



A K-12 Guide to:

Suicide and Crisis Response Prevention, Intervention, and Postvention

GRESHAM BARLOW SCHOOL DISTRICT



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INTRODUCTION

Purpose

Suicide is the 2nd leading cause of death in young people ages 15–19, and the 1st leading cause of death in young people in Oregon under age 24. To aid in the prevention of such tragedy, Gresham-Barlow School District utilizes a Suicide Prevention Protocol. The Suicide Prevention Protocol is a team-based process for decision-making. This protocol was developed with input from the Multnomah County Department of Human Services and is in place in all Multnomah County school districts. These protocols will be used to engage appropriate school and community resources and to ensure student safety.

Gresham-Barlow School District:

- (a) recognizes that physical, mental health, behavioral, and emotional health is an integral component of a student's educational outcomes,
- (b) further recognizes that suicide is a leading cause of death among young people,
- (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- (d) 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 one which helps to foster positive youth development.

SENATE BILL 52 – Adi's Act

Senate Bill 52 provides school districts with the tools and resources to promote mental health and suicide prevention and intervention policies. It has a particular focus on high-risk groups, such as LGBTQ youth, students with disabilities, and foster youth. It also requires school districts across Oregon to have a policy in place that addresses youth suicide, and works to destigmatize mental health struggles.

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 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 HIPAA known as "minimum necessary disclosure".

Exceptions to Parental/Caregiver Notification

Abuse or Neglect Parents/Caregivers 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 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/caregiver abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent/caregiver needs to be involved.

REMINDERS & CONSIDERATIONS

- School staff are frequently considered 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. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene”.
- 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 they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having support 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 and to normalize the learning environment for everyone.

GBSD Suicide Prevention Protocol

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for students and staff.

STAFF

All staff receive [training](#) (or a refresher) once a year on the policies and procedures and best practices for intervening with students and/or staff at risk of suicide. The A.C.T. curriculum provides staff in-service training on best practices. All staff participate in Safe Schools Suicide Prevention training in Fall of every school year.

- **RECOMMENDATIONS:** Counselor will deliver A.C.T. curriculum once a year. Review prevention and intervention protocols. Counselors and Social Workers receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.
- **RECOMMENDATION:** Ensure all staff know who the trained "go-to" people are within the school and are familiar with the intervention protocol.

STUDENTS

Students receive information about suicide in health or by counselor classroom lessons. The purpose of this curriculum is to teach students how to access help at their schools for themselves, their peers, or others in the community.

- **RECOMMENDATIONS:** (1) Use curriculum in line with Oregon State Standards for health such as Sources of Strength for elementary and Signs of Suicide for middle and high school. Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources.

COMMUNITY PARTNERS

Depending on the role of the community partner (CP), they may complete a Suicide Assessment if contracted to do so or will refer student to the lead school counselor. CP's will notify administration and either contact parents themselves or ask the school counselor to.

- **RECOMMENDATIONS:** Understand roles of community partners and schools in relation to suicide prevention and intervention before working in the schools.

PARENTS/COMMUNITY

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

- **RECOMMENDATIONS:** (1) List resources in the school handbook or newsletter. Partner with community agencies to offer parent information nights using research based programs such as Sources of Strength or Signs of Suicide. (2) Ensure cross communication between community agencies and schools within bounds of confidentiality.

Resources

For emergencies:

- 911
- Local emergency rooms
- Multnomah County Crisis Line 503-988-4888
- Clackamas County Crisis Line 503-655-8585

To speak with a counselor or schedule an appointment:

- [Care Solace](#) 888-515-0595

Other resources:

- [National Suicide Prevention Lifeline](#), 800-273-TALK,
- [The Trevor Project](#) 866-488-7386

Suicide Prevention Curriculum

Elementary School

[Sources of Strength](#) is a radically Strength based, upstream prevention program that employs a strength-based wellness approach to improving the health and wellbeing of individuals and communities. The model moves to increase health and wellness through the empowerment of individuals and communities working together to increase connection, increase early help-seeking, and build belonging to help people live healthy, thriving lives.

The lessons are designed to give students and adults opportunities and tools to develop Strengths and healthy coping strategies leading to resilience in the face of life's ups and downs. Everyone is invited to explore eight protective factors represented in the Sources of Strength Wheel: Family Support, Positive Friends, Mentors, Healthy Activities, Generosity, Spirituality, Physical Health, and Mental Health.

Middle and High School

[SOS Signs of Suicide](#) (SOS) is a universal, school-based prevention program designed for middle school (ages 11-13) and high school (ages 13-17) students.

The goals of this program are:

- Decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression
- Encourage personal help-seeking and/or help-seeking on behalf of a friend
- Reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment
- Engage parents and school staff as partners in prevention through "gatekeeper" education
- Encourage schools to develop community-based partnerships to support student mental health

Through a video and guided discussion, students learn to identify warning signs of suicide and depression in a single class period. At the end of the session, students complete a seven-question screening for depression (anonymous or signed – the school can decide) to further encourage help-seeking and connect students at risk with trusted adults. The curriculum raises awareness about behavioral health and encourages students to ACT (Acknowledge, Care, Tell) when worried about themselves or their peers. Schools can purchase a program license through MindWise Innovations (formerly Screening for Mental Health, Inc.).

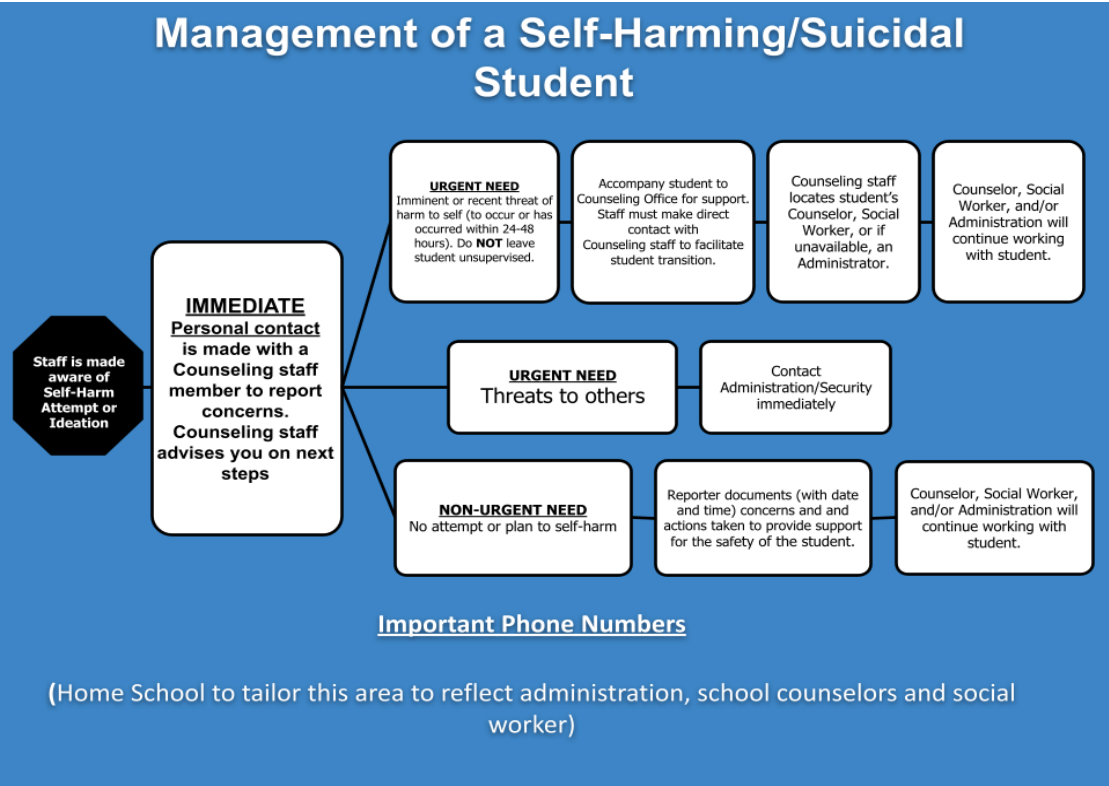
GBSD SUICIDE INTERVENTION PROTOCOL

The Suicide Intervention process should be initiated when a student is exhibiting any of the following behaviors: gestures, talk of suicide (including those thoughts expressed in writing, art, or other forms), or suicide attempts. The purpose of the suicide protocol is to assess immediate risk and to inform a plan of action. To initiate the protocol school staff will immediately notify the counselor or social worker AND administrator who form the decision making team and who will initiate the Suicide Prevention Protocol.

Intervention Suicide/Crisis Intervention is the intentional steps that our district takes in the event of a student mental health crisis. It includes:

- Safety planning
- Family involvement
- Suicide assessments
- Emergency services

When a student is identified by a peer, educator or other source as potentially suicidal – i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation – the student shall be seen by a school counselor or school social worker within the same school day to assess risk and facilitate referral necessary.



GBSD Suicidal Student Screening

Path A (Not recommending a formal assessment)
Required Forms

Path B (Recommending a formal assessment)
Required Forms

- [GBSD Suicide Screening Interview Form](#)
- [District Reporting/documentation Google Form](#)
- [Confidential Counselor Communication ON FILE](#)

*Only required if 3+ assessments

- [GBSD Suicide Screening Interview Form](#)
- [District Reporting/documentation Google Form](#)
- [Student Support Plan](#)
- [Staff Student Support Plan](#)
- [Suicide Screening Parent Letter](#)
- [Spanish Suicide Screening Parent Letter](#)
- [Confidential Counselor Communication ON FILE](#)

Optional Forms:

- [Student Support Plan](#)
- [Staff Student Support Plan](#)
- [Suicide Screening Parent Letter](#)

Optional:
[Teen Pocket Directory](#)

GBSD SUICIDE INTERVENTION PROTOCOL

Family Notification & Involvement

Family Notification and Involvement

The principal, designee, or school mental health professional shall inform the student's family or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the family will put the student at increased risk of harm). Following family notification and based on initial risk screening, the principal, designee, or school counselor/social worker may offer recommendations for next steps based on perceived student need. These can include, but are not limited to, an external mental health evaluation conducted by a qualified health professional or emergency service provider.

If school staff are unable to reach the student's family or guardian, they should consider any of the following in consultation with the building administration:

- Contact with the student's emergency contacts (informing them they need to speak to the student's family)
- A home visit
- A call to DHS Hotline : 1-855-503-SAFE (7233) or student's DHS case manager, (if applicable) In cases of emergency, contact Multnomah County Crisis Line (503-988-4888) and/or the Police and ask for mental health support.

Based on information the student provides during the screening process, school staff may need to provide families with the following information regarding "lethal means counseling". Lethal means counseling shall include discussing the following:

Ensuring Student Safety

Firearms

- Inquire of the family or guardian if firearms are kept in the home or are otherwise accessible to the student
- Recommend that the family store all guns away from home while the student is struggling – e.g., following state laws, store their guns with a relative, gun shop, or police.
- Discuss the family's' concerns and help problem-solve around offsite storage, and avoid a negative attitude about guns – accept where they are, but let them know offsite storage is an effective, immediate way to protect the student.

- Explain that in-home locking is not as safe as offsite storage, as children and adolescents sometimes find the keys or get past the locks.
- If there are no guns at home, ask about guns in other residences (e.g., joint custody situation, access to guns in the homes of friends or other family members).
- If the family won't or can't store offsite, the next safest option is to unload guns, lock them in a gun safe, and lock ammunition separately (or don't keep ammunition at home for now).
- If guns are already locked, ask the family to consider changing the combination or key location.

Medications

- Recommend the family or guardian lock up all medications (except rescue meds like inhalers), either with a traditional lock box or a daily pill dispenser. Recommend disposing of expired and unneeded medications, especially prescription pain pills
- Recommend the family maintain possession of the student's medication, only dispensing one dose at a time under supervision.
 - If the family won't or can't lock medication, advise they prioritize and seek specific guidance from a doctor or pharmacist regarding the following:
 - Prescriptions, especially for pain, anxiety or insomnia
 - Over-the-counter pain pills
 - Over-the-counter sleeping pills
- Staff will also seek the families' permission, in the form of a Release of Information form, to communicate with outside mental health care providers regarding the student's safety plan and access to lethal means.

Additional Resources:

All supporting documents can be found on the district [Counseling website](#)

- [FAQ for Suicide Response Protocol](#)

GBSD SUICIDE POSTVENTION PROTOCOL

Suicide Attempts

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or completion is very important. 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 which 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.

After a Suicide Attempt

Re-Entry Procedure

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 their family need to be an integral part of the decisions that get made in the re-entry plan.

Prior to Return

- **Safety and Supervision Plan**
 - 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 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 they agree, 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 students and parents/guardians as soon as practical in order to develop a safety plan and identify necessary supports for the student and family.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical, mental health and safety of the student are paramount. In these situations:

- First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures, including calling 9-1-1. **Inform building administrator.**
- School staff shall supervise the student to ensure their safety.
- Staff shall move all other students out of the immediate area as soon as possible.
- Staff shall immediately notify the principal or school suicide prevention coordinator regarding the incident of in-school suicide attempt.
- The school counselor/social worker or building administrator shall contact the student's family or guardian. (Note: See Family Notification and Involvement section of this document).
- The school shall engage the Flight Team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
- Inform the Executive Director of Student Support Services and Program Director.
- Staff shall request a mental health assessment for the student as soon as possible. If the student does not currently have a mental health provider, a referral will be made.
- Building team will debrief with the Executive Director of Student Support Services and Program Director within 24 hours.
- Building team should plan for the student's re-entry (See Re-Entry Procedure).

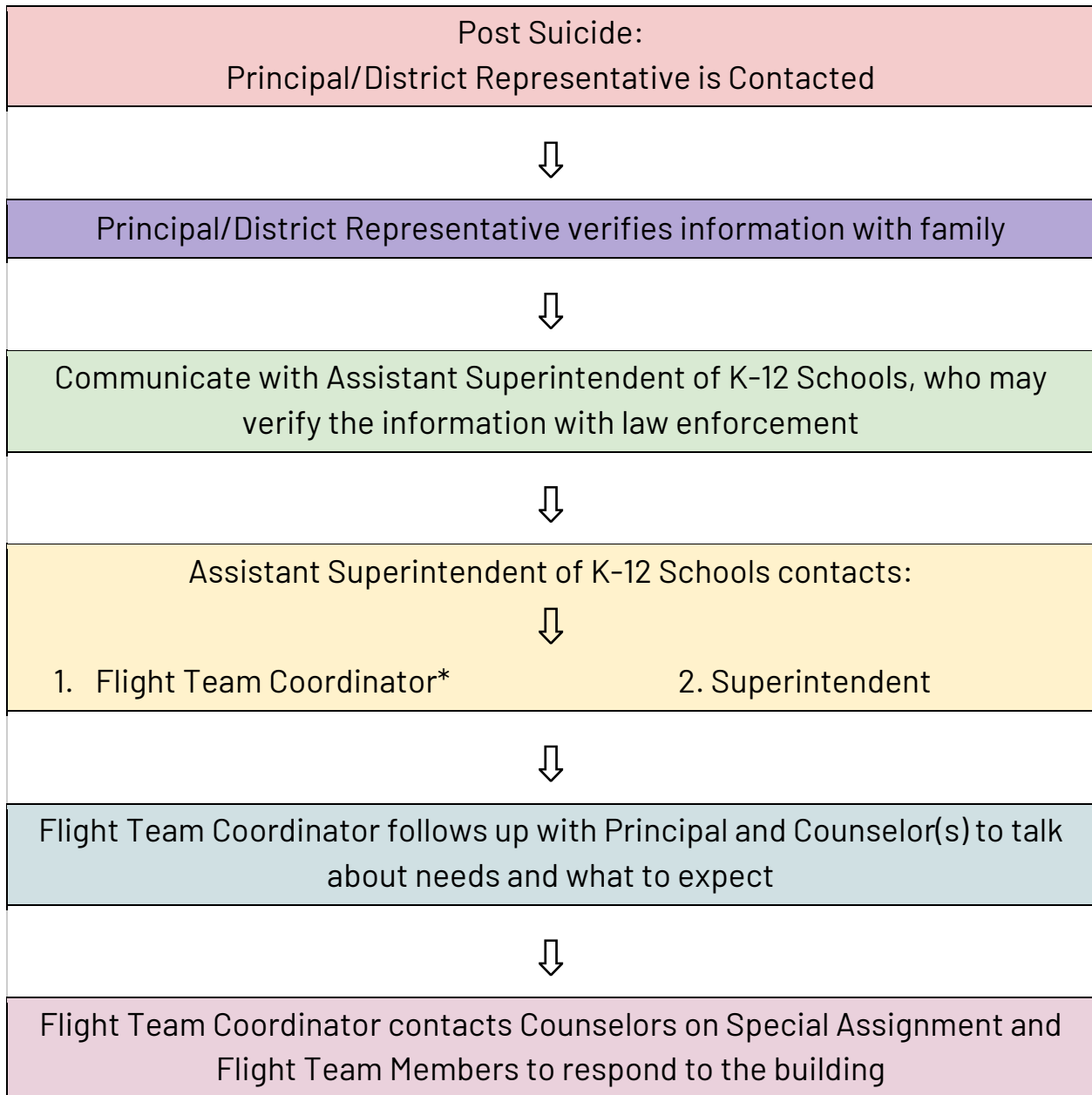
Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

- If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone).
- Enlist the assistance of another person to contact the police or Project Respond while maintaining engagement with the student.
- Call 911 (police and/or emergency medical services) and provide as much information as possible, including address, age, etc.
- Inform the student's family or guardian.
- Inform the school suicide prevention coordinator and building administrator.
- Follow re-entry processes prior to the student's return to school.

GBSD SUICIDE POSTVENTION PROTOCOL

Communication Flow



** Any district response to a death of a member of the school community (staff or students) must include at least one member with a mental health background.*

GBSD SUICIDE & CRISIS POSTVENTION PROTOCOL

Flight Team

After a Suicide Death

Flight Team

The Flight Team, led by a designated Flight Team coordinator, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all school community related suicides whether it be student (past or present), staff, or other prominent school community member(s).

Once school personnel has been notified of a death by suicide, the district Flight Team procedures will be followed. The building administrator will contact the Executive Director of K-12 Schools and Executive Director of Student Support Services. Additional considerations the Flight Team will take in the instance of death by suicide include:

- A designated school contact shall confirm the death and determine the cause of death through communication with the student's family or guardian, the coroner's office, local hospital, or police department.
- The Flight Team shall meet to prepare the postvention response according to the crisis response plan. The team shall consider how the death is likely to affect other students and staff, and determine which students are most likely to be affected.
- The Flight Team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. The team and principal shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support. Based on the information gathered and buildings' current context, the District Flight Team Coordinator may contact district Mental Health Partners, neighbor district Flight Team Coordinators, Project Respond, and/or Trauma Intervention Programs, NW (TIP).
- The Flight Team will be available to provide a written statement for staff members to share with students and also assess staff's readiness to provide this message in the event a designee is needed.
- Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma.
- The Flight Team coordinator will contact the Suicide Prevention Program Specialist with Multnomah County.

GBSD SUICIDE & CRISIS POSTVENTION PROTOCOL

SUDDEN DEATH POSTVENTION CHECKLIST

Cariaga (2018) "maintains that grief can become problematic in educational spaces when the conditions are not in place for people to work through it."

Response Checklist:

- Receive information regarding death involving of student or alumna or traumatic event
- Police Department or Principal contacts Deputy Superintendent who will assume lead with partnership with Multnomah County Health Department
- Deputy Superintendent contacts Flight Team Coordinator
- Flight Team Coordinator contacts Counselors on Special Assignment to convene Flight Team response (with consideration for feeder schools and potential impact in those buildings)
- Flight Team Coordinator contacts Flight Team Members and creates a response plan
- Flight Team Coordinator connects with building principal and reviews the building needs and plan in place for support
- Flight Team Coordinator communicates with all counselors and social workers in the district about the implementation of flight team, so that they can be aware of potential impact in their schools

During The Flight Team

- Convene Flight Team and Staff to announce the reason for being there and the support available.
- Flight Team Coordinator ensures that flight team members sign the confidentiality agreement
- Flight Team members create scripts for teachers to share announcement during class for students and drafts a letter home to be sent to families

- Flight Team create space in the building for a student centered “care room” as well as a staff centered space for support
- Flight Team member attends the school schedule of the student that passed away in order to provide extra comfort and support for the classes impacted
- Flight Team members manage the Care Room and students coming in and out through a sign in and sign out process
- Flight Team Coordinator coordinates with Instructional Coaches to offer breaks for teachers throughout the day
- Flight Team communicates with Principal and Flight Team Coordinator throughout the day regarding student/staff needs
- Flight Team convenes at the end of the day to debrief and plan accordingly for additional days of support if needed
- Principal schedules short debrief with all staff at the end of the day

After the Flight Team

- Flight Team Coordinator works with building administrator to determine if Lines for Life is needed for staff support
- Flight Team Coordinator reviews the notes from the staff debrief
- Flight Team Coordinator communicates with the principal to determine what further support is needed either in the building or for the family impacted, including plans for memorials
- Flight team members replenish supplies in the flight team boxes
- Flight Team Coordinator documents members that responded, so that new members can be prioritized during the next flight team response.

GBSD SUICIDE & CRISIS POSTVENTION PROTOCOL

Care Room Essentials

What is a Care Room?

Care rooms provide a space for students to grieve in community, process the traumatic event or other events that have been triggered by the current tragedy and care for one another while being supported by mental health professionals.

Elements of a Care Room

- Sign In Sheet
- Water & healthy snacks available
- Activities
 - Cards for Family
 - Memory Cards
 - Banner to hang in hall or somewhere visible (optional)
- Connection
- Counselor check ins
- Behavior
 - It is important to keep the room safe for everyone. Creating a space for all kids to share and be respectful of each other. If a student needs to leave (could be because behavior is very disruptive or because they have spent much of their day in the room, consider finding an adult to meet with them 1-1 to assess causes of behavior and possible support needed. This is not a time for discipline but rather talking through issues and drawing boundaries.

GBSD SUICIDE POSTVENTION PROTOCOL

Memorials

The guiding principle is that all deaths should be treated the same way.

Memorials:

District Crisis Response Leaders and School Administrators will address the content and timing of memorializing the event. Immediate issues, such as how to formally convey condolences to family survivors on behalf of the school, are appropriately addressed after receiving input from the school community.

Spontaneous memorials may be created by students. These memorials often are set up by a locker and/or school rock or such. Sometimes memorials are set up at the site where the death occurred. The school's goals should be to balance the students' needs to grieve with the goal of limiting the risk of inadvertently glamorizing the death. **In all cases, memorializing will be considered equally among all sudden deaths.**

Cultural / linguistic appropriateness:

- Cultural considerations should be accepted and responders need to accommodate requests to the best of their ability.

Location:

- Discourage requests to create and distribute t-shirts, buttons, etc. that bear the image of the deceased, this includes numbers on helmets or jerseys. This memorialization behavior glamorizes the sudden death.

- Don't sponsor vigils or permanent memorials on campus. Students may hold spontaneous gatherings or candlelight service. This would be a great role for any community clergy members who are part of the community crisis team.

- Internal and external Mental Health professionals and/or law enforcement should be a supportive presence for individuals and groups.

- Avoid locations such as cafeteria and entry ways - so that those who don't wish to participate don't have to. Oftentimes lockers are the key area for such memorialization but should not be cordoned off which would merely draw excessive attention to it. Also consider students whose lockers are nearby, suggesting moving to a temporary locker elsewhere if needed. Preferably located close to the counselor's office.

- Emptiness of the deceased student's chair can be unsettling and evocative, after approximately 5 days (or after the funeral), at that point it is suggested to set up a new seating arrangement to create a new environment. Teachers should always explain in advance that the intention is to strike a balance between compassionately honoring the

student who has died while at the same time returning the focus back to the classroom curriculum.

Timing

- Leave memorials in place until after the funeral or memorial service, up to approximately 5 school days. Items should then be removed and offered to the family after the district Crisis Response Team has read all items for appropriateness and to consider students at risk.
- Avoid flying the flag at half-mass.
- School assemblies solely for the purpose of suicide prevention, sudden death notification, or sudden death memorialization is not permissible due to the risk of increasing contagion.

Permanent Memorials and Scholarships

- Some families and/or communities wish to establish a permanent memorial, sometimes physical, such as planting a tree or installing a bench or plaque; sometimes commemorative, such as a scholarship. All memorials are established off school grounds.
- The school will not install a memorial. As difficult as this can be, schools can play an important role in channeling the energy and passion of the students and greater community in a positive direction, balancing the need to grieve with the impact that the proposed activity will likely have on students, particularly those who were closest to the student or staff member who died.

Safe memorialization ideas

- Holding a day of community service or creating a school-based community service program in honor of the deceased. (great suggestion for athletic teams or other extracurricular groups)
- Gifting the family with memories - Have students write down memories of the deceased and hand it into the school counseling office. School counselors will review the memories before giving them to the family.
- Putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations; ie. Out of the darkness walks, or holding a local fundraising event to support a local crisis hotline or other suicide prevention program.
 - Sponsoring a mental health awareness day
 - Purchasing books on mental health for the school or local library

Funerals and Memorial Services:

- When possible, services should occur at a location outside of the school. If that is not possible, hold the service outside of school hours. Encourage services to occur at a time when parents/guardians can accompany youth. Do not close school for a memorial service and it is encouraged to have additional counselors or crisis team members attend if possible.
- Administration should ensure that there is school staff representation at all memorial services.

School Newspapers and Yearbooks:

- So if there is a history of dedicating the yearbook (or a page of the yearbooks) to students who have died, that policy is equally applicable to a student who has died by suicide, provided that the final decisions are made by a school administrator.
- Coverage of the student's death in a school newspaper may be seen as a kind of memorial; also articles can be used to educate students about suicide warnings signs and available resources. All articles should be reviewed by a school administrator with the considerations of safe messaging practices. (see safe messaging document)

Events:

- The student's family or classmates may wish to dedicate an event (such as a dance, performance, concert, or sporting event) to the deceased. **All deaths should be treated the same way.**
- Do not use the aftermath of a suicide death as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high risk students at a higher risk of acting on their own suicidal thoughts.

Graduation:

- Include the name of the deceased in the graduation program, along with the dates of his/her life. During the opening remarks by the administrator, a brief statement can be made acknowledging students who have died. **All deaths should be treated the same way.**
- Empty chairs and portraits and tributes should not be part of the graduation ceremony. If it is customary to hang student collages during a celebratory event it is acceptable to have one of a deceased student as long as there is no reference to suicide or cause of death.

The guiding principle is that all deaths should be treated the same way.

GBSD SUICIDE PREVENTION, INTERVENTION, & POSTVENTION

GLOSSARY

At-risk: A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

Flight Team/Crisis Team: A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols and may provide mental health services for effective crisis interventions and recovery supports.

Mental Health: Someone's state of being in regard to their emotions and feelings. Everyone has mental health! Mental health is a spectrum and can present strengths and challenges at all stages of life. The Oregon Department of Education specifies that "mental health is grounded in four, interconnected pillars of practice: Trauma Informed Care, Social Emotional Learning, Racial Equity, and Strengths-Focused, Evidence-Based or Field Tested Prevention and Intervention programs."

Protective Factors: Parts of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Factors: Parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Examples of risk factors may include trauma exposure, being LGBTQ+, and experiencing a recent loss.

Safe Reporting: The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed.

Self-Harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. It can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

Stigma: A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized, with societal messages such as those that live with mental illness are weak, dangerous, or unstable.

Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

Suicidal Behavior: Suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

Suicide Contagion/Clusters: The process by which suicidal behavior or a suicide influences an increase in the suicidal thoughts or behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

Suicidal Ideation: Thinking about, considering, or planning for self-injurious behavior which may result in 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.

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.

Suicide Intervention: The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.

Suicide Postvention: Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information on the suicide death of a member of the school community.

Suicide Screen/Risk Assessment: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g. school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

GBSD SUICIDE PREVENTION, INTERVENTION, & POSTVENTION

APPENDIX

FAQs for Suicide Response Protocol 09.16.14

Confidential Counselor Communication

Student School Support Plan

Staff Student Support Planning

Suicide Screening Parent Letter

Spanish Suicide Screening Parent Letter

GBSD Suicide Screening Interview 2022

Gresham Teen Directory

FAQs for Suicide Response Protocol

1. What is the purpose of the Suicide Response Protocol and Suicide Screening Form?

The purpose of the Suicide Response Protocol is to provide a consistent response to the threat of suicide. The protocol utilizes best practices most likely to ensure the safety of the student through assessment, referral, and follow-up. Because prior threats of suicide significantly increase the likelihood of an attempt, the protocol creates a record that follows the student as they advance grades or change schools and documents the steps staff and the school take in response to threat of suicide.

2. When should the Suicide Response Protocol be initiated?

Initiate the Suicide Response Protocol when a student makes any active suicide attempt or gesture, and/or talks about or shares thoughts of suicide, including those thoughts expressed in writing, art, or other forms. To initiate the protocol **school staff will immediately notify the counselor or school psychologist AND administrator** who form the decision making team and who will initiate the Suicide Prevention Protocol.

3. Where is the Suicide Screening Form available?

- Centennial SD – Centennial Intranet/Student Services
- David Douglas SD – <https://sites.google.com/ddouglas.k12.or.us/student-services/counselors>
- Gresham-Barlow SD – GBSD Website Counselor Fusion Page, GBSD Special Education Electronic Handbook
- Parkrose SD – "Crisis Planning/Response" Google Site, under the Suicide Protocol section.
- PPS – http://www.pps.k12.or.us/files/student-services/Suicide_Protocol_Updated.pdf
- Reynolds SD - RSD "Intranet" in the Counseling Section

4. Does the Suicide Screening Form fall under HIPAA guidelines?

No. "Education records" are covered by FERPA and generally excluded from definition of "protected health information" in the HIPAA Privacy Rule. See 45 CFR § 160.102.

5. Is the Suicide Screening Form a clinical document?

No. The suicide screening form is an incident report form that tracks a potential risk and the response of the school district staff to that risk.

6. Is the Suicide Screening Form a mental health assessment?

No. The Suicide Screening Form is an incident report form specific to suicide risk. A Mental Health Assessment is a comprehensive psychosocial history with presenting problem/s; current symptoms; family, health, education, legal and cultural history; clinical formulation; diagnosis, and treatment recommendations.

7. Is the Suicide Screening Form the same as a mental health referral?

No. A mental health referral is a separate form; however in the process of identifying response to risk, a mental health provider may be contacted to complete a mental health assessment.

8. Do I have to fill out a mental health referral form in addition to the Suicide Screening Form if I want to refer for mental health services?

Yes, but you do not need to be redundant. Attach the Suicide Screening Form and refer to it if a question is duplicated.

9. What do I do with the Suicide Screening Form once it is complete?

Share the Suicide Screening Form with the building administrator and the school counselor, and send a copy or PDF to Student Services. Place the form in the student's cumulative file. It is essential that schools are aware of a student's past suicidal concerns, and that this information follows the student when they enter a new school. Confidential envelopes may be used to house the screening form in the file.

10. I don't trust that the information in the "Confidential Envelope" will remain confidential.

Any document developed or used for the purpose of sharing student information must be placed in the student's cumulative file. Failure to do this is a violation of FERPA and school board policy. If you have reason to believe staff in your building is unaware of or failing to adhere to the rules, notify administration so that training about appropriate use of the cumulative file and consequences for violations can be provided. Training staff to respect and understand student confidentiality must be prioritized over leaving essential information out of the cumulative record to protect the student from prying eyes. Language is being finalized for use on the Confidential Envelope that iterates policy and the consequences for anyone unnecessarily viewing or sharing confidential student information.

11. What happens after I send the Suicide Screening Form to Student Services?

A qualified professional reviews the form and, if necessary, contacts referring school staff to provide support. Student Services collects data to determine how to best support students, families, and schools around suicide prevention and intervention. Screening forms are kept in a secure location.

12. Will placing the Suicide Screening Form in the student's cumulative folder violate the American School Counselors Association guidelines?

School counselors are subject to the same FERPA and School Board policy requirements as other school district employees. Professional guidelines do not have the effect of the law.

13. Do I have to fill out this form with the student while they are in crisis?

School personnel are required to use this form to screen students when a risk of suicide has been identified. The form is an information collection tool. How the student and family interviews are conducted may vary. Some staff ask key questions and complete the form after the interview. Others use the form to reinforce to the student that what they are saying is important and the interviewer wants to make sure they get all the information to support the student, and some bring in a colleague trained in ASIST to ask the questions.

14. When should we call the Crisis Line?

The Crisis Line (503-988-4888)

- When a student has an urgent mental health need (see Suicide Prevention Protocol),
- When there is a need to consult about a student, or
- When there is a need for mental health information or referrals.

15. When should we call 911?

- When the threat of harm to self or others is imminent, or
- When the parent/guardian is unable/unwilling to transport a student in crisis to mental health services immediately.

16. Can a listed “emergency contact” sign a release or give permission for a student to be transported if parents/guardians are unavailable?

No. That person can be helpful in finding the parent/guardian and/or coming to support the student but they cannot sign a release or give permission for transport.

17. Why must I obtain a release of information (ROI) if the parent is responsible and taking care of the student’s mental health needs?

An ROI allows for ongoing communication, coordination, and planning between school personnel and the mental health provider. For a large part of the day, students are the school’s responsibility. Essential information about the student’s mental health needs is necessary to support the student and make every effort to keep them safe.

18. What if the student/family won’t sign the release?

Try and try again. Stay connected with the parents. Get as much information as you can to help the student stay safe. Find the staff member in the school that the family feels most connected to and have them work with the family. Regularly check in with the student.

19. What is the “Crisis Exception” to the requirement for the release of information?

If you believe that a situation exists that merits a crisis exception follow your district’s policies for notifying administrators and obtaining authorization to release information.

“In some situations, a school may determine that it is necessary to disclose non-directory information to appropriate parties in order to address a disaster or other health or safety emergency. FERPA permits school officials to disclose, without consent, education records, or personally identifiable information from education records, to appropriate parties ... in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of the student or other individuals. See 34 CFR §§ 99.31(a)(10) and 99.36. This exception to FERPA’s general consent requirement is temporally limited to the period of the emergency and generally does not allow for a blanket release of personally identifiable information from the student’s education records. [W]ithin a reasonable period of time after a disclosure is made under this exception, an educational agency or institution must record in the student’s education records the articulable and significant threat that formed the basis for the disclosure and the parties to whom information was disclosed. 34 CFR § 99.32(a)(5).”¹

20. When do I need to fill out a Safety Plan? Who monitors it? How often must it be reviewed?

When there is a concern about acute student safety at school and/or upon return from hospitalization. A qualified mental health professional, the student, and the family should play significant roles in safety planning. Your administrator, counselor, or school psychologist are all qualified to monitor the plan. Plans should include timelines and be re-visited in consultation with a mental health provider frequently.

¹ Family Educational Rights and Privacy Act (FERPA) and the Disclosure of Student Information Related to Emergencies and Disasters June 2010, pg.4. (<http://www2.ed.gov/policy/gen/guid/fpco/pdf/ferpa-disaster-guidance.pdf>)

21. What resources are available to support the student and the school when a student returns after a suicide attempt?

Students need to return to school as soon as possible. Student Services can help with re-entry. Remember to coordinate with the student's Section 504 team or IEP team if applicable.

Confidential Counselor/Admin Communication ON FILE

Student Name: Student Perm ID# D.O.B.
 School Name: City/State:

<input checked="" type="checkbox"/>	RECORD	Date Submitted
<input checked="" type="checkbox"/>	Additional Confidential Counselor Communication	

FIRST & LAST NAME of person submitting document	Title	Contact Info (Email/phone)

STAFF PROCEDURES

1. Counselor place in Student Record(s) Form in the student cumulative file/DocuWare.
2. The person who completed the documentation (counselor, school psychologist, social worker, nurse, administrator) should keep documentation as part of the student’s working file. Working files are stored in locked file cabinet.
3. Examples of confidential documentation are:
 - a. Suicide Screenings
 - b. Child Abuse Reports
 - c. Threat Assessments
 - d. Mental Health Evaluations
 - e. Medical Evaluations
 - f. Psychiatric Discharge Summaries
 - g. SIRT Documents (Sexual Incident Response Team)
 - h. Other: _____
4. Upon request, records on file will be reviewed and student information will be shared on a need to know basis.

Student School Support Plan

Student Name:	Student ID#:	School	Date:
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I will help myself in the following ways:

Others will help me in the following ways (are there triggers you want us to know about?):

School Supports

Staff Student Support Planning

(For school staff planning)

1. Student's Team:

2. What objects need to be eliminated from classroom or student's access?

3. Is there a safe space for the student to go when escalated that has supervision?

4. It is important to validate feelings, list possible script(s) to use when student is escalated:

Ex. You are feeling really overwhelmed, I'm here when you are ready to talk about it.

Ex. DO NOT SAY- You don't really want to die, you have your whole life ahead of you.

**Consider student specific triggers*

5. When is your next meeting to follow up?



Dear Parent/Guardian:

Date:

We are concerned about the safety and welfare of your child. We have been made aware that your child may be having thoughts of suicide. All expressions of suicidal behavior are taken very seriously within the Gresham Barlow 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 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. If you would like support, the local police department can discuss with you different ways of removing, storing, or disposing of firearms.
2. We strongly recommend that your child be seen by a qualified mental health professional for assessment and ongoing counseling. Someone from your child’s school can assist you in this process or you can call Care Solace (888-515-0595), visit www.caresolace.com/gbsd and either search on your own OR click “Book Appointment” for assistance by video chat, email, or phone to provider. You can also contact your insurance company directly.
3. Here are some tips on how to talk about such a sensitive topic with your child and keep them open to talking to you:
 - Your child will need support during this time. Giving them 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. Avoid minimizing their feelings (examples: teasing, challenge, sarcasm, etc.).
 - Rather than disciplining your child for these feelings, try to 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.

If you have an immediate concern for your child’s safety, contact one of the following crisis lines:

Name of Support	Contact Information	When
<i>Multnomah County Crisis Line</i>	503-988-4888	<i>Anytime (24/7)</i>
<i>Clackamas County Crisis Line</i>	503-655-8585	<i>Anytime (24/7)</i>
<i>National Suicide Hotline</i>	988	<i>Anytime (24/7)</i>
<i>Oregon Youth Line</i>	TEXT teen2teen to 839863 1-877-968-8491; oregonyouthline.org	<i>Anytime (24/7)</i>

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

- Cascadia Walk In Clinic** (Mental Health Urgent Care) (7am-10pm) 4212 SE Division St., Portland, OR (503) 963-2575
- Randall Children's Hospital/Legacy Emanuel Hospital**, 2800 North Vancouver Avenue, Portland, OR (503) 413-2902
- OHSU Hospital** 3181 SW Sam Jackson Park Rd. Portland, OR 97239 (503) 494-8311
- Portland Willamette Falls**, 1500 Division Street, Oregon City, OR 97045, (503) 722-3730
- Providence Portland**, 4805 NE Glisan St, Portland, OR 97213, 503-574-9235
- Kaiser Sunnyside/Kaiser Emergency Psychiatric Services**, 1-866-453-3932

4. 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.

Please reach out if you have any questions,

Counselor



Distrito Escolar Gresham-Barlow • 1331 NW Eastman Pkwy Gresham, OR 97030

Estimados padres y encargados de _____,

Fecha:

Estamos preocupados por la seguridad y bienestar de su hijo. Se nos ha hecho saber que su hijo puede estar teniendo pensamientos de suicidio. El Distrito Escolar Gresham-Barlow toma muy en serio cualquier tipo de signos de suicidio y nos gustaría apoyarlos a ustedes y a su hijo en todo lo posible durante este periodo. Para garantizar la seguridad de su hijo, le sugerimos lo siguiente:

1. Su hijo necesita una estricta vigilancia. Las investigaciones indican que el riesgo de suicidio se duplica si hay un arma de fuego en la casa, incluso si el arma está guardada bajo llave. Asegúrense de que su hijo no tenga acceso a armas de fuego ni otros medios letales, incluyendo medicamentos y otras armas en su casa o la de sus vecinos, amigos u otros miembros de la familia. Si desean ayuda, el departamento de policía local puede discutir con usted diferentes formas de retirar, almacenar o eliminar las armas de fuego.
2. Les recomendamos firmemente que su hijo sea atendido por un profesional de salud mental calificado para una evaluación y asesoría continua. La escuela de su hijo puede ayudarles en este proceso o pueden llamar a Care Solace (888-515-0595), visitar www.caresolace.com/gbsd y buscar por su cuenta o hacer clic en "Reservar una Cita" para obtener ayuda por videollamada, correo electrónico o teléfono con los profesionales. También pueden comunicarse directamente con su compañía de seguros.
3. Éstos son algunos consejos sobre cómo hablar de un tema tan delicado con su hijo y que éste dispuesto a hablar con ustedes:
 - Su hijo necesitará apoyo durante este periodo. Asegúrenle que lo quieren y que conseguirán la atención que necesita.
 - Tengan paciencia y calma, pero también comuniquen su preocupación. Demuestren su amor y busquen la ayuda que su hijo necesita sin condiciones.
 - Tomen en serio las amenazas y signos. No le resten importancia a sus sentimientos (por ejemplo: bromas, desafíos, sarcasmos, etc.).
 - En vez de castigar a su hijo por estos sentimientos, traten de mantener una comunicación abierta y sin juicios. Eviten decir algo que lo humille o le reste valor, pero expresen su empatía, calidez y respeto.
 - Tengan cuidado de no mostrar enojo a su hijo por expresar sus ideas o mostrar malestar por haber tenido que dejar su trabajo u otros inconvenientes para asegurar la seguridad de su hijo.

En caso de preocuparse por la seguridad inmediata de su hijo, llamen a las siguientes líneas de crisis:

Nombre	Teléfono	Horas
<i>Línea de Crisis del Condado de Multnomah</i>	503-988-4888	<i>24 horas</i>
<i>Línea de Crisis del Condado de Clackamas</i>	503-655-8585	<i>24 horas</i>
<i>Línea de Nacional de Suicidio</i>	1-800-273-TALK (1-800-273-8255)	<i>24 horas</i>
<i>Línea de Jóvenes de Oregón</i>	Envíe el texto "teen2teen" al 839863 1-877-968-8491; oregonyouthline.org	<i>24 horas</i>

En caso de emergencia, llamen al 911 o vayan a cualquier sala de emergencias. Los hospitales más cercanos con unidades de psiquiatría para niños y adolescentes son:

Hospital Legacy Emanuel, 2800 North Vancouver Avenue, Portland, OR 97227-1644, (503) 413-2902

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

Hospital OHSU 3181 SW Sam Jackson Park Rd. Portland, OR 97239 (503) 494-8311

Clínica Cascadia (sin cita) (7am-10pm) 4212 SE Division St. (503) 963-2575

4. Un funcionario escolar puede comunicarse con ustedes para programar una reunión con ustedes, su hijo y el personal de la escuela. Ésto es para garantizar la seguridad de su hijo en la escuela.

Por favor, comuníquese con nosotros si tienen alguna pregunta,

Consejero/a

I. STUDENT INFORMATION

Date of Screening	Student Name	Student ID#
Screener Name:	School:	
IEP: YES NO 504: YES NO	Administrator Contacted (name, date & time):	

II. INITIAL CONCERN: How did the screener learn of the suicide risk and who reported it?

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III. INTERVIEW WITH STUDENT

<p><input type="checkbox"/> Does the student admit to thinking about suicide?</p> <p><input type="checkbox"/> Yes, screener continues with the screening process</p> <p><input type="checkbox"/> No, screener does not need to complete this form. Contact the parent/guardian to share initial concern and student response.</p> <p>Parent/guardian contacted: _____ Date: _____</p>	
<p><input type="checkbox"/> Does the student admit to thinking of harming someone else?</p> <p><input type="checkbox"/> Yes, work with school administrator to begin the Student Behavior Safety Assessment Plan</p> <p><input type="checkbox"/> No, continue with screening process</p>	
<p><input type="checkbox"/> Does the student admit to having a plan?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If yes, describe what the plan is, how prepared the student is to complete the plan and how soon may it happen?</i></p> <table border="1" style="width: 100%; height: 30px;"><tr><td></td></tr></table>	
<p>Tip for screener: For elementary, ask if they have thought about how they would do it. The term <i>plan</i> may not register with them.</p>	
<p><input type="checkbox"/> Are the means available to carry out the plan? (Access to rope, guns, weapons, pills, medication, knives, etc.)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If yes, describe:</i></p>	
<p><input type="checkbox"/> Does the student admit to any previous attempts?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If yes, describe:</i></p>	

Tip for screener: Support past survival skills. Do they have the means they had before? How did they survive after the previous attempts?

- Is the student experiencing pain that feels unbearable?**
 - Yes
 - No

Ask the student: On a scale of 1-10 (1 meaning you were really upset, but are better now and no longer want to die, to 10 meaning you definitely plan to follow through with killing yourself), how does your pain feel right now?



Ask the student: What helps ease your pain? Think about ideas such as talking, walking, listening to or making music, art, reading, writing, etc.

- Has the student experienced any of the following risk factors? Especially lack of Belonging/Connectedness? Perceived Burdensomeness?**

<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Bullying	<input type="checkbox"/> Giving away possessions
<input type="checkbox"/> Preoccupation with death	<input type="checkbox"/> Withdraw from others	<input type="checkbox"/> Discipline issues
<input type="checkbox"/> Abuse/trauma	<input type="checkbox"/> LGBTQ2SIA+	<input type="checkbox"/> Other marginalized group
<input type="checkbox"/> Written statements	<input type="checkbox"/> Social Media Posts	<input type="checkbox"/> Feelings of hopelessness
<input type="checkbox"/> Conflict with others	<input type="checkbox"/> Family loss	<input type="checkbox"/> Change in appetite/sleeping

If yes, describe:

Tip for screener: Alcohol and drugs elevate risk due to increased impulsivity and reduced inhibitions.

- Does the student have resources or a support system they can turn to when feeling suicidal?** Explore relationships with family members, friends, and other adults (coaches, teachers, pastors, etc.). Can you build it? Helper/mentoring others, clubs, etc.

IV. CONSULTATION

If the student has any risk factors in addition to having suicidal thoughts (for example, answering ‘yes’ to questions #2-7 above), a Level 2 assessment referral with a qualified mental health professional should be considered.

Consulted with: _____

Are you proceeding with a Path B Suicidal Assessment Referral?

- Yes
- No

Are you proceeding with a Student Support Plan?

- Yes
- No

The school screener consults with another **trained screener** or the **Multnomah County Crisis Line (503-988-4888)** or **Clackamas County Crisis Line (503-655-8585)** to determine whether or not to proceed to Level 2 Suicide Risk Assessment. *Consultation occurs prior to the student leaving adult supervision (Counselor may have another adult come supervise student while they consult).*

Has the student ever received mental health care?

- Yes
- No

Therapist's name: Lifeworks NW

Is the care current or past? _____ ROI? _Yes_____

V. PARENT/GUARDIAN CONTACT (In most cases, screener requests that parent come to school to help with support & safety planning.)

Name of the parent/guardian contacted:	Date/Time of contact:
Is the parent/guardian aware of suicidal thoughts/plans/gestures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the parent/guardian perception of the level of risk? <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
Are there other health concerns or medications that the student is currently taking? <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
Inform parent that suicide concerns are shared with building administrators for safety purposes. Information might also be shared with specific staff to ensure safety and provide support. <i>Every effort should be made to reach the parent/guardian. If parent could not be reached by any means, including emergency contacts and sibling schools, screener consults with building administrator and/or calls Multnomah County Crisis Line (503-988-4888) or Clackamas County Crisis Line (503-655-8585).</i>	

V. ACTION and SUPPORT PLAN

If proceeding with Path A supports only...

- Share concern and risk factors with parent/guardian
- Inform Administrator
- Provide parents with a copy of Parent Letter/Info Sheet (can be sent via email, mailed or given in person) and review the letter together (optional)
- Complete Student Support Plan (optional)
- Request parents sign a [Release of Information form](#) for providers (optional)

If proceeding with Path B Suicide Assessment Referral...

1. Does the parent/guardian agree to the Path B Assessment Referral?
 - Yes
 - No
2. Refer student and family to one of these qualified mental health providers for a suicide assessment:
 - Call 911 if immediate danger, student transported from school to ER
 - Multnomah County Crisis Line 503-488-9888 or Clackamas County Crisis Line 503-655-8585
 - School Based Mental Health Therapist
 - Released to parent to take to:
 - Cascadia Walk In Clinic (503-674-7777 4212 SE Division St. Portland, Or 97206)
 - ER
 - Pediatrician
3. Consider requesting parent/guardian (or student 14 & up) sign a [Release of Information Form](#) for Level 2 provider.
4. Review the *Parent Letter/Info Sheet* with the parent/guardian and provide a copy in Native Language.
5. Schedule time/meeting to complete **mandatory School Support Plan** (may include a team of counselor, case manager, teacher, administrator)

******Suicide Screening Form is kept strictly confidential and is kept in personal records, not in student's cumulative file.*

2024-2025 Gresham Teen Directory

Provided by Gresham High School Counseling Department and Social Worker 503-674-5508

IN CASE OF AN EMERGENCY

Police, Fire, Ambulance 9-1-1
Poison Control 1-800-222-1222

CRISIS LINES/SUICIDE HOTLINES

Multnomah County Crisis Line 503-988-4888

Lines for Life 988

Youthline (A peer crisis line for youth)

* [Chat available](#)

Text "teen2teen" to 839863

Phone 1-877-968-8491

The Trevor Project (A crisis line for LGBTQ youth)

* [Chat available](#)

1-866-488-7386

Suicide Hotline 988

If you or a friend is thinking about suicide, talk to a trusted adult or call one of the above numbers

IF YOU OR A FRIEND HAVE RUN AWAY OR ARE HOMELESS

Homeless Youth (under age 25) Helpline
503-432-3986 (24/7/365)

The Alba Collaborative (culturally-responsive)
(help for homeless youth ages 9-17)
971-754-4950

470 SE 165th Ave., Portland, OR 97233

New Avenues Youth Opportunity Center

Drop-in Monday-Friday 10am-6pm

503-224-4598 (24/7/365)

Native American Youth Association 503-288-8177

My Father's House (for families) 503-492-3046

General Homeless Services 2-1-1

DRUG/ALCOHOL ABUSE

Youthline 1-877-968-8491

Oregon Drug/Alcohol helpline

Phone 1-800-923-4357(24/7/365)

Text (RecoveryNow) to 839863

Ask your counselor or social worker about school-based treatment options

MENTAL HEALTH COUNSELING

Cascadia Urgent Walk-In Clinic (No appt necessary)

Open daily 7:00am(9:00am-9:00pm) (503) 963-2575

Lifeworks Northwest 503-645-9010

Morrison Child & Family 503-258-4381

NARA 971-274-3757

Clackamas County Mental Health 503-655-8585

Cascadia Behavioral Health 503-674-7777

Trillium Family Services 888-333-6177

LifeStance 971-414-5681

CULTURALLY SPECIFIC RESOURCES

El Programa Hispano 503-669-8350

IRCO Pac Islander/Asian Family Center
503-235-9396

IRCO Africa House 503-802-0082

IRCO Main Number 503-234-1541

IRCO Slavic & European Center
971-271-6512

PHYSICAL OR SEXUAL ABUSE & DOMESTIC VIOLENCE RESOURCES

Call to Safety (Women's crisis line) 503-235-5333

Domestic Violence Crisis Line/Shelter (Washington Co.) 503-469-8620

Gateway Center for Domestic Violence Services
503-988-6400

UNICA (Spanish Crisis Line) 888-232-4448

**SEX, PREGNANCY,
ADOPTION, ABORTION,
SEXUALLY TRANSMITTED
DISEASES, BIRTH CONTROL**

Planned Parenthood 1-888-875-7820
Gresham Student Health Center 971-373-1883
Centennial Health Center 503-988-5488
Reynolds Health Center 503-988-3340
Parkrose Student Health Center 503-988-3392
Insight Teen Parent Program 503-239-6996

GRIEF AND LOSS RESOURCES

Dougy Center 503-775-5683
In This Together 503-953-5315
Compassionate Friends 503-307-8450

LEGAL ASSISTANCE

Immigration Legal Services 503-542-2855
Legal Aid of Oregon 503-224-4086
Lutheran Community Services 971-888-7831
Oregon State Bar 503-620-0222
St. Andrews Legal Clinic 503-281-1500
Disability Rights Oregon 503-243-2081
Youth Rights & Justice Attorneys 503-232-2540
Multnomah County Family Services
(mediation/custody) 503-988-3189

**EMANCIPATION
INFORMATION**

Clackamas Cty. Juvenile Court 503-655-8342
Multnomah Cty. Juvenile Court 503-988-3460
DHS Self Sufficiency office, East County 503-491-1979

GENERAL INFO & REFERRAL

Child Abuse Hotline 1-855-503-SAFE (7233)
All Purpose Referral Line 2-1-1
Trimet Info 503-238-7433
Gresham Service to Children & Families 503-674-3610
SafeOregon Tip Line 844-472-3367

**HOW CAN I GET HELP WITH
CLOTHING OR SCHOOL
SUPPLIES?**

Ask your counselor or school social worker

FOOD PANTRIES

Zarephath 503-667-7932
[Sunshine Food Division](#) (971) 255-0834
SnowCap 503-674-8785
[Oregon Food Bank Finder](#) 503.282.0555
2-1-1 referral line

ENERGY/RENT ASSISTANCE

El Programa Hispano 503-489-6842
Our Just Future 503-405-7877
St. Vincent DePaul 503-235-8431
2-1-1 referral line

WARNING SIGNS OF SUICIDE ARE:

- Talking about dying by suicide
- Giving away prized possessions
- Significant changes in behavior
- Preoccupation with death
- Having a “plan” to die by suicide
- If you or anyone you know has any of these signs, please get help **right away**
Call [Lines for Life](#) or talk to a caring adult.

IF YOU ARE EXPERIENCING ONE OR MORE OF THESE WARNING SIGNS, COUNSELING CAN BE HELPFUL

- Sudden change in mood or behavior
- Depression or feeling unhappy for a long time
- Anxiety, feelings of fear or nervousness
- Losing your temper over small things
- Dropping grades/worsening attendance

WHAT IS INTIMATE PARTNER VIOLENCE?

Intimate Partner Violence is a pattern of behavior committed by one partner against the other with the goal of exerting and maintaining power and control. It can manifest itself in physical, psychological, emotional, economic, sexual or social abuse.

SEXUAL ACTIVITY SAFE CHOICES

Abstinence is the only 100% sure method of protection against pregnancy and sexually transmitted diseases including HIV/AIDS.

If you are thinking about having sex, talk to your parents or a trusted adult, counselor, School Health Clinic staff, minister or teacher.

If you choose to have sex, reduce your risk of pregnancy or HIV/AIDS. Use a condom every time you are involved in a sexual act. Don't have sex with anyone who has sores, discharges, or blisters around their mouth or sexual organs.

WHAT IS SEXUAL ABUSE?

If a family member, adult, friend or anyone else is touching you and it makes you feel uncomfortable, unhappy or confused, you may be a victim of sexual abuse. Call the sexual abuse numbers for help or talk to a trusted adult.

WHAT IS ACQUAINTANCE RAPE?

If you are being pressured, forced or manipulated into being sexual or having sex with someone you know or someone you are romantically interested in, you may be a victim of date rape or acquaintance abuse. Talk with an adult you trust, school social worker, school counselor, School Health Center staff, teacher, or crisis line.

If you have questions or need a service you don't see, please talk to your school social worker or counselor.