Suicide Prevention Annual Plan
Dayton School District #8

A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION AND POSTVENTION PROCEDURES FOR DAYTON SCHOOLS

Table of Contents

School Counselors & School Therapists

Introduction and Purpose of the District Policy on Suicide

Definitions

Preventions
- Evidence-based Trainings and Programs available in Oregon
- Student Suicide Prevention
- Confidentiality
- Warning Signs and Risk Factors
- Populations or Groups at Elevated Risk for Suicidal Ideations

Interventions
- Dayton School District Suicide Intervention Protocol Flowchart
- Referral Procedure
- Procedure for Self-Harm
- Procedure for Suicidal Ideation
- Suicide Screening Form - Level 1
- Safety Plan
- Guardian Letter/ Notification
- Re-Entry Plan
- Staff Instructions When a Student Returns to School After Suicide Attempt or Hospitalization

Postventions
- District- Wide Crisis Team
- Resources

Appendix

School Counselors
Dayton Grade School - Kari Sanders - 503.864.2217 ext. 428 - Kari.Sanders@dayton.k12.or.us
Dayton Jr. High - Jaime Turley - 503.864.2246 ext. 535 - Jaime.Turley@dayton.k12.or.us
Dayton High School - Kelli Hascall - 503.864.2273 ext. 540 - Kelli.Hascall@dayton.k12.or.us
Dayton Grade School Therapist - Mackenzie Doyle - doylem@co.yamhill.or.us
Dayton Jr./Sr. High School Therapist - Mackenzie Doyle - doylem@co.yamhill.or.us
Dayton School District Special Programs Coordinator - Sierra Nordahl - 503.864.2217 ext. 424 Sierra.Nordahl@dayton.k12.or.us

This document was adopted from the following resources
Model School District Policy on Suicide Prevention *American School Counselor Association, National Association of School Psychology, Trevor Project, and America Foundation for Suicide Prevention*
Suicide Prevention, Intervention, and Postvention: Step by Step *Lines for Life and the Willamette education Service District*

Introduction and Purpose of the
Dayton School District Suicide Prevention Model

The purpose of this plan is to follow board policy to protect the health and well-being of all Dayton School District students by having procedures in place to prevent, assess risks of, intervene in, and respond to suicides. Senate Bill 52 “Adi’s Act” requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Suicide is the 3rd leading cause of deaths for adolescents and young adults ages 10-19 in Oregon (American Foundation of Suicide Prevention, 2017). On average, a young person dies by suicide every two hours in the US. For every young person who dies by suicide, an estimated 100 youths make suicide attempts (Trevor Project, 2016). The school environment can be a place of support and resilience for students who are struggling. The school is critical for supporting students' development in youth. Responding appropriately to the risk of suicide is an unspoken duty of educators. By having clear policies and support, educators can feel more confident and feel more supported when working with students who are struggling with suicidal ideation.

There are many resources for educators and mental health providers when working with students who are at risk. This model is specifically to help educators feel confident by giving a toolkit that will allow them to be more likely to intervene when they see risk signs in students. Providing educators with procedures and skills to help recognize the physical, behavioral and emotional components that are part of mental health, one is able to provide and help protect all students in the Dayton School District. Doing so helps make sure that attempts or students in crisis are referred appropriately to the correct resources as well as guardian involvement has been achieved following best practice.

The model is divided into three sections - prevention, intervention and postvention. Prevention are the steps to stop dying by suicide and attempts from occurring. This is done by educating and familiarizing oneself with the warning signs and risk factors of suicide. Interventions are the immediate action steps that can be taken when a student expresses suicidal ideation or plans to attempt. Postvention are the organized responses in the aftermath of a suicide. This facilitates the healing of students and staff from the grief and distress of suicide loss. Postvention can also help prevent suicide contagion from occurring.

Definitions

It is important to start with the same language and understanding.

1. **At risk-** A student who expresses suicidal ideation or has previous attempts of suicide.
2. **Crisis team-** A multidisciplinary team consisting primarily of administration, mental health and staff who focus on crisis preparedness, intervention and recovery. These professionals are trained in crisis protocols and support.
3. **Postvention-** A crisis intervention strategy designed to reduce the sick of suicide and/or suicide contagion. It is to help bring support to survivors, address the social stigma with suicide and spread factual information after the completion of a suicide of a member in the school community.
4. **Risk assessment-** An evaluation of a student who may be at risk of harm or suicide. This is conducted by appropriate school staff such as school counselors or school based mental health counselors.
5. **Risk Factors-** Characteristics that increase the chances a person may attempt to take one's life. The risk of suicide tends to be higher based on the number of risk faced one has at a certain time.
6. **Self-Harm-** Deliberate behavior that is self-directed that either results in an injury or has the potential to result in one. Although self-harm often lacks suicidal intent, youths who engage in self-harm are more likely to attempt suicide.
7. **Suicide-** Death caused by self-directed injuring behavior with the intent to die as the result of this behavior.
8. **Suicide attempt-** A behavior causing self-injury where there is evidence that the person had some intent to kill him or herself.
9. **Suicidal behavior-** Suicide attempts, intentional injury to self associated with at least some intent (a plan or strategy for suicide or even gathering the means for of suicide) may be thoughts indicating intent to end one’s life.
10. **Suicide contagion-** The process by which suicidal behavior or a suicide influences other student’s behaviors.
11. **Suicidal ideation-** Thinking about, considering or planning self-injury which might lead to death. A desire to be dead without a plan or intent to end one’s life is still considered suicidal ideation and should be taken seriously.

Prevention

Evidence-based Trainings and Programs available in Oregon.

By having staff members trained, there is a universal understanding of the process, policies, procedures and best practices for intervening with students and/or staff at risk of suicide. Through trainings, the staff can also become more comfortable addressing this topic.

Title	Description	Length	Who/Access/Sign up
District Suicide Prevention Policy and Plan	Review of school policies, procedures and protocols.	30 minutes	All District Staff - Yearly with staff handbook and staff meetings
QPR (Question, Persuade, Refer)	QPR offers in an hour a guide to recognize the signs of suicidal, identify a crisis and direct the person to the correct care.	60 minutes	https://qprinstitute.com/organization-training All District Staff - *Requirement for new staff and every 2 years for current staff

Students should learn and receive information about suicide prevention. The purpose of the curriculum is to teach students the importance of safe and healthy choices as well as coping strategies and resiliency. They should also have information to access help at school for themselves, their peers, or others in the community.

Grade level	Description	When
Kindergarten - 5th grade	PAX, RULER, SEL, GEM, Stanford Harmony	In the classroom during lessons
6th grade	Prevention Curriculum	6th grade seminar
7th grade	Lines for Life Presentation	November each school year
8th grade	Suicide Prevention Unit	Health
9th grade	Suicide Prevention Unit	Health 1
10th & 11th grade	Suicide Prevention Unit Lines for Life Presentation	Health 2 November each school year
All students and Families	Access to the District Suicide Prevention Plan through the Student/Parent Handbook and the District website	Annually through the Student/Parent Handbook and District website

Confidentiality

HIPPA and FERPA

School employees, with the exceptions of nurses, counselors, and psychologists who are bound by HIPPA, are bound by laws of The Family Education Rights and Privacy Acts of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicated the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPPA known as "minimum necessary disclosure".

Request from student to withhold from parents

If a student is expressing suicidal ideation or plans to attempt, legal guardian(s) must be informed. They are an important part of ongoing safety for the student. If the student doesn't want to tell his/her parents, the staff member can inquire and validate their fears about telling their parents. Nevertheless, legal guardian(s) must be informed.

EXCEPTIONS for parental notification: Abuse or neglect

Parents need to know about a student's suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff member is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

*From Willamette Education Services
District- School Based Suicide Resource Guide

Warning Signs and Risk Factors

Suicidal risk is higher when a student (or person) has a number of these signs at the same time. Warning signs are actions or behaviors a student might exhibit while risk factors are conditions that increase the chance of a person dying by suicide.

Warning Signs

Talk

- Saying they want to kill themselves
- Expressing helplessness
- Being a burden to others
- Not having a reason to live
- Feeling trapped

Behavior

- Extreme fatigue
- Giving away precious or prized belongings
- Sleeping a lot or sleeping very little
- Isolating from friend and family
- Increasing risky behaviors
- Increasing use of alcohol and/or drugs
- Researching ways to end their lives
- Calling loved one and saying goodbye

Mood

- Depressive
- Anxiety
- Loss of interest
- Shame
- Anger
- Relief

Risk Factors

Health Factors

- Mental health conditions such as depression, anxiety, bipolar, schizophrenia, and other personality disorders.
- Traumatic Brain Injuries
- Serious health conditions that include constant pain.

Environmental Factors

- Access to lethal means like drugs or a firearm.
- Prolonged stress such as bullying, peer problems or family problems.
- Exposure to traumatic life events- divorce, suicide or other life transition.

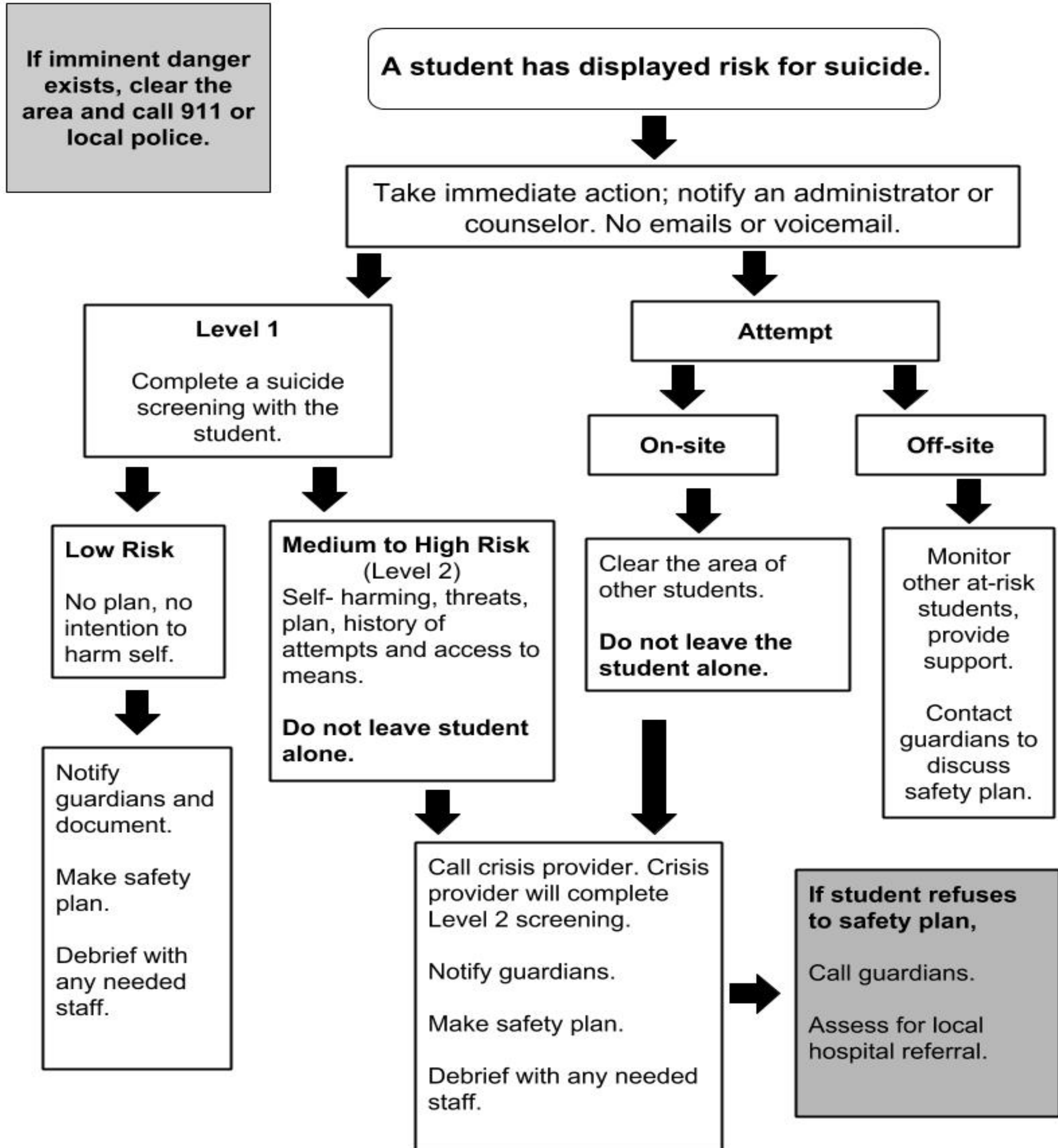
Behavioral Factors

- Family history of suicide
- Childhood abuse, neglect and trauma
- Previous suicide attempt

Populations or Groups at Elevated Risk for Suicidal Ideations
Youth living with mental and/or substance use disorders
While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90% of deaths by suicide. Mental disorders, in particular depression, bi-polar (manic-depressive) disorders, alcohol or substance abuse, schizophrenia, and other psychotic disorders, borderline personality disorders, conduct disorders, and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental health disorders are not engaged in treatment. Therefore school staff may play a pivotal role in recognizing and referring the student to treatment.
Youth who engage in self-harm or have attempted
Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent. People who engage in self-harm are at an elevated risk for dying by suicide within 10 years. A previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessarily follow-up care.
Youth in and out of home settings
Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people in the juvenile justice system die by suicide at a rate about 4x greater than the rate among youth in the general population. Though comprehensive data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost 4x more likely to have attempted suicide than their peers not in foster care.
Youth experiencing homelessness or houselessness
For youth experiencing homeless and houselessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have a higher rate of mood disorders, conduct disorders and PTSD. One student found that more than half of runaway, homeless and houseless youth have had some kind of suicidal ideation. Identified Dayton students will be referred and helped by the Dayton School District's homeless liaison.
American Indian/Alaska Native (AI/AN) youth
In 2009, the rate of suicide among AI/AN youth ages 15-19 are more than twice that of the general youth population. Risk factors than can affect this group more than the general youth

population is substance use, discrimination, lack of access to mental health care and historical trauma.
LGBTQ youth
The CDC finds that LGBTQ youth are 4x more likely, and questioning youth are 3x more likely to attempt suicide than their straight peers. The American association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and 25% have reported having made a suicide attempt. Suicidal behavior among LBGTQ youth can be related to experiences of discrimination, family rejections, harrassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with mental health disorders). These experiences can place them at an increased risk. It is these societal factors, in addition to other factors such as mental health history and not the fact of being LGBTQ, which elevates the risk of suicidal behavior in LGBTQ youth.
Youth bereaved by suicide
Studies show that those who have experienced suicide loss, through the death of a friend or a loved one, are at an increased risk for suicide themselves. School counselors will provide outreach to students and provide mental health referrals if necessary.
Youth living with medical conditions and disabilities
A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities. Such as those with multiple sclerosis or spinal cord injuries. Individual 504 and IEP plans are created for students to add specific accommodations at school and to provide support as needed.

Intervention



Referral Procedure

Referral procedure to Family and Youth Mental Health through the Dayton School District school based mental health. This is for students who are low to medium risk. If a student is high risk and in imminent danger, notify the school counselor and administration immediately or call 911.

Role of the School Counselor: Provides counseling to students on a regular basis, facilitates group skills training for multiple students, consults with teachers, administrators and families. Assists with implementation of PBIS and SEL interventions in the classroom. Can do classroom observations to evaluate particular students' areas that need support using PBIS and/or Growth-Mindset model. Point person for screenings and potential referrals for intensive MH services.

School Counselor's areas of expertise:

- **Mild to moderate** social, emotional, behavioral issues with peers, in the classroom, at home
- Defiance toward adults
- Academic performance issues
- Providing resources to parents
- Psychoeducation in the classrooms
- Risk assessment (Level 1 Threat; Level 1 Sexual and ASIST and Level 1 Suicide)
- Staff consultation
- Trauma-sensitive services
- Safety planning

Role of the Mental Health Therapist: Provides intensive individual and family therapy to students who meet medical necessity (per OARs) and who require a higher level of support to succeed emotionally and socially, co-facilitates group skills training with School Counselor as needed. Consults with teachers, administrators and families. Provides psychoeducation to teachers, classrooms and other community partners. Assists in safety/risk evaluations that present in the school environment. Assists in implementing trauma-sensitive school-based services to students and staff.

Mental Health Therapist's areas of expertise:

- Moderate to severe social, emotional, behavioral issues *that significantly impact academic and social functioning*
- Risk assessments (Level I & II Threat Assessments, CAMS)

- Safety planning
- Referrals for specialty screenings (i.e., early psychosis and intervention, medication management)
- Psychoeducation in the classrooms
- Trauma-sensitive services
- EMDR
- Play therapy techniques
- Consultation with staff, families and community partners

Procedure for referrals for counseling services:

1. Referral form to school counselor initiated by administrator, teacher or student self-referral
2. Student will have at least five supportive check-ins with counselor to see if problems can be resolved.
3. If no resolution of social, behavioral or emotional problems, then refer to Yamhill County Mental Health
4. Referrals for MH services –
   a. School Counselor will consult/brief the case with Mental Health
      - Does student likely meet medical necessity for services?
      - Does student have OHP?
   b. School Counselor will send home Yamhill County Mental Health Counseling Permission Form (located in the school therapist's mailbox) with student.
   c. Mental health will complete orientation paperwork with family and set up time to do clinical assessment.
5. Formal assessment and initial treatment plan completed with Family and Youth (1.5-2hrs)

What do I do if I see, hear, or read something about…

Self-Harm

Although self-harm is not an indication of suicidal ideation, it is unsafe and potentially lethal. If you notice a student who has suspicious injuries that may look self-inflicted, please follow the below procedure:

1. Stay Calm! You got this!
2. Inquire about injury and suicidal ideation.
3. Report to counselor or administration.
4. Counselor or administration makes a safety plan.
5. Contact guardian(s).
6. Make copies of safety plan for home and school.
7. Notify teachers that need to know.
8. Revisit safety plan in 2 weeks.

Suicidal Ideation

1. Stay Calm! You got this!
2. Inquire about suicidal ideation, utilize QPR for added direction (see resources).
    a. If the student has expressed (verbal, written, or behavioral) suicidal ideation to you or you overheard it, try to find a private setting away from other students. Then proceed to ask something like "have ever thought of killing yourself?" (Remember that this question although uncomfortable to ask at first does not make people complete suicide. So ask it!)
    b. A good follow up question if they say yes, "do you have a plan? (to kill yourself)"
    c. At this point, move on to step number 3. If the student has a plan, do not leave alone.
3. Report to the counselor or administration within the hour in person.
4. Counselor or administration makes a safety plan.
    a. If a student refuses a safety plan, contact guardian(s) and/or assess for referral to a local hospital.
    b. If student has an active suicide plan, contact guardian(s) to see if they can transport to hospital. If not, hold the student at school and call 911.
5. Contact guardian(s).
6. Make copies of safety plan for home and school.
7. Notify teachers that need to know.
8. Revisit safety plan in 1 week

SUICIDE SCREENING FORM – LEVEL 1

(To be completed by school counselor, administration or mental health specialist)

Date:________________

Time:________________

1. IDENTIFYING INFORMATION

Name: ________________________________ ID: ______________
School:________________________________ DOB:_____________

Age: ____________IEP/504?_____________
Medicine/Healthinformation:____
Address:____

Parent/Guardian #1 name/phone # (s):
____

Parent/Guardian #2 name/phone # (s):
____

Screener's name: _________________________Position: _________________________________

Contact Info: ____

2. REFERRAL INFORMATION

Who reported concern: ◯ Self ◯ Peer ◯ Staff ◯ Parent/Guardian ◯ Other

When was concern disclosed: ____________Contact information (If applicable):________________

What information did this person share that raised concern about suicide risk?
____
____

3. WARNING SIGNS/RISK FACTORS

◯ Expressions of wanting to die, of being gone, or of death in any manner in their:

- o Writing
- o Drawing
- o Verbal
- o Social Media

◯ Withdrawal from others

◯ Giving away possessions

◯ Preoccupation with death

◯ Recent changes in appetite, behavior, sleep

◯ Feelings of hopelessness/self-hate

◯ Family problems

◯ Substance Abuse

◯ Crisis within the last 2 weeks

◯ Current psychological/emotional pain

◯ Mental Health concerns

◯ Discipline problems

◯ Conflict with others (friends/family)

◯ Experiencing bullying or being a bully
◯ Engages in high risk behavior
◯ Unmet basic needs
◯ Self-Injury (see NSSI Assessment & Protocol)
◯ Current/past trauma (domestic/relational/sexual abuse)
◯ Stresses from: gender ID, sexual orientation, ethnicity
◯ Exposure and/or access to weapons, violent video games
◯ Recent personal or family loss or change (i.e., suicide, death, divorce)
◯ Other signs:____

4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

◯ LOW RISK ◯ MEDIUM RISK ◯ HIGH RISK

5. PROTECTIVE FACTORS

◯ Engaged in effective health and/or MH care
◯ Resiliency
◯ Positive problem-solving skills
◯ High frustration tolerance
◯ Positive coping skills
◯ Emotional regulation
◯ Restricted access to means to kill self
◯ Does well in school
◯ Stable living environment
◯ Willing to access support/help
◯ Positive self-esteem
◯ Does well in school
◯ Cultural and/or religious beliefs that discourage suicide
◯ Has responsibility for others
◯ Feels well connected to others (family, school, friends)

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: ______________________Date contacted:____________________________

<table>
<tr>
<td>o Left a Voicemail
Date:________________________________
Time:________________________________
o Parent/Guardian Called Back
Date:________________________________
Time:________________________________</td>
<td>o Parent/Guardian Answered
Was the parent/guardian aware of the student’s suicidal thoughts/plans? Yes ◯ No ◯
Parent/Guardian’s perception of threat
____
____</td>
</tr>
</table>

Parent Action Plan – o Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist) o Mental Health evaluation appointment date: ______________________________ o Needs additional support o Other:	Additional Notes:

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1. ____

2.____

8. POTENTIAL SCHOOL ACTION PLANS

□ Determined if Student Coping Plan was needed

o Limited risk factors; Student Coping Plan not needed

o Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUME file

□ Provided student and family with resource materials and phone numbers

□ Parent/guardian contacted

□ Released back to class after Limited or NO risk factors noted

□ Released back to class after parent (and/or Agency) contacted and follow up plan established

□ Released to parent/guardian

□ Called 911. Contact name/date/time:____

□ Parent/guardian took student to hospital

□ Parent/guardian scheduled mental health evaluation appointment Notes:___________________

□ School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time:__________

◯ Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.

◯ Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on Date/time: ____

◯ Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county (Contact date/time/name):____

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Student Name:______________________________

Screener Name: ______________________________

Date: _______________

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you actually had any thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		

6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?*	**YES**	**NO**
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: *Was this within the past three months?*		

- Low Risk
- Moderate Risk
- High Risk

NOTES:

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
© 2008 The Research Foundation for Mental Hygiene, Inc.

STUDENT COPING PLAN

Student Name:___________________________ DOB:_________ Date of Plan:________

Warning signs that I am not safe:
1.
2.
3.
Things I can do to keep myself safe (in the case that I was thinking about suicide):
1.
2.
3.
An adult I can talk to at home when I feel it would be better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

My plan to reduce or stop use of alcohol/drugs:
1.
2.
3.
Identify reasons for living:
1.
2.
3.
I can call any of the numbers below for 24 Hour Crisis Support.

National Suicide Prevention Lifeline 1-800-273-TALK [8255]
Oregon Youthline 1-877-968-8491 or text teen2teen to 839-863

Marion County Crisis Line: (503) 576-HOPE (4673)
Polk County Crisis Line: (503) 623-9289, 1-800-560-5535 (after hours)
Yamhill Crisis Line: 503-434-7462, 1-800-842-8200 (after hours)

My follow-up appointment is:_________________________with_______________________

Provide copies to student; home; teacher(s); safety file and counselor.

Letter for Guardian
To be printed letterhead

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 Dayton School District and we would like to support you and your student as much as possible during this time. To assure the safety of your child, we strongly suggest the following:

1. Your child needs to be supervised closely. Research shows 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 medication, weapons or alcohol at your house or at the house of neighbors, friends or other family members. The local police department can discuss with you different ways to store, remove or dispose of such items.

2. When a child is at risk for suicide, it is extremely important they are seen by a qualified mental health professional for assessment. The counselor or the principal at 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 time. Your child may need reassurance that you love them and will get them the care they need. 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 non-judgmental and show empathy, warmth and respect. Please be careful not to display anger towards your child for bringing up this concern or show resentment due to any experience inconvenience in order to ensure your child's safety.

4. We may need to develop a plan to assure that your child feels safe and supported before returning to school. You might be contacted by the school 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 Yamhill County Crisis Line at (503) 434- 7523 or at 1-844-842-8200. Counselors are available 24 hour a day and can advise you on the most appropriate action to keep your child safe.

In case of an emergency, <u>call 911</u> or <u>go to any hospital emergency room</u>.
The closest hospitals are:

Providence Newberg Medical Center
1001 Providence Dr, Newberg, OR 97132
(503) 537-1555

Willamette Valley Medical Center
2700 SE Stratus Ave, McMinnville, OR 97128
(503) 472-6131

If you have any questions, concerns or need further assistance from the school, please feel free to contact me by phone at ____________________________.
Sincerely,

Record for Guardian

This form documents contact with the parent/ guardian has been made. This form states that parents/guardians were informed of the student's behavior and advised on the next steps.

Dayton School District
Guardian Contact Acknowledgment Form

This form is to verify that I have spoken with Dayton 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 have also been informed of the safety plan and procedure the school will be taking to help keep my student staff.

I understand a follow-up check by this staff member ____________________________ will be made with my child and myself within the next two weeks to see how things are progressing.

Parent Signature
____ Date:___________________________

Faculty Member Signature
____ Date:___________________________

Additional Notes: ____
Additional ontacts made with parent/guardian on: _________________________________

Given in person
Talked on phone
Mailed home
Other_________________________

Re-entry Plan

This plan should be used for students returning to school following a suicide attempt or psychiatric hospitalization. Please 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.

Plans should be discussed prior to student re-entry and should include the following personnel: student, legal guardian/parent, principal/vice principal, school counselor, and homeroom teacher.

Student Re-Entry Plan

Student: ____

Date: ______________________School: __________________
Grade: ___________ Date to be Reviewed: ___________

Primary School Contact:

____

Secondary School Contact:

____

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:____

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:____

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
- ❑ Other:____

Staff Instructions When Dealing with a Student Returning to School After Suicide Attempt or Hospitalization

1. Welcome the student's return to school as you would any 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. Be aware that the student may be adjusting to medication and may be dealing with side effects including fatigue, or jitteriness.
7. Keep an eye on the student's academic performance as well as his/her social and 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 legal guardian(s).
8. 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.
9. Encourage the student to use the school counselor for additional support.
10. Please monitor student's behavior and report concerns to the designated school contact person.

Postvention

In the event of a death by suicide within the school community, in accordance with the district's flight team notebook and postvention best practices. While in addition to Willamette Education Services Response Team for assistance.
**Remember to drink water, take deep breaths, and allow space for yourself to grieve as well.*

District Review Procedures
To request the district to review the actions of a school in responding to suicidal risks, make a written request to the Dayton School District's Superintendent.

Resources

Yamhill County Family and Youth: 503-434-7462

Lines for Life: 1-800-237-8255

Oregon YouthLine:

Call- 1-877-968-8491

Text- teen2teen to 839863

Chat online- www.oregonyouthline.org

Depression Hotline: 1-630-482-9696

Suicide Hotline: 1-800-784-8433

Self-Harm Hotline: 1-800-DONT CUT (1-800-366-8288)

Trevor Project: 1-866-488-7386

Eating Disorders Hotline: 1-847-831-3438

Rape and Sexual Assault: 1-800-656-4673

Grief Support: 1-650-321-5272

Runaway: 1-800-843-5200, 1-800-843-5678, 1-800-621-4000

Self-injury Foundation’s National Crisis Line: 1-800-334-HELP

Real Help for Teens Help Line: 1-877-332-7333

National Suicide Prevention Line: 1-800-273-TALK

QPR- https://qprinstitute.com/

Appendix

American Foundation of Suicide Prevention. (2017, June). Oregon Suicide Fact and Figures: 2017. Retrieved July 26, 2018, from http://lanecounty.org/UserFiles/Servers/Server_3585797/File/Budget/FY 17-18 Proposed/Oregon-Facts-2017.pdf

Trevor Project. (2016). Saving Young LGBTQ Lives. Retrieved June 26, 2018 from https://www.thetrevorproject.org/#sm.0001midpwidncer6u5c28vbapk76b

Unknown. (2015, July 07). Bullying and Suicide. Retrieved July 7, 2018, from http://www.bullyingstatistics.org/content/bullying-and-suicide.html

Waletich, C. (2018, August). Safety is a Priority. Retrieved July 26, 2018, from https://www.hsd.k12.or.us/domain/89

Willamette Education Service District. (2017, August). School Safety Services - SIS / Suicide Prevention. Retrieved June 26, 2018, from https://www.wesd.org/Page/660