



SSD SUICIDE PREVENTION & WELLNESS PLAN



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TABLE OF CONTENTS

3	Introduction
4	Information Staff Need to Know:
5	Suicide Prevention Overview
7	Suicide Intervention Overview
9	Guidelines for When the Risk of Suicide has been raised
10	Level 1 Screening—Student Interview
10	Level 2 Suicide Assessment (by a Qualified Mental Health Professional)
12	Suicide Intervention Process Flowchart
12	Developing the School Support Plan After a Level 1 or Level 2 Suicide Screening
14 -16	Suicide Response Overview
17-18	Additional Resources
19-22	Sample Letters
23-27	Suicide Assessment

INTRODUCTION

Senate Bill 52, also known as "Adi's Act," was passed in Oregon in 2019. This legislation requires school districts to develop and publicly post the school district's plan for suicide prevention, intervention, and postvention response activities, beginning no later than the start of the 2020/2021 school year. This is consistent with Board Policy JHH that was adopted in October 2020. Please note that a comprehensive Prevention Plan was in place before this Senate Bill.

WHY IS THIS NEEDED?

Suicide is the second leading cause of death for teens in Oregon. Columbia County saw an all-time high suicide completion number of 18 in 2018. In 2017, there were 12 suicides. In 2016 there were 15 suicides. 2019 saw an all-time low of seven suicides. Teens face a barrage of pressures and stressors that, if uncared for, can amplify the mental health risk factors most commonly associated with suicide. When teens feel connected to their schools, friends, and a caring adult, they are better equipped to cope with life healthily.

PURPOSE

The purpose of this plan is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Scappoose School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Further recognizes that suicide is a leading cause of death among young people.
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

INFORMATION STAFF NEEDS TO KNOW:

- School staff can be the first line of contact with potentially suicidal students. Most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student.
- All school personnel need to know that supports are available to refer at-risk students to trained professionals. The burden of responsibility does not rest solely with the individual.
- Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available when raising concerns regarding suicidal behavior. Students often know but do not tell adults about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues to normalize everyone's learning environment.

SUICIDE PREVENTION OVERVIEW

What is Suicide Prevention?

The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out for help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness campaigns.

Training and Prevention Practices

Staff:

- Designated staff will receive annual suicide prevention training. Examples of training can include QPR, SafeSchools Modules, etc.
- All licensed counseling staff will receive a minimum Suicide Prevention Training per TSPC licensure requirements QPR (Example: QPR, ASIST, etc.).
- The District shall provide opportunity for all social workers, school counselors, and school psychologists to receive a two-day intensive ASIST (Applied Suicide Intervention Skills) or equivalent training every three years.
- All social workers, school counselors, school psychologists, and school administrators receive SSD Suicide Response Protocol review annually.
- All staff will be offered training on Responding to Mental Health Needs, including training that supports underserved and at risk students.

Students:

- All students in K12 will receive direct instruction on social, emotional learning/mental health promotion.
 - ELEMENTARY: PBIS (Positive Behavior Interventions and Supports), Classroom Instruction, and small groups.
 - MS: Needs Assessments, Health Curriculum, Guidance, and Small Groups.
 - HS: Needs Assessments, Freshman Interviews, Small Groups, Guidance, and Health Curriculum.
- All MS/HS students taking health class will receive direct instruction from an evidence-based adopted curriculum.
- The Suicide Response Protocol for Level 1 and Level 2 threats requires counseling and social worker staff to work with the student and parent/guardian on safety planning and connecting with school and community resources.
- Exposure and access to youth hotlines at the secondary level (posters, counseling website, resources cards, etc.)

Parents:

- Trainings offered by Columbia Health Services trainers and partnering with SSD social workers such as:
 - [QPR](#)
 - Youth Mental Health First Aid
- Counselor and staff work with the student and parent/guardian on safety planning and connecting with school and community resources.

At-Risk Student Populations*

School districts need to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

- Youth living with mental and substance use disorders
- Youth who engage in self-harm or have attempted suicide
- Youth in unstable home settings
- Youth experiencing homelessness.
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth
- Youth bereaved by suicide or loss of a loved one.
- Youth living with medical conditions or disabilities.
- BIPOC youth (Black, Indigenous, and People of Color)

*more info on this topic can be found under the *Additional Resources* section

SUICIDE INTERVENTION

OVERVIEW

School counselors, social workers, 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, parents, or from direct referral by the student. A suicide risk screening will need to be completed for every student expressing thoughts of suicide.

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

If a student is having thoughts of suicide, there is a suicide risk. If imminent danger is not present, but a concern about suicide risk exists, the School Screener initiates the screening process. If suicidal thoughts are not current, a full screening is not necessary. The screener can still complete the support plan and implement other interventions as needed.

- 1) **Determined to be no threat**
- 2) **Level 1** – The student has had suicidal thoughts but no plan and no other risk factors.
- 3) **Level 2** – The student has had suicidal thoughts, has considered a plan, and may also have other risk factors involved. The team may require outside assistance on Level 2 determinations.

CONFIDENTIALITY

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act 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 indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The student's details can be discussed with those who need to intervene to keep the student safe. This complies with the spirit of FERPA and HIPAA known as "minimum necessary disclosure."

Additional Resources for Counselors and/or Other Staff:

The school suicide prevention contact person can say, "I know that this is scary to you, and I care, but this is too big for me to handle alone." If the student still doesn't want to tell their parents, the staff suicide contact can address the fear by asking, "What is your biggest fear?" This helps reduce anxiety, and the student gains confidence to tell parents. It also increases

the likelihood that the student will come to that school staff again if they need additional help.

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 suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people need to get involved on a need to know basis. School staff will follow Oregon State Law on reporting abuse and neglect.

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.

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 they have directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat reports this information immediately and directly to a School Screener (counselor, school social worker, or administrator) 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**

Determined to be no threat

- Contact parent/guardian and inform of the referral/interview (counselor discretion).
- Schedule a follow-up meeting with the student if needed (counselor discretion).

LEVEL 1 - *The student has had suicidal thoughts, but no plan, and no other risk factors*

- Contact parent/guardian and inform of the referral/interview. Schedule a meeting time at the school if possible. · Share with parent concerns & risk factors. Mail or provide parent letter/info sheet.
- Complete the safety/school support plan provided below with the student and schedule a follow-up meeting to check-in.
- If applicable, request that parents/students sign a release of information for providers.

LEVEL 2 - *The student has had suicidal thoughts, has considered a plan, and may also have other risk factors involved. The team may require outside assistance on Level 2 determinations.*

- Contact the parent/guardian and ask them to come into the school ASAP to discuss the referral/interview/concerns.
- Share with parent concerns & risk factors. Provide parent letter/ info sheet in person.
- Complete the safety/school support plan provided below with the student.
- If applicable, contact the student’s mental health therapist/agency or ask parents to do so. Consult and decide if the student needs to be transported immediately or scheduled for a nearby appointment. *If the student does not have an outside therapist, make a CCMH referral and contact the school’s CCMH counselor.*
- If applicable, request that parents/students sign a release of information for providers.
- If needed, help arrange transportation to the hospital. (Parent, Local Law Enforcement, Ambulance...)
- Schedule time to complete mandatory re-entry meetings with parents and students. Use this meeting to complete or review the school safety/support plan.
- Consider referral to the Student Support Team.

After consultation with another staff person who has been trained in the Suicide Screening Procedures (Counselor, Administrator, or Columbia County Crisis Line), the School Screener recommends how to proceed.

The School Screener can contact the Columbia County Crisis Line (503-397-6161) to consult regarding the next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Welfare Hotline: 503-681-6917) or local law enforcement if the risk of self-harm may be imminent and parents/guardians are unwilling to seek services. The School Screener may facilitate a referral to one of the following:

1. **Student’s primary mental health therapist**
2. **Columbia County Mental Health:**
58646 McNulty Way

St. Helens, OR, 97051
503-782-4499

3. **Columbia County Crisis Line (503-397-6161)**

4. **Hospitals/Clinics**

a. **OHSU Primary Care**

51377 Old Portland Road
Scappoose, Oregon 97056
503-418-4222

b. **Legacy Medical St. Helens**

475 S Columbia River Hwy suite 100
St. Helens, OR 97051
503-397-0471

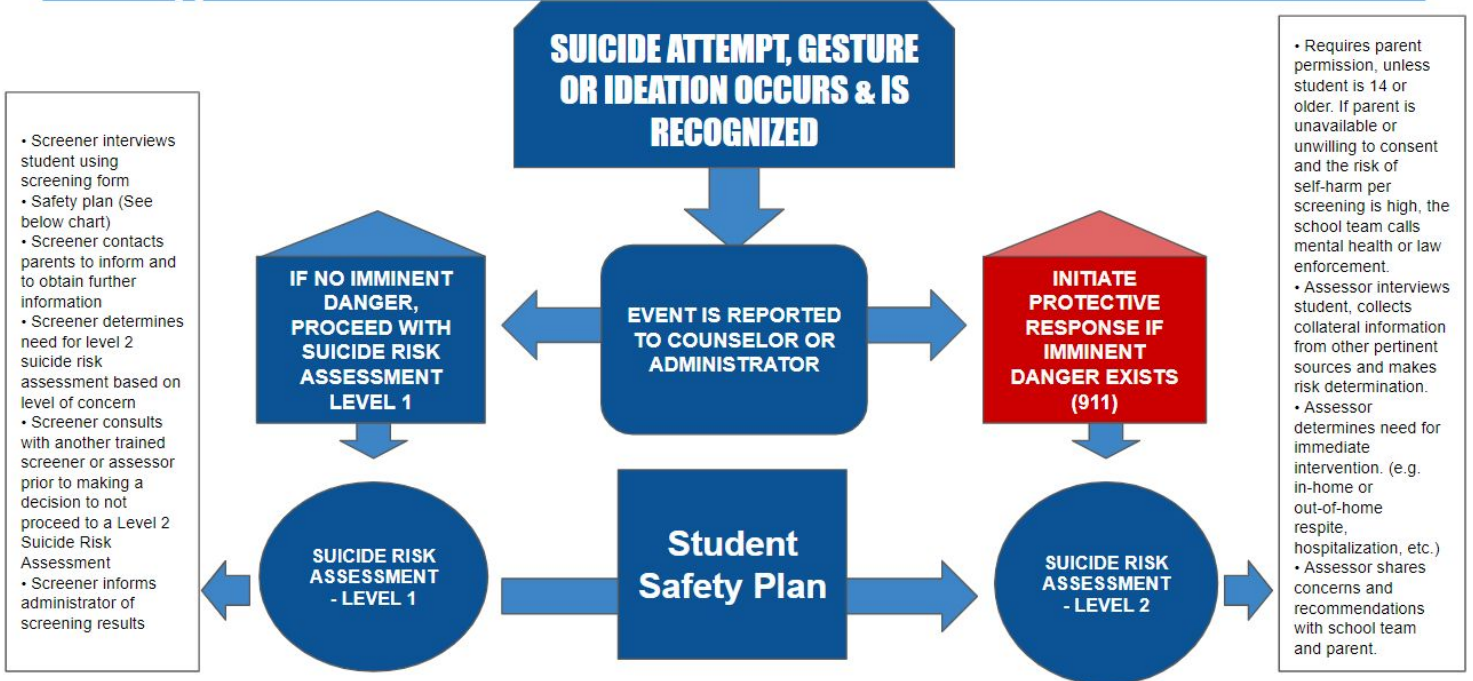
c. **Legacy Emanuel Hospital**

2801 N. Gantenbein
Portland, OR 97227
503-413-2200

d. **Providence Willamette Falls Medical Center**

1500 Division Street
Oregon City, OR
97045
503-656-1631

School Based Suicide Intervention Process For Scappoose School District



DEVELOPING THE SCHOOL SUPPORT PLAN AFTER A LEVEL 1 OR LEVEL 2 SUICIDE SCREENING

After every suicide screening, the School Screener must 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 Plan Manager should be designated to serve as the school point person for follow-up communication with parents and community providers for students who have been screened for suicide (level 1 AND 2).

Level 1 Assessment - Support Plan needs to be completed with the student (involve parent/guardian as appropriate) immediately.

Level 2 Assessment - School screener or designated Plan Manager schedules a **REENTRY MEETING** with student, parent, and **administrator** to complete the Support Plan. The counselor or psychologist/case manager (if SPED) should be involved in this meeting as appropriate. The Support Plan needs to be completed upon the student's return to school (before attending

classes).

*** A Reentry meeting is also necessary when students return to school following a suicide attempt, even if the school did not complete a suicide screening.

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 designated building administrator will be notified 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 support the student. The student and parents/guardians are invited to help develop this plan.
- The Suicide Screening Form will be kept strictly confidential at the District Office. A copy will be kept in the student's working file at the school building (not the cumulative file).

SUICIDE RESPONSE OVERVIEW

Schools must be prepared to act and provide support and action in the event of a suicide attempt or completed suicide. Response strategies after a suicide attempt or completion are critical. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event. The school's primary responsibility in these cases is to respond to the suicide attempt or completion in a manner that appropriately supports students and the school community impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

Purpose

- Not all suicide behavior can be prevented. Therefore it is crucial to be prepared in the event of attempts or completed suicides.
- In these cases, the school's primary responsibility is to respond to the tragedy in a manner that appropriately supports students and the school community impacted by the tragedy.
- It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media, as contagion can be a concern.
- It is important to address all completed suicides in a consistent manner.

Response

- SSD follows a Flight Team model in which trained counselors, social workers, and school psychologists are deployed to a school in order to set up the systems needed to support students, families, and staff following a crisis or other traumatic event.
- The SSD Flight Team has specific procedures related to our communication, activities, and support following a completed suicide.
- The Flight Team's objective is to assist the school community in achieving stability and returning to normalcy as soon as possible.
- The Scappoose School District is also a member of the Columbia County Flight Team. This team coordinates responses in the event a district needs additional assistance responding to a tragedy. If requested, we will aid other school districts in Columbia County to support students and staff during a tragedy.

- Families and communities can be especially sensitive to the response to suicide. The district will respond appropriately according to the SSD Flight Team protocols and the [SPRC Postvention Guidelines](#).

Response Goals:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term support
- Integrate and strengthen protective factors (i.e., community, positive coping skills, resiliency, etc.)

How do we reach these goals?

- Do not glorify or romanticize suicide.
- Treat it sensitively when speaking about the event, particularly with the media.
- Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- Research and identify the resources available in your community.

Key Actions:

- Verify the suicide attempt or completion.
- Mobilize the SSD Flight Team.
- Estimate the level of response resources required.
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom).
- Inform faculty and staff.
- Identify at-risk students and staff.
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk.
- Be aware that persons may still be traumatized months after the event.

Key Points To Emphasize To Students, Parents, Media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death.
- Mental illness factors
- Normalize anger
- Stress alternatives

- Help is available

Cautions:

- Avoid romanticizing or glorifying event or vilifying the victim.
- Do not provide excessive details or describe the event as courageous or rational.
- Do not eulogize victims or conduct school-based memorial services.
- Address loss but avoid school disruption as best as possible

Additional Response Resources:

[After a Suicide: A Toolkit for Schools](#)

Additional Resources:

Youth Living with Mental and/or Substance Use Disorders

In particular, mental health conditions, particularly depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder, are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known, powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, parental consent, etc.

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts are over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth experience suicidal ideation.

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see [ih.gov/suicideprevention](https://www.ih.gov/suicideprevention).

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGBTQ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers.¹⁷ One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18.¹⁸ Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these

societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss through the death of a friend or loved one are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or 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 delays 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.

SAMPLE LETTER FOR STAFF

Staff Members,

Tonight we learned of the death of one of our students, Jane Doe, who was in Mr. Turner's 5th grade class at Taft Elementary School. She died in a two-car crash on Hwy 20 earlier this evening. The driver of the vehicle, her mom, fell asleep at the wheel and sustained minor injuries. There was nobody else in the car. The occupants of the other car survived with minor injuries. We are currently putting together support for Taft Elementary. This support will include a staff meeting prior to school tomorrow at 7:30 in the media center. Additional administrative support, certified and classified substitutes will be available in the building on an as needed basis. There will be a staffed Support Room for students and support in the staff room for staff. Further information will be shared at the staff meeting. Several of Jane's cousins attend school at Taft High and at Oceanlake Elementary Schools. There will be stand up staff meetings tomorrow at 8:00 a.m. at both Taft High and Oceanlake. There will be a district person at each of these schools to assess if support will be needed. Attendance at the staff meetings is required. Taft Elementary's principal is acting as the point person with the family, medical support and Law enforcement. Please do not call him/her for details so he/she can focus on those tasks. However, Ruth Jones has agreed to be the staff contact and can be reached at home at 541-994-xxxx, or cell 541-921-xxxx if needed. Times like these remind us of how important it is to come together to value, support, and care for each other.

Sincerely,

Admin

SAMPLE WRITTEN HANDOUT FOR STAFF MEETING

[Insert Date]

What Happened: Yesterday, Jane Doe, one of our students from Mr. Turner's 5th grade class died. She died in a two-car crash on Hwy 20 last night. The driver of the vehicle, her mom, fell asleep at the wheel and sustained minor injuries. Both of them were wearing their seatbelts. There was nobody else in their car. The people in the other car survived with minor injuries. **General Information:** Our principal spent most of the evening supporting Jane's mother and father at the hospital. Jane is an only child, but has several cousins at both Taft High and Oceanlake Elementary Schools. Both of those schools have been alerted of the loss.

Schedule Changes: We are cancelling today's pep assembly and will run classes on their normal schedules. There will be a staff meeting after school today at 3:30 in the Media Center to debrief today and plan for the rest of the week. Our afterschool program will run on its normal schedule.

Support for Staff: We've brought in Roger Stewart as administrative support to free up your principal to be available for today's special needs. Grief affects us all in different ways. Some of you may need extra breaks today and others may just want help leading a classroom discussion. Check in with Mr. Taylor after this meeting if you'd like assistance with your class today. Certified and classified substitutes will be available as needed. There will also be support in the staff room.

Student Announcement: Attached is an announcement that should be read to all students, in their classrooms, during the beginning of 2nd period. This will minimize the chance of their hearing the news haphazardly from poorly informed or misinformed sources. It will also help staff identify students who may need additional support.

Support for Students: The Support Room will be staffed and ready for students at 9:00 in the Media Center. If you are concerned about a student or if a student asks to leave your classroom because s/he is upset about this death or trauma, the Support Room is the appropriate place for the student to go. If a student didn't know Jane you should still allow him/her to go to the Support Room if requested. There may be another death or loss troubling this student. If students are not really using the services, they will be sent back to class. Please do not encourage students to go home for the day. We will work with those kinds of decisions/issues in the Support Room.

The Media & Public Information: We are preparing a written statement that office staff will use for phone inquiries. We will also email this statement to you so we can all remain consistent with the information we are giving out without violating any privacy laws. We are setting up a bulletin board in the front lobby where students and staff can get accurate, updated information about the loss, the Support Room, the Memory Activity, and information about the family funeral or memorial service. The Superintendent's Office has sent us a representative, MaryJo Kerlin, who will handle all media inquiries.

SAMPLE STUDENT ANNOUNCEMENT

(Modify to make age-appropriate)

Dear Students,

Today we received tragic (or sad) news. We were informed that one of our students, **[insert student name]** , died by **[insert info]** (give basic, appropriate information without too much detail).

When events like this happen, it is not unusual for students and staff to react with shock, sadness, fear, anger, or other strong feelings. These reactions may rise and fall today and for several days to come.

Some of us will want to have quiet time alone and others may want time to talk. Some of you who **[insert name]** didn't know may want to return to your schoolwork sooner than others will. We must all practice patience and show respect for everyone's reactions.

We can take some time to talk about what has happened.

When most of you are ready to continue schoolwork, those who still need time to talk or think may go to the Support Room located in **[insert info]**. You will need to sign out of the class or get a pass from your teacher as you leave, then sign into the Support Room and give your pass to an adult when you arrive. The Support Room is a place for you to be with your friends to talk about what has happened. It is important that all students are with an adult because we are responsible for you and this may be a tough day. If you wish to talk alone with someone, let one of the adults in the Support Room know.

The school day will remain on schedule, but teachers in any class may modify regular classroom activities in order to allow you to talk about this event. Students are expected to be in rooms with adults present.

Thank you,

[insert school name] Admin Team

SAMPLE PARENT LETTER
(SCHOOL OR DISTRICT LETTERHEAD)

[insert date]

Dear Parents and Guardians,

We had sad news at our school today. We learned of the death of one of our students, **[insert name]**, who was in **[insert teachers name]**'s **[insert grade]** grade class. S/he died (briefly give cause of death and time/date).

We helped support our students by setting up a Support Room staffed by specially trained members of our Crisis Response Team. Classroom teachers spent time allowing students to share their reactions to **[insert students name]** 's death. Those students needing extra time to talk were encouraged to go to the Support Room. We will provide a Support Room tomorrow if needed.

Our school is planning a Memory Activity for students to formally pay tribute to **[insert students name]** at **[insert time and place]**. (Parents are welcome to attend.)

This event might raise questions, concerns, or fears in your child. Be sensitive about whether s/he wants or needs to talk. Bring it up if s/he seems reluctant to do so. Ask about his/her reactions and accept the answers without judgment. Answer all questions directly and honestly. Sometimes a child needs to ask the same question repeatedly. Answer patiently and eventually they will get what they need and stop. They may also focus on the upsetting details of the death. Again, please answer those questions honestly, including saying, "I don't know" when that's true. Do not compare death with sleep or any other state of consciousness. Some children can become sleep deprived, fearing they will die if they sleep. Provide comfort with extra hugs and support.

If you have any questions or concerns about this, please feel free to call me.

Sincerely,

(Principal's Signature)

Name

Title

Phone Number

SUICIDE SCREENING FORM – SCAPPOOSE SCHOOL DISTRICT
 ALLIGNED WITH THE ASIST MODEL FOR SUICIDE PREVENTION (UPDATED 2016-2017)

IDENTIFYING INFORMATION			
Student :	_____	Date: _____	Screener: _____
ID: _____	Grade: _____	D.O.B. _____	IEP/504?: _____ School: _____
Address: _____			

REFERRAL INFORMATION	
Who referred the student? (Provide contact info if needed): _____	
What was the concern?	

DURING STUDENT INTERVIEW BELOW LISTEN FOR THESE WARNING SIGNS - EXPLORE INVITATIONS <i>(Check all that apply)</i>			
ACTIONS	THOUGHTS	FEELINGS	PHYSICAL
<input type="checkbox"/> Giving away possessions <input type="checkbox"/> Withdrawn <input type="checkbox"/> Loss of interest in hobbies <input type="checkbox"/> Abuse of alcohol/drugs <input type="checkbox"/> Reckless behavior/Impulsivity <input type="checkbox"/> Extreme behavior changes <input type="checkbox"/> Self-mutilation <input type="checkbox"/> Recent personal/family loss	<input type="checkbox"/> "I won't be needing these things anymore" <input type="checkbox"/> "I can't do anything right" <input type="checkbox"/> "I just can't take it anymore" <input type="checkbox"/> "I wish I were dead" <input type="checkbox"/> "Everyone will be better off without me" <input type="checkbox"/> "All my problems will end soon" <input type="checkbox"/> "No one can do anything to help me now"	<input type="checkbox"/> Desperate <input type="checkbox"/> Angry <input type="checkbox"/> Guilty <input type="checkbox"/> Worthless <input type="checkbox"/> Lonely <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Helpless	<input type="checkbox"/> Lack of interest in appearance <input type="checkbox"/> Disturbed sleep <input type="checkbox"/> Change/loss of appetite, weight <input type="checkbox"/> Physical health complaints

INTERVIEW WITH STUDENT – REVIEW RISK
Does the student admit to thinking about suicide or harming self? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does the student admit to having a plan? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is the plan (where, when, how)?
Is the method available to carry out the plan? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes consider how to eliminate the means or availability of plan)
Has the student made any previous attempt(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, (where, when, how)?

Is there a family history of suicide or has the student been exposed to suicide by others? <input type="checkbox"/> YES <input type="checkbox"/> NO
How would the student describe/rate their emotional pain (1-10 scale, 10 is highest level of pain)?
Is the student using or at risk of using drugs or alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other Risk Factors:
Is the student receiving mental health care? Therapist contact? Did he/she receive mental health care in the past? What was their experience?
What supports does the student have (family, friends, community, case manager, activities/interests)?
Other support factors (Activities/strategies that ease the emotional pain)?
Reasons to live?

PARENT CONTACT	
Parent(s)/Guardian(s) name/phone #(s): _____	Date/Time of Contact: _____
Was the parent aware of concerns? Other parent feedback/perception of threat?	<input type="checkbox"/> Parent/Guardian could not be reached !If unable to make contact consult with other trained staff member!
	Copy To: Student's Working File

PROFESSIONAL CONSULTATION & NEXT STEPS

Staff member or agency consulted with: _____ Date/Time: _____

After screening is complete choose one of the following for next steps:

Determined to be no threat

- Contact parent/guardian and inform of the referral/interview (counselor discretion).
- Schedule a follow up meeting with the student if needed (counselor discretion).

Level 1 – *The student has had suicidal thoughts, but no plan, and no other risk factors.*

- Contact parent/guardian and inform of the referral/interview. Schedule a meeting time at the school if possible.
- Share with parent concerns & risk factors. Mail or provide parent letter/ info sheet.
- Complete the safety/school support plan provided below with the student and schedule a follow up meeting to check in.
- If applicable request that parent/student sign a release of information for providers.

Level 2 – *The student has had suicidal thoughts, has considered a plan, and may also have other risk factors involved. The team may require outside assistance on Level 2 determinations.*

- Contact parent/guardian and ask them to come into the school ASAP to discuss the referral/interview/concerns.
- Share with parent concerns & risk factors. Provide parent letter/ info sheet in person.
- Complete the safety/school support plan provided below with the student.
- If applicable contact student's mental health therapist/agency or ask parents to do so. Consult and decide if the student needs to be transported immediately or scheduled for a nearby appointment. *If the student does not have an outside therapist make a CCMH referral and contact the school's CCMH counselor.*
- If applicable request that parent/student sign a release of information for providers.
- If needed help arrange transportation to the hospital. (Parent, SRO, Ambulance...)
- Schedule time to complete mandatory re-entry meeting with parents and student. Use this meeting to complete or review the school safety/support plan.
- Consider referral to Student Support Team.

Follow Up: When is the next meeting scheduled? Was a recommendation made to parents? Who was the student released to? Course of action taken?

Screening Performed By: _____

Parent Signature: _____ Date/Time: _____

Building Administrator Notified: _____ Date/Time: _____

Safety/Support Plan Review Date: _____

Copy To: Parent/Guardian & Student's Working File

STUDENT SAFETY AGREEMENT/SAFEPLAN

I (student name), _____, have expressed thoughts about hurting myself. School staff members are concerned and want to support me. I understand that I have a significant part in keeping myself safe, and I am identifying supports in an effort to stay safe. I can commit to staying safe for (time frame or date) _____.

If I think about hurting myself during or after this time, I should get help from an adult immediately. I will also try to help myself in the following ways:

AT SCHOOL I can talk to: _____

My designated safe places are: _____

OUTSIDE OF SCHOOL I can talk to: _____

NAME OF SUPPORT	PHONE	WHEN
National Suicide Prevention & Crisis Hotline (Lines for Life)	1-800-273-8255 (1-800-273-TALK)	Anytime 24/7
Safe-2-Tell	1-877-542-8233 (1-877-542-SAFE)	Anytime 24/7
OregonYouthLine.org – Live Chat (Text Option @ 839863)	1-877-968-8491 or visit on facebook	Anytime 24/7
CCMH Crisis Line	503-397-5211 (daytime hrs) 866-866-1426 (after hrs)	
911 - Emergency	911	Anytime 24/7
Mental Health Care Provider		
Medical Doctor		

Some warning signs that I am not safe are: _____

I need increased supervision in the following settings: _____

My reasons for living are: _____

I plan to take care of myself and stay safe by: _____

School Counselor/Staff (name) _____ will review this plan (when) _____ to determine: Discontinue plan Revise plan Continue plan

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 support me and keep me safe.

Student Signature: _____ Date: _____

Parent Signature (if Level 1 or Level 2 risk): _____ Date: _____

Form Completed By: _____ Signature: _____

Copy To: Student, Parent/Guardian, Case Manager, Student's Working File

PARENT LETTER/INFO SHEET

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 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. Increase Supervision & Safety Proof Your Home

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. Pursue Mental Health Services

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. Be Supportive and Provide Open Communication

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. Avoid saying anything demeaning or devaluing as well as teasing or sarcasm. Instead, encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Also, be careful not to display anger or resentment towards your child for bringing up this concern.

4. Schedule a Re-Entry Meeting

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 central 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 ANY hospital emergency room, or call the CCMH crisis line at (503) 397-5211. Counselors are available who can advise you on the most appropriate action to keep your child safe.

For your information, the nearest hospital with a child/adolescent psychiatric unit is:

Randall Children's Hospital at Legacy
2801 North Gantenbein Ave
Portland, OR 97227
(503) 276-9100

Emanuel Providence Willamette Falls Hospital
1500 Division St.
Oregon City, OR 97045
(503) 656-1631

If you have any questions, concerns or need further assistance from the school, please contact your school counselor or CCMH school liaison.

School Contact Info: _____

Copy To: Parent/Guardian