

Healthy Schools



Connecting education, health, & community

Annual Report | 2022-2023



"It has been so valuable to have our Public Health Specialist here as an advocate and to work with students and staff. Having someone with a specific focus on coordinating the events and work is crucial. It's a lot to juggle and would fall by the wayside if someone wasn't keeping their eye on the bigger school health picture. Not only that, but our Public Health Specialist has been someone that can connect with students and staff in a meaningful way.

-High School Teacher



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EXECUTIVE SUMMARY

The 2022-2023 school year was *Healthy Schools'* second year of operation. Our program launched in the 2021-2022 school year at the district level and in two high schools in Bend-La Pine Schools (BLS). This year saw our BLS expansion out to two more large high schools, three large middle schools, and two alternative schools to make a total of nine (9) schools operating with Healthy Schools. Below are some of our most significant program outcomes to this point in our two years of developing and expanding our program.

81% priorities completed (9) or in-progress (25)

Of the 42 identified priorities across the 9 schools, 34 (81%) are in progress or complete. Every priority has been identified as an important part of improving the schools' health and each has activities to make progress on.

5,327 adolescents reached with classroom instruction

Public Health Specialists facilitated over 55 hours of trainings and workgroups with Health teachers to improve district-wide Health curricula and instruction. As a result the district select 9 prevention programs to implement in Health classes. These programs focus on preventing youth suicide, substance use, violence, and risky sex.

95% health teachers now using effective prevention programs

Through a major process improvement, now nearly all Health teachers are delivering effective prevention programs. This is up from 31% since 2021, the first year of *Healthy Schools*.

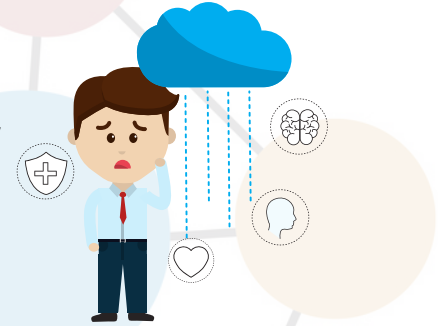
45 employees trained as Sources Adult Advisors

Sources of Strength (Sources) is a suicide prevention program that also prevents substance use and violence. The *Healthy Schools* team became local trainers, resulting in 43 info sessions and mini-trainings across the district. **Almost all BLS middle and high schools (11 of 14) have committed to implementing Sources of Strength next year (up from 1).**

INTRODUCTION

WHY DO WE NEED DESCHUTES COUNTY HEALTHY SCHOOLS?

Several national leaders in child and adolescent health have declared a **national youth mental health crisis**.¹ Factors contributing to this crisis include: media usage, academic pressure, access to mental health care, alcohol and drug use, witnessing violence or injustices, and feelings of an unstable future due to COVID-19, extreme weather events, and economic changes.²



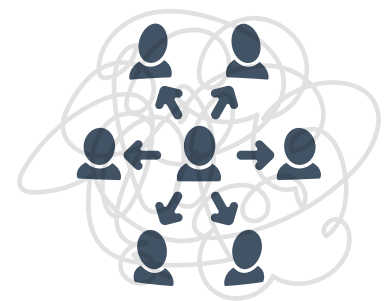
In Bend-La Pine Schools, 50% of middle and high school students reported feeling stressed, anxious, or depressed as a barrier to learning.³ Additionally, about a quarter reported their health or family's health (28%) and their personal relationships (23%) as a barrier to learning.³

This high rate of youth mental health issues exceeds the capacity of treatment providers alone and requires partnerships between public health, schools, youth and family, health care, and other organizations to address the root causes and link those in need to services.²



Schools are logical and efficient locations for public health interventions for youth. They are settings where learning is expected and new behaviors are learned and practiced daily. Children and adolescents spend nearly half of their waking hours at school for 13 years of their critical developmental life. More than 95% of youth ages 5-17 can be reached through schools.⁴

The Centers for Disease Control and Prevention (CDC) and other national leaders **recommend having a designated coordinator in schools** to improve school health practices across the whole school, with community partnerships and resources, to address the health and development needs of every child.⁵⁻⁷ A coordinator is needed to work across roles, teams, and organizations to turn sectorized chaos into a coordinated system of supports.⁵⁻⁷ This, often called **coordinated school health**, is public health work in a public health setting.



In Oregon, coordinated school health is associated with **7% greater graduation rates**.⁸ Every 1% increase in graduation rates is estimated to **return \$5.24 per \$1 spent**.⁸ This approach is also associated with schools having more effective prevention practices; healthier, competent, and confident students; higher grades; and fewer attendance and disciplinary violations.⁸

INTRODUCTION

WHAT IS DESCHUTES COUNTY *HEALTHY SCHOOLS*?

Healthy Schools embeds Deschutes County Public Health Specialists (PHSs) into the school system to provide schools with essential public health services. These services include assessing population health needs, facilitating collaborative planning, and coordinating projects to improve the health of the whole student population.⁹

Our PHSs serve as a coordinator to ensure that schools promote health and prevent student health issues from ever starting or worsening. PHSs do not take over the roles of school staff, but guide staff to use more effective practices.

The PHS enables their schools to reach Oregon's core capacity for a health-promoting school,⁸ which requires four elements:

1. Having a designated school health coordinator
2. Assembling a school health team
3. Assessing school health needs using an evidence-based assessment
4. Creating a school improvement plan

School-based prevention programs are effective at promoting positive youth development and decreasing substance use, mental health problems, and aggressive or disruptive behavior.¹⁰ Yet, effective prevention programs often fail when they are no longer guided into schools by prevention specialists. Educators and other school staff are not trained in how to adapt effective prevention programs to fit school needs without losing what makes the program work.¹¹

Our PHSs are in schools as an extension of Deschutes County Prevention and Health Promotion. They are a linkage between county prevention specialists and schools to assure effective programs and practices are implemented in a way that is effective in the school setting. PHSs "connect the dots" between schools, health, and community.

Essential Public Health Services

- Assess and monitor population health
- Address population health issues at the root cause
- Communicate effectively to inform and educate
- Strengthen, support, and mobilize communities and partnerships
- Create, champion, and implement public health initiatives















Read more about the 10 Essential Public Health Services at [CDC.gov](https://www.cdc.gov).⁹



REACH TO SCHOOLS

WHO WAS SERVED OVER THE 2022-2023 SCHOOL YEAR

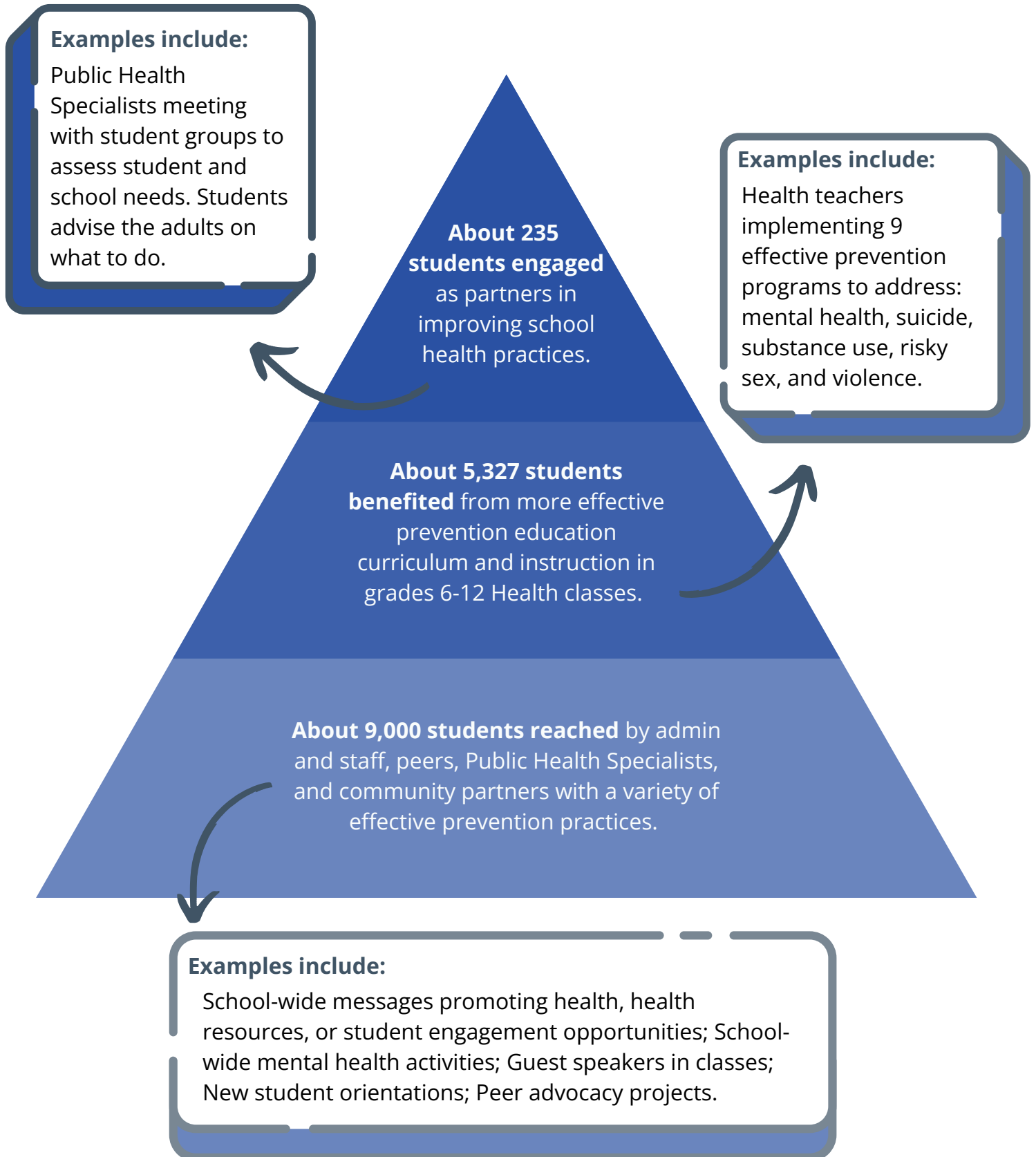
Healthy Schools uses a **phase-in approach**. Schools phase in by cluster. Each of the 5 clusters has its own dedicated Deschutes County Public Health Specialist (PHS) who works full-time in their buildings once their cluster school phases in. **After the 2022-23 school year, 9 of 14 BLS high and middle schools have phased in.** Those schools now have a designated PHS coordinating prevention and health promotion initiatives in order to improve student mental, social, emotional, and behavioral health.

	La Pine Cluster	Bend High Cluster	Mountain View Cluster	Summit Cluster	Caldera Cluster
Pilot Schools Started Fall 2021					
Started Fall 2022					
Started Spring 2023					
Starts Fall 2023					
Starts Spring 2024					
Starts Fall 2024					

REACH TO STUDENTS

STUDENTS REACHED BY LEVEL OF IMPACT ON STUDENT HEALTH

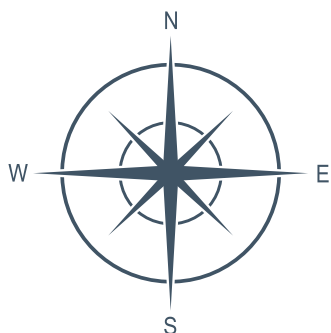
Below is an image that shows some of the ways we've reached students with our work to improve the school health environment.



EXPECTED RESULTS OVERVIEW

WHAT DO WE EXPECT FOR RESULTS?

Ultimately, everything we do is to **improve student mental, social, and behavioral health on a population scale**. Our services target the indicators of student health listed below. The services we provide improve student health indirectly by guiding admin, staff, and student leaders through adopting effective prevention and health promotion practices that reach all students. We monitor these student health indicators, using them as our “North Star,” or a compass, to drive the direction of our work. We will report on these indicators over time to gauge whether we’re making progress in the right direction. See page 26 for more.



Targeted Indicators of Student Health

↓ Unmet Mental Health Care Needs

↑ Positive Youth Development

↓ Suicide

↓ Substance Use

↓ STIs and Teen Pregnancies

↓ Violence, Bullying, Bias

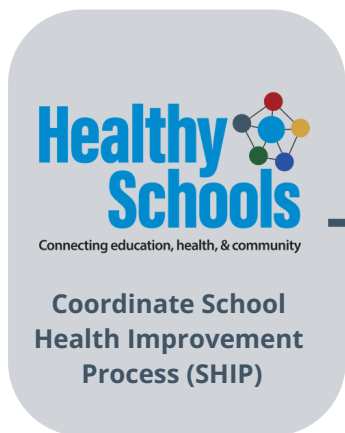
↓ Disparities

HOW DO WE MEASURE PROGRAM SUCCESS?

The direct results of the public health services we provide are marked with an asterisk (*) in our program logic model below. These are the program outcomes we will use to measure our success because they are direct results of our work. This report focuses on reporting these program outcomes. **The most important program outcome for improving the health of the entire student population is school adoption of effective prevention practices.** Effective practices are practices that have already been found to be effective at improving adolescent health, are based on health promotion theories, or are best practice recommendations related to our work.

If this...

then this...



Short-term (1 yr)

↑ School Community Engaged in SHIP*

↑ Shared Priorities and Actions*

↑ Capacity Built for Effective Practices*

Mid-term (2-3 yrs)

↑ Collaboration and Integration*

↑ Effective Practices*

↑ Links to care*

↓ Unmet health needs

↑ PYD

Long-term (3+ yrs)

↑ School Climate and Culture

↑ Student Health

↑ On-time Grad

↓ Disparities

RESULTS: SHORT-TERM OVERVIEW

Short-term (1 yr)

↑ School Community Engaged in SHIP

↑ Shared Priorities and Actions

↑ Capacity Built for Effective Practices

This section describes our progress in reaching our short-term outcomes. These are direct results we expect to see in the first year from the services Healthy Schools provides. Our services directly result in the engagement, assessment, planning, and capacity-building needed to build a strong foundation for multiple layers of effective prevention and health promotion practices in schools. There are many competing priorities in schools and it is critical to align as many people and resources as possible under shared priorities and timelines.

WHY DO THESE RESULTS MATTER?

School Community Engaged in SHIP

SHIP stands for our "school health improvement process." Engaging many admin, staff, students, families, and community partners in SHIP means **the school's decisions and actions are exactly what the community needs, wants, and is ready to work on together.** This empowers the community to own this work and makes the changes more wide-spread and sustained.

Shared Priorities and Actions

SHIP engagement leads to a **school action plan** that states their priorities and a plan for what will be done over a 2-year cycle. **Prevention efforts are most effective when many people agree on the priorities and planned actions.** The plan allows more people and resources to be involved and aligned.

Capacity Built for Effective Practices

Effective practices are recommended practices because they have been research-tested or evaluated, are theory-based, or are considered a best practice by experts. Effective practices can fail if schools or staff are not ready to implement them. **Capacity-building is critical to assuring the school and staff are ready and able to implement a change.** Building structures to increase capacity means more sustainable effective practices.

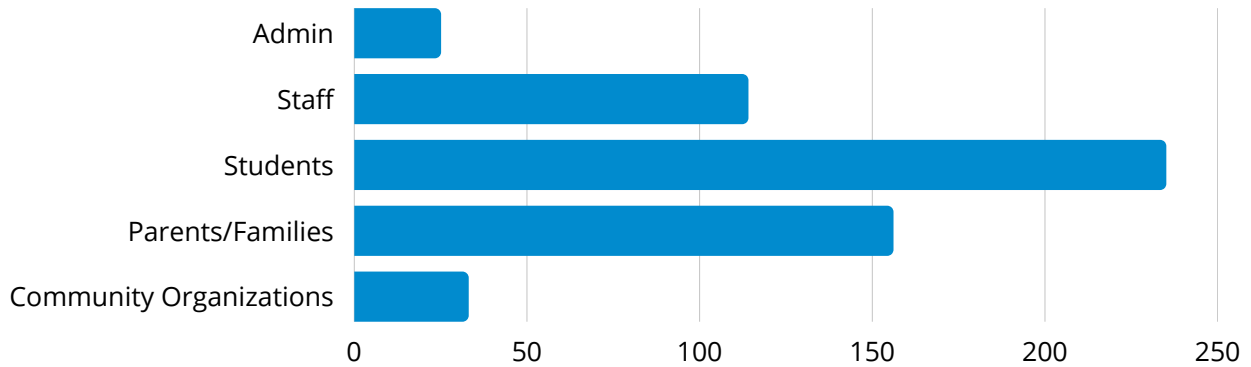


RESULTS: SHORT-TERM PROGRAM OUTCOMES

INCREASE SCHOOL COMMUNITY ENGAGEMENT IN SHIP

SHIP stands for our "school health improvement process." Engaging many admin, staff, students, families, and community partners in SHIP means school decisions and actions are exactly what the community needs, wants, and is ready to work on. Coordinating and engaging many stakeholders in SHIP is the largest service we provide schools.

Number of Stakeholders Engaged in School Health Improvements since Fall 2021

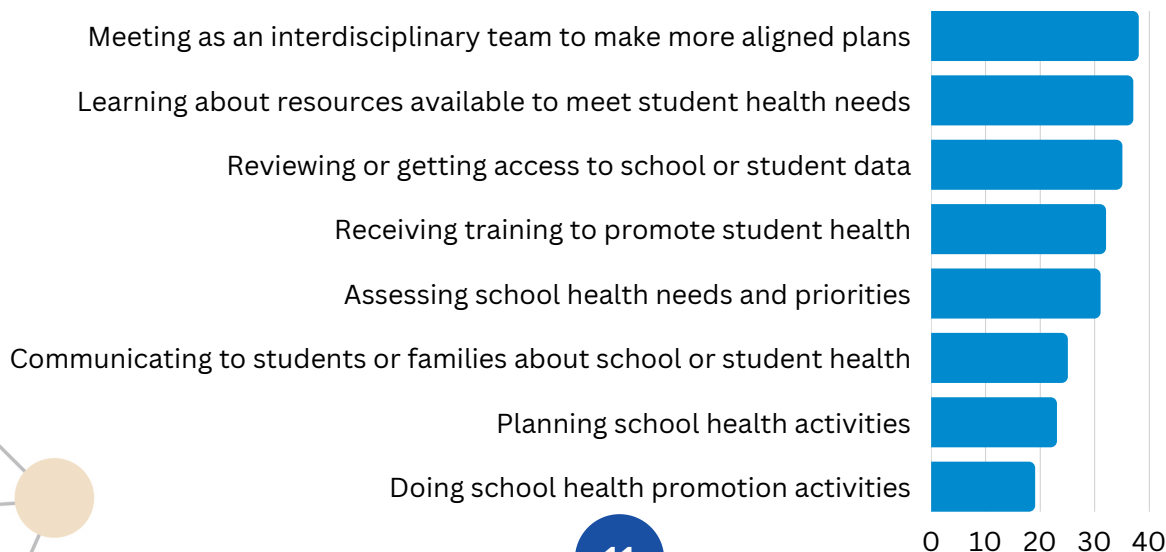


As of June 2023, 563 admin, staff, students, families, and community partners were engaged in the process of making schools health promoting for all students.

School Admin and Staff Engagement in SHIP

In June 2023, within the 9 schools with a Public Health Specialist, we surveyed the school admin and staff most engaged in SHIP. The graph below shows how we engaged with them. Assessment, information sharing, and capacity-building activities were more common than implementing school health promotion activities (this is expected since 7 of 9 schools were in their first year of *Healthy Schools*). The surveyed admin and staff also reported what worked well: involving more staff and students in planning; coming together as a collaborative team; having someone to coordinate and organize the work; and improving communication to staff, students, and families. These results show that *Healthy Schools* is working as intended.

Healthy Schools SHIP Activities Most Commonly Engaged in By School Admin/Staff



RESULTS: SHORT-TERM PROGRAM OUTCOMES

INCREASE SHARED PRIORITIES AND ACTIONS

SHIP engagement leads to identifying school priorities, action planning, and more coordinated and aligned efforts to address those priorities collectively. Across 9 schools, 42 priorities were identified. Below is a summary of the priorities combined into categories and the number of priorities in each category.

Priorities Identified in 9 School Action Plans

- 1 Improve belonging, inclusion, engagement, and safety for all students (16)
- 2 Improve family engagement for all families (7)
- 3 Increase school and staff capacity to respond to and prevent student health issues (6)
- 4 Address and prevent student substance use and phone/social media use on campus (5)
- 5 Improve response and referral systems for student and staff medical, mental, and social health needs (4)
- 6 Improve knowledge and use of available help or health resources (3)

Why This Matters?

Prevention efforts are more effective when many people agree on the what, how, and whens. More people can be involved in the change with more resources brought in.

HOW ARE WE PROGRESSING WITH ACTION PLANS?

Action plans are created and implemented over 2-year cycles. The 2 schools starting in 2021-2022 have completed their first 2-year cycle. The 7 schools starting in 2022-2023 developed their plans in Spring 2023 and will implement more planned actions over the 2023-2024 school year.

Schools starting 2021-2022

100%

of all priorities (12) had all planned actions completed (6) or in-progress (6).

Schools starting 2022-2023

73%

of all priorities (30) had all planned actions completed (3) or in-progress (19).



12



RESULTS: SHORT-TERM PROGRAM OUTCOMES

INCREASE CAPACITY BUILT FOR EFFECTIVE PRACTICES

We improve student health by improving schools' use of effective practices (EPs). These are recommended practices that work to promote health or prevent health issues from starting or worsening. Changing school practices on a large scale takes high levels of capacity-building before we ever ask admin and staff to make a change. This page and the next page report outcomes of our work to build BLS's capacity for effective prevention practices.

Why This Matters?

EPs fail to be effective if staff don't agree with, have proper training, or have the time or resources needed to make the requested change.

Sources of Strength: Suicide Prevention Program

Sources of Strength is a research-tested suicide prevention program that also prevents substance use and violence.¹² Here's how we built capacity for this effective program:

- ✓ Became local Sources of Strength trainers so that schools have on-site trainers for on-going training and support (a 4-day train-the-trainer training)
- ✓ Provided at least 43 info sessions and mini-trainings across the district, often in response to staff and student concerns about student mental health issues
- ✓ Coordinated the process for schools start their program, resulting in **11 of 14 schools committing to implement next year** (up from 1 school)
- ✓ Organized and facilitated BLS' first district-wide Sources of Strength Adult Advisor training (6.5 hours)
- ✓ **Trained 45 BLS employees as Adult Advisors** who can now recruit, train, and support students as they become Sources of Strength Peer Leaders

UpShift: An Alternative to Substance Use Violations

UpShift is a local program coordinated by Deschutes County Prevention and Health Promotion to reduce out-of-school suspension for students who violate school substance use policies.

- ✓ **Assisted the development of a district-wide protocol** and planning the roll-out of the new protocol with all middle and high school admin
- ✓ Coordinated identifying staff to train and getting staff to trainings; Coordinated additional or follow-up trainings based on site needs; **62 BLS admin/staff trained**
- ✓ Provided on-site technical assistance to admin and staff to set up and troubleshoot the workflow to assure all roles and responsibilities are covered

RESULTS: SHORT-TERM PROGRAM OUTCOMES

INCREASE CAPACITY BUILT FOR EFFECTIVE PRACTICES

Health Curricula and Instruction

K-12 Health Education is an evolving field that is moving from learning health facts to learning the health skills that are proven to improve health behaviors and outcomes. Like many districts across Oregon and the nation, most BLS Health teachers are trained Physical Education (PE) teachers who are required to teach Health as part of their PE position. Most have had little to no formal training on what works to effectively change adolescent health behaviors. Prevention specialists often have advanced training in what works and how to identify effective prevention programs. Our partnership is ideal because we can use our prevention expertise to build district-wide capacity for effective prevention education.

Here's how we built BLS' capacity for effective prevention education:

- ✓ Assessed Health teachers' needs and priorities to plan district-wide improvements that meet teachers' needs
- ✓ Facilitated **over 55 hours of Health teacher professional development and workshops**
- ✓ Facilitated public reviews of over 40 Health programs with teachers, students, families, and public health and medical professionals
- ✓ Facilitated selection of **9 effective skills-based programs to field test** to prepare for the district's next formal Health curricula adoption in 2024-2025
- ✓ Facilitated a workgroup of teachers to **develop a district-wide Health Scope and Sequence** (comprehensive plan of instruction that builds over grade levels)
- ✓ Coordinated trainings on specific health topics with lower levels of teachers' confidence to teacher, including state-required child sexual abuse prevention
- ✓ Developed family opt-out letters for teachers to send home to families prior to teaching state-required human sexuality education, including access to curricula and resources families can use to talk to their child about sex at home

Leveraging Additional Resources for Public Health Services in Schools

\$113,800 in grant funds awarded to schools and district through Healthy Schools grant-writing to support public health programs

\$20,360 in in-kind services leveraged by Healthy Schools to build prevention capacity, such as bringing in subject matter experts for staff trainings

A Success Story: About Shared Priorities and Actions

La Pine High Increases Staffing for School Counselors

La Pine High School (LPHS) used the action plan developed through the Healthy Schools partnership to gain additional funding to increase staffing to **2 full-time school counselors** and a part-time grad coach. This was an **increase of .79 FTE** (full-time equivalent) **for school counseling (an increase from 1.21 FTE to 2.0 FTE)**.



The Before:

Previously, the school received 1.21 FTE for school counseling. This funding allocation for school counselors was based on the district's standard formula for 1 school counselor for every 375 students. LPHS' student population is about 450 students. The district's standard funding formula does not meet the national recommendation of 1 school counselor for every 250 students, nor does it consider the additional supports students in low-resource areas need to address academic and health gaps. At this level of funding, LPHS combined the 1.21 FTE for counseling with the .5 FTE allocated for grad coaching and .29 FTE allocated for teaching into 2 full-time positions that needed to cover all counseling and grad coaching duties.



The Change:

Through the *Healthy Schools* school health improvement process, the need for 2 full-time counselors and a separate grad coach was identified as a school priority to improve student mental health, academic success, and graduation outcomes. The principal used the school's action plan to advocate for more funding to increase FTE for school counseling beyond the district's standard formula.

LPHS was awarded the additional .79 FTE for school counseling through a separate funding stream called "High School Success," which is designated to support improving high school graduation rates and career readiness. Now, they have 2 full-time counselors, a separate part-time grad coach, and returned .29 FTE to teaching staff.

The Impact:

School counselors support all students in developing their 4-year academic plans and post-graduation plans, as well as provide check-ins and support for students who struggle academically. The additional High School Success funds for 2 full-time counselors means that each counselor has more time to respond to students' unique needs for academic support and health issues that are barriers to learning. LPHS now meets the national recommendation for school counselors with a ratio of 1 counselor for every 225 students, which will improve academic, graduation, and health outcomes.

Success Stories: About Building Capacity



District-wide Trainings in Effective Prevention Practices

District-wide Health Teacher Training

Healthy Schools became trained facilitators of a Skills-based Health Education training: a 12-hour intensive training for Health teachers covering the current best practices. We partnered with the district to embed this training as part of teachers' contract time and an expectation for their role as Health teachers.



For the majority of teachers, this was the first training in Health Education they've ever had or have had in the past 6-10 years. This was also the first time they've ever met with other Health teachers, including the other Health teachers in their school.

All attendees reported that the training increased their knowledge and confidence to be able to implement best practices in skills-based health education.

The majority of BLS Health teachers are trained to teach Physical Education (PE), not Health. This is a nationwide problem due to a lack of investment in K-12 Health Education as a field and a historic issue of embedding Health Education inside PE rather than separating them as two different disciplines and subjects, which is now the national best practice.

District-wide Sources of Strength Implementation Training

Healthy Schools became trainers for *Sources of Strength*. This research-tested suicide prevention program empowers student leaders to implement school-wide campaigns that engage their peers in positive, inclusive activities to promote mental and social health. We worked daily with schools to get them ready to commit to this program. Almost all BLS middle and high schools (11 of 14) committed to implementing the program next year and sent 45 admin and staff to the required full-day training we organized for the district.



RESULTS: MID-TERM OVERVIEW

Mid-term (2-3 yrs)

↑ Collaboration and Integration

↑ Effective Practices

↑ Links to care

↓ Unmet health needs

↑ PYD

This section describes our progress in reaching our expected mid-term results. These are the results we expect to see after 2-3 years of *Healthy Schools*. These mid-term results are from the improved SHIP engagement, shared priorities and actions, and capacity-building done the previous year. The first three expected results are program outcomes we directly impact and will evaluate. The last two expected results are indicators of student health we monitor as intended indirect effects of our program.

WHY DO THESE MID-TERM RESULTS MATTER?

Collaboration and Integration

Collaboration and integration across services and sectors result from strong partnerships that combine resources to address multiple issues in one space or setting. **Multi-sector and multi-component programs are more effective at addressing complex public health issues, especially for adolescent health.**

Effective Practices

Improving district and school operations to include more effective practices is the primary lever of change for improving student health. When these changes happen on a structural level in districts and schools, the improvements to student health happen on a population scale.

Links to Care

Links to care refers to our work to orient staff, students, and families to the health and help resources that address student health issues. We also work with schools to ensure referral pathways are established and continue to work.

Unmet Health Needs

Unmet health care needs is a specific student health indicator we monitor to guide our “Links to Care” work. We aim to reduce students reporting unmet mental health care needs by improving our schools’ linkages to care for students and families.

Positive Youth Development (PYD)

Positive Youth Development is a specific student health indicator we monitor to guide the programs and practices we recommend and support for schools. PYD protects youth from suicide, substance use, aggressive behavior, risky sex, and having disciplinary issues in school.¹³

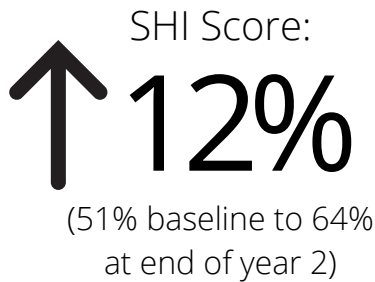
RESULTS: MID-TERM PROGRAM OUTCOMES

INCREASE EFFECTIVE PRACTICES

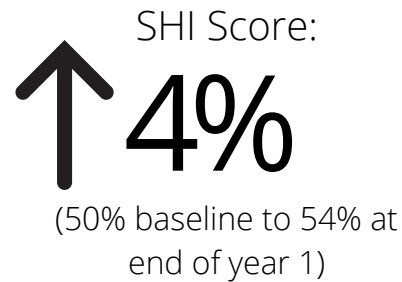
School Health Index Scores

Improving schools' prevention and health promotion practices is how we improve student health. One tool we use to guide this work is the CDC's School Health Index (SHI).⁵ The SHI allows us to: 1. Assess to what extent each school implements the CDC's recommended prevention and health promotion practices, and 2. Guide school improvement plans to address each school's practice gaps. Increases in the SHI scores means the schools are implementing more CDC-recommended practices.

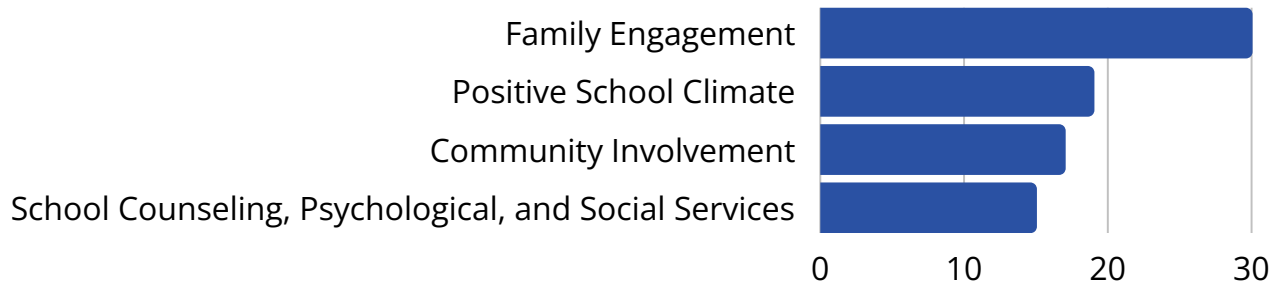
Schools starting 2021-2022



Schools starting 2022-2023



Areas with the Greatest Percent Point Improvements for Schools Starting 2021-2022



Some of the ways we improved overall SHI scores include:

- Facilitating the recommended school health team meetings and staff trainings;
- Engaging students and families in school health improvement processes (SHIP);
- Communicating school priorities and needs to district and community partners to align resources and actions;
- Facilitating student enrichment and advocacy groups or projects;
- Supporting schools' adoption of CareSolace and UpShift, which include referral systems to address student mental and behavioral health needs;
- Facilitating family engagement to support positive parenting strategies, including Family Connect Workshops;
- Improving partnerships with community-based organizations to implement health promotion events in schools.

RESULTS: MID-TERM PROGRAM OUTCOMES

INCREASE EFFECTIVE PRACTICES

Health Curricula and Instruction

Our capacity building for district-wide improvements to middle and high school Health curricula and instruction resulted in changes to Health teachers' practices, reaching **5,327 adolescents** through existing Health classes with more effective prevention programs taught by their Health teacher.

95% of Health teachers are now using effective skills-based prevention curriculum (an increase from 31%)

Curriculum changes affect the topics teachers can cover. Below are the changes in what Health topics teachers taught (changes from Oct 2021 to Nov 2022).

90% taught Tobacco Prevention*
(up from 81%)

80% taught Violence Prevention*
(down from 81%)

80% taught Suicide Prevention
(down from 88%)

75% taught Sexual Abuse Prevention*
(up from 63%)

90% taught STI Prevention*
(up from 81%)

75% taught about Sexual Orientation
and Gender Identity* (up from 69%)

85% taught about Consent*
(up from 81%)

65% taught Respecting Differences
(up from 44%)

*topics required by Oregon laws

These Effective Skills-based Health Curricula Include...



How do we know these curricula will result in improving student health?

- *CATCH My Breath* has been found to reduced vaping experimentation by 50%¹⁴
- *Project ALERT* reduced marijuana usage by 60% and tobacco usage by 40%¹⁵
- *Michigan Model* improved communication and drug refusal skills¹⁶
- *FLASH* reduced teen pregnancy, STDs, and improved confidence to say "no"¹⁷
- *Wayfinder* improved sense of purpose, engagement, confidence about future, and social awareness¹⁸

RESULTS: MID-TERM PROGRAM OUTCOMES

LINKS TO CARE AND UNMET HEALTH NEEDS

Though our program focuses on primary prevention to protect youth before problems start, we also assure schools are able to connect families to health services when they need them. We do this work by:

- Learning about the help resources available,
- Partnering with organizations to improve their linkages to schools, and
- Communicating to staff, students, and families during school and school-sponsored events what help resources are available and how they can access them.

CareSolace and UpShift are two referral systems we are supporting schools through their adoption, helping them set up their workflows, and communicating out to families and communities about the resources.

CareSolace is a navigation service that assesses the type of behavioral health care needed and navigates the student, staff, or their family members to their first appointment.¹⁹



305

students ages 12-17 referred to *CareSolace*

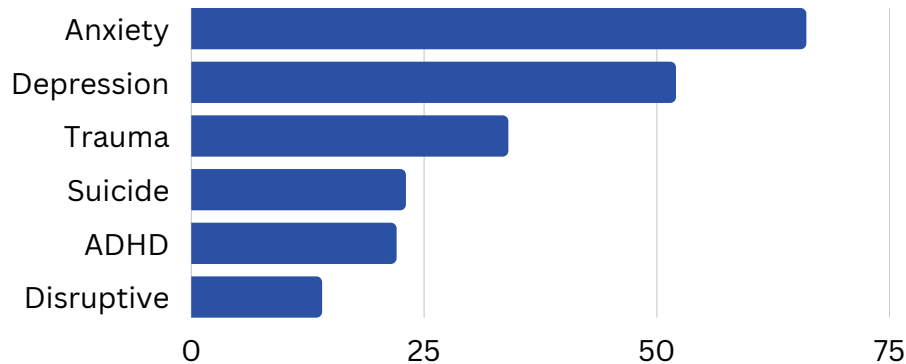
50%

of those referrals resulted in appointments

39%

of referrals with unreachable parents

Mental Health Reasons for *CareSolace* Referrals (Percent of Referrals)



UpShift is an alternatives to out-of-school suspension program for substance use policy violations in middle and high schools. It involves schools providing a risk screening, brief intervention, and referral to treatment.²⁰



224

students eligible for *UpShift*

59%

students completed *UpShift's* Brief Intervention

11%

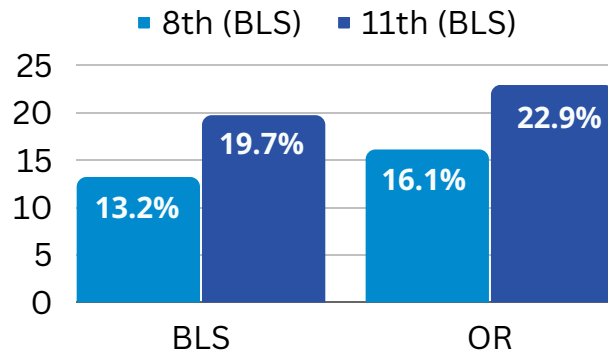
students referred to treatment due to high risk

TARGETED MID-TERM STUDENT HEALTH INDICATOR

UNMET HEALTH NEEDS

Unmet Mental Health Care Needs is an indicator of student health we monitor and target with our program activities. We aim to reduce unmet mental and emotional health care needs. To change this indicator, we improve staff, student, and family awareness and utilization of the help and health resources available.

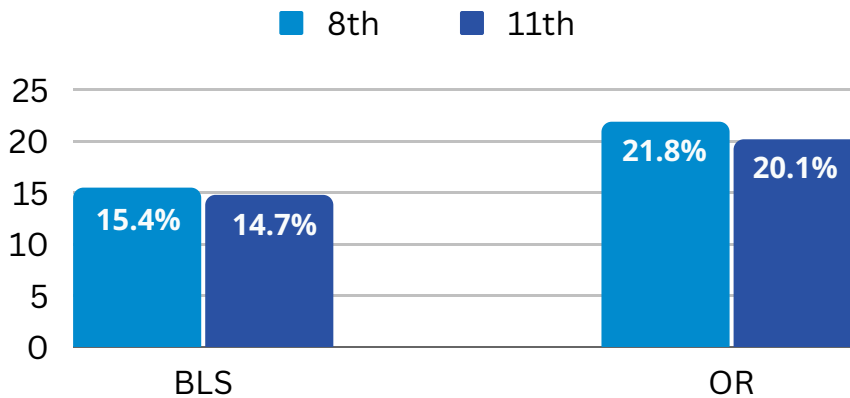
Students Reporting Unmet Emotional or Mental Health Care Needs
Oregon Student Health Survey (October 2022)



Bend-La Pine Schools' proportion of students reporting unmet emotional and mental health care needs is lower than their peers across the state, but the rate is still a high proportion of the student population. We will continue to target this student health indicator with our "links to care" work.

The graph below shows that, compared to the state, fewer students in Bend-La Pine Schools are reporting that they have no one or are not sure who they can go to for help at school with a physical or mental health problem. This is one of the indicators we monitor and target as a precursor to reducing unmet health care needs.

"No One" or "Not Sure" for Who to Go To for Help at School
Oregon Student Health Survey (October 2022)



See the [addendum](#) to this annual report for more student mental health indicators, which includes how Bend-La Pine Schools' rates compare to Oregon's rate.

TARGETED MID-TERM STUDENT HEALTH INDICATOR

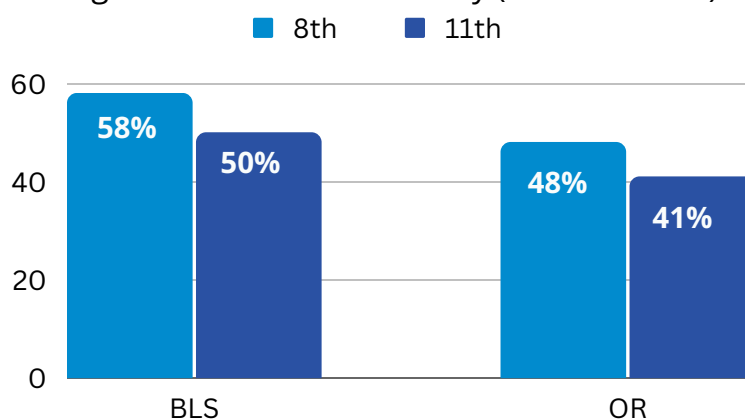
POSITIVE YOUTH DEVELOPMENT

Positive Youth Development (PYD) is an indicator of student health that we monitor and target with our program activities. PYD is strongly associated with less health-harming behaviors in adolescents. Students who meet Oregon's PYD Benchmark are less likely to consider suicide, use substances, have sex, be in a physical fight at school, or be suspended from school.

Oregon's PYD Benchmark is a metric that includes these measures:

- Physical health status and Mental/emotional health status
- Competence ("I can do most things if I try.")
- Confidence ("I can work out my problems.")
- Connection to a Caring Adult ("At least one teacher or adult at school really cares about me")
- Contribution or Service ("I volunteer to help others in my community.")

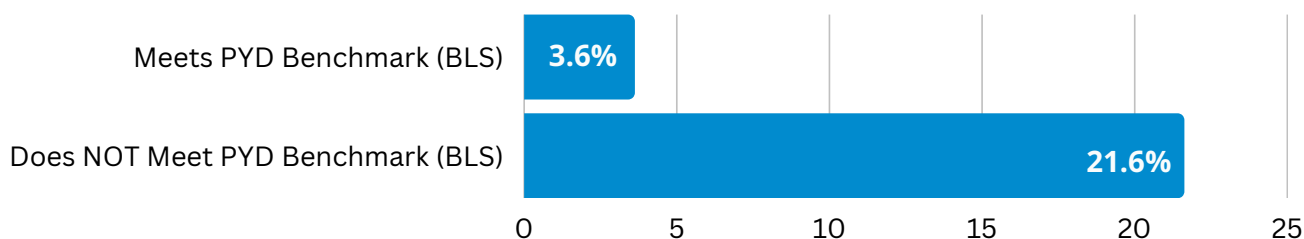
Percent of Students Meeting the PYD Benchmark
Oregon Student Health Survey (October 2022)



Bend-La Pine Schools continues to have a higher rate of students meeting the PYD Benchmark compared to the state, but we still aim to raise PYD Benchmark rates for BLS' 8th and 11th grade students to protect students from health risks.

Whether students meet or do not meet the PYD Benchmark continues to predict student health risks, including considering suicide as seen in the graph below.

Percent of BLS Students Seriously Considering Suicide by PYD Benchmark
Oregon Student Health Survey (October 2022)



Success Stories: Improving Family Engagement



Summit High Engages Parents in Positive Parenting

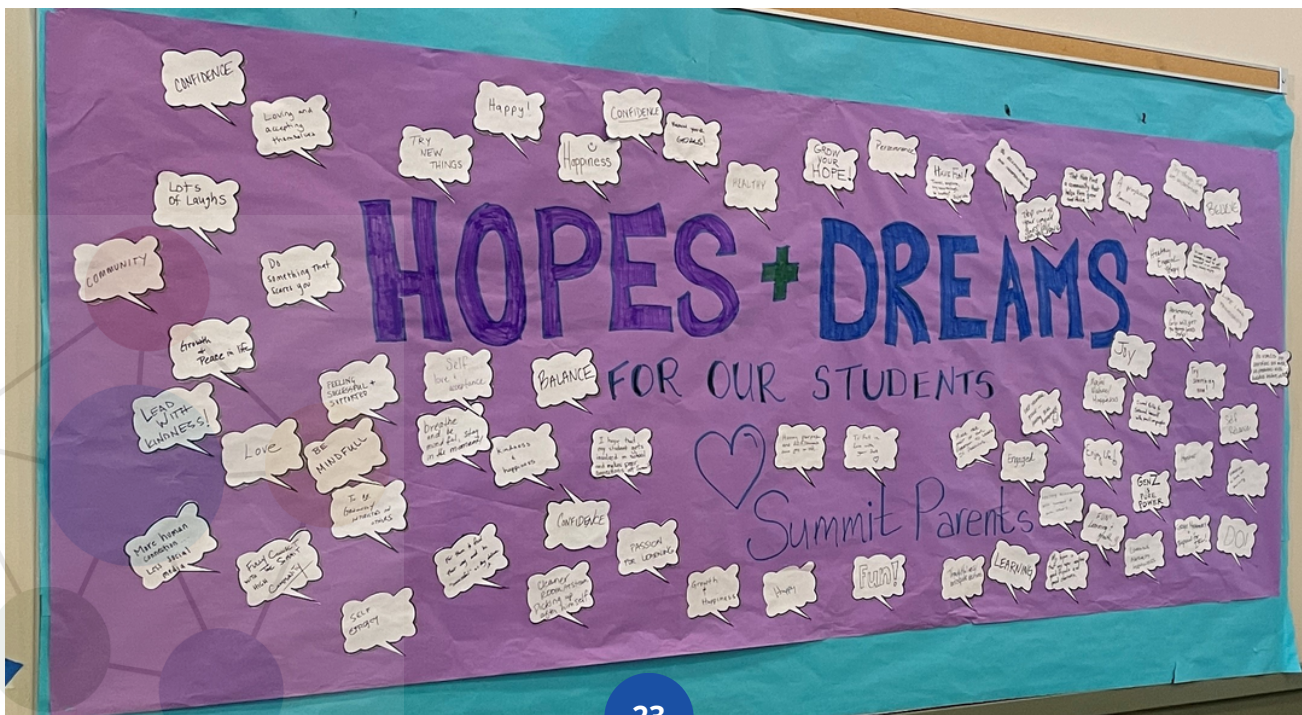
The Public Health Specialist (PHS) at Summit High School engaged more than 100 parents at a Summit Together event. The PHS hosted a breakout session that covered:

- Health resources available to students and families
- Upcoming school initiatives to improve student health
- Developmental changes to expect for teens
- CDC-recommended positive parenting strategies for teens



The parents discussed with each other which parenting strategies they are interested in learning more about and shared this with the PHS for the school's future plans. The parents also wrote out their hopes and dreams for their children for this school year. The PHS assembled the parents' hopes and dreams onto a poster that was displayed for students in the school.

This met a few of the recommended family engagement practices in the CDC's School Health Index, including schools providing families with information on positive parenting strategies, regular updates on student health issues, and engaging parents in planning school health activities.



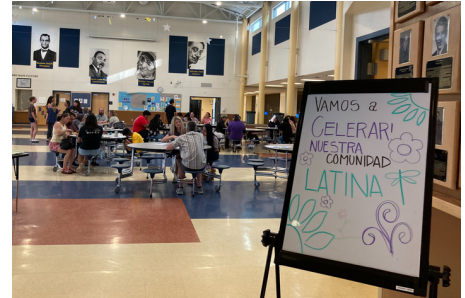
Success Stories: Improving Family Engagement

Celebration of Spring Builds Community at Bend Senior High

Bend Senior High School (BSHS) welcomed 48 family members to the Celebration of Spring night where families, staff, and community organizations enjoyed a taco bar dinner, played Bingo, and learned about school and community resources. Families were able to network with other families, build relationships with school staff, and access available services to improve their child's school experience.



The celebration focused on building authentic relationships through games, a cultural dance, laughter, and relaxed conversation. There were even prizes for the Bingo winners! Many families were impressed by the students' activities and projects including dinner prepared and served by the Culinary class students, a student art display, and the spring choir concert. Students also helped set up for the event, played games with the families, and helped interpret between Spanish- and non-Spanish-speaking attendees.



With the help of BSHS's Latino Family Liaison, school staff introduced themselves and their role in Spanish. Many staff attended, including the Latino Family Liaison, Spanish and Dual-Immersion teachers, the Future Center, a *Healthy Schools* Public Health Specialist, Graduation Coaches, an Assistant Principal, and Bend-La Pine Schools Family Liaisons. Spanish-speaking community partners shared resources from Bend Parks and Recreation, Deschutes Public Library, Juntos, Family Access Network, and Better Together. After hearing about various school departments and programs, families were invited to share their contact information so staff could follow up with them after the event to provide more information.

The Celebration of Spring night encouraged families to build meaningful connections with their school community. Increasing family engagement in schools improves student outcomes, achievement, behavior, relationships, and the overall school environment. Staff and families alike look forward to the next celebration.



Success Stories: Improving Positive School Climate

Mental Health Week at Mountain View

Mountain View hosted their first Mental Health Week during the Spring semester of last school year. Mountain View's Public Health Specialist worked with student leaders, school staff, and community organizations who all came together to make the week possible. The goal was to let students know they're not alone, they have strength, there's hope and help in our community, and to keep the conversation going about mental health.



"I think most teenagers struggle with mental health. There's a lot of things nowadays that can impact teenagers. **Things like this are important** because it shows them there are people like them that struggle and **brings them together and gives them an outlet."**

– MVHS Student

"If students are able to practice making connections between what supports and resources they have, especially someone they can talk to, they are **more likely to reach out for help, use healthy coping skills and ultimately build resiliency** to various life stressors they face."

– MVHS Public Health Specialist

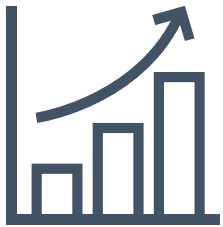
Every day, students had the opportunity to have guided conversations about mental health in their classrooms, and to engage with various community partners and participate in fun activities during lunch. Visiting community partners who provided resources included Deschutes Public Library, YouthLine, Mosaic Medical, The Drop and Deschutes County Health Services.



WHAT TO EXPECT WITH *HEALTHY SCHOOLS* REPORTING



Healthy Schools provides an annual report following each school year. The annual report covers the services provided by the *Healthy Schools* team, the reach of those services, and the direct outcomes of those services (engagement, capacity built, and school practice changes). **Schools increasing their usage of effective prevention and health promotion practices is our primary program outcome, which is reported in each annual report.** Increasing school adoption of effective prevention practices can have a high level of impact on population health.



Annual reports published in odd years (2023, 2025, ...) will include an attachment reporting the student health indicators we are targeting with our services. The 2023 addendum includes the baseline data for the measures we will monitor over time. The data in the 2023 addendum were mostly collected over 2020-2023. For our two largest data sources, data prior to 2020 are not available due to changes to the survey tools starting in 2020 or 2021.



Starting in 2025, and repeating every 4 years (2025, 2029, ...), *Healthy Schools* will provide an evaluation of whether and to what extent this program is working to:

1. Increase schools' implementation of effective prevention and health promotion practices
2. Reach all middle and high school students with those practices changes
3. Make positive changes to students' health knowledge, attitudes, behaviors, or access to health or help resources

Healthy Schools will continue to target student health indicators (such as suicide attempts and substance use) on a population scale; However, it is not practical to aim to assess our program's effectiveness with those data due to factors such as the indirect nature of this program (reaching students through school admin, staff, and student leaders), sample size issues, difficulty accessing raw data, and the staff capacity needed for data collection, management, and analysis.

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ACKNOWLEDGEMENTS

Healthy Schools was made possible through funding provided by Bend-La Pine Schools and Deschutes County. The commitment to joint funding and ownership of this program allows resources to be directed in a manner that addresses our local community's needs and priorities. This partnership is an innovative approach to supporting our community's kids, families, and schools.

Special thanks to our colleagues in the following organizations for the extensive time and effort they have contributed to the development of Healthy Schools:

- Bend-La Pine Schools district directors
- Bend-La Pine Schools school admin and staff
- High Desert Education Service District
- Deschutes County Health Services

FOR MORE INFORMATION

Reach out and ask us questions. We are eager to talk about this program. Contact us by email or find out more from our webpage:

- healthyschools@deschutes.org
- deschutes.org/healthyschools

