

Developing Comprehensive Suicide Prevention, Intervention and Postvention Protocols: A Toolkit for Oregon Schools



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Introduction to the Toolkit

Suicide is the second leading cause of death for young people age 10-24 in Oregon. Rates of suicide in Oregon have generally been higher than the US over the past decade.¹ Oregon's Youth Suicide Intervention and Prevention Plan (2016-2021) is grounded in the tenant that suicide is a complex and serious public health problem that affects people of all backgrounds and walks of life, but is *preventable*. Adopting a Zero Suicide goal is aspirational and requires the dedication of state, community and individuals in Oregon.

School is a critical setting for supporting the healthy development of youth, including suicide prevention, intervention and postvention efforts. The school environment can be a source of resiliency and support for students who are struggling. School personnel are often on the "front lines" of identifying and supporting students who might be struggling or thinking about suicide.

The Purpose of this Toolkit:

There are many excellent tools and resources related to suicide protocols in schools. However, this toolkit has been specifically designed to support a school system (Education Service District, District, School) in Oregon to develop a comprehensive suicide protocol. This toolkit includes example processes and templates from school communities in Oregon, information regarding relevant laws related to suicide and schools, as well as stories of work happening across the state. The aim of this toolkit is to help schools in Oregon:

- A. Address the issue of suicide from prevention and intervention to postvention (in the aftermath of a suicide in the school community) and demonstrating how protocols can support each component.
 - a. Prevention: Educate school staff to be prepared to recognize and respond to signs of suicide risk. The protocols will dictate how and when this training will happen and which staff receive which training. Beyond early identification, the toolkit also offers information on programs to promote resiliency and support a positive school environment.
 - b. Intervention: Promote the importance of intervention with youth at risk and connect them with the needed help. This protocol will address the process taken by staff when concerned about a student. This includes how to support the student, where to bring them for support, staff roles in a crisis, internal and external communication, referrals and follow up.
 - c. Postvention: Information about supporting a school community after a loss to suicide. This portion of the protocol will address supporting the school community (including staff) and the families in the aftermath of a suicide death. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at risk students, and difficult issues such as memorials. This section also provides information, guidance and best practice related to SB 561.

¹ Oregon Health Authority, Public Health Division. Youth Suicide Prevention Program.
<https://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/sdata.aspx>

- B. Ensure school staff are familiar with training offered in support of a comprehensive suicide program in schools.
- C. Provide sample protocols, processes, and guidelines that education systems can use as a template in the development of protocols that best support their community.
- D. Provide sample documents that may be edited and used in support of a comprehensive suicide program in schools.

What is in the Toolkit?

Below is a brief description of the documents included in this toolkit.

- A. Comprehensive School Protocol Inventory:** Tool you can use to develop or assess a District or School protocol. Use the following documents as resources and templates to address the needs identified in the inventory.
- B. Evidence-based Trainings and Programs:** Provides information and links to important training opportunities in the state, as well as examples of programs being implemented in communities.
- C. Sample Suicide Intervention Process:** This sample from Washington County documents the intervention and screening process staff would take if concerned about a student.
- D. Sample Suicide Screening Form:** Sample adapted from Washington County.
- E. Sample Safety Plan:** Template with guiding questions and considerations when developing a safety plan with a student.
- F. Guidelines for Effective Referrals:** A common challenge is communication between school mental health professionals and community providers. This provides helpful guidance for making a good referral.
- G. Sample Referral and Follow-up form:** Sample document that can be edited and used as a referral form for care coordination between school mental health and community mental health providers.
- H. Sample Parent Involvement forms:** Two different sample letters that can be modified and used when communicating to parents/guardians regarding a suicide assessment.
- I. Sample Re-Entry Procedures after a Suicide Attempt:** Outlines the best-practice procedures for student re-entry to school after a suicide attempt or hospitalization. Provides important guidance for school staff upon student re-entry.
- J. Sample Re-Entry Procedures after Hospitalization:** Sample forms from Multnomah Education Services District (MESD) Unity/Willamette Falls for transition from hospitalization.
- K. Sample School Intervention Flowchart:** Visual process of suicide intervention protocol. Can be tailored to meet the specific needs of your District/School.
- L. Sample Postvention Protocol Language and SB 561:** Sample language for schools within the context of a broader community postvention response.
- M. Sample Suicide Postvention Flowchart:** Visual workflow of the intervention process, can be tailored to be specific to your school/district.
- N. Sample Death Notification Statement for Parents:** Sample letters to distribute in the event of a death.
- O. Stories from school communities that spotlight success**
 - a. Strengthening partnerships between district and community mental health providers: Jackson County
 - b. Building partnerships to create a life affirming culture: Corvallis School District
 - c. Connecting students and families to support they need: Hillsboro School District
- P. Resources:** Links to key people, organizations, and resources in Oregon and nationally.
- Q. Appendices:** Additional sample protocols from communities in Oregon.

A. Comprehensive School Protocol Inventory

The following inventory can be used to develop or strengthen your District or School protocols. The intent is to use this inventory as a guide. Use the components that are most useful to your school's needs and your community's available resources. The below inventory is based on the most comprehensive protocol that addresses prevention, intervention, and postvention. Further, it addresses issues such as staff roles, internal suicide assessments, communication amongst staff, students, outside providers, and with families, referrals and follow up and documentation needs.

* This inventory recommends at least 2 staff per building to be trained in ASIST. The two-day ASIST training provides enhanced skills to intervene with a person at risk of suicide and develop a safe plan for the student. Gatekeeper training is recommended for all school staff.

Oregon School Suicide Protocol Inventory 2017
Adapted from Building Caring Connections, Maine

The purpose of this inventory is to better understand what protocols and procedures are currently in place related to suicide prevention, intervention, and postvention and where there are needs for additional documentation. This inventory can be filled out at the District or School level (if at the District level, indicate which items are more appropriate for the school level). When completing the inventory, consider protocols and procedures that are documented. For example, if there is a process for following up with a student but that process is not documented, please mark "Partial" or "No". Make notes as necessary to add context.

Date of Review:

Reviewer(s):

District/School Name:

	Yes	No	Partial	N/A	Notes
A. Prevention					
Is there a written protocol for suicide prevention? If yes, does it address the following:					
Staff Training					
A1. All staff to receive basic suicide prevention awareness (gatekeeper) training every 3 years.					
A2. At least 2 staff/building to receive training in ASIST.*					
A3. ASIST trained staff receive refresher training and/or updated ASIST training every 3 years.					

A4. All staff review suicide protocol annually.					
A5. New staff to receive training within 6 months of hire.					
A6. Appropriate school staff have training on handling confidential student information, including knowledge of HIPPA and FERPA.					
Staff Roles and Responsibilities					
A7. Identifies staff to school-wide crisis team.					
A8. Designates a staff member to coordinate suicide prevention efforts in building. A9. Staff coordinator is trained in ASIST.					
A10. Identifies staff responsible for assessing student risk.					
A11. Identifies staff who will follow up with students after initial assessment and referral.					
A12. Protocol flow charts (that indicate process and staff roles) are on hand for quick reference.					
Referral Networks and Resources					
A13. Identifies key external community resources. A14. Includes names and phone numbers of community resources. A15. List of external community resources is updated regularly.					
A16. Identifies school resources by position and specific role (i.e. SBHC staff, school counselors, social workers, psychologist, school nurse, District staff).					

A17. Describes plan for student education and outreach. A18. Includes specific prevention curriculum delivered and when. A19. Describes communication plan, including distribution of print materials, social media/text messaging, crisis information.					
A20. Describes coordination of support during educational activities/curriculum (classroom or schoolwide).					
A21. Specifies linkages between school staff and SBHC protocols for suicide prevention, assessment and support.					
B. Intervention					
Is there a written protocol for suicide intervention? If yes, does it address the following:					
B1. Outlines steps to take in the event of a staff or student attempt on school ground.					
B2. Outlines steps to take in the event of a staff or student attempt off school ground.					
Assessment					
B3. Describes when an assessment is necessary (i.e. when a student is identified as potentially suicidal). B4. Assessment tool is evidence-based.					
B5. Details specific process and timeline (i.e. flow chart).					
B6. Outlines specific steps to take for student based on assessment (i.e. low, medium, high risk).					
B7. Criteria for contacting parent/guardian and sample communication provided (i.e. risk concerns, recommendations for safety, treatment and follow-up).					

B7. Describes process for sharing confidential information with school and community resources.					
B8. Describes process for documenting and storing screening, assessments and referrals.					
Safety					
B9. Includes criteria and reasons for calling 911, police, EMS B10. Includes process for calling 911, police, EMS					
B11. Includes criteria and reasons for contacting school resource officer.					
B12. Details when a safety plan is needed and what it should entail.					
B13. Steps for lethal means counseling. B14. Steps to develop a plan to remove/limit access to means as appropriate.					
B15. Plan for high risk students includes activating safety precautions (do not leave student alone, check personal belongings, do not allow student to leave school alone).					
Referral					
B16. Criteria for which referral resources should be used and when (i.e. MOU with community resources, crisis, county mental health, emergency room, primary care provider, therapist, etc).					
B17. Specifies documents to be sent with students.					
B18. Outlines process for gaining release of information from student and/or parents for coordination.					
Follow Up					

B19. Specifies timeframe, steps and staff responsible for follow up communication with student/family (to ensure student has received follow up care, provided necessary assessment, treatment and support).					
B20. Specific communication and coordination with appropriate school staff and administration.					
B21. Debriefing with staff as appropriate.					
B22. Student re-entry plan/meeting is in place prior to student returning to school from hospitalization or referral.					
B23. Information sharing and communication in place for coordination with hospital/community providers.					
B24. Procedures for on-going follow up and support.					
C. Postvention					
Is there a written protocol for suicide postvention? If yes, does it address the following:					
C1. Steps to take in the event of completed suicide on school grounds.					
C2. Steps to take in the event of completed suicide off school grounds.					
C3. Outlines roles and responsibilities of crisis response team.					
C4. Provides guidance and sample notifications for students, families and staff.					
C5. Describes communication and debrief process and timeline for students and staff.					
C6. Describes postvention debrief process with external partners per community response plan (SB 561).					
C7. Describes postvention review procedures per community response plan (SB 561).					

C8. Outlines plan for mobilizing school and community resources to support school staff, students, community short term and long term per community response plan (SB 561).					
C9. Outlines processes in place to address memorials, per the community response plan (SB 561).					

B. Evidence-based Trainings and Programs available/being piloted in Oregon

Title	Description	Length	How to Access
QPR (Question, Persuade, Refer)	QPR offers a variety of trainings from online gatekeeper training, triage training, suicide risk assessment and management, and trainings for specific professionals (including school health professionals).	90 minute gatekeeper training.	https://www.qprinstitute.com/organization-training
ASIST (Applied Suicide Intervention Skills Training)	Interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.	2 Days	www.livingworks.net Contact Meghan Crane, Zero Suicide Coordinator to connect to an ASIST trainer. Meghan.crane@state.or.us 971-673-1023
Mental Health First Aid	Introduces participants to risk factors and warning signs of mental illnesses and suicide. Uses role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect persons to the appropriate care. Teaches the common risk factors and warning signs of specific types of illnesses, like anxiety, depression, substance use, bipolar disorder, and schizophrenia.	8 Hours	http://www.MHFAOregon.org Contact Maria Pos, State Coordinator and Instructor MHFA, AOCMHP mpos@aocmhp.org
Kognito	Online simulations to help all school staff recognize when a student is exhibiting signs of suicidal distress, and manage a conversation with the student and connecting them with the	At Risk- HS Educators approx. 1 hour Step In, Speak Up approx. 30 minutes	Access available through Public Health Division through December 31, 2017. Contact Meghan Crane, Zero Suicide Coordinator Meghan.crane@state.or.us

	appropriate support at school.		971-673-1023
Sources of Strength	A best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse.	3-year intervention and training model	https://sourcesofstrength.org/ Sources of Strength is being piloted in North Clackamas and Albany School Districts with support from Oregon Health Authority.
PAX Good Behavior Game	Teaches students self-regulation, self-control, and self-management in context of collaborating with others for peace, productivity, health and happiness. Included in SAMHSA's National Registry of Evidence Based Programs and Practices.	1-day training plus classroom materials.	http://goodbehaviorgame.org/
Connect Prevention and Postvention Trainings	National best practice for comprehensive suicide prevention. For schools and their community partners; also a youth component	Varies, depending on training type	http://www.theconnectprogram.org/
Counseling on Access to Lethal Means (CALM)	Designed especially for providers who counsel people at risk for suicide, primarily mental health and medical providers, but also clergy and social service providers.	1.5-2 hours online (free)	http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means
Columbia Suicide Severity Rating Scale	Evidence-based suicide risk assessment for clinicians, communities, and schools. Can access the screener, guidelines, and online trainings for free.	Varies, online	http://cssrs.columbia.edu/training/training-options/

C. Sample Suicide Intervention Process (Adapted from Washington County School District Template)

Reporting Suicide Concerns

- Staff will take all suicidal behavior and comments seriously every time.
- Students will be interviewed the same day concerns are reported.
- The risk of suicide is raised when any peer, teacher, or other school employee identifies someone who has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs (i.e.: information on social networking websites, writings, art, or other expression of suicidal thinking/activities).
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- It is critical that any school employee who has knowledge of someone with suicidal thoughts or behaviors to communicate this information immediately and directly to a trained staff person known as a “gatekeeper.” This person will have specialized training, such as ASIST, to assess and refer the student. The school counselor and administrator should also be notified so that the student receives appropriate attention.
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Intervention Steps (conducted by the ASIST trained staff person)

1. **If the situation is critical or suicide risk is imminent, call law enforcement:** such as, having possession of the means (razor, gun, rope, pills, etc.), if the student is not at school or has left the campus and a plan to kill oneself is discovered, or if the person is unwilling or unable to make a plan to keep themselves safe.

2. **Stay with the student.** No student expressing suicidal thoughts should be sent home alone or left alone during the intervention process.
3. **Use the Suicide Screening Form to interview the student.**
4. **Unless the youth identifies safety risks associated with notifying a parent/guardian, contact parents/guardians or another trusted adult or adult family member identified by the youth when there appears to be any threat of self-harm.** If a parent is unavailable call the [County Crisis Line], the National Suicide Prevention Hotline 1-800-273-TALK to consult.
5. **Consult with another trained staff person or with the [County Crisis Line/National Suicide Prevention Lifeline].** Staff person then informs administrator of screening results.
6. **Develop a “Safeplan” in partnership with and guided by the youth. Work with parent/guardian or trusted adult to develop their component plan.** The Safeplan is not a treatment plan. It is a short term intervention plan to maintain the student’s safety that designates the responsibilities of each person and includes a review date to insure follow through and coordinated decision-making. Provide student and parent with the Safeplan and parent with a copy of the parent letter.
7. **If a student has additional risk factors (answering “yes” to any risk factors beyond having suicidal thoughts-questions 2-6 in the student interview on the Screening Form) then the Safeplan must include school staff facilitating a referral to one of the following for a mental health assessment:**

The student’s primary mental health therapist—School staff calls the therapist, provider, or agency. The therapist or agency makes an immediate plan with the student and family to conduct further assessment. If the staff person cannot reach the therapist, they will utilize other options listed below. (It is not sufficient to simply leave a voicemail for the therapist.)

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Hospital—Arrange student transportation to an Emergency Department for further assessment. [Include local hospital information]

8. **Document the screening by filling out the Screening Form and filing it and the Safeplan in the appropriate file, not the student's CUM file.**
9. **Follow-up with the student as designated in the Safeplan.** Revise the Safeplan with student and family as needed and share with others as necessary to support the plan. *Please note that risk may remain after an intervention.* It is important to stay connected and involved with the student and family.

D. Sample Suicide Screening Form (Adapted from Washington County's School District Template)

SUICIDE SCREENING FORM

Complete this form for each student that you screen for potential suicidal behavior.

A. Student Information:

Date of Initial Contact:	Student Name:	ID#:	
DOB:	Age:	Grade:	Screening Completed by:
Parents/Guardian:			
Home Phone:	Work Phone:	Cell Phone:	

B. Referral Information:

Who referred the student?
What information was shared that raises the concern about suicide risk? (Add any relevant details).

C. Student Interview:

Student Interview	Safety Plan Items to Consider	Safety Plan Ideas
1. Does the student say they are thinking about suicide? Yes <input type="checkbox"/> No <input type="checkbox"/>	a. How will the student keep safe if they continue to have suicidal thoughts? For how long do they think they can keep safe?	
	b. What trusted adult or community resource can the student call and talk to if they are having suicidal thoughts?	
	c. Is the student using alcohol or drugs? (Use decreases inhibitions and increases risk.) Discuss with student how they can reduce or stop use.	

	d. Link the student to resources. Family/friend they can call? Mental Health resource they can call? Suicide Hotline: 1-800-273-TALK County Mental Health Crisis Line: 503-291-9111	
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If student answers “yes” to any of 2-6 below a mental health assessment should be included in the Safeplan.

Student Interview	Safeplan Items to Consider	Safeplan Ideas
<p>2. Does the student say they have a plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the plan? Are the means available to carry out the plan? (Things that may be harmful such as rope, guns, weapons, pills, medication, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:</p>	<p>With student discuss ways to stay safe. What can be done about means, supervision, timing?</p>	
<p>3. Is the student experiencing emotional pain that feels unbearable? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>What does the student identify as things that ease the pain? Think about things such as talking, listening to music, art, reading, etc.</p>	
<p>4. Does the student feel alone? Does the student have a support system or resources they can turn to when feeling alone? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If there is a lack of resources, help link the student to resources both informal such as family, friends, coach, or mentor and formal such as school, mental health professional, doctor, etc.</p>	
<p>5. Has the student made any previous attempts? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe when and how and survival skills:</p>	<p>Protect the student against danger. Support past survival skills. (Do they have the means they used before? How did they survive after the previous behaviors?)</p>	

6. Is the student receiving mental health care? Did they receive mental health care in the past? Who is/was their therapist(s)?	Help link the student to a mental health worker that they liked or was helpful. Help them find a new person if necessary and help the student make the appointment.	
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D. Consultation following student interview:

School Staff	Contact Date/Time		Recommendations
Counselor			
Administrator Notified			
ASIST Trained Staff			
Other			
Agency	Person Contacted	Contact Date/Time	Recommendations
National Suicide Prevention Lifeline or County Crisis Line			
DHS			
Police Officer			
Family Physician			
County Mental Health			
Private Therapist			
Other			

E. Contact Parent:

Name of parent/guardian:	Date of contact:	<input type="checkbox"/> Parent/guardian could not be reached
Was parent/guardian aware of suicidal thoughts/plans? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parent/guardian perception of suicide risk:		
Action by parent/guardian:		

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F. Next Steps

<input type="checkbox"/> Student Released to: _____ <input type="checkbox"/> <input type="checkbox"/> Identify and inform relevant staff		
<input type="checkbox"/> Follow-up: Who/When: _____ Action Taken: _____		
Other Possible Steps		
<input type="checkbox"/> Provide self-care information to Student	<input type="checkbox"/> Set up a system for student to check in with supportive staff on a regular basis	<input type="checkbox"/> Referral to Special Education for evaluation
<input type="checkbox"/> Refer student to school-based Therapist	<input type="checkbox"/> Refer student to youth services team	<input type="checkbox"/> Help connect student with a support group

Your Name: _____ **Signature:** _____ **Date/Time:** _____

Consulted With: _____ **Signature:** _____ **Date/Time:** _____
 (If not crisis line)

A.

E. Safety Plan Sample (Adapted from Washington County School District Template)

SAFEPLAN TEMPLATE

RISK REVIEW COMPONENTS	ACTION	WHO/WHEN
All Safeplans should include: Keep Safe: What will I do to feel better?		
Safety Contacts: What trusted people (adult, crisis center) can I contact when I feel unsafe?		
Consider Drug and alcohol use		
Link to Resources Suicide Hotline: 1-800-273-TALK Washington County Crisis Line: 503-291-9111		
If yes to 2-6 on Screening Form address the following and include a plan for outside mental health assessment:		
Stay Safe What actions need to happen to keep me safe?		
Coping strategies What can I do to feel better?		
Supports Who will I contact when I need support?		

Survival Skills What have I done in the past to stay safe? What has helped?		
Resources County crisis line, Lifeline/Emergency Room/Crisis Team for Assessment		
Other		
Date: _____ Review Date: _____		
Student Signature: _____ Parent Signature: _____ Staff Signature: _____		

TIPS FOR COMPLETING SAFEPLAN TEMPLATE

Remember the Safeplan is a short term intervention to keep the student safe usually until there is further assessment. THIS IS NOT A TREATMENT PLAN, nor is it a contract for safety. The plan should be completed in collaboration with the student, in his/her own words.

RISK REVIEW COMPONENTS	ACTION	WHO/WHEN
<p>All Safeplans should include: Keep Safe (How long can the student keep themselves safe?)</p>	Describe how long the student can keep themselves safe and how. Who needs to be there, do they need supervision and for how long? Other steps or actions?	Who will make sure the student is following through? Who will supervise them? Who will check in with them?
<p>Safety Contacts (At least three people the person can call 24/7 when they are feeling suicidal, a hotline, a parent, relative, therapist.)</p>	State their commitment here that they will call these contacts if they are feeling unsafe.	Identify the contacts here with their phone numbers. Who will let them know they are a support person?
<p>Drug and Alcohol Use</p>	Ask about their use of alcohol/drugs. Write down what supports the student needs to stay safe regarding alcohol and drug use during this time.	Who can support them in this part of their plan? What referrals are needed?
<p>Link to Resources Suicide Hotline: 1-800-273-TALK County Crisis Resources Oregonyouthline.org; 877-968-8491; Text teen2teento 839863 (How can the person reduce loneliness, address depression or other issues that is leading to their suicidal thoughts?)</p>	Link to more formal and informal resources, person at school, mentor, church leader, who can they talk to on a regular basis for support? Therapist? When will they contact this person and how?	Identify the contacts with their phone numbers. Who will let them know they are a support?

If yes to 2-6 on Screening Form address the following and include a plan for outside mental health assessment: (If ANY factors are present beyond suicidal thoughts, they need to be referred for an outside mental health assessment.)		
Keep Safe <i>What actions need to happen for me to stay safe?</i> (It is important to remove the means: guns, pills, rope, car, etc.)	What is the plan to eliminate the means or availability of the plan? What is the student committing to? Is it necessary to involve Law Enforcement/Safety check?	Who is going to help accomplish this?
Coping Skills <i>What can I do to feel better?</i> (It is important that “unbearable” emotional pain is reduced to reduce risk.)	What eases the person’s pain? Music? Art? Talking? Reading? Exercise? Journaling? Time with pets?	Who will help them monitor their pain and help with their plan to ease it?
Supports <i>Who will I contact when I need support?</i> (When people feel alone and isolated they are at higher risk. What will help them feel less alone?)	What informal-friends, family or more formal-teams, youth groups, other activity might help them feel less alone? Favorite friend or relative or coach? Check in with someone at school daily? Who can they talk to?	Who will facilitate this and follow-up?
Survival Skills <i>What have I done in the past to stay safe? What has worked?</i> (Previous attempts increase risk. Address the means issue and how did they survive the last attempt?)	Eliminate the means, how can this be accomplished? What survival skills do they have that they can use now?	Who will make sure the means are eliminated?
Resources County crisis line, National Suicide Prevention Lifeline, Youth Line, Therapist, Emergency room	Do they have a therapist now they would be willing to go to or one from the past they will go back to? Are they willing to have the Crisis Team come out? Are they willing to go to the ER as part of their plan for an assessment?	Call the therapist or crisis line to arrange for an assessment. Arrange for transportation to the ER.
Other		
Date: _____	Review Date: _____	
Student Signature: _____	Parent Signature: _____	Staff Signature: _____

- a. Confirm that the student is comfortable with and agrees with the plan?**
- b. Did you give a copy to the student and parent?**
- c. Does it indicate follow-up? Can you follow-up?**
- d. Did you consult with a colleague or a crisis line about the plan?**

F. Guidelines for Making Effective Referrals

School personnel often have to refer students to other community services for a wide variety of problems that commonly surface among their students. In fact, any community consists of a *network* of services and agencies that constantly refer clients to each other. While making referrals is a common activity, it is done with varying degrees of success. That is, it is not easy to make a referral that is equally acceptable to the person making the referral, the person being referred, and the person receiving the referral. Accomplishing this involves not only obtaining the right services for the student, but also maintaining open communication and smooth working relationships with other agencies.

Referring an adolescent for counseling or other mental health services is one of the more difficult “hand offs” to accomplish. Research has shown that few of these referrals are followed up on, or, if the adolescent does complete an initial appointment, s/he often fails to return for subsequent appointments.

There are probably many reasons, aside from the manner in which the referral was initiated, why this is so. However, we have found that there are some ways of making such referrals that increase the likelihood of a successful hand-off. These techniques can be roughly divided into three categories:

1. Involving the student in the referral.
2. Involving the parents in the referral.
3. Considerations involved in the actual referral process.

The first category contains guidelines that have relevance for school administrators or other designated officials to whom troubled students are referred within the school, as well as for classroom teachers or any other school personnel who have contact with students. The last two categories are mainly administrators or officials who make contact with parents and other community agencies.

For our purposes here, an effective referral is defined as one that seems acceptable or appropriate to the person making the referral, the person or agency receiving the referral and to the student and parents who are being referred.

Involving the Student in the Referral

1. Clarify the Problem

This may sound obvious, but it is not uncommon for referrals to be made before the nature of the problem has been clarified. This results in inappropriate referrals that annoy the student, the referral source, and you. By taking the time to listen and clarify the concerns, you accomplish at least four things:

- Obtaining the information that you need to support your decision to refer and to make a correct referral.

- Showing the student that you understand his/her concerns and thus have some basis for your recommendation.
- Sending the student to a valuable resource and not just out of your care.
- Showing acceptance and understanding and establishing some rapport without which suggestions or directions are unlikely to be accepted.

Even if you know that the student needs additional help before s/he walks into your office, take the time to listen. Referrals work best if they are the end of a process, not the beginning.

2. Address the Reluctance

Give the student a chance to talk about his/her reluctance to accept the referral. A simple way to address this is to ask, "How does this sound to you?" or "How do you feel about my suggesting this?" or "How do you feel about talking to ____ (name)?" Pay attention to nonverbal cues such as tone of voice and body language as well as to what the student says. Some feelings that may interfere with the student's acceptance of the referral include:

- Rejection: "Why can't you help me?"
- Hopelessness: "If you can't help me, nobody can!" "Going for counseling means I'm sicker than I thought"
- Anger: "I thought you were supposed to help me" "I'm tired of telling my story" "You're just trying to get rid of me"
- Concern about parental reaction: "My parents will kill me if they find out I told someone all of this" "They told me if I cause one more problem then I'm out on my ear" "You're crazier than I am if you think my Dad would pay for a shrink".

It's very important to address any expressed concern that reflects reluctance to follow up on your referral. Ignoring the teen's feelings doesn't make them go away. Addressing them provides the opportunity to clear up misconceptions and speak to the teen's fears about mental health treatment. In addition to acknowledging his/her concerns, you may also offer to accompany the student on the next step in order to smooth the transition.

Sometimes, despite your best efforts, the student remains unconvinced about the need for a referral. At this point, it may be best to acknowledge the disagreement, indicate that you would rather be safe than sorry, and invite the student to share his/her concerns again with the person to whom s/he is being referred.

Involving the Parents in the Referral

Once you have determined that a referral is indicated, the student's parents must be contacted. Your school may have different procedures for contacting parents. Some schools require that all such contacts are made by one person such as the principal, vice-principal, or other designated official. It may be a good idea to find out if any faculty member or staff person has had some prior contact with the parents and could best make the contact.

Regardless of who makes the contact, a phone call to let them know that you are concerned about their child and to ask them to come in for a discussion is an appropriate first step. Make sure you have as much objective evidence as possible to support your concerns. Parents

sometimes see their child's problems as a reflection of their parenting and may be defensive about accepting the idea that their child needs professional help. Or, they may hold stereotypic or negative ideas about mental health treatment that affects their response to your suggestions. It is best to briefly state what you have *seen* that causes you concern (rather than make an inference about what the causes for the behavior might be); then ask the parents if this fits with anything they have seen or know that has been going on with the student. This invites the parents to join with you in a discussion about their child, rather than receiving a "report" from you. As with the student, explore the reasons for their reluctance to the referral, then address them directly. As most school officials know, many parents will accept a referral suggestion. Here, we are considering those parents who may be resistant. You may find that you need to restate your concerns several times before they sink in. With some parents, you may need to appeal to their "good" parenting, "I know you want to do what's best for your child". Unfortunately, with others you may have to resort to pointing out possible consequences of not taking action at this time.

Some parents may not be receptive to the idea of a referral. This presents a substantial dilemma when you feel that the risk of a suicide attempt is high or, as in some cases that we have seen, where there has been an actual attempt.

The issue has arisen in all of our consultations with school officials, and there is usually a discussion about involving a child protection agency in such situations. We have found that states have different laws regarding the involvement of a child protection agency, and that there is even greater variance in their application to suicidal risk, as opposed to physical abuse. At this point, then, we recommend that superintendents, in consultation with lawyers and/or legislators develop a policy for this situation. It should be noted that most parents will take action and notifying children's services will not be necessary. Work to collaborate with the parent first, and use children's services only in extreme circumstances.

Considerations Involved in the Referral Process

The following are some points to keep in mind when initiating the actual referral. Again, they are aimed not only at making better hand-offs, but also maintaining good working relationships with other community services.

- a. *Know your local mental health resources.* While some communities have only one agency that provides mental health services, many areas have a variety of agencies that meet these needs (e.g. local community mental health center, family services agency, crisis services, etc.). Some agencies may even have special services for adolescents. An awareness of community resources will help you in making a referral that best meets the student's needs. A personal contact or liaison with a staff member in these agencies can also facilitate the referral process. Contact your county Community Mental Health Program or Coordinated Care Organization for more information. Also find out if there is a trained Family Support Specialist in your area you can connect families with.
www.ofsn.org
- b. In cases where your referral requests to have the student evaluated for suicide risk, you need to make sure that the person or agency to whom you refer has the ability to hospitalize the teenager if it seems necessary. Referring to an agency or person without that capacity (e.g. clergy, mental health clinic without psychiatric affiliation) just adds

another step to the process at a point when timely action is indicated. So when you're checking out your referral source, make sure to inquire about this.

- c. Consider these key factors as you determine the best referral:
 - a. Insurance status: if the student is on OHP, call their CCO; if the student has private insurance, contact their carrier's member services to ensure a provider is in-network; if the student is un-insured, contact the county mental health program.
 - b. Geography: how far away is the referral entity and is transportation going to be a challenge?
 - c. Culturally responsive care- consider race, ethnicity, gender identification, sexual orientation, etc.
- d. If you feel that the situation is an emergency, set up the referral yourself before the family leaves your office. Call the referral source and let them know you are sending the family immediately for an evaluation. Again, be clear about your reasons for the referral.
- e. If you feel comfortable letting the family set up the appointment, make sure to give complete information about the referral. This includes the name of a person at the agency to contact, phone number, address, directions from school or their home, information about cost, etc. Give the family the option of making the call from your office.
- f. Do not commit your referral source to a specific course of action by implying or promising to the student or parents that the agency will definitely work with the teen, hospitalize or not hospitalize, and the like. Your previous arrangements with the referral agency will only ensure that they will see the student. After that, the agency must be free to decide the most appropriate course of action.
- g. It is best to not make evaluative comments about other agencies or individuals in your community. Your prior arrangements with your referral sources implies your acceptance of their practices and personnel. Any questions about the competence, responsiveness, etc. of specific agencies or individuals are best deflected with the statement that you are only familiar with those agencies with which you have specific working arrangements. That being said, if a student or parent returns with a complaint or concern about your referral source, it is best to obtain specific details, and follow this up immediately with that agency in order to clarify any misunderstandings about services or procedures.
- h. Ask the family to sign a release of information when the student is seen at the referral agency to allow you to receive limited information about the outcome of the evaluation. Explain that it is imperative that the school coordinate its response to their child with the mental health professionals in order to continue to provide a consistently supportive environment for their child. Let them know that you only need information that relates to the treatment plan, not details about the life of the family.
- i. Reiterate the importance of care coordination between the school and community mental health providers. The student's care will be better if appropriate school personnel and community providers are able to share information as necessary.

G. Referral and Follow-up Sample Form

Student Name: Address: Phone number: Date of birth: Language spoken in home:		
Date of Referral:	Referral Type/ reason:	
Receiving agency Name: _____ Phone/ Fax: _____ Contact person: _____		
REFERRAL FOLLOW UP ATTEMPTS:		
1ST ATTEMPT	Date of contact:	Worker Name:
Outcome:		
2ND ATTEMPT	Date of contact:	Worker Name:
Outcome:		
3RD ATTEMPT	Date of contact:	Worker Name:
Outcome:		
Referral Closing:	Date:	Final outcome:

Follow up plan: _____

Additional Notes:

H. Parental Involvement form samples

PARENT LETTER (Option 1)

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior that was not directly life threatening but of enough concern for parental/guardian contact. If the meeting is in person, the parent/guardian can sign it, but if the contact is by telephone, mail the form and have the parent/guardian(s) sign it and return it within a specified time frame. Keep record of every additional attempt for follow through with referral made.

School Administrative Unit _____

Parent Contact Acknowledgment Form

This is to verify that I have spoken with school staff member,

_____ on _____ (date),
concerning my child's suicidal ideation. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand a follow-up check by this staff person _____ will
be made with my child, the treating agency, and myself within two weeks of this date.

Parent Signature

_____ **Date:** _____

Faculty Member Signature

_____ **Date:** _____

Additional contacts made with parents/guardians on:

PARENT LETTER (Option 2)

We are concerned about the safety and welfare of your child. We have been made aware that your child has made statements or gestures and may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.
2. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.
 - a. [School Contact Name and Contact Information]
3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.
4. We may need to develop a plan to assure that your student feels safe and supported before returning to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the National Suicide Prevention Lifeline (1-800-273-8255). Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

If you have questions or concerns or need further assistance from the school, please contact:

_____ Phone: _____

PARENT LETTER (Option 3)

Date:

Dear:

We are concerned about the safety and welfare of your child _____. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.
2. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.
3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.
4. We may need to develop a plan to assure that your student feels safe and supported before returning to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the National Suicide Prevention Lifeline (1-800-273-8255). Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

If you have questions or concerns or need further assistance from the school, please contact me at phone: _____.

Sincerely,

I. Re-Entry Procedures after a Suicide Attempt²:

Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless the parents and school staff work together utilizing evidence-based prevention protocols. It is important for the student to be monitored by parents, mental health professionals and designated school professionals, which will establish an available support system. It is critical to link the student, his or her parents/guardians, the mental health team working with the student, as well as the school counselor so that pertinent information flows, and a safety net is created. This safety net may also include closest friends, coaches, faith-based leaders, and other important adults in the student's life.

The transition back to school after a suicide attempt and psychiatric hospitalization can be a difficult one, especially if the attempt was very public. The student's privacy going forward is critical and the student and his or her parents need to be an integral part of the decisions that get made in the reentry plan.

School Procedures:

Prior to Return:

- If not done by the mental health provider at the parent's request already, obtain releases of information from the parent so the mental health provider, inpatient, or outpatient team can talk to the school counselor. This will ensure that pertinent information is shared, and there is a smooth transition throughout the levels of care.
- Meet with the student and his or her parents/guardians before the return to school, plan together what information they want shared and with whom.
- Practice role-playing so that the student can try out different responses to different situations (peer-to-peer & staff-student) that may arise to help lower anxiety.
- Ask how school staff can best support recovery.
- Refer to and update the student's safety plan as needed.
- Work out an agreement with the student to not share details of the attempt including the method, with other students to avoid the potential of increasing self-harm risks with other students, including by social media. Explain that peers talking to peers about the details of an attempt may give ideas to other students who are struggling with their own thoughts of suicide to make an attempt. However, do let the student know that it is an important part of the healing process to talk about the attempt with trusted adults and the student's therapist. Explain that talking about the attempt and what led to it in a safe environment can help the student avoid an attempt in the future.
- Reassure the student and family that sharing information with school personnel will be done on a need to know basis. Faculty and staff that have direct contact should be informed

² (Adapted from Rutgers University
<http://ubhc.rutgers.edu/tlc/guidelines/educators/SchoolAfterSuicideAttempt.html>)

so they can actively assist the student academically. Identify the staff that will need to know by name and role.

- Reassure the student that staff will be available to help the student with any academic issues, and that it will be important for the student to reach out if he or she is feeling worried about their schoolwork.

After Return to School:

- Treat the student's return to school as you would had the student been out sick for a few days. Let the student know you are glad he or she is back, "Good to see you."
- Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.
- Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue, or jitteriness.
- Accommodations may need to be made such as an extended time to turn in assignments, or additional time for testing. Some students with concentration issues may find it easier to take a test alone. Some students dealing with anxiety may find it helpful to be able to leave class a little early to avoid the crowds and noise in the hallways when changing classes.
- Monitor social interactions. Meet with the student, and if he or she agrees, their friends, in the days and weeks following the transition back to school to check in and see how things are going with peers. Quickly address any bullying behaviors that are occurring.
- Have regular contact with the student's parents and therapist to provide feedback and to garner information that will help to further support the student's recovery.

A student returns to school without meeting prior to return:

- Meet with student and parents/guardians as soon as practical in order to develop a safety plan and identify necessary supports for the student and family.

J. Sample Re-Entry Procedures after Hospitalization

Transitioning back to school from hospitalization for suicide risk or attempt can be challenging for students, families, and young people. In 2014, the Educational Coordinators at Providence Willamette Falls Medical Center Child and Adolescent Psychiatric Unit noticed that schools were not getting necessary information from the hospital to help returning students have access to the necessary learning supports and services when in school. After meeting with many school district counselors and school psychologists, the team put together a Physician's Disclosure for Educational Records form that compiled the information from the Unit's multi-disciplinary team to accommodate for these patients/students. Additionally, the team created a Student Support Recommendations Checklist that is completed by the student and hospital staff. The checklist indicates needed accommodations related to access to supports and services, classroom/assignments, and testing.

Student Support Recommendations (check all that apply)

Student Accommodations

- Re-entry meeting with counselor before returning to classes
- ½ day (or partial day) for gradual re-entry
- Scheduled check-ins with school counselor/ staff
- Establish peer support group
- Establish link with point person (set person to go to) when needed
- Safe zone -area to regroup as needed
- Access to therapeutic class - mindfulness if offered by school
- Skill building -coping skills to increase frustration tolerance and manage anxiety
- Provide tutoring services when available

Classroom / Assignment Accommodations

- Alternative assignments for specific circumstances
- Advance notice of assignments
- Provide a personalized school schedule
- Permission to submit assignments options -handwritten, typed
- Written assignments in lieu of oral presentations or vice versa
- Assignment assistance or modification
- Extended time to complete assignments
- Printed copies of all notes and board work
- Assisting students by chunking schoolwork, breaking large projects into smaller pieces
- Preferential seating, near door to allow leaving class for breaks
- Arrange with teachers not to call on student unless hand raised
- Assigned classmate as volunteer assistant
- Review directions individually or additional review of assignment
- Water bottle/Beverages permitted in class
- Prearranged or frequent breaks
- Audio or listening options (sound canceling headphones)
- Notetaker or photocopy of another student's notes
- Early availability of syllabus and textbooks
- Private feedback on academic performance

Testing Accommodations

- Exams in alternate format (multiple choice to essay; presentation or portfolio)
- Use of assistive computer software (Optical Character Recognition)
- Extended time for test taking
- Exam in a separate, quiet, and non-distracting place

Other:

Physician's Disclosure for Educational Records Date: _____

Student Name: _____ DOB: _____

Diagnosis / Symptoms: _____ Dates on unit: _____ - _____

Areas of Concern:

Self harm	Substance use	Work completion
Safety of others	Anxiety	Lack of concentration
Mood	Elopement risk	PTSD symptoms
Other:		

Recommended Accommodations:

Re-entry meeting with school	IEP / 504 Plan Accommodations
Safe zone / Access to counselor	Extended time for tests, other testing plan
Other:	Home instruction / tutoring

Physician's Signature: _____ Date: _____

Phys. Printed Name:

Providence Willamette Falls Medical Center
 Child / Adolescent Psychiatric Unit
 1500 Division St., Oregon City, OR 97045
 503-722-3730 fax 503-722-3752



Community Services:

Therapist:
 Outpatient Services:
 Other:

Educational Coordinators:

Lisa O'Toole _____ Nalani Wineman _____
503-722-3718 lotoole@mesd.k12.or.us 503-722-3744 nwineman@mesd.k12.or.us

K. School Intervention Flowchart (adapted from Maine NAMI)

Suicide Intervention Protocol Chart For Schools A student has displayed risk for suicide

If a weapon is present, clear the area and call 911 or local police

Take immediate action; notify a building administrator/designee

Warning signs

Gatekeeper conducts basic assessment, if in doubt, call National Suicide Prevention Lifeline: 1-800-273-8255

Attempt

On-site

Off-site

Low Risk
No plan, no intention to harm self

Medium to High Risk
(Self-harming behavior, threats, ideation, plan, history of attempt)
Do not leave student alone

Clear the area of other students,
DO NOT LEAVE THE STUDENT ALONE
Render or request first aid

Injuries
Life threatening?

Fill out risk referral form, develop safety plan

Consult with crisis services
Notify parents or guardians
Follow crisis recommendations

YES

NO

Call 911, & family

Disposition determined after crisis assessment

Call crisis 1-800-273-8255 & parents

Forward form to student's guidance counselor or social worker on the same day of the incident and relay information to the necessary staff

Document actions taken
Debrief with staff
Follow up with parents/guardians

Monitor other at-risk students, provide support

Contact parents to set up reentry meeting/process

L. Postvention Procedures and SB 561

Postvention as it is currently used in practice refers to an organized response in the aftermath of a suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide
- To prevent suicide among people who are at high risk after exposure to suicide

The overarching goal is to accomplish all three objectives in a balanced, integrated and effective way, provide grief support to all individuals affected by the death in a staged approach.³

In order to be successful, postvention efforts must be carried out as a community effort built on strong partnerships with local mental health authorities, crisis services, and community mental health programs. In 2015, the Oregon Legislature passed SB 561, which directs the Oregon Health Authority (OHA) to prepare a plan to outline procedures for local mental health authorities (LMHAs) and allied local systems to share information within 7 days of a suspected suicide involving individuals who are 24 years of age or younger. In order to meet the intent of the law, a local Communication (information sharing) Protocol and a local community suicide Response Protocol must be adopted.⁴

Schools are not alone in responding to a death by suicide. Your local Community Mental Health Program (CMHP) has a community plan for responding to suicide and can support the school in postvention efforts. Sample postvention protocols for schools are provided below, but it is critical that schools are a partner in the broader community response plan developed under SB 561, and that school protocols are woven into the larger community response plan. The CMHP in your community can provide supports for the school during postvention.

Sample Procedures⁵

Development and Implementation of an Action Plan:

Develop school crisis team. At a minimum, the team should include an administrator, school mental health professional, school security personnel, and other appropriate school personnel. Each crisis response team member needs to have clearly defined roles and responsibilities

The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place

³ Responding to Grief, Trauma and Distress After a Suicide: US National Guidelines. Survivors of Suicide Loss Task Force, April 2015.

⁴ SB 561 Implementation Plan. Oregon Health Authority. <http://www.oregon.gov/OHA/HSD/AMH/Pages/Youth-Suicide-Prevention.aspx>

⁵ Drawn from "Model School District Policy: Model Language, Commentary and Resources". Trevor Project. https://afsp.org/wp-content/uploads/2016/01/Model-Policy_FINAL.pdf

immediately following news of the suicide death. The action plan may include the following steps:

- Verify the death. Staff will confirm the death and determine the cause of death through communication with a medical examiner's office, local hospital, the student's parent or guardian, district attorney or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to initiate activities to address the "traumatic death".
- Assess the situation. The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced. Start up activities on the day students return to class and then determine how long they're needed.
- Share information. Before the death is officially classified as a suicide by the medical examiner, the traumatic death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting held first thing on the day students return to school. Write a statement for staff members to share with students in small groups with counselors present. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. It is recommended to have a letter template developed prior to a tragic death to send home with students that includes facts about the student's death, what the school is doing to support students, and key resources in the community (i.e. contact at school, National Suicide Prevention Lifeline, county crisis line, etc.). Text notifications to parents/guardians are an effective way to alert parents that a traumatic death has occurred and to check their email for more information. *Sample letters are provided in this toolkit.*
- Avoid suicide contagion. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to aid students and adults with grief and to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death and will extend supports to them first. Over time, the school should address mid-term postvention strategies (30-90 days) and long-term (up to a year and could include high school graduation). In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

- Initiate support services. Students identified as being more likely to be affected by the death will be assessed by a mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to address grief.
- Develop memorial plans. The school should not create on-campus physical memorials (e.g. photos, flowers, trees, benches, etc.), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Do not hold memorial services at the school. In rural areas, a school may be the largest venue. In this case, try to hold the service at an alternate school location.
- Youth may want to put up memorials or do other activities in remembrance of their classmate. Encourage them to focus their attention on hope, help-seeking, and mental health and suicide prevention awareness. If a school-based memorial is unavoidable, suggest youth write cards to the family then remove the cards after a short period of time (e.g. 5 days). Families generally appreciate receiving them.

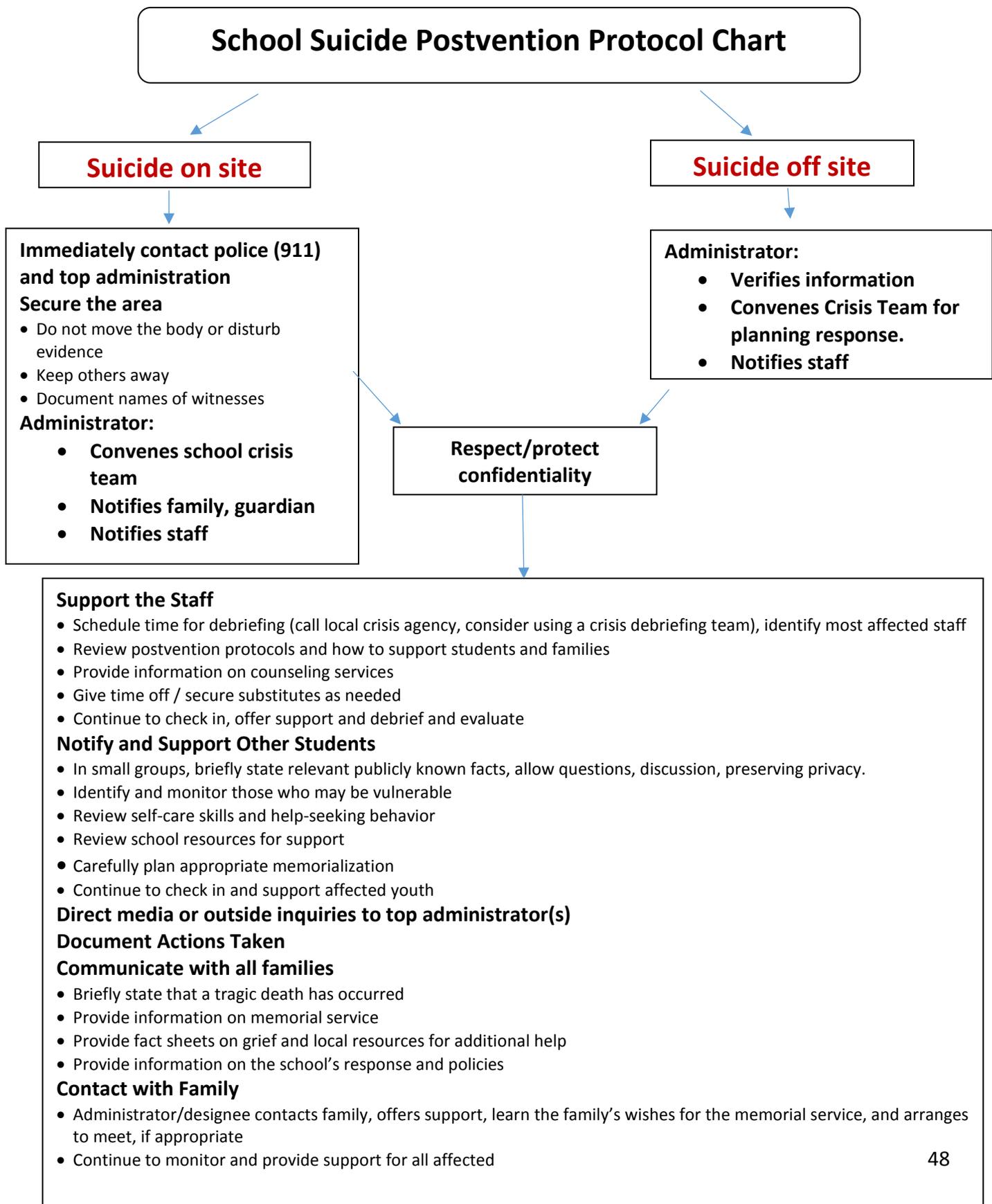
External Communication

The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.
- Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters to follow the Recommendations for Safe Reporting⁶, including:
 - Provide information without sensationalizing the suicide.
 - Use school or family photo; include National Suicide Prevention Lifeline number.
 - Include warning signs of suicide.
 - Seek advice from suicide experts.
 - Report on suicide as a public health problem.

⁶ Recommendations for Reporting on Suicide. Available at www.reportingonsuicide.org

M. School Postvention Flowchart (from Maine NAMI)



N. Sample Death Notification Statement for Parents

To be sent by e-mail or regular mail

Option 1 – When the death has been ruled suicide

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends. All of the students were given the news of the death by their teacher in [advisory/homeroom] this morning. I have included a copy of the announcement that was read to them.

The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused when a person is not thinking clearly about his or her problems and how to solve them. Sometimes the signs that a person is suicidal are not obvious. I am including some information that may be helpful to you in discussing suicide with your child. Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources. Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school. The school will be hosting an informational meeting for parents and others in the community at [date/time/location]. Members of our Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following a suicide and how adults can help youth cope. They will also provide information about suicide and mental health conditions in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

National Suicide Prevention Lifeline 1-800-273-TALK

The Dougy Center for Grieving Children and Families: provides support in a safe place where children, teens, young adults, and their families grieving a death can share their experiences.
<https://www.dougy.org/> 866-775-5683

Sincerely, [Principal]

Option 2 – When the cause of death is unconfirmed

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends.

All of the students were given the news of the death by their teacher in [advisory/homeroom] this morning. I have included a copy of the announcement that was read to them. The cause of death has not yet been determined by the authorities. Rumors may begin to circulate, and we

have asked the students not to spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to the student's family and friends. We'll do our best to give you accurate information as it becomes known to us. Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources. Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school. Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

The Dougy Center for Grieving Children and Families: provides support in a safe place where children, teens, young adults, and their families grieving a death can share their experiences. <https://www.dougy.org/> 866-775-5683

Sincerely, [Principal]

Option 3 – When the family has requested that the cause of death not be disclosed

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends. All of the students were given the news of the death by their teacher in [advisory/homeroom] this morning. I have included a copy of the announcement that was read to them. The family has requested that information about the cause of death not be shared at this time. Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of additional school and community mental health resources. Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school. Please do not hesitate to contact me or the school counselors with any questions or concerns.

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Sincerely, [Principal]

O. Stories of Success in Oregon

Strengthening Partnerships between District and Community Mental Health Providers

Jill Jeter, Jackson County

In her previous role as Youth Suicide Prevention Coordinator for Jackson County, Jill Jeter forged partnerships and created new processes to better coordinate the work of community mental health providers and school districts in the county. Jill saw that mental health providers and the schools district had the same goals, but there wasn't the time to link the two and get everyone on the same page.

Jill started by offering her time and support to Eagle Point School District. She created a one-page postvention checklist based on best practices. She also helped to create a memorandum of understanding (MOU) between the school district, county mental health, crisis center, and school based health center at Eagle Point high school.

“A really big part of the MOU was an opportunity for the school district and crisis center to understand each other. The MOU is a four-part clarification letter that states the role of each partner, when to get the county involved, how they can help support the District, and then how the partners would continue to coordinate care together.”

Eagle Point also included specific guidelines about when to call the crisis center and procedures to ensure there is a release of information (ROI) in place within their safety plan. Upon re-entry, the SBHC shares information with the county mental health provider and the school guidance counselor takes on re-entry planning.

Since getting the MOU in place, Jill states they saw an influx of Eagle Point students.

If Jill could change one thing about the MOU, she would include a statement that under HIPPA, information sharing for care coordination does not require a ROI. She wants to consider the amount of re-traumatization involved when a young person has to tell their story over and over again when the information should be available to professionals involved in care.

Jill's key to success is meeting schools where they are. She got in the door with Eagle Point by offering her time and tailoring her support to their specific needs. Then, other Districts in the area heard about the work and the “flood gates opened”.

Jill was so successful in her work that she is beginning a new role at Medford School District this fall.

Building Partnerships to Create a Life Affirming Culture in Corvallis School District

Chris Hawkins- Corvallis SD

Chris wears many hats in her roles as Student Support Specialist for the Corvallis School District. She oversees education for homeless youth and youth in foster care and facilitates the transitions for kids in and out of higher levels of care, and coordinates all crisis responses for her district. In all of her roles, she tries to look at the “whole child” and understand all of the components of their life. Considering the big picture and working with partners are central reasons why Chris has led the improvement of postvention procedures in the District.

“Unfortunately, our crisis response team has had a lot of practice over the past couple of years. Leading that team, I noticed there were a lot of gaps and we needed to strengthen partnerships with other community providers and resources.”

With the support of her District administration, Chris has worked to develop meaningful partnerships with community resources including Benton County Mental Health, Trillium Family Services and Samaritan Health. Over the past two years, she has led community meetings where they invite anyone that might be a good partner in suicide prevention and postvention including Benton County Mental Health, Trillium Family Services, Samaritan Health as well as juvenile services, DHS, CASA, neighboring school districts, police and sheriff departments and state officials. Over 70 people attended each meeting where they discussed the gaps and where they need to focus attention and training to strengthen their community’s mental health, all with the goal of creating a life-affirming culture. Chris wants these community meetings to be an on-going conversation and a place to build connections and partnership.

“If I have a kid in crisis, I can pick up the phone and call a number of support people in town and they are ready to jump when they are needed.”

With the benefit of increased partnership, Chris states the postvention response has improved. She has trained local clergy members to be part of the crisis team. In the event of a traumatic death, Trillium Family Services, Benton County Mental Health, Samaritan, and the Boys and Girls Club are all ready to support youth and staff. She is currently working to write a District postvention protocol to document and clarify the roles of all partners. The protocol is based on a Project Connect training and is currently being reviewed by partners, superintendent and school board.

Chris is also working to improve suicide prevention curricula across all levels in the District. She and Gigi Sims, Health and Wellness Specialist met with groups of high school students and asked them questions about mental health in the classroom. What they heard was that all through elementary students hear about ‘stranger danger’ but not about anxiety or depression and the need for those discussion are extremely important. Chris and Gigi are continuing their work to improve this.

For additional information, contact Chris Hawkins at Chris.Hawkins@corvallis.k12.or.us

Coordinating Care for Kids and Families in Hillsboro School District

Kathy Wilson-Fey, MS

Bilingual Care Coordinator

Kathy has been providing care coordination to youth and families in the Hillsboro School District for over 12 years. One of four care coordinators, she serves eight or nine schools during the school year (elementary, middle and high). The main charge Kathy's role and her team is to help kids and families find meaningful mental health services in the community. The process works like this: Kathy receives the name of a student from someone at one of the schools she serves. She then meets with the student and family, completes an informal assessment of needs and makes recommendations for specific providers in the community, and will help with making appointments. She then facilitates parents signing releases so school professionals can work with the community mental health providers as a team to best support the student and family. Once the family is connected to care, and the care team has expanded to include the school as necessary, then the case is usually closed.

"We work with students and families with any insurance carrier, or no insurance at all. We pride ourselves on being up to date with what provider takes what insurance, who is taking clients, etc. We want to be sure we make the best fit between student, family, and provider."

Importantly, Kathy's work does not just focus on the needs of the student. She also works to get the needed support for family members, which is critical to the mental health and academic success of the student. Additionally, Kathy maintains a wealth of data- including referral and intake data, as well as suicide screens done across the District. Kathy asks about thoughts of suicide during every assessment- and includes family members as well.

Kathy's role, and the role of her team, has expanded over the years. They are really the voice of mental health in the District. They took on the development of a suicide prevention protocol and headed up a committee of school folks to document a protocol. They heard stories of suicidal students not receiving uniform, immediate, appropriate care. Kathy continues to work in the District to fully implement and continually improve the protocol.

"We don't want any one person to carry the weight of this process. We want it to be a team approach."

The model has been replicated in other Districts because of its success. For more information, contact Kathy Wilson-Fey at wilsonfk@hsd.k12.or.us

P. Resources

National Resources

National Suicide Prevention Lifeline 1-800-273-TALK <https://suicidepreventionlifeline.org/>
Suicide Prevention Resource Center (SPRC) www.sprc.org
Centers for Disease Control and Prevention: Injury and Violence Prevention
<https://www.cdc.gov/injury/index.html>

Oregon Resources

Lines for Life www.linesforlife.org
Youth MOVE Oregon www.youthmoveoregon.org
Oregon Family Support Network www.ofsn.org
Northwest Area Indian Health Board: Tribal Health: Reaching out InVolves Everyone. THRIVE works to reduce suicide rates among American Indians and Alaska Natives living in the Pacific Northwest
<http://www.npaihb.org/thrive/>

Best Practice Resources and Toolkits

SAMSHA Preventing Suicide: A Toolkit for Schools
SPRC After a Suicide, A Toolkit for Schools
Trevor Project: Model School Policy

Key Contacts in Oregon

Suicide Intervention Coordinator (Ann Kirkwood)

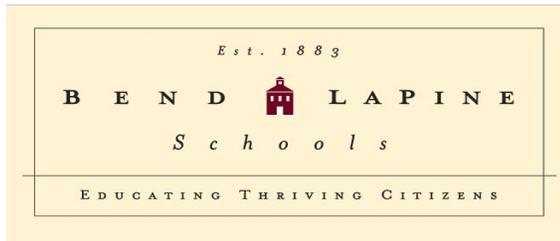
Oregon Health Authority
Health Systems Division
500 Summer St. NE
Salem, OR 97301
Ann.d.kirkwood@state.or.us

Zero Suicide Coordinator (Meghan Crane)

Public Health Division
Oregon Health Authority
971-673-1023
Meghan.crane@state.or.us

Q. Appendices

- Sample protocol from Bend-LaPine School District
- Sample protocol from Hillsboro School District
- Sample MOU for Eagle Point School District and Jackson County Mental Health
- Sample suicide intervention flow chart from Portland Public Schools
- Sample postvention flow chart from Eagle Point School District
- Sample postvention best practices checklist from Jackson County
- Sample safety plan from Eagle Point School District



Suicide Risk Screen Process

STEP 1: EXPLORE RISK

1. **SUICIDE RISK INTERVIEW:** completed by ASIST trained school counselor, district therapist or school psychologist.
2. **COMPLETE SUICIDE RISK ASSESSMENT SUMMARY SHEET:** Rubric attached for reference. **(IF STUDENT MEETS MEDIUM OR HIGH RISK, SKIP TO STEP 2).**
3. **STUDENT SAFETY PLAN:** completed with student; plan and resources reviewed with family.
4. **CONTACT PARENT:** document contact made
5. **DOCUMENT IN CUMULATIVE FILE**

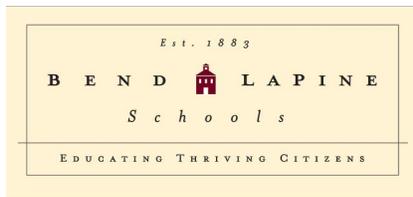
STEP 2: MEDIUM OR HIGH RISK

1. **SUICIDE SCREENING FORM:** filled and completed.
2. **STUDENT:** Is not left alone while waiting for parent pick up or transportation.
3. **STUDENT SAFETY PLAN:** completed with student; plan and resources reviewed with family.
4. **SCHOOL-BASED TEAM MEETS:** with appropriate members and reviews screening form results.
5. **COMPREHENSIVE SAFETY PLAN:** completed with team and reviewed with family.
6. **COMPLETE STUDENT RE-ENTRY PLAN IF NEEDED:** to ensure student safety back at school
7. **DOCUMENT:** Suicide Screening packet placed in confidential file in students cumulative file

Suicide Risk Assessment Summary Sheet

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk Assessment.

	Risk present, but lower	Medium Risk	Higher Risk
1. Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	<input type="checkbox"/> Vague <input type="checkbox"/> Means not available <input type="checkbox"/> No specific time <input type="checkbox"/> Pills, slash wrists <input type="checkbox"/> Others present most of the time	<input type="checkbox"/> Some specifics <input type="checkbox"/> Has means close by <input type="checkbox"/> Within a few days or hours <input type="checkbox"/> Drugs/alcohol, car wreck <input type="checkbox"/> Others available if called upon	<input type="checkbox"/> Well thought out <input type="checkbox"/> Has means in hand <input type="checkbox"/> Immediately <input type="checkbox"/> Gun, hanging, jumping <input type="checkbox"/> No one nearby, isolated
2. Pain	<input type="checkbox"/> Pain is bearable <input type="checkbox"/> Wants pain to stop, but not desperate <input type="checkbox"/> Identifies ways to stop the pain	<input type="checkbox"/> Pain is almost unbearable <input type="checkbox"/> Becoming desperate for relief <input type="checkbox"/> Limited ways to cope with pain	<input type="checkbox"/> Pain is unbearable <input type="checkbox"/> Desperate for relief from pain <input type="checkbox"/> Will do anything to stop the pain
3. Resources	<input type="checkbox"/> Help available; student acknowledges that significant others are concerned and available to help	<input type="checkbox"/> Family and friends available, but are Not perceived by the student to be Willing to help	<input type="checkbox"/> Family and friends are not Available and/or are hostile, Injurious, exhausted
4. Prior Suicidal Behavior of: A. Self B. Significant other	<input type="checkbox"/> No prior suicidal behavior <input type="checkbox"/> No significant others have engaged in suicidal behavior	<input type="checkbox"/> One previous low lethality attempt; history of threats <input type="checkbox"/> Significant others have recently attempted suicidal behavior	<input type="checkbox"/> One of high lethality, or multiple attempts of moderate lethality <input type="checkbox"/> Significant others have recently committed suicide
5. Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	<input type="checkbox"/> History of mental illness, but not currently considered mentally ill <input type="checkbox"/> Daily activities continue as usual with little change <input type="checkbox"/> Mild, feels slightly down <input type="checkbox"/> No significant medical problems <input type="checkbox"/> Stable relationships, personality, and school performance	<input type="checkbox"/> Mentally ill, but currently receiving treatment <input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork <input type="checkbox"/> Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy <input type="checkbox"/> Acute, but short-term, or psychosomatic illness <input type="checkbox"/> Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality	<input type="checkbox"/> Mentally ill and not currently receiving treatment <input type="checkbox"/> Gross disturbances in daily functioning <input type="checkbox"/> Overwhelmed with hopelessness, Sadness and feelings of helplessness <input type="checkbox"/> Chronic debilitating or acute, catastrophic illness <input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family and teacher
6. Stress	<input type="checkbox"/> No significant stress	<input type="checkbox"/> Moderate reaction to loss and environmental changes	<input type="checkbox"/> Severe reaction to loss or environmental changes
Total Checks			



Suicide Screening Form

1. IDENTIFYING INFORMATION

Name: _____ ID: _____ School: _____ DOB: _____ Age: _____
 IEP/504? _____ Address: _____
 Parent/Guardian #1 name/phone #(s): _____
 Parent/Guardian #2 name/phone #(s): _____
 Screener's Name: _____ Position: _____ Contact info: _____
 Screener Consulted with: _____

2. REFERRAL INFORMATION

Who reported concern/ Contact info: _____ Self Peer Staff Parent/Guardian Other
 What information did this person share that raised concern about suicide risk?

3. INTERVIEW WITH STUDENT

A. Does student exhibit any of the following warning signs?

- | | |
|--|---|
| <input type="checkbox"/> Written statements, poetry, artwork, stories, electronic media about suicide
<input type="checkbox"/> Currently or will be isolated or alone, withdrawn
<input type="checkbox"/> Preoccupation with death
<input type="checkbox"/> Feelings of hopelessness/worthlessness
<input type="checkbox"/> Substance use or abuse
<input type="checkbox"/> Mental health issues or recent diagnosis
<input type="checkbox"/> Current psychological/emotional pain
<input type="checkbox"/> Discipline problems
<input type="checkbox"/> Prior Suicide Attempt
<input type="checkbox"/> Escalating agitation and/or motor restlessness
<input type="checkbox"/> Physical illness | <input type="checkbox"/> Experiencing bullying or being a bully, humiliation
<input type="checkbox"/> Recent personal or family loss or change (i.e. death, divorce, suicide)
<input type="checkbox"/> Recent stressful life events (i.e. legal, interpersonal relationships)
<input type="checkbox"/> Family problems
<input type="checkbox"/> Giving away possessions
<input type="checkbox"/> Current trauma (domestic/relational/sexual abuse)
<input type="checkbox"/> Crisis within the last 2 weeks
<input type="checkbox"/> LGBTQ, Native-American, Alaskan Native, Male
<input type="checkbox"/> Inability to concentrate or make decisions
<input type="checkbox"/> Low or no social support
<input type="checkbox"/> Recent changes in appetite or sleep |
|--|---|

B. Guiding Questions

➤ Does the student report to thinking about suicide? Yes No

➤ Does the student think about harming others? (if yes, complete Risk Screen as well) Yes No

➤ Does the student report to having a plan? Yes No

If Yes, what is the plan (how, when, where?) _____

➤ Does the student have access to their planned method? Yes No

➤ If yes, explain level of detail Little to no detail An understanding of how to obtain Very detailed

➤ What is the current level of physical or emotional pain being experienced? None Some Unbearable

➤ Is there a history with previous gesture(s), talk, or attempt(s)? Yes No

If yes, describe: _____

➤ Is there a family history of suicide? Yes No

If yes, describe: _____

➤ Has the student been exposed to suicide by others? Yes No

If yes, describe: _____

➤ Has the student been recently discharged from psychiatric care? Yes No

If yes, include date and describe: _____

C. Does the student have a support system?

List the names of family members: _____

School staff: _____

Peers at school: _____

Others in the community (friends, neighbors, etc.): _____

4. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

Was the parent/guardian aware of the student's suicidal thoughts/plans: Yes No

Parent/guardian's perceptions of threat? _____

If needed, probe the parent/guardian for more information regarding the student's current warning signs (check all that apply):

- Written statements, poetry, artwork, stories, electronic media about suicide
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness/worthlessness
- Substance use or abuse
- Mental health issue
- Current psychological/emotional pain
- Discipline problems
- Prior Suicide Attempt

- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e. death, divorce, suicide)
- Recent changes in appetite or sleep
- Family problems
- Giving away possessions
- Current trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- LGBTQ, Native-American, Alaskan Native, Male
- Other Signs:

5. SHORT TERM ACTIONS TAKEN

Contacting Parent/Guardian

- >> Contact was made Yes No
- >> Released to parent/guardian Yes No
- >> Agree to call MCAT and have them transport to hospital if needed Yes No
- >> Parent/guardian takes to hospital Yes No
- >> Parent/guardian schedules mental health appointment Yes No

Notes:

School Decisions

- >> Release back to class after parent, and/or agency-confirmed plan Yes No
 - >> Create safety plan with student (attach copy to this form) Yes No
 - >> Provide student and family with resource material Yes No
 - >> Schedule School Counselor/School Psychologist follow up Yes No
- Date and Time: _____
- >> School Administrator notified? Yes No
- Date and Time: _____

6. INTERMEDIATE ACTIONS TAKEN (Complete all that apply)

- >> Call 911 if in immediate danger
- >> Current Therapist
- >> Deschutes County MCAT (541-610-2376)

Contact Date/Time/Name	Recommendations

- NO FURTHER FOLLOW UP NEEDED** **SEVERAL RISK FACTORS NOTED, SUICIDE IDEATION DENIED, CHECK IN BY:** _____
 (Limited or no risk factors, and NO items marked on 3A)
- TRANSPORTED TO ST. CHARLES AND LONG TERM PLAN IS CREATED**

7. LONG-TERM PLAN (SCHOOL AND COMMUNITY) Check all that apply:

Student safety plan completed and distributed:

Who is responsible?:

Date of Follow-Up Meeting:

Referred to SET team for Tier 2 Intervention:

Referred to SPED Child Find/Contact School Psych

Informed relevant school staff of follow up actions

Release of information obtained

Refer to/already seeing qualified mental health professional

Team Members:

Type of Intervention:

Date of Follow-Up Meeting:

Meeting Participants:

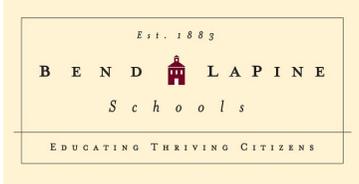
Date of Follow-Up Meeting:

Evaluation deemed appropriate? Yes No

Who is responsible?:

Who is responsible?:

Therapist Name:



INDIVIDUAL STUDENT SAFETY PLAN

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others with the goal of student safety.

Date: _____

Student Name:	D.O.B:	ID #:	Grade:
Special Education	No	Yes	If yes, Case Manager:
504 Eligible?	No	Yes	If yes, Case Manager:

Contact Information		
Parent/Guardian:		
Cell Phone:	Home Phone:	Other:
Emergency Contact:		Phone:

Places Student May Be if Missing During School Hours	
On School Grounds:	
Off School Grounds:	

Medical Information	
Physician:	Phone:
Diagnoses:	
Medications:	
Allergies/Special Considerations:	

Description of Specific Unsafe Behaviors (why student requires a safety plan)

SAFETY PLAN	
What to do if student exhibits above described behavior	Who will do what/backup staff

Warning Signs/Triggers	Strategies That Work & Student Strengths	Strategies That Do Not Work

BEHAVIOR SUPPORTS	
What will staff, student, and family do prompt safe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	Who / Back-up person?
How will plan be monitored?	Who/Back-up person?
How will decision be made to terminate the plan?	Who/Back-up person?

Current Agencies or Outside Professionals Involved		
Name	Agency	Phone
1.		
2.		
3.		
4.		

Student Safety Team Members		
Name/Signature	Title	Date
1.		
2.		
3.		
4.		
5.	Principal	
6.	Safety Plan Coordinator	

Next Review Date: _____ (approximately two weeks from initiation of plan or last review date)



STUDENT TAKE AWAY SAFETY PLAN

Step 1: Warning Signs:

Step 2: “By myself” Coping Tools: Things I can do to take my mind off my problems

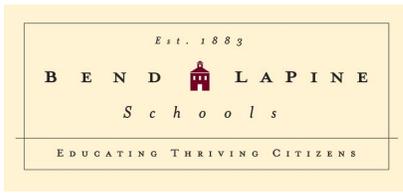
Step 3: People and places that I can go to who will distract me, to make myself feel better:

Step 4: People who care about me and who I can ask for help:		
Name	Relationship	Number

Step 5: Professional or agencies to contact during a crisis:

- | | |
|---|--------|
| 1. Clinician: | Phone: |
| 2. Deschutes County Behavioral Health Crisis Line
Phone: 541-322-7500 ext. 9 | |
| 3. Local Emergency Room:
Name/Address: St. Charles Phone: | |
| 4. National Suicide Prevention Lifeline 1-800-273-TALK
(1-800-273-8255) (www.suicidepreventionlifeline.org) | |
| 5. National Hopeline Network 24 hours/7 days per week
Phone 1-800-SUICIDE (1-800-784-2433) (www.hopeline.com) | |
| *You can always call 911 for help. Tell the operator you are in suicidal danger | |
| 6. Oregon Youth Line 1-877-968-8491
Text teen2teen to 839863 or visit OregonYouthLine.org | |

Step 6: Making the environment safe (removing lethal means, other self-harm related instruments):



Student Re-Entry Plan

Student: _____ Date of Initiation: _____

School: _____ Grade: _____ Date to be reviewed: _____

Primary School Contact: _____
This shall be a qualified school professional who will create and monitor the Support Plan.

Secondary School Contact: _____
This qualified school professional will be available to the student when the primary contact is not available.

Accommodations:

Student's Schedule:

- Return to previous full day schedule
- Return on a full day schedule but with class changes made to the schedule
- Return with a reduced day schedule
- Change of Placement
- Other:

Comments:

Coursework: *The student may have missed a number of days of school. How can we accommodate for work missed?*

- Shortened assignments
- Extended time for work
- Provide alternative work
- Working lunch
- Other:

Comments:

Behavior Accommodations:

- Allow student to take breaks inside classroom
- Allow student to take breaks outside of classroom
- Location:
- Preferential seating
- Allow student to check in with counselor when needed
- Counselor:
- Other:

Comments:

Staff Instructions When Dealing with a Student Returning to School After Suicide Ideation/Attempt

The return to school requires individualized attention and planning. It is important that faculty and staff, who have direct contact with the student, should be part of his/her safety plan that monitors continuing risk.

STAFF GUIDELINES:

1. Welcome the student's return to school as you would other student returning from an extended absence.
2. Let the student know you are glad they are back, "Good to see you".
3. Keep the reason for the student's absence CONFIDENTIAL.
4. Please respect the student's wishes for the way in which the absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers, faculty and/or staff. If no one is aware, help the student create a short response to explain the absence. Being prepared helps reduce anxiety and helps the student feel more in control.
5. Discuss missed classwork and homework and make arrangements for completion. Adjust expectations if needed. If possible, provide alternative assignments instead of having the student try to make up all the missed work.
6. Keep an eye on the student's academic performance as well as her social/emotional interactions. If you see that he/she is isolating or being shunned by peers or is falling further behind in assignments, please follow up with the student's school contact person and/or the parent(s).
7. Pay close attention to further absences, lateness and requests to be excused during classes. If you are concerned, please alert the appropriate staff at school.
8. Encourage the student to use the school counselor for additional support.
9. Please monitor student's behavior and report concerns to the designated school contact person.

Suicide Intervention Protocol

***A Guide for School Staff
Responding to Potentially Suicidal Youth***

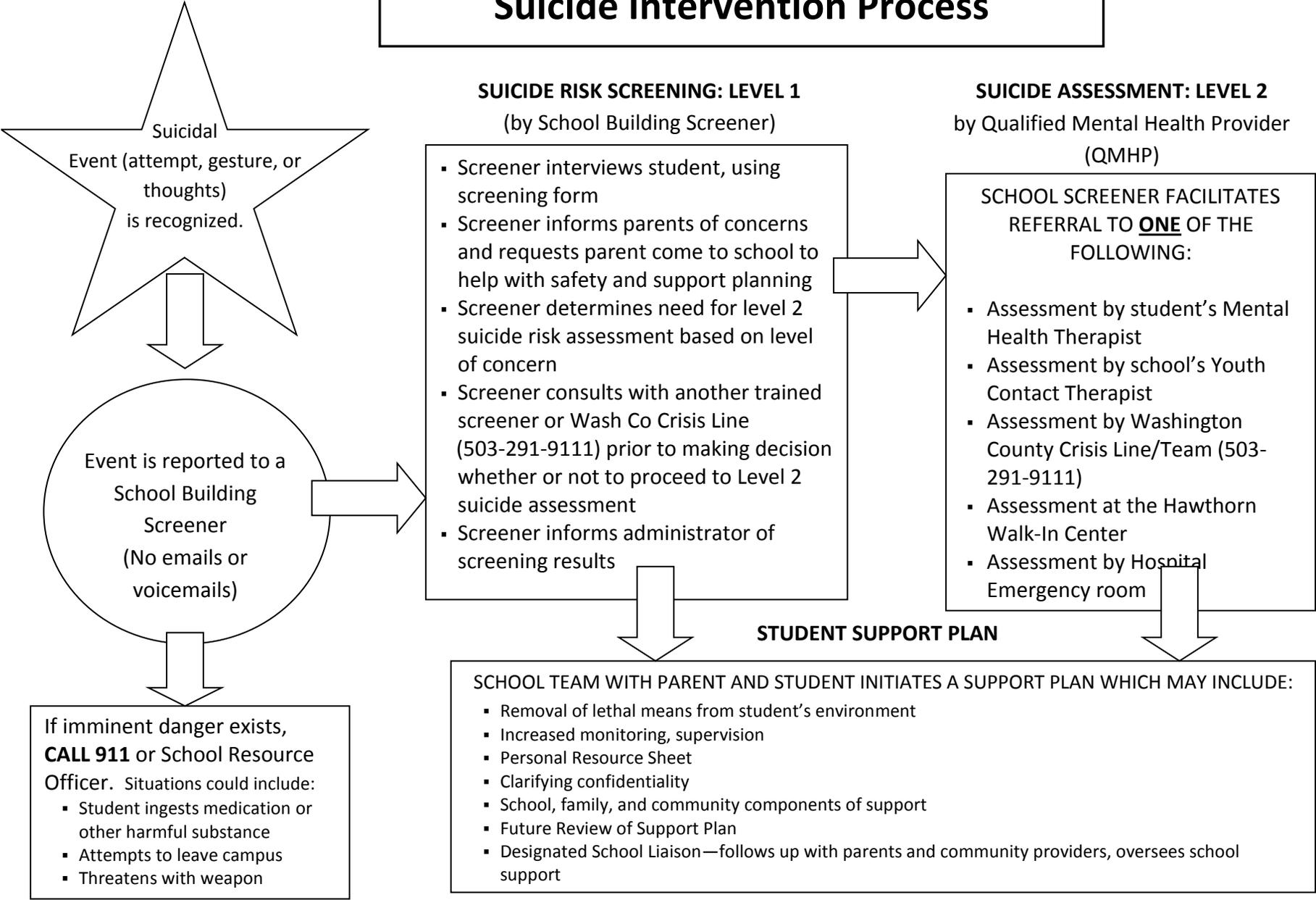


September 2017

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Hillsboro School District Suicide Intervention Process



Suicidal
Event (attempt, gesture, or
thoughts)
is recognized.

Event is reported to a
School Building
Screener
(No emails or
voicemails)

- SUICIDE RISK SCREENING: LEVEL 1**
(by School Building Screener)
- Screener interviews student, using screening form
 - Screener informs parents of concerns and requests parent come to school to help with safety and support planning
 - Screener determines need for level 2 suicide risk assessment based on level of concern
 - Screener consults with another trained screener or Wash Co Crisis Line (503-291-9111) prior to making decision whether or not to proceed to Level 2 suicide assessment
 - Screener informs administrator of screening results

- SUICIDE ASSESSMENT: LEVEL 2**
by Qualified Mental Health Provider
(QMHP)
- SCHOOL SCREENER FACILITATES
REFERRAL TO **ONE** OF THE
FOLLOWING:
- Assessment by student's Mental Health Therapist
 - Assessment by school's Youth Contact Therapist
 - Assessment by Washington County Crisis Line/Team (503-291-9111)
 - Assessment at the Hawthorn Walk-In Center
 - Assessment by Hospital Emergency room

If imminent danger exists, **CALL 911** or School Resource Officer. Situations could include:

- Student ingests medication or other harmful substance
- Attempts to leave campus
- Threatens with weapon

- STUDENT SUPPORT PLAN**
- SCHOOL TEAM WITH PARENT AND STUDENT INITIATES A SUPPORT PLAN WHICH MAY INCLUDE:
- Removal of lethal means from student's environment
 - Increased monitoring, supervision
 - Personal Resource Sheet
 - Clarifying confidentiality
 - School, family, and community components of support
 - Future Review of Support Plan
 - Designated School Liaison—follows up with parents and community providers, oversees school support

SUICIDE RISK SCREENING PROCESS

(See Suicide Intervention Flowchart, page 3)

School counselors and administrators often become aware of a student who poses a risk for suicide through concerns brought to them by staff, the student's peers, or from direct referral by the student.

If imminent danger exists, phone 911 or the School Resource Officer immediately. This is especially important if the student of concern has skipped school altogether or left the campus and a plan to commit suicide is discovered.

If a student is having thoughts of suicide, there is suicide risk. If imminent danger is *not* present but a concern about suicide risk exists, the School Screener initiates the screening process.

- 1) A **Level 1 Suicide Screening** is conducted by a School Screener. The School Screener interviews the student and completes the Suicide Screening Form. The School Screener consults with another trained School Screener to determine if a Level 2 Suicide Assessment is warranted.
- 2) A **Level 2 Suicide Assessment** by a Qualified Mental Health Professional may be necessary based upon information gathered in the Level 1 Screening.

GUIDELINES FOR WHEN THE RISK OF SUICIDE HAS BEEN RAISED

The **risk of suicide** is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thought (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat report this information *immediately* and *directly* to a School Screener so that the student of concern receives appropriate attention. Every effort should be made to interview the student the same day that concerns are reported.

- Take suicidal behavior seriously every time.
- Take immediate action. Contact the School Screener and a building administrator to inform him/her of the situation.
- **NO STUDENT EXPRESSING SUICIDAL THOUGHTS SHOULD BE SENT HOME ALONE OR LEFT ALONE DURING THE SCREENING PROCESS.**
- **IF THERE IS REASON TO BELIEVE A STUDENT HAS THOUGHTS OF SUICIDE, EVERY EFFORT SHOULD BE MADE TO AVOID SENDING THE STUDENT HOME TO AN EMPTY HOUSE.**

LEVEL 1 SCREENING—STUDENT INTERVIEW

1. **Lethal means.** A concern for risk of suicide is brought to the attention of the School Screener and school administrator by a staff member, student’s peers, or from direct referral by the student. If the student is in possession of lethal means (razor, gun, rope, pills, etc.), secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call law enforcement to remove lethal means.
2. **Supervision.** The school staff person who identified the student at risk stays with the student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student.
3. **Use the Suicide Screening Form.** The School Screener interviews the student and conducts a Level 1 Suicide Screening that reviews immediate suicide risk. If the student admits that s/he is thinking about harming someone else, refer the student to the school administrator for an Inquiry Protocol per the Hillsboro Student Threat Assessment Team (HSTAT). The *Suicide Screening Form (pages 9-11)* is used by the School Screener to document the Level 1 suicide screening and to ensure that the Hillsboro School District Suicide Intervention Protocol is followed.
4. **Parents/guardians must always be notified when there appears to be any risk of self-harm.**
 - a. If the student discloses thoughts of suicide or if the School Screener has reason to believe there is a current risk for suicide, the School Screener will request that the parent/guardian come to school to participate in the screening process and safety plan.
 - b. If the student denies experiencing thoughts of suicide and the Suicide Screener does not have reason to believe there is a current risk of suicide, it is still recommended that the Suicide Screener notify parent/guardian to share concerns.
 - c. The *Parent Letter/Information Sheet (page 15, Spanish version on page 19)* should be reviewed with and provided to parents.
 - d. If the School Screener has exhausted all methods to reach the parent/guardian, call the Washington County Crisis Line (503-291-9111) to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Protective Services) or local law enforcement if the risk of self-harm may be imminent.
5. **Child abuse and/or neglect.** When the School Screener or other staff person knows, or has reasonable cause to suspect that a student has been or is likely to be abused or neglected, he or she must make a report to the Child Welfare Hotline through the Department of Human Services: **503-681-6917**.
6. **Consultation.** Upon completion of the Level 1 Suicide Screening (pages 9 & 10), the School Screener will consult with another School Screener or the Washington County Crisis Line to determine if a Level 2 Suicide Assessment is appropriate. Sharing decision-making with another professional is best practice. The outcome of the consultation will be one of the following:
 - a. **Level 2 Assessment is not warranted.** School Support Plan is completed by the end of the next school day.

- b. **Level 2 Assessment is warranted.** After consultation, if concern about suicidal ideation is sufficiently high, the School Screener refers student to a **Level 2 Suicide Assessment** by a Qualified Mental Health Professional. A School Support Plan is developed upon the student's return to school.
- 7. **Washington County Crisis and Consultation line (503-291-9111).** At any point during the Level 1 screening, the School Screener can call the Washington County Crisis Line to consult about the student or the situation.
- 8. **Home safety.** If there is reason to believe a student has thoughts of suicide, every effort should be made to avoid sending the student home to an empty house.
- 9. **Completing the Suicide Screening Form.** After the suicide screening form has been completed and signed by the school administrator, the School Screener or school administrator sends the original Suicide Screening form to the Care Coordinator Center at South Meadows Middle School. A copy of the form can be placed in the student's working file of the school building.

LEVEL 2 SUICIDE ASSESSMENT (by a Qualified Mental Health Professional)

After consultation with another staff who has been trained in the Suicide Intervention Protocol, the School Screener determines that it is appropriate to proceed with a Level 2 Assessment by a Qualified Mental Health Professional. A Level 2 Assessment requires parental permission unless the student is 14 years of age or older. If a parent is unavailable or unwilling to consent to a suicide assessment by a Qualified Mental Health Professional, the School Screener should contact the Washington County Crisis Line (503-291-9111) to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Welfare Hotline: 503-681-6917), your School Resource Officer or local law enforcement if the risk of self-harm may be imminent and parents are unwilling to seek services. The School Screener facilitates a referral to one of the following Qualified Mental Health Professionals (listed in order of preference):

1. **Student's primary mental health therapist:** The School Screener calls the therapist, provider, or agency. The therapist or agency makes an immediate plan with the student and family to conduct the Level 2 Suicide Assessment. If the School Screener cannot reach the therapist, the Screener will utilize other options listed below. (It is not sufficient to simply leave a voicemail message for the therapist.)
2. **Youth Contact therapist assigned to the secondary school:** The School Screener introduces student and family to the Youth Contact therapist who immediately conducts the Level 2 Suicide Assessment.
3. **Washington County Crisis Line/Crisis Team (503-291-9111):** The School Screener calls the Crisis Line (with student, if appropriate) and requests a suicide assessment. Make sure to indicate if an interpreter is needed. Possible Crisis Line actions include:
 - a. Assessment and development of a safety plan with student and parents via phone.
 - b. Activation of mobile Crisis Team to come to school.
 - c. Devise a plan with student and family to meet the Crisis Team at their office:
LifeWorks NW, North Millikan Office
14195 SW Millikan Way
Beaverton, OR 97005
4. **Hawthorn Walk-In Center (503-846-4555):** Arrange for the parent/guardian to transport the student to Hawthorn (**open 7 days week, 9 am—8:30 pm**):
5240 NE Elam Young Pkwy, #100
Hillsboro, OR 97124
5. **Hospital:** Arrange student transportation to the hospital. Transportation options:
 - a. Parent/Guardian
 - b. SRO or other law enforcement
 - c. Ambulance

Child/adolescent psychiatric units in the Portland metro area are located at:

- | | |
|--|---|
| a. Unity Center
1225 NE 2 nd Ave.
Portland, OR 97232
503-944-8000 | b. Providence Willamette Falls Medical Center
1500 Division Street
Oregon City, OR 97045
503-722-3730 |
|--|---|

DEVELOPING THE SCHOOL SUPPORT PLAN AFTER A SUICIDE SCREENING

After every suicide screening, the School Screener schedules a meeting that includes an administrator, the student's school counselor, student and parent to complete a *School Support Plan*. The School Support Plan provides a structure for intentional support, designates the responsibilities of each person, and includes a review date to ensure follow through and coordinated decision-making. A *School Support Plan* (page 12, Spanish version on page 16) is warranted after a Level 1 Screening (by the end of the next school day) or upon the student's return to school following a Level 2 Suicide Assessment. The School Screener serves as the school point person for follow up communication with parents and community providers for students who have been screened for suicide. The *Personal Resource Sheet* (page 14, Spanish version on page 18) can be used as part of the intervention and support plan.

CONFIDENTIALITY

Privacy is of utmost importance and every effort will be made to respect the confidentiality of the student, while attending to the safety needs of the student and school building. The student and parent/guardian should be informed of the limited information sharing that the district requires:

- For safety reasons, the building administrator will be notified immediately of every suicide concern.
- Depending on the School Support Plan, specific school staff might receive certain information about concerns as part of a plan to maintain safety and provide support to the student. Student and parents/guardians are invited to help develop this plan.
- The Suicide Screening Form will be kept strictly confidential at South Meadows Middle School. A copy will be kept in the student's working file at the school building.



SUICIDE SCREENING FORM

Please complete this form for each student that you screen for potential suicide risk.

I. STUDENT INFORMATION

Date of Screening	Student Name			HSD Student ID#
D.O.B.	Age	Grade	Race/Ethnicity	Screener Name
School		Parents/Guardian		
Home Phone		Cell Phone	Work Phone	
Language of student	Language of parent		Interpreter Name	

II. INITIAL CONCERN(S)

How did the screener learn of the suicide risk?

III. INTERVIEW WITH STUDENT

<p>Does the student admit to thinking about suicide? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does student admit to thinking about harming someone else? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, refer the student to a School Administrator for an Inquiry Protocol per the Hillsboro Student Threat Assessment Team (HSTAT).</p>	<p>Screener notifies building administrator, parent/guardian. (Parent comes to school, if possible.)</p>
<p>! If the student has any other risk factors in addition to having suicidal thoughts, a Level 2 assessment with a Qualified Mental Health Professional should be considered.</p>	
<p>Other Risk Factors:</p> <p>Does the student admit to having a plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Further information: (How student plans to do it, how prepared student is, how soon it may happen)</p> <p>Are the means available to carry out the plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Rope, guns, weapons, pills, medication, knives, etc.)</p> <p>If yes, describe:</p>	<p>Things to keep in mind:</p> <p>Discuss ways to disable the plan. What can be done about the means, timing, supervision?</p>
<p>Does the student admit to any previous suicide attempts? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Describe:</p>	<p>Support past survival skills. Do they have the means they had before? How did they survive after the previous attempts?</p>

Interview with Student, continued

Student Name: _____

<p>Is the student experiencing pain that feels unbearable? Consider asking about the following to assess current level of pain:</p> <p><input type="checkbox"/> On a scale of 1-10 (with 10 being the highest), how does your pain feel right now?</p> <p><input type="checkbox"/> Recent personal or family loss</p> <p><input type="checkbox"/> Withdrawal from others</p> <p><input type="checkbox"/> Feelings of hopelessness</p> <p><input type="checkbox"/> Family conflict</p>	<p>What does the student identify as things that ease the pain? Think about ideas such as talking, walking, listening to music, art, reading, writing, etc.</p>
<p>Does the student have resources or a support system they can turn to when feeling suicidal? Describe:</p>	<p>Explore relationships with family members, friends, other adults (coaches, teachers, pastors, etc.)</p>
<p>Is the student receiving mental health care? Yes <input type="checkbox"/> No <input type="checkbox"/> Did they receive mental health care in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> Therapist Name: _____ Comments:</p>	<p>Consider diagnosis, stigma, medication. Was mental health treatment helpful? Why? Why not? Consider re-connecting with past mental health provider.</p>
<p>Does the student use alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:</p>	<p>Use of alcohol and drugs elevates risk due to increased impulsivity and reduced inhibitions.</p>

IV. PARENT CONTACT (In most cases, Screener requests that parent come to school to help with support & safety planning.)

Name of parent/guardian contacted	Date/Time of contact	Parent/Guardian could not be reached <input type="checkbox"/>
<p>Was parent/guardian aware of suicidal thoughts/plans? Yes <input type="checkbox"/> No <input type="checkbox"/> Does student have a mental health therapist or counselor? Yes <input type="checkbox"/> No <input type="checkbox"/> Therapist Name/#: Other student health concerns/medications? Parent/Guardian perception of suicidal risk:</p> <p>PRIVACY. Share the following with parent/guardian:</p> <ul style="list-style-type: none"> • Suicide concerns are shared with building administrator for safety purposes. Depending on the School Support Plan, information might be shared with specific school personnel, only as needed to ensure student safety and provide support. • The completed Suicide Screening Form is kept strictly confidential and is not kept in the student’s cumulative file. 		



Date: _____

School Support Plan

Student Name: _____	School: _____	Grade: _____
---------------------	---------------	--------------

School Screener (name) _____ will review the status of this plan on (date) _____ to determine:

discontinue plan
 revise plan (use new form)
 continue plan (see page 2 of School Support Plan)

General Supports

Personal Resource Sheet (*page 14, Spanish on page 18*)
 Washington County Crisis and Consultation Line (24 hours/ 7 days): 503-291-9111

School Support Options

- | | |
|--|--|
| <input type="checkbox"/> Check-ins: <input type="checkbox"/> daily <input type="checkbox"/> weekly with:
<input type="checkbox"/> Administrator <input type="checkbox"/> School Counselor <input type="checkbox"/> SRO
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Student will seek out the following school staff:
1. _____
2. _____
3. _____
4. _____
5. _____ |
| <input type="checkbox"/> Designated safe place at school _____
<input type="checkbox"/> Increase supervision in the following settings _____
<input type="checkbox"/> Decrease or eliminate pass time or unsupervised time
<input type="checkbox"/> Alert staff & teachers on need-to-know basis _____
<input type="checkbox"/> Late Arrival/Early dismissal <input type="checkbox"/> Other schedule changes:
_____ | <input type="checkbox"/> Referral to Care Team
<input type="checkbox"/> SST |
| <input type="checkbox"/> Drug & Alcohol assessment/intervention with _____
<input type="checkbox"/> Referral to Youth Contact _____ | |

Family/Home Options

- Safety proof home (School Resource Officer can help with this)
 Increase supervision
 Pursue mental health services _____

- Care Coordinator referral—Outreach to family to find appropriate mental health providers and resources.

Permission *Permission to Release Information* form allows communication between school and providers.

Comments

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

Form Completed by: _____

Name	Position	Date
------	----------	------

Copies to: Parent/Guardian & student Administrator School Counselor



School Support Plan Review

Date	Discontinue Plan	Revise Plan (Attach new plan)	Continue Plan (List new review date)
		<input type="checkbox"/>	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New review date: _____



Personal Resource Sheet

(Optional)

(Spanish version on page 19)

I understand that this sheet is to help remind me of ways I can keep myself safe. I realize that there is someone is available to talk with me 24 hours a day. If I am having thoughts of suicide or thoughts of harming others, I can talk to one or more of the following people about those feelings:

	Name of Support	Phone	When
Supportive Family, friends, other adults			
24 Hour Hotlines	<i>Washington County Crisis & Consultation Line</i>	503-291-9111	<i>Anytime (24/7)</i>
	<i>National Suicide Hotline</i>	<i>1-800-273-TALK (1-800-273-8255)</i>	<i>Anytime (24/7)</i>

During this time, I can help myself in the following ways:

Others will help me in the following ways:

I was informed that my privacy will be protected as much as possible and certain school staff will be notified of concerns as needed to help support me and keep me safe.

Our next meeting will be: _____ *(Date & Time)*

Student Name _____

Student Signature & Date _____

Parent/ Guardian or Witness _____

Original To: Student/Family Copy To: Student Working File



Dear Parent/Guardian:

We are concerned about the safety and welfare of your child. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within the Hillsboro School District and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child’s school can discuss with you different ways of removing, storing, or disposing of firearms.
2. The school strongly recommends that your child be seen by a qualified mental health professional for assessment and on-going counseling. Someone from your child’s school can assist you in this process or you can contact your insurance company directly.
3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Be patient and calm, but also convey that you are concerned. Show love and seek out the help your child needs with no strings attached. Take threats and gestures seriously. Don’t tease, challenge, or be sarcastic. Keep communication open and nonjudgmental. Avoid saying anything demeaning or devaluing while conveying empathy, warmth, and respect. Be careful not to display anger towards your child for bringing up this concern or show resentment because you had to leave work or face other inconveniences in order to ensure your child’s safety.
4. We may need to develop a re-entry plan with you before he/she can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child’s safety while at school.

If you have an immediate concern for your child’s safety, please call the Washington County Crisis Line at (503) 291-9111. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

In case of emergency, call 911 or go to any hospital emergency room. The nearest hospitals with a child/adolescent psychiatric unit are:

Unity Center
 1225 NE 2nd Ave.
 Portland, OR 97232
 (503) 944-8000

Portland Willamette Falls Medical Center
 1500 Division Street
 Oregon City, OR 97045
 (503) 722-3730

Depending on the circumstances, failure to seek treatment for a child who is suicidal may meet the legal definition of neglect and result in a mandated report to the Department of Human Services Child Welfare.

Student Name _____ Date _____

School Support Member’s Signature _____



Fecha: _____

Plan de Apoyo en la Escuela

Nombre del Estudiante: _____	Escuela: _____	Grado: _____										
<p>Coordinador designado en la escuela (nombre) _____ se revisará el estado de este plan en (fecha) _____ para determinar:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> discontinuación del plan <input type="checkbox"/> revisión del plan (use un nuevo formulario) <input type="checkbox"/> continuar el plan (vea al respaldo de esta hoja) </p>												
<p>Apoyo general</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Hoja de Recursos Personales (<i>en las páginas 14 y 18</i>) <input type="checkbox"/> Línea de Crisis y Consulta del Condado de Washington (24 horas/7 días a la semana): 503-291-9111 <input type="checkbox"/> Línea Nacional del Suicidio (24 horas/7 días a la semana): 1-800-273-TALK (1-800-273-8255) </p>												
<p>Opciones de Apoyo en la Escuela</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;"> <input type="checkbox"/> Reducir o eliminar el tiempo que pasa sin supervisión <input type="checkbox"/> Reforzar la supervisión en las siguientes situaciones _____ <input type="checkbox"/> Designar un lugar seguro en la escuela _____ <input type="checkbox"/> Alertar al personal y maestros en una base de las necesidades a conocer _____ <input type="checkbox"/> Llegada tarde/salida temprano <input type="checkbox"/> Otros cambios en el horario: _____ <input type="checkbox"/> Evaluación de drogas y alcohol/ intervención con _____ <input type="checkbox"/> Remisión a Youth Contact _____ <input type="checkbox"/> Reportarse: <input type="checkbox"/> a diario <input type="checkbox"/> semanalmente con: <input type="checkbox"/> Administrador <input type="checkbox"/> Consejero escolar <input type="checkbox"/> SRO <input type="checkbox"/> Otro: _____ </td> <td style="width: 40%; vertical-align: top; border-left: 1px solid black;"> <input type="checkbox"/> El estudiante buscará al siguiente personal de la escuela: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ <input type="checkbox"/> Remisión al Equipo de Atención (Care Team) <input type="checkbox"/> Remisión al Equipo de SST </td> </tr> </table>			<input type="checkbox"/> Reducir o eliminar el tiempo que pasa sin supervisión <input type="checkbox"/> Reforzar la supervisión en las siguientes situaciones _____ <input type="checkbox"/> Designar un lugar seguro en la escuela _____ <input type="checkbox"/> Alertar al personal y maestros en una base de las necesidades a conocer _____ <input type="checkbox"/> Llegada tarde/salida temprano <input type="checkbox"/> Otros cambios en el horario: _____ <input type="checkbox"/> Evaluación de drogas y alcohol/ intervención con _____ <input type="checkbox"/> Remisión a Youth Contact _____ <input type="checkbox"/> Reportarse: <input type="checkbox"/> a diario <input type="checkbox"/> semanalmente con: <input type="checkbox"/> Administrador <input type="checkbox"/> Consejero escolar <input type="checkbox"/> SRO <input type="checkbox"/> Otro: _____	<input type="checkbox"/> El estudiante buscará al siguiente personal de la escuela: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ <input type="checkbox"/> Remisión al Equipo de Atención (Care Team) <input type="checkbox"/> Remisión al Equipo de SST								
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<p>Opciones en la Familia/Hogar</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Hogar que ha sido comprobado cómo seguro (El oficial de recursos puede ayudar con esto) <input type="checkbox"/> Reforzar la vigilancia <input type="checkbox"/> Proseguir con los servicios de salud mental _____ _____ <input type="checkbox"/> Remisión con el Coordinador de Atención (Care Coordinator) quien puede ayudar a las familias para encontrar los proveedores y recursos apropiados en la comunidad. </p>												
<p>Permiso <input type="checkbox"/> La forma <i>Permiso Para Proporcionar Información</i>, permite la comunicación entre la escuela y los proveedores.</p>												
<p>Comentarios:</p> 												
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Firma del estudiante: _____</td> <td style="width: 30%;">Fecha _____</td> </tr> <tr> <td>Firma del padre/madre: _____</td> <td>Fecha _____</td> </tr> <tr> <td colspan="2">Completó el formulario: _____</td> </tr> <tr> <td style="text-align: center;">Nombre</td> <td style="text-align: center;">Cargo</td> </tr> <tr> <td colspan="2" style="text-align: right;">Fecha</td> </tr> </table>			Firma del estudiante: _____	Fecha _____	Firma del padre/madre: _____	Fecha _____	Completó el formulario: _____		Nombre	Cargo	Fecha	
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Firma del padre/madre: _____	Fecha _____											
Completó el formulario: _____												
Nombre	Cargo											
Fecha												

Copias para: Padres/Tutor Legal Estudiante Administrador Consejero Escolar



Revisión del Plan de Apoyo en la Escuela

Fecha	Descontinuación del plan	Revisar el Plan (Adjunte un nuevo plan)	Continuar el Plan (Ponga la fecha de la nueva revisión)
		<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:



Hoja de Recursos Personales (Opcional)

Yo entiendo que esta hoja es para recordarme de las maneras en que puedo mantenerme seguro. Soy consciente que alguien estará disponible las 24 horas del día para hablar conmigo. Si tengo pensamientos suicidas, o estoy pensando en dañar a otros, puedo hablar de estos pensamientos con una o más de las siguientes personas:

	Nombre	Teléfono	Hora
Apoyo de familiares, amigos u otros adultos			
Líneas de ayuda 24 horas	<i>Línea de Crisis & Consulta del Condado de Washington</i>	503-291-9111	<i>A Toda Hora (24 horas/7 días a la semana)</i>
	<i>Línea Nacional del Suicidio</i>	<i>1-800-273-TALK (1-800-273-8255)</i>	<i>A Toda Hora (24 horas/7 días a la semana)</i>

Durante este tiempo, me ayudaré a mi mismo de las siguientes maneras:

Las demás personas me ayudarán de las siguientes maneras:

Nuestra próxima reunión es en: _____ (Fecha y Hora)

Nombre _____

Firma & Fecha _____

Testigo(s) _____



Estimados padres/tutor legal:

Estamos preocupados por la seguridad y el bienestar de su hijo(a). Se nos ha hecho saber que su hijo(a) puede tener tendencias suicidas. El Distrito Escolar de Hillsboro toma muy seriamente las expresiones de la conducta suicida, y nos gustaría apoyarles tanto como sea posible, a ustedes y a su estudiante durante esta crisis. Para garantizar la seguridad de su hijo(a), tenemos las siguientes sugerencias:

1. Su hijo(a) necesita ser supervisado de cerca. Las investigaciones muestran que el riesgo de suicidio se dobla cuando hay armas de fuego en la casa, aunque éstas estén bajo seguro. Asegúrense de que su hijo(a) no tenga acceso a un arma de fuego u otros medios letales, incluyendo medicamentos u otras armas en su casa o en la casa de los vecinos, amigos, o de otros miembros de la familia. El departamento de policía local o el oficial de recursos de la escuela de su hijo(a), puede hablar con ustedes sobre las diferentes maneras de eliminar, almacenar o deshacerse de las armas de fuego.
2. La escuela recomienda que su hijo(a) sea visto por un profesional de salud mental calificado, para que haga una evaluación y una consejería continua. Alguien de la escuela de su hijo(a) puede ayudarles con este proceso, o también pueden comunicarse directamente con su compañía de seguros.
3. Durante esta crisis su hijo(a) necesita apoyo. Su hijo(a) necesita que le reafirmen que ustedes le aman y que le brindarán el cariño que necesita. Sean pacientes y tengan calma, pero también déjenle saber que ustedes están preocupados. Demuéstrele amor y busquen la ayuda necesaria sin condiciones. Tomen en serio las amenazas y los gestos. No se burlen, no le desafíen, ni sean sarcásticos. Mantengan una comunicación abierta y sin prejuicios. Eviten decir cosas degradantes o que le devalúen; a cambio muestren empatía, calidez y respeto. Tengan cuidado de no mostrarle enojo a su hijo(a) por haber creado esta preocupación, ni muestren resentimiento porque ustedes deben salirse del trabajo o porque deben enfrentar otros inconvenientes para poder garantizar la seguridad de su hijo(a).
4. Tal vez tengamos que desarrollar un plan de reingreso con ustedes antes que él/ella regrese a la escuela. Un representante de la escuela podrá contactarlos para programar una reunión con ustedes, su hijo(a), y con miembros del personal de la escuela. Esto es con el fin de garantizar la seguridad de su hijo(a) mientras se encuentra en la escuela.

Si tienen una preocupación inmediata sobre la seguridad de su hijo(a), por favor llamen a la Línea de Crisis del Condado de Washington al (503) 291-9111. Los consejeros están disponibles 24 horas al día, y pueden aconsejarles las medidas más adecuadas para mantener seguro a su hijo(a).

En case de emergencia llamen al 911 o vayan al servicio de urgencias de cualquier hospital. Los hospitales más cercanos que cuentan con una unidad psiquiátrica infantil/adolescentes son:

Unity Center
1225 NE 2nd Ave.
Portland, OR 97232
(503) 944-8000

Portland Willamette Falls Medical Center
1500 Division Street
Oregon City, OR 97045
(503) 722-3730

Dependiendo de las circunstancias, la falla en buscar tratamiento para un niño o joven que tiene tendencias suicidas, puede definirse legalmente como abandono, y da lugar para hacer un reporte obligatorio dirigido al Departamento de Asistencia Social Infantil.

Nombre del Estudiante _____ Fecha _____

Firma del Miembro del Personal: _____

Suicide Intervention Protocol Documents

The Suicide Intervention Protocol documents are located online on Hillsboro School District's Google Drive in the Suicide Intervention folder. On the Google drive, open the "Shared with me" documents and search for "Suicide Intervention". Contact your Care Coordinator if you have difficulty finding it.

Protocol Pockets

Also, the pockets of the protocol folder are available for items you might want handy during an interview with a student or a conversation with a parent/guardian:

- Extra copies of suicide protocol forms (Suicide Screening Form, School Support Plan, Personal Resource Sheet)
- Extra copies of parent letter (English and Spanish)
- Extra copies of HSD Release of Information Forms (English and Spanish)
- Washington County Crisis Line cards (English and Spanish)
- Brochures for parents on suicide: *Look, Listen, Help* (English and Spanish)

Contact your Care Coordinator if you would like extra copies of the documents listed above.

Notes



**The Suicide Intervention Protocol was developed by a team from
Hillsboro School District 1J, Oregon.**

Questions, comments and feedback are welcome
and can be directed to the
Hillsboro School District Care Coordinators.

**Letter of Agreement and Support Between: Jackson County Mental health
And
Jackson County School District 9**

Jackson County Mental Health and Jackson County School District 9 are committed to local suicide prevention, intervention, and postvention. We are committed to visions, goals and strategies that reflect best-practices, with the safety and health of youth at the forefront of our agreement.

As general evidence of this agreement, we agree to the following:

Jackson County Mental Health will provide a Youth Suicide Prevention Coordinator to be available to Jackson County schools, in order to provide best-practice prevention education, resources, and trainings for students, teachers, administration, parents or anyone affiliated with this school who is in contact with youth.

Jackson County School District 9 will work with Jackson County Mental Health Crisis Center to assess and refer youth appropriately, when a youth is in crisis. Crisis therapists will assist Rogue Community Health staff and school district staff in assessing students on site or at the JCMH Crisis Center when requested.

If a suicide occurs at Jackson County School District 9, Jackson County Mental Health will be called and will readily assist with debriefing for staff, parents, teachers and students, for up to 10 school days. JCMH will also provide on-site counselors to support and counsel students and staff at the affected school.

The Jackson County Youth Suicide Prevention Coalition will provide best-practice postvention materials and resources to all local Schools. Jackson County School District 9 supports using best practice postvention in the case of a youth suicide and agrees to follow these best practices to the best of their ability.

Specifically, all organizations agree to support, partner, and respect each other as community organizations with the common goal of excellent mental health, physical health and safety for all students in Jackson County.

Jackson County Mental Health

Date

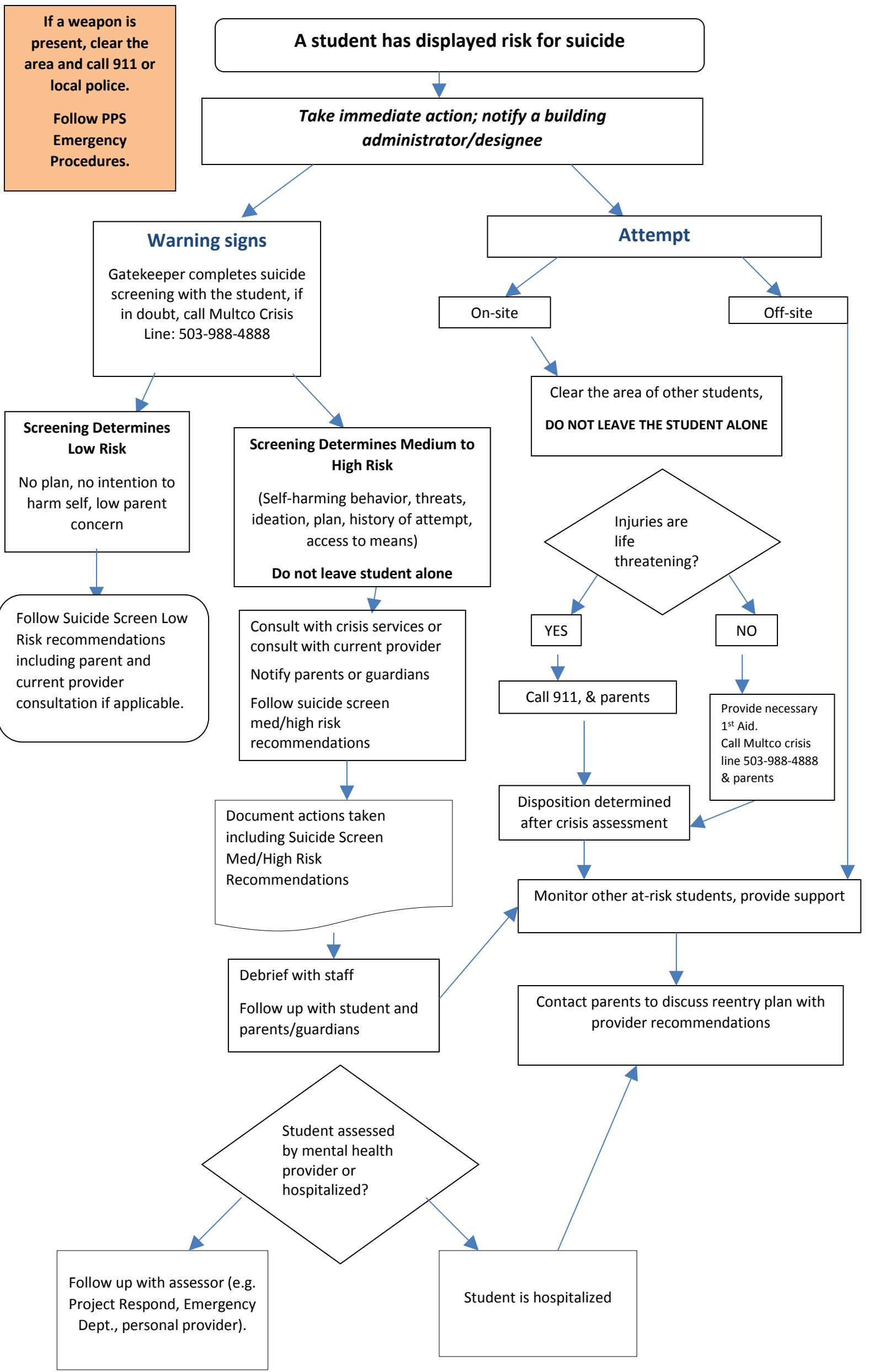
Jackson County School District 9

Date

Rogue Community Health

Date

Portland Public Schools Suicide Intervention Protocol Flow



If a weapon is present, clear the area and call 911 or local police.

Follow PPS Emergency Procedures.

A student has displayed risk for suicide

Take immediate action; notify a building administrator/designee

Warning signs

Gatekeeper completes suicide screening with the student, if in doubt, call Multco Crisis Line: 503-988-4888

Attempt

On-site

Off-site

Screening Determines Low Risk

No plan, no intention to harm self, low parent concern

Screening Determines Medium to High Risk

(Self-harming behavior, threats, ideation, plan, history of attempt, access to means)

Do not leave student alone

Clear the area of other students,
DO NOT LEAVE THE STUDENT ALONE

Injuries are life threatening?

YES

NO

Call 911, & parents

Provide necessary 1st Aid.
Call Multco crisis line 503-988-4888 & parents

Disposition determined after crisis assessment

Follow Suicide Screen Low Risk recommendations including parent and current provider consultation if applicable.

Consult with crisis services or consult with current provider
Notify parents or guardians
Follow suicide screen med/high risk recommendations

Document actions taken including Suicide Screen Med/High Risk Recommendations

Monitor other at-risk students, provide support

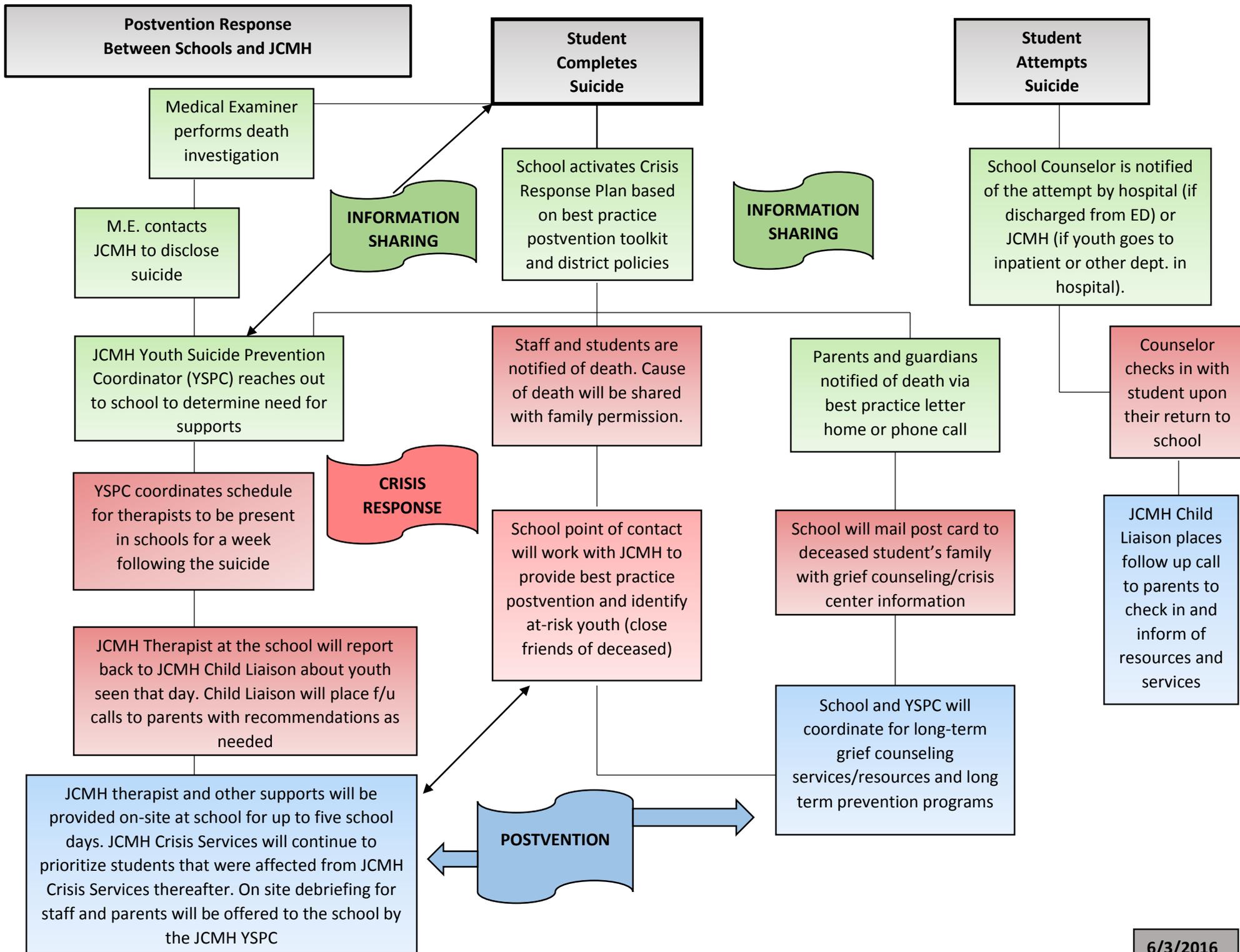
Debrief with staff
Follow up with student and parents/guardians

Contact parents to discuss reentry plan with provider recommendations

Student assessed by mental health provider or hospitalized?

Follow up with assessor (e.g. Project Respond, Emergency Dept., personal provider).

Student is hospitalized



Best Practice Postvention Checklist for Schools

This checklist highlights some of the best practices recommended to schools by the published work SAMHSA: After a Suicide, A Toolkit for Schools. This checklist is intended to encourage Jackson County Schools to be prepared for a suicide and to follow evidence-based best practices in order to contain contagion and return the school back to its regular routine. The priority of affected schools should be focusing on education and crisis prevention rather than the death of a student and the glamorization of suicide.

Before a suicide occurs it is recommended that:

- Your school have a Crisis Response Team that meets periodically to discuss the school's response should a student complete a suicide or another crisis occurs at school.
- Students have been given education on depression and suicide. This can be done by teachers, or the Youth Suicide Prevention Coordinator from Jackson County Mental Health.
- Students have been given resources, identified adults that they trust, and have phone numbers for 24/7 crisis lines in the area, should themselves or a friend become suicidal or need supports.

Immediately following a suicide it is recommended that:

- Crisis Response Team at this school meets to complete assigned tasks and discuss how staff should inform students and parents of the death. (preferably using the sample letters provided in the toolkit on pages 15-19).
- One assigned person on the Crisis Response Team contact the family of the deceased to confirm that the death was a suicide and ask for permission to disclose death and cause of death to students (page 9 of toolkit).
- School should respect deceased family's wishes to disclose or not disclose the cause of death.
- All student deaths should be treated the same.
- Bring in outside help that is trained in trauma response. JCMH will come on site to deliver support and counseling to students and staff.
- If the school chooses to hold a memorial it should be time limited. A poster board where students can write memories is appropriate and should be left up for 1-3 days in an area that is avoidable by students who do not want to participate.
- A member of the Crisis Response Team should monitor social media pages for inflammatory statements or copy-cat behaviors. Social Media should be used to provide education on suicide and resources for students and staff.

- Staff should identify students that were close with the deceased and alert counselors to check in with these students.
- School should allow ongoing grief counseling services at their school following the death of any student. (WinterSpring holds ongoing grief counseling groups).
- Allow for time limited counseling services. Students should have access to counseling services for up to 5 school days following the death. Students who need counseling beyond this window should be referred to ongoing counseling services.

In the weeks and months following a suicide it is recommended that schools:

- Allow counselors or JCMH Youth Suicide Prevention Coordinator to go in to classrooms and give students accurate information about suicide and depression.
- Anticipate the anniversary of the death and ask for additional supports on site for students who need supports on and around the anniversary.
- Join a community coalition so that when there is a suicide, partnering and finding resources and supports for your school is not difficult.
- Rearrange classrooms where the deceased student use to sit. The deceased's empty chair can be triggering for some students.
- Hold prevention and best practice trainings for students, staff, parents, or anyone interested.
- Hold a debriefing with concerned parents if needed. Invite local MH agency that assisted with postvention to be present to answer parent questions.
- Hold awareness and educational sessions for students around suicide, warning signs, and how to help a struggling friend. This can be done before or after a suicide.

NOT RECOMMENDED:

-  It is not recommended that anyone speak with the media about the details of a student's death. Use the media as an opportunity to educate the public on signs of suicide and depression and provide resources.
-  Do not hold memorial services or assemblies on site. There are not enough trained adults to handle large groups of grieving students safely. Doing this puts students at risk for contagion. Holding large gatherings glamorizes completed suicides and pays positive attention to suicide in general. (See pages 35-36)
-  Do not allow students to distribute or create t-shirts, flyers, or buttons memorializing the student. If someone comes to school with any of these, allow them to wear it for the day and then explain why it is not a good idea to have these items.

Jackson County School District 9 Student Safety Plan

Name of Student: _____ School: _____ Grade: _____

Your student expressed a safety concern and has been assessed by district's staff. We have determined that based on our assessment, your student is considered:

(Concern) _____

Low Risk

- Call home and document who the contact was made with _____.
- Student may be sent home on bus
 - Parent/Guardian has provided permission by phone (____) _____
- Provide JCMH Crisis Card

Moderate Risk

- Call home and document who the contact was made with _____.
- Obtain a signed consent/release to exchange Mental Health information.
- Parent/Guardian/Designee must pick up student and recommend JCMH for crisis assessment.
- School will contact JCMH Crisis Line to notify them of student being recommended for possible crisis assessment.
 - Parent was provided with Medford & White City information cards. (541) 774-8201
 - If students is not seen at JCMH within 24 hours, we may contact:
 - Law Enforcement to do a Welfare Check – JCSO (541) 774-6800/EPPD (541) 826-9171.
 - File a report with Child Protective Services (541) 858-3197/(866) 840-2741

High Risk

- Call home and document who the contact was made with _____.
- Obtain a signed consent/release to exchange Mental Health information.
- Parent/Guardian/Designee must pick up student (name of designee) _____.
- Required JCMH for crisis assessment.
- School will contact JCMH Crisis Line to notify them of a student being referred for assessment in presences of Parent/Guardian/Designee.
 - Parent was provided with Medford & White City information cards. (541) 774-8201
 - If student is not seen at JCMH within 24 hours, we will contact:
 - Law Enforcement to do a Welfare Check – JCSO (541) 774-6800/EPPD (541) 826-9171.
 - File a report with Child Protective Services (541) 858-3197/(866) 840-2741
- If parent cannot/will not pick up student-
 - Call JCMH Crisis Line (541) 774-8201 to request a counselor for on-site assessment at school.
 - If counselors are not available, school staff should keep student or make appropriate placement until parents can pick up or take to JCMH Crisis Center.

Re-entry process (Moderate/High Risk or ER Calls)

- Moderate
 - Designate a staff member to check in with student upon return (Staff Name) _____.
 - Send out Care Alert to all staff.
- High
 - Counselor/Psychologist/RCH meets with student upon re-entry to create an individualized plan for the day or week.
 - Send out Care Alert to all staff.
 - Call home and communicate with parent if they were not able to attend re-entry meeting.

I, the parent/guardian/designee, will follow through with the agreed upon Safety Plan for my student.

Parent/Guardian/Designee Signature _____ Date _____

Student Signature _____ Date _____

School Staff _____ Date _____