happening, and the fact that this issue is so pervasive is challenging because it brings up really powerful and strong emotions with people. But it's also a strength because it creates this really clear call to action that most people can really understand, feel, and then rally behind. This is a really early timeline of what that action has been within KPS.

This particular timeline starts in 2018 because that's when I began working at KPS. But I really want to make it clear that this work did not begin with me, and it did not even begin with our social work team. There has been ongoing work within the district which has included creating really important partnerships with our local community and mental health organization, ISK, Integrated Services of Kalamazoo. What they do is provide counseling. They provide connections to counseling within the community, and crisis intervention.

KPS has also partnered with Griffin Place, which has provided suicide prevention-related trainings for staff members. They have trained our crisis team on critical incident stress management, and they ran the Gatekeeper Program, which is a school-based, youth suicide prevention program for middle schoolers. As I said, all of these things were in place prior to 2018 and continue to be in place to this day. And we're really grateful to be able to maintain these relationships so we can provide these services for our staff and students.

Moving forward, in 2019 and 2020, the school social workers began reviewing the screening tools to help support students at risk of suicide. And then the year that needs no introduction, 2020 happened, life, work, everything as we know it changed. In Kalamazoo public schools, we stayed virtual from March 2020 all the way that full year returning to in-person learning the fall of 2021.

So during our virtual year, our district began meeting in professional learning communities. And everybody got to do that. So our social work team met together. And it was a weekly time for us to virtually gather, put our heads together, talk about what's working, what's not working, and just problem-solve together. And this was a really important point because prior to this year, we had not had the opportunity or the time to meet together so regularly.

And this is the team. Just want to shout them out. These are the workers. These are the people that we're meeting. And we decided really early on that we wanted to use a lot of our PLC time to continue the work that was started by the school social work team. And we were looking for a suicide prevention screener to use.

That was it. That was our only goal-- find a screener because we all had some level of experience working with students with suicidal ideation. But what we did not have was a clear KPS-approved process to follow when that came up. So we were really hoping that this one tool could help create some consistency throughout the district.
So during our PLC time, we pored over different resources, and eventually identified a screener that we presented to our student services director at the time. And we were really nervous, but her response was, yes, of course. Do whatever you need to do to help kids.

And then the follow up question to that was, I assume you've done the research? As it so happens, yes. We had done the research. And what the research shows is that if we are really being thorough, if we really wanted to do whatever we need to do to help kids, we need to do more than just have a common screener.
We have a great start with all the various pieces, like our partnerships, but there needs to be more, and it needs to come together in a comprehensive plan. And thus, began what I like to call the If You Give a Mouse a Cookie era. I'm sure you guys have all heard that story. Yeah? If you give a mouse a cookie, he'll want a glass of milk and so on?

This version is, if you give social workers a suicide prevention screener, they will want district policies, preventative training for staff members, parents, and students, and in they have prevention efforts in place, they will want post-vention procedures. And on, and on, and on. But I'm happy to report that she meant what she said, and we were greenlighted to expand it beyond the screener.

And here we are handling this expansion-- drinking from a fire hose, so to speak, because we had begun the work, but we were struggling with how to make sense of where to start, the order of things, and how to put it together. The good news was we had administrative support, we had internal motivation, and that year, we even had time. But we didn't have a solid game plan on how to translate all this momentum into something concrete.

But luckily for us, the stars aligned at this time. And it was right around this time that one of our team members received this advertisement from the Great Lakes Mental Health Technology Transfer Center about a student suicide prevention collaborative being offered by Tandra Rutledge. So I'm going to pass it over to her so she can give you a bit more background as to what led them to create that opportunity.

TANDRA RUTLEDGE: Thank you, Liz. Don't you all love this picture? I told her, when we saw this picture, I told her she had to include it in the presentation. So thank you.

Thank you, Liz. You will have an opportunity to hear again from Liz and hear about the lessons learned from Kalamazoo public schools a little later in our presentation. I really appreciate Liz sharing with us the district's need for support around a suicide prevention plan and the fact that they realized that not only did they need a screener, but they needed a comprehensive plan.

And as she mentioned, the stars aligned. And they were interested and joined our learning collaborative, which we will talk about shortly. But before we talk about the learning collab, I want to take a minute to briefly highlight for us all the state of youth mental health and the role districts and individual schools can and do play in reducing suicide risk and death by suicide by integrating suicide prevention and intervention into their student wellness frameworks and educating their communities as well as, as Liz pointed out, having crisis protocols in place to respond to student death by suicide.

Now, this slide was not meant for you to be able to read it. But what it represents is much more important. It represents recent reports that highlight the threats to youth mental health in the US, many of which we know have been exacerbated by the pandemic. Several reports, including the CDC and the Surgeon General's Advisory, highlight the increased rates of psychological distress, depression, anxiety, and other mental health concerns among young people and the impacts on those who were already vulnerable-- youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, and other marginalized communities.

Many of these reports also highlight trends, including increases in emergency department visits for all mental health emergencies, including suspected suicide attempts, that we were seeing even before 2020. And last year, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association called for strengthened efforts to reduce the risk of suicide in children and adolescents and identified schools as settings in which prevention programs could be effective. And they also cited inequities from structural racism, the stress brought on by COVID-19 pandemic, and the ongoing struggle for racial justice as contributing factors impacting the acceleration of these trends.

So why should schools address suicide? Well, according to the CDC, schools have direct, daily contact with more than 16.5 million high school students every day, making them vital partners in connecting teens to health services, including mental health services. Research does show that students who feel connected to their schools are more likely to do well in school, to stay in school, and make healthy choices.

Students feel connected when they believe that adults and other students not only care about what they are learning, but care about them as well as individuals. And so as Liz pointed out, suicide prevention is consistent with the district's overall goal to maintain a safe and healthy school environment for all students. So schools can and do play an important role in recognizing students who are at risk and responding to that risk by making sure that they get connected to help and support.

However, what we know is oftentimes, until a crisis occurs, suicide prevention is often overlooked. And in many districts across the country, suicide prevention is often overlooked for a variety of reasons. SAMHSA's Preventing Suicide Toolkit for High Schools highlights a comprehensive approach to school-based suicide prevention that involves a set of complementary strategies that districts and individual schools can employ to reduce risks among students.

These strategies include, among other things, promotion of emotional well-being and connectedness among all students, or prevention, identification of students who may be at risk, and assisting them in getting help, or intervention, as well as responding when a suicide death occurs, or post-vention. These strategies, which are also highlighted in the AFSP's Model School Policy and The After School Toolkit, consist of multiple layers of support that include universal, targeted, and intensive practices.

And they include protocols for helping students at risk of suicide, protocols for responding to student death by suicide, staff education, student education, parent education, and yes, it does include screening as well. These strategies should and must be tailored to the cultural and language needs of the community the district serves and should be built on a foundation that responds to the most serious issues faced by students in the school, which are, first, students at high risk of suicide and secondly, a death of a student by suicide, which we can put other students at risk of suicide.

So first and foremost, districts and schools need to make sure to develop and implement crisis response protocols and to also develop suicide prevention and intervention procedural guidelines that allow for staff members to identify and respond to students at risk of suicide. And that's what Liz and her team at Kalamazoo realized when they went to their district leader and said, hey, can we implement a screener? And they had done their research.

And so that's key in understanding what's involved in a comprehensive suicide plan. It is recommended that after schools develop those first two protocols that we've mentioned, that then, they can be engaged in other aspects of suicide prevention, including staff education and training, and then followed by parent education and training, as well as educating students in behavioral health promotion and suicide prevention, and then screening students for suicide risk.

School suicide prevention efforts must recognize that suicide can be a 24/7 challenge and that schools do not operate around the clock. Therefore, school suicide prevention must have clearly articulated connections to community resources because schools absolutely cannot address all the challenges of suicide prevention on their own. So collaboration is key, as Liz has pointed out.

A model district policy also should be viewed through a developmental and cultural lens and must recognize that youth are more susceptible to suicide contagion than any other

age group and that social media can also fuel contagion. A comprehensive policy in a school district should also appreciate that school staff members are subject to the same suicide risk factors as students. And thus, there is a need to also be attentive to suicide warning signs among school staff.

So now we'll turn our attention back to the school-based learning collaborative, Building Capacity for Effective School-Based Suicide Prevention-- Applying the NIATx Model of Process Improvement for Sustainable Change. That is Sarah's fault, everyone, that that is a mouthful. For our third cohort, we did shorten it a bit. And Sarah is going to talk about that next.

But we launched the learning collaborative in the fall of 2021 to assist school districts with strengthening and enhancing their suicide prevention efforts. The learning collaborative was launched, again, in collaboration with the Great Lakes MHTTC and the AFSP Illinois Chapter. Sarah is going to talk to us about the first cohort.

The second cohort, and we're actually launched our third cohort just yesterday, but the second cohort of the learning collaborative was developed specifically to help school districts apply process improvement principles to their current suicide prevention policies and practices with the goal of improving their plans across the district. Now, think about that-- think about the toolkits and the evidence-based practices that you have, and think about those suicide prevention policies and plans that might just be gathering dust on the shelf.

Think about the limited resources that you have, whether they're financial or even just personnel. And so one of the things that we realized is that it's hard sometimes to implement change. And so the learning collaborative was designed to give districts practical tools with which they can use to create, maintain, measure, and sustain change. And it's so exciting. It's so exciting. I'm so excited about our third cohort. And so the learning collaborative included-- the second cohort included 11 weekly collaborative learning sessions focused on the key components of an effective, school-based suicide prevention plan, which we briefly mentioned a moment ago. It included NIATx Change Leader Academy, which is a structured, team-based approach to change management in which districts will build capacity, identify and commit to measurable and sustainable improvements to their suicide prevention plan. It included one-on-one coaching sessions with districts and teams and then a final wrap-up session.

Our learning objectives and deliverables for schools included explaining those principles of NIATx, which Sarah is going to go through, and for the districts to be able to identify strategies that are responsive to the cultural and language needs of the students in their district while implementing those key components within their suicide prevention plans. We targeted school districts in the Great Lakes region, so Ohio, Illinois, Indiana, Michigan, Minnesota, and Wisconsin, focusing on districts with existing suicide prevention policies in place and that wanted to improve and/or refine them.

We had districts apply to the learning collaborative just so that we can better determine their readiness for change. And we asked several questions. The questions are there on the screen for you to see. And one of the things that was really important, and Kalamazoo school district is an example of that, is that it was really important for the district to have the support of what we call an executive sponsor, so a leader within the school district that was committed to making change, supporting the efforts and the work of the team. That was very important, and is a very important part of this work.

So we assess readiness by asking those questions that you see there. As I mentioned previously, our goal was to create sustainable change as well as to address some of the barriers that districts face, including lack of time, resources, and staff, even, how do we deal with lack of administrative support and difficulties with getting stakeholder buy-in or making it a priority? And within the current political climate that we're in now, shifting priorities, limited availability of on campus resources, being in a rural community and having limited resources, and on, and on, and on.

The learning collaborative used best practice, evidence-informed, suicide prevention m which you see here on the screen, as well as peer support and shared resources from school districts. We covered suicide prevention, intervention, and post-vention strategies and shared and collaborated on resources that schools could adopt and integrate into their school-based suicide prevention initiatives.
Now, I'm going to pass it to Sarah who will share more about the districts who participated in our cohort and what we learned.

SARAH PARKER MCMINN: Great, thank you, Tandra. So as we've mentioned, we have run this learning collaborative two times over the last two school years with different cohorts of school and district staff. We also just kicked off cohort three yesterday. So we've learned a lot of lessons from cohort one that informed how we redesigned, expanded, and improved the learning collaborative for cohort two. And in turn, cohort two informed how cohort three will run this fall.

This is getting a little ahead of ourselves, can you can see us working with an NAITx process. This is the NAITx process in action. And that will make a lot more sense in just a couple of minutes, but it's exciting that we are using our own principles as we run this project. So for cohort one, we worked with eight districts and three private schools from six states in the Great Lakes region.

We met for six weeks in the spring of 2021 in order to help schools and districts create and implement a comprehensive suicide prevention plan in the next two years. We strived to provide resources and tools to assess readiness, strategically plan and implement comprehensive suicide prevention plans. For cohort two, we worked with 10 districts from three states in the Great Lakes region, and three districts from Nevada, Virginia, and Louisiana.

As Tandra mentioned, we expanded the learning collaborative for the duration of the 2021-2022 school year, with 11 weekly sessions, for NAITx sessions, individual coaching, three monthly check-ins with the intention that districts would be able to build capacity, identify and commit to measurable and sustainable improvements to their suicide prevention plans.

After we wrapped cohort one and collected feedback, we quickly learned that six one-hour gatherings and one individual coaching session was not enough time to provide high quality support and make lasting change, which is what led to our expansion for cohort two. Our participants shared that they were hungry for more time and would benefit from engaging in this work throughout the school year, not just at the end of the spring semester. That led us to expand our work to 19 sessions over eight months.

We also learned that participants were looking for additional implementation guidance and support. To meet this need, we shifted focus from simply sharing tools and resources with ideas on how to use them to taking the time to help schools build capacity to create lasting change and provide tools that can be adapted based on where schools are in their suicide prevention journey, whether they're looking to completely overhaul their suicide prevention policies or simply update them to include current best practices. This led us to include NIATx.

So what is NAITx? So it used to be an acronym for the Network for the Improvement of Addiction Treatment, but now, it is simply known as NAITx. This reflects its growth and expansion in the field other than addiction treatment. NIATx facilitates peer networking and provides research, case studies, and innovative tools that encourage the use of its process improvement model. This model is quality-driven, customer-centered, and outcome-focused and has proven effective in transforming business practices and improving quality of care.

The NIATx model of process improvement is a structured, team-based approach to change management that creates gradual improvement over time through a series of small changes tested and implemented one at a time called aims. NIATx began in 2003 with the question, could the strategies used to improve processes in manufacturing and other industries be used to improve services in substance use disorder treatment settings? The answer was a resounding, yes.

It has since been expanded to work with medical providers, mental health centers, human service organizations, and now schools, among other workforces. The premise of gradual improvement over time guides the NIATx model. Improvement isn't usually accomplished by one big change. It's a series of small changes, tested and implemented one at a time, that add up to big impact.

For our learning collaborative, we utilized a virtual NIATx change leader academy where our participants met with a process improvement coach for four weekly sessions to equip them with the NIATx model of process improvement and its five key quality

improvement tools-- the change project form, the walk through, which is used to help you experience your processes from your client or student's perspective, flow charting, which is used to create a picture of your process, showing each step from beginning to end, the nominal group technique, which is a simple yet powerful group brainstorming technique, and a Plan-Do-Study-Act, or PDSA rapid cycle testing, which helps you plan a change aimed at improvement, carry out the change on a small scale, study the results, and decide to adopt, abandon, or adapt the change and run another PDSA cycle.

Using these tools, our participants were asked to select a change project focused on suicide prevention in schools, set a project aim, engage district leaders and school staff in the change process, and achieve measurable, sustainable, improvements. An aim statement is one sentence which describes the goal of a change project. It should be specific, measurable, and attainable, relevant, and time-bound.

These are also known as SMART goals. An aim is one small piece of the big picture that builds on itself over time through the use of ongoing, rapid, cycle testing and change management. An aim statement should be in the form of increase or decrease x from a baseline of y to a goal of z by the end date. The first aim statement our participants developed during the NIATx change leader academy became the starting point for their school-based suicide prevention policy planning.

Examples of these aim statements from cohort two include, increase staff awareness of the district suicide prevention protocol from what their baseline was to 95% by June, 2023. Increase use of universal screener from baseline, where they were at on that day, to 90% by October, 2022. And increase number of staff trained in the Suicide Prevention training, whichever one they were using in their school at the time-- QPR ACT, ASIST, whichever one the school was already using-- from baseline, however many staff were trained in that suicide prevention training, to 90% by June, 2023.

We wrapped up our learning collaborative with individual coaching calls for our facilitators and districts with our process improvement trainer and our suicide prevention expert, Tandra, where they could get feedback and support for their change projects. Our collaborative concluded with participants presenting their change projects through a five-by-five presentation model-- five slides in five minutes which tell the story of their change project.

These five slides examine the measurable goal and time frame of the project aim, to describe the changes that were made through each PDSA cycle that they conducted, relay the data and results that were gathered, share next steps in the project in order to sustain change, and show what impact these changes have shown so far in their school community. This is the exciting part where we learn just how big of an influence this project had in these school districts.

As an example, I know this is hard to read and it's a lot of data, so I'll walk you through it. This is the data one of our other participating districts shared during their five-by-five presentation last spring. Their aim was to increase staff awareness of the suicide prevention protocol by 85% by August 18, 2022. They found that most staff were unaware of the suicide prevention protocol and risk assessment practices.

They spent the spring semester 2022 gathering data and holding a staff focus group to evaluate an implementation plan. Their next steps included creating an ongoing awareness campaign for their suicide prevention protocols and risk assessment practices and to create a training process on these vital policies. The impact of this project was they identified a previously unknown barrier to implementing comprehensive suicide prevention policies and procedures that can now be addressed, which will enable them to increase the use of their protocols and risk assessment in an effective way.

The data we received from the five-by-fives paired with participant impact statements taught us valuable lessons and continue to show we are providing critical support for these communities interested in improving their district suicide prevention strategies. I will admit, we were a little nervous to ask our participants to commit so much time to one project knowing their plates are so full of daily crises and competing needs. What we learned is these schools are hungry for this type of support and are willing to commit their valuable time and resources to serve their student communities in this way. Next, Liz is going to share a little bit about her experience in both cohorts and how Kalamazoo has benefited from engaging in this work.

LIZ DODSON-WALKER: Let me unmute-- not to be that person. But as you remember, we left off in we were trying to drink from the fire hose and we were overwhelmed. And we were looking for support and expert guidance around creating a plan.

So we joined that first cohort to get a better sense of direction, and that's exactly what we got. In addition to the content of the meetings, at the end of those six weeks, Tandra gave us some very specific feedback on our draft plan saying what was in place, what we still needed. And we use that feedback as a map and worked throughout the entire summer and the fall of 2021 to complete the KPS district manual for suicide crisis.

This manual is a working document that addresses prevention, intervention, and post-vention. After having that in place, the feedback from our team was that we really wanted to focus on training the responders to ensure that the people we were calling on to support kids at risk of suicide felt adequately trained and supported themselves. And then we joined the second cohort because, like Tandra said, we did not want all of our hard work to be something that sat on a shelf and gathered dust.

But again, our focus was on training the responders. And during this time, we were able to get 21 responders trained in Applied Suicide Intervention Skills Training, or ASIST. We also created a Google Classroom for the responders, which is essentially the

intervention component of the manual we created. The classroom was created because, yes, the manual is comprehensive, but it is not the most user-friendly thing to go to when you're trying to work with somebody who is in crisis.

So we lived and we learned. But another thing we did at that time was we also spent time talking with the school administrators about the trainings that the responders had received. Oh. Sorry. I'm not done talking with that slide. I have more to say.
We're still in the cohort two. There were some intangible benefits that I can't really put a number on, that the collaboratives were a working community because suicide prevention is a challenging topic in general. And to try to make sense of it within a school community just makes it even more complicated. But meeting as a group allowed us to benefit from the wisdom of districts who were a little bit farther along in their work.

And sometimes, we were able to commiserate with some other participants around common challenges. I know that sounds a little bit tongue-in-cheek, but it was everything to be able to meet with people who really got it because they were also doing the work. But ultimately, working with so many districts throughout the country provided perspective, and we were able to recognize that our district is very lucky in a lot of ways and resource-rich in many ways. And that is really good news.

Another benefit of participating in this collaborative was the NIATx process. And I won't go over the finer points because Sarah did a great job of that. But for us, it provided that background information about what a change process looks like and what those common barriers are. This helped keep our expectations realistic and manageable. And the specific tools presented really helped us understand our process from multiple viewpoints. It helped us narrow our focus and be very intentional about what our goals were. So after the collaborative ended in spring 2022, we had a time for all of our responders to come together and to review our process because this was the first year we had really tried to do this. And we wanted to look at our data that we collected as well.

That meeting raised a lot of really good questions, and we worked to create a list of next steps and points that needed further clarification. Also in the spring of 2022, we were lucky enough to have a parent education opportunity. We had a representative from the American Federation for Suicide Prevention present More Than Sad.

And then in the now, we had another assist training group go through this fall. We also had an optional training for all staff, the QPR training. And then one thing we will always do is work on our prevention efforts. Specifically, within the SEL Center, we're in the process of collecting data to understand and measure the climate and culture within the buildings. We know that one of the most important things about suicide prevention work is creating a safe, inclusive environment for all students and family. And that work is multifaceted and ongoing.

OK. So we have all said it, but this is challenging work. And for most of you, I'm guessing you are in school system. So the obstacles that we're facing, I'm sure they will sound very familiar to you. The staff shortages, staff turnover, shifting roles, responsibilities, capacity challenges, and not enough time. But because this work is so important, it's still very easy to want to do everything right now, yesterday.
And it can be very frustrating when that doesn't happen. But this is a long-term process, and that is something that has been told to me many times. And it's true. And now, I'm telling you.

And there will be setbacks. And there will be times of stagnation. And this is what progress looks like. And as much as I want to focus on the work that still needs to be done, when I do take a moment to step back and think about where we were, where we started, versus where we are now, we're much farther forward. And that is due in large part to our participation with these collaboratives. So thank you guys for this opportunity.

SARAH PARKER MCMINN: And we're so glad that Kalamazoo has stuck with us as we've adjusted our learning and has, through Liz, continued to share the ongoing work that they continue to do beyond their engagement with the last two cohorts.

Unfortunately, Kalamazoo is not in cohort three. They don't need to be. They have the tools they need to keep moving forward.

So we miss Liz, but she is still steamrolling ahead. And we love to see it. So as I mentioned earlier, cohort three launched just yesterday with a new group of leaders working in schools, districts, and state departments of education interested in implementing sustainable change for comprehensive, school-based suicide prevention programming.

With the feedback from our first two cohorts, we have refined our project to its current format. We found the change management tools and implementation support provided by the NIATx Change Leader Academy, in conjunction with weekly peer support, were the highest priorities for districts engaged in this work. In response, cohort three will meet for two hours each week for six weeks this fall with the opportunity for individual coaching and ongoing implementation support throughout the school year.

Our time together will incorporate collaborative learning with the experts, team working sessions to begin developing change plans, and ongoing resource curation to meet needs as they arise. And one of the pieces that we added this year is a resource collection. I'm going to put it in the chat. It is a work in progress, and it always will be.

This is the way that we are curating resources. We want them to be available to everyone, not just our cohort. And so this is how we are filling that need of needing more training on specific suicide prevention in schools, which is what Tandra mentioned earlier. We also found that although we would love to meet throughout the whole school year, it's just it's not sustainable for a lot of districts.

It was for the districts that we had engaged in cohort two, but we were really surprised by that. And it was a big ask of them. So we did, again, scale back in hopes that we could reach more districts and scale this project up into a replicable that could be used by other districts in the future potentially as well.

So that is our project and everything we have learned over the last two years working with education leaders interested in implementing comprehensive, school-based suicide prevention programming. Our project is ongoing, and we continue to listen to the field and adapt our practices to respond to the ever-changing education landscape.

If you are interested in learning more about our project or any project that has been developed by the Great Lakes MHTTC or if you want to be the first to know if and/or when applications open for a potential cohort four in spring 2023, please engage with us. You can join our listserv, check out our multimedia and social media sites, or email me directly. All of that information is on the screen.

One final housekeeping before we move on to questions. I did see there were a few questions that we want to get to. There will be an evaluation link that is posted in the chat by our host. So if you can please take a moment to fill that out before you leave the session, we would greatly appreciate that.

So that's what we have. Thank you for joining us. We do have some time for questions, and there are some in the chat. So while I'm unmuted, I'm going to bring them up. Liz, specifically for you, what was the screener that your district decided on?

LIZ DODSON-WALKER: We are using the Columbia Suicide Severity Rating Scale, CSSRS-- lots of acronyms. We chose that one based on some similarities. Some other districts around Michigan are also using that one. It's often used in schools.

Some of the other ones we were looking at were more for medical settings and more general screeners and not as specific to suicide. So that was part of the reason why we chose that one. Another reason is that it did not require any specific training or specific education level. So that was kind of nice for us as well.

SARAH PARKER MCMINN: Thank you. Tandra, so I noticed in the chat that it was mentioned that in Oregon and in Nevada, they mentioned that they're seeing the same pattern with increase in youth suicide rates from 2010 to 2018, but then a decrease over the past two years.

Do you have any idea what this decrease is attributed to? Because it's interesting that states are seeing this. We've already seen it from three states, and I'm sure it's more prevalent than that as well.

TANDRA RUTLEDGE: Yeah. Yes, and we can have a whole session on suicide rates. And at the national level, as many of you know, we have seen, in 2019 and 2020, we've seen rates decrease. Provisional data just released by the CDC at the end of September did see an uptick in rates. That is some of the provisional data across the country. And states saw similar trends.

And so we don't know exactly what those decreases and increases-- what they represent. We also want to keep in mind that while we saw some decreases for some groups, we did not see them for all groups. And so as we're looking at suicide data, we need to be thoughtful across-- when we're talking about youth suicide rates, because here in Illinois where I'm located, while we did see some decreases in some groups, we saw increases in other groups of youth at risk.

And so we want to be thoughtful about, when we look into the data, ask those questions. And if you're in a school district, for example, or school community, you do want to look at those groups that might be at higher risk. And not because identity presents that risk, but the factors in society that contribute to vulnerabilities that contribute to stress that put those individuals from those groups at an increased risk.

So we don't know exactly. There's a lot more that we need to understand about suicide risk. We've also seen there's suicide risk, and there's also thoughts of suicide, right? Less children die by suicide, but increasing numbers of young people have thoughts of suicide.

So we don't want to lose sight of those youth who are thinking about suicide and may not attempt so that we have a full understanding in our schools of those young people who are at risk for suicide and not just those who are dying. We don't want to lose anyone, but we want to make sure that we have a full understanding. I know that wasn't a very clear answer to your question, but I hope that it answered the question.

SARAH PARKER MCMINN: I think it answered it with the information that we have.

TANDRA RUTLEDGE: That we have, right.

SARAH PARKER MCMINN: It's not perfect.

TANDRA RUTLEDGE: Thank you for asking.

SARAH PARKER MCMINN: Yeah. So Liz, can you say more about using QPR for staff training and ASIST? Why did you select, and how did these programs work on the ground?

LIZ DODSON-WALKER: I'll start with ASIST. We used ASIST for our responders, and part of the reason that one was chosen was due to our superintendent's involvement in

writing this really awesome grant with some of our local organizations, Griffin Place. And that's one of the trainings they offer.

And again, that did not require any special degree or education but also provided enough information to have a very skilled and sensitive conversation about an intense topic. And it provided practice for the responders.

The feedback on that was-- because we surveyed people after they attended-- and the feedback was that it was a good training. They were happy to have the practice. And it did not 100% match up with what we had written in our manual, which is OK, because there's room there's room for both. There's room to have them align. But that was just a little bit of the feedback that we got.

As far as QPR, that was a more general training. And it was an optional training for all staff and that focused more on warning signs and basic conversation. And that again, that was aimed at any teacher who wanted to do it. We chose that one, again, because it provided that basic level of education and also because Griffin Place, our partner, was offering that for us.

So hopefully, that answered the question.

SARAH PARKER MCMINN: Yep. I think so. Thank you. We had a few questions about sharing resources and sample district policies. So those are on our resource website that is specific for what we talked about today.

It's being curated for and by cohort three. However, again, we want it to be available to everyone. So the very first resource on that page is the AFSP model school policy on suicide prevention. Liz also put that one in the chart that she pulled heavily from.

And the nice thing about this page, if you scroll to the bottom, there are planning tools that Tandra has created and is giving out to everyone who needs them. Or it's available for everyone who needs them so that school districts can start somewhere beyond just having resources handed to you or thrown at you. There are some really good planning tools that boil it down and get you a place to start.

One last question, Tandra. We have two minutes left. Can you give some further detail, or this might be for Liz, too. Can you give further detail about a procedure for a child who is suicidal at school and what might a procedure for that specific situation look like?

TANDRA RUTLEDGE: I'm going to ask Liz to-- I think, Liz, you would be-- just high level, your process.

LIZ DODSON-WALKER: OK. So however the threat comes in-- if a teacher hears it, if a student hears it, if it's an electronic resource flagged-- ideally, there is an immediate referral to a responder. And the responder-- well, number one, sorry, whoever the

student discloses to stays with the student until they can be given to somebody, like a responder.

And then they assess the level of risk, help them complete a safety plan if needed, and then make sure the parents are contacted as well. And beyond that, the next steps are really determined by the level of risk.

If it's a low level, there's not nearly as much that needs to be done as if a student is saying, this is the plan, and this is the means, and it's going to happen. Then that requires much more direct steps and support.

TANDRA RUTLEDGE: And then I know that this is in her plan because her plan has been shared with other districts-- the documentation is important component of our plan, staying with the person, assessing the risk. And that's where the training, when you're talking about staff training.

Liz talked about gatekeeper training. I know our time is-- but gatekeeper training. But there will be people in your school district, in some school districts, or it may be community partners who are trained to do assessments. Not all schools will have those individuals.

They may be your social workers or your nurses who can do an assessment and assess level of risk. In some districts, that may be someone like a community partner or crisis team that you would contact to do assessment. And then based on that, then that creates the decisions and the next steps in the process, which does include the documenting of that process.

SARAH PARKER MCMINN: Thank you both. Thank you all for joining us today. We hope you learned something that you can take back to your schools and districts. And feel free to reach out if you need any further support on this topic or any other topic on school-based mental health. Thanks, everyone.

MARIE YUILLE: Thank you all so much. That was a wonderful presentation. Is there anything that you all need for me? There is a 15 minute break until 5 PM for everyone on the call. And then the poster session begins at 5. So anything that I can do for my presenters?

SARAH PARKER MCMINN: We are good. Thank you so much.

TANDRA RUTLEDGE: We are good. Thank you. Thank you so much. Thank you, everyone who was able to join us.

MARIE YUILLE: Thank you all so much. And I'm going to go ahead and just end the meeting completely.