

GREATER ALBANY PUBLIC SCHOOLS DISTRICT 8J

SUICIDE PREVENTION,  
INTERVENTION, &  
POSTVENTION PLAN

Updated: SPRING 2024

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# INTRODUCTION

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel, and to increase the safety of at-risk youth and entire school community. In 2019, the Oregon legislature passed Senate Bill 52, also known as "[Adi's Act](#)", which requires school districts to develop and implement a comprehensive student suicide prevention plan.

## PURPOSE

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with a crisis on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community. Accordingly, this guide is intended to help school staff understand their role and to provide accessible and effective tools.

### GREATER ALBANY PUBLIC SCHOOLS DISTRICT (GAPS):

- ❑ Recognizes that physical and mental health underpin all learning. Physical and mental health and wellness are integral components of student outcomes, both educationally and beyond graduation.
- ❑ Further recognizes that suicide is a leading cause of death among young people aged 10 - 24 in Oregon.
- ❑ Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- ❑ Acknowledges the school's role in providing a culture and 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.

## CONTACTS

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(541) 967-4522 ext. 1602

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## CONFIDENTIALITY

**School employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing student information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information.**

**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 immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA.**

# QUICK FACTS - WHAT SCHOOLS NEED TO KNOW

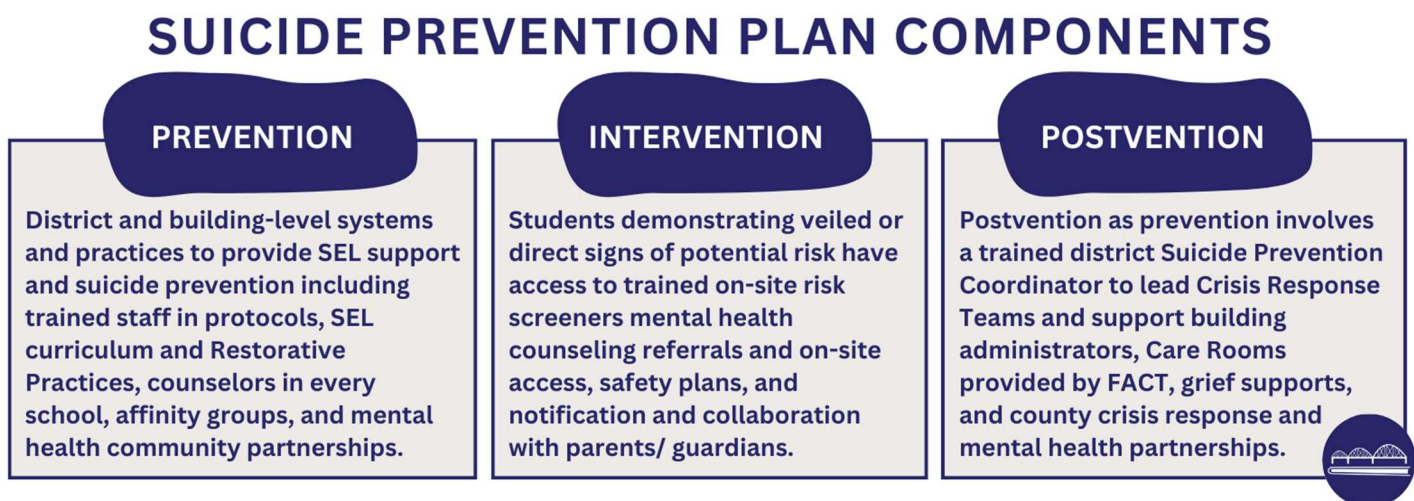
Take student risk **SERIOUSLY EVERY** time. Take **IMMEDIATE** action!

Contact the school Gatekeeper or a building administrator to inform them of the situation. **NO** student experiencing suicidal ideation should be sent home alone or left alone during the screening process. You must provide supervision!

If there is a reason to believe a student is at risk of suicide, **do not send the student home to an empty home.**

- 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 ensuring the student is brought to the counseling or admin offices immediately for screening.
- All school personnel need to know that they are required to refer at-risk students to trained professionals (Gatekeeper or administrator); 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/legal guardians and students need to be confident that help is available when they raise concerns regarding suicidal ideation. 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 and to normalize the learning environment for everyone.

Diagram 1: Suicide Prevention Plan Components



# CONTACTS

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GAPS works in partnership with a variety of agencies in the Suicide Prevention Plan to provide the maximum support and resources to students and families. This portion is subject to frequent change and review.

**GAPS Suicide Prevention Coordinator:**

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**Albany Police Department**

(541) 917-7680

**Linn County Crisis Services**

(541) 967-3866 (press "0")

**Child Welfare Hotline DHS**

(855) 503-7233

**National Suicide Hotline & Mental Health Support**

9-8-8

**Imminent Risk or Danger**

9-1-1

## DEFINITIONS

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### **AT-RISK**

Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. 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 of potential mental health conditions or a deterioration of mental health.

### **CRISIS RESPONSE TEAM**

The GAPS Crisis Response Team is a group of people (school counselors, FACT, Linn County Crisis Supervisor, and others as needed), led by the Suicide Prevention Coordinator, who work in collaboration with school administrators to address crisis preparedness, intervention, response and recovery.

### **GATEKEEPER**

A district employee who is trained in the LivingWorks ASIST (Applied Suicide Intervention Skills Training) and current in their certification. Gatekeepers include all school counselors, members of FACT, and school nurses. This person is also annually trained on the district suicide risk assessment screening process and protocols. (When possible, the primary Gatekeeper should be a school counselor.)

### **MENTAL HEALTH**

A state of mental health, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home, school, social environment, early childhood adversity or trauma, physical health, and genetics.

### **PARENT**

As used in this plan, the term parent means a parent of a student and includes a natural parent, a legal guardian, or an individual authorized in writing to act as a parent in the absence of a parent or a guardian.

### **POSTVENTION**

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a death by suicide. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can act as prevention and save lives.

### **RISK ASSESSMENT**

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff Gatekeeper. The suicide risk assessment is designed to elicit information regarding the student's self-reported current 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.

## **RISK FACTORS FOR SUICIDE**

Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

## **SELF-HARM**

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm may increase the long-term risk of a future suicide attempt or accidental suicide.

## **SUICIDE**

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

## **SUICIDE ATTEMPT**

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of unresolved mindset, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

## **SUICIDAL IDEATION**

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and will be taken seriously.

## **SUICIDE CONTAGION**

The process by which suicidal ideation or a death by suicide influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

# **GROUPS AT INCREASED RISK FOR SUICIDAL IDEATION**

*GAPS acknowledges the needs of these groups and plans to work actively to create and increase affinity groups and use restorative practices to better serve all students.*

## **YOUTH LIVING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS**

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal ideation among young people.

## **YOUTH WHO ENGAGE IN SELF-HARM OR HAVE ATTEMPTED SUICIDE**

Risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death.

## **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.

## **YOUTH EXPERIENCING HOMELESSNESS**

McKinney-Vento (unhoused or unaccompanied) youth have a higher rate of self-injury, suicidal ideation, and suicide attempts than those of the adolescent population in general.

## **RACIAL AND ETHNIC MINORITY YOUTH**

Racial and ethnic minority youth have an increased risk of suicidal ideation. Racial and ethnic groups include but are not limited to American Indian/Alaska Native, Black/African American, Latinx, and Asian youth.

## **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. Suicidal ideation among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. It is not their sexual orientation or gender identity that place LGBTQ+ youth at greater risk of suicidal ideation, but rather these societal and external factors.

## **YOUTH BEREAVED BY SUICIDE**

Those who have experienced suicide loss, through the death of a friend or loved one, are more 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 ideation. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations

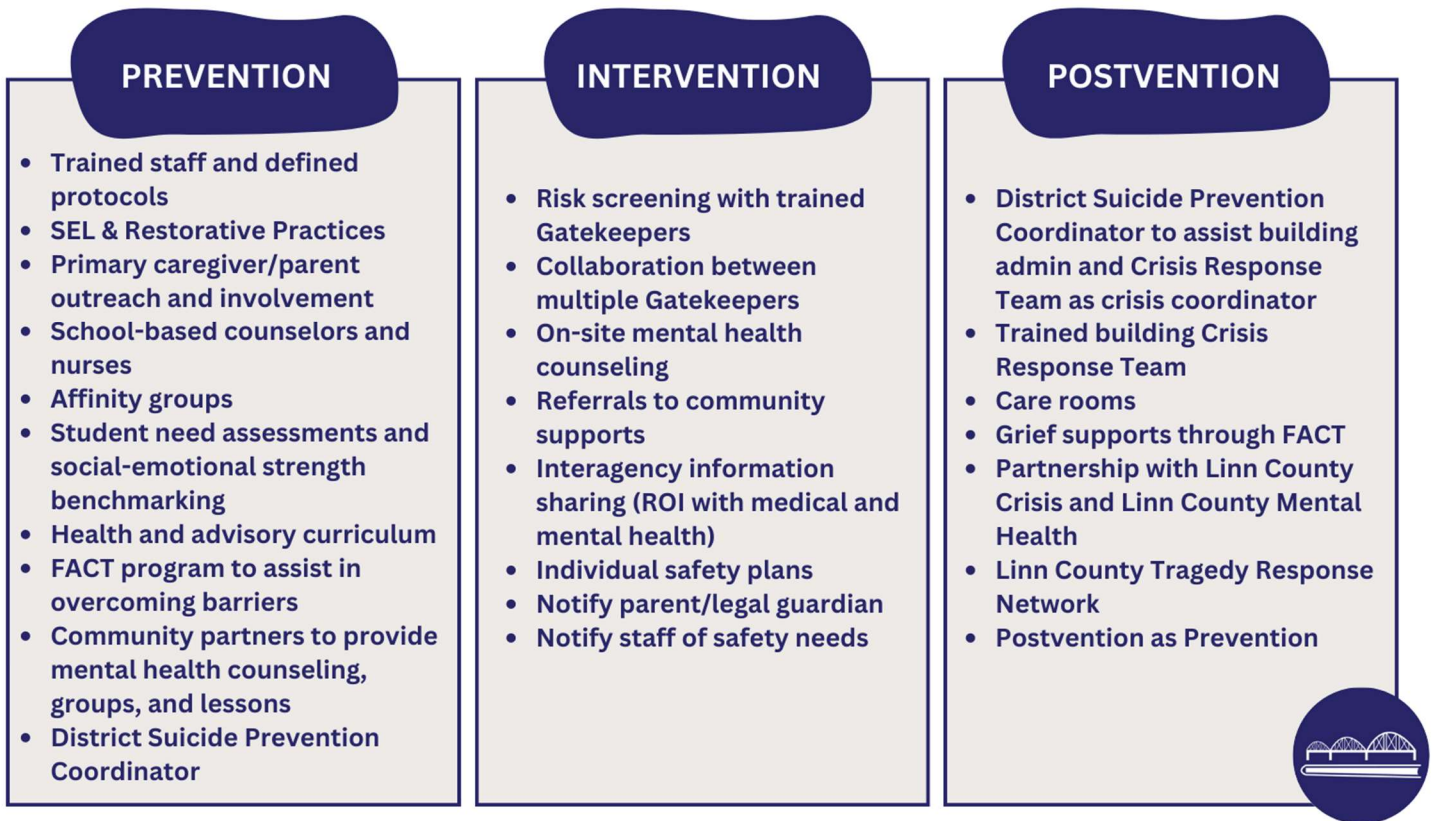
# COMPREHENSIVE SUICIDE PREVENTION PLAN COMPONENTS

GAPS takes a multifaceted strategic approach to preventing suicide. This plan includes specific components implemented in a particular sequence: prevention, intervention, and postvention (PIP). Although each section has important independent elements, prevention efforts work best, just like GAPS students, when they are connected or interconnected. This plan will outline each of the three components and GAPS’ commitment to each one of them. GAPS is dedicated to developing a suicide prevention program using a [culturally competent approach](#) that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

Diagram 2: Prevention, Intervention, and Postvention

## Greater Albany Public Schools District

### PREVENTION, INTERVENTION, & POSTVENTION



## PREVENTION PROCEDURES

GAPS takes intentional steps to create a school culture that encourages positive coping skills by building protective factors while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The district has adopted the staff and student training programs set forth below:

### STAFF TRAINING AND EDUCATION

PROGRAM	WHO	TIME & FREQUENCY
<b><u>QPR Question, Persuade, Refer</u></b> Training for all student-facing staff members to identify potential suicide risk factors.	All student-facing staff. <i>(Available to parents/guardians &amp; community by Linn County)</i>	1 hour Every 2 years as able
<b><u>ASIST Applied Suicide Intervention Skills Training</u></b> The world's leading, research-based intervention training model used to prevent the immediate risk of suicide. <b>ASIST TuneUp</b> Refresher course for those who have already completed the ASIST training.	All Gatekeepers who provide the suicide risk assessment. Should include all counselors, FACT, and nurses. Admin encouraged.	2-day training. Initial training is valid for three years.  TuneUp half-day refresher every three years.
<b><u>CALM Counseling on Access to Lethal Means</u></b> How to reduce access to the methods people use to kill themselves.	All Gatekeepers who provide the suicide risk assessment. Counselors, FACT, & nurses.	2 hours online Required to be completed once, encouraged to refresh every five years.
<b><u>Sources of Strength</u></b> Peer-based suicide prevention program.	Staff and student peer leaders	Varies 4-6 hours initial adult training 4-6 hours peer leaders
<b><u>Connect Postvention Training</u></b> Training around the planned response after a suicide to identify protective factors and reduce risk of those impacted by suicide.	Administrators, counselors, and members of the Crisis Response Team	6 hours Required to be completed once.
<b><u>Aperture – DESSA Assessment</u></b> Nationally standardized, strength-based behavior rating scale that assesses students' social and emotional competence.	Teachers, counselors, and administrators (Currently in elementary and middle schools)	Online and ESD training available.
<b><u>Care Room Crisis Response Training</u></b> Training for postvention Care Room facilitation.	All FACT	4 hours through the ESD, annual refreshers recommended
<b><u>Youth Mental Health First Aid – OR- SafeTALK</u></b> Introduces typical mental health challenges for youth and how to help young people in both crisis and non-crisis situations.	All Health teachers	Times vary for the two trainings. Every 5 years.

*To schedule a training, contact the GAPS Suicide Prevention Coordinator.*

*The Suicide Prevention Coordinator is responsible for keeping track of who is current in their ASIST, CALM, and Connect trainings, as well as coordinate and track school QPR trainings.*

Suicide prevention activities are best conducted in the context of other prevention efforts such as health and wellness curriculum, sexual violence prevention, drug awareness, unhoused youth services, wraparound services, social-emotional learning, trauma-informed education, disability identification and services, and supports for underrepresented populations such as positive identity development and affinity groups. Prevention efforts are best characterized as being part of a multi-tiered system of support (MTSS) where universal practices across domains are employed, increasingly intensive training and supports are engaged as screening, and intervention outcomes are evaluated.

## STUDENT TRAINING AND EDUCATION

All students K - 12 will receive direct instruction on social emotional learning/mental health and wellness promotion using restorative practices. This should include but is not limited to:

SCHOOL PROGRAMS	
<a href="#">Sanford Harmony</a> : Social/Emotional Learning curriculum and groups	K – 5
<a href="#">Kelso’s Choice</a> : Social/Emotional Learning curriculum around conflict resolution and the choice wheel, identifying big and little problems	K – 5
<a href="#">Zones of Regulation</a> : Social/Emotional Learning curriculum designed to foster self-regulation and emotional control	K - 5
<a href="#">DESSA</a> : Strength-based assessment to provide a social-emotional baseline and progress monitoring of all students. <i>Possible extension into high school in future.</i>	K - 8
<a href="#">Second Steps</a> : Social/Emotional Learning curriculum for advisory and class wide SEL.	K - 8
<a href="#">Botvin’s Life Skills</a> : Additional curriculum supplied by Linn County. Multi-session curriculum to reduce the risks of alcohol, tobacco, drug abuse, violence, and risky behaviors. There is no cost to this program. Contact: Anna Harryman (GAPS)	4, 6
Groups offered through community partnerships (Ophelia’s Place, North Albany Wellness Center, Jackson Street Youth Services, ABC House, Old Mill, etc.)	6 - 12
<a href="#">Erika’s Lighthouse</a> : Social/Emotional Learning curriculum around depression and suicide prevention in advisory	9-12
<a href="#">Response</a> : Suicide prevention direct instruction in health classes	7 - 11
Mental health, wellness, community and strength-building (protective factors) embedded in advisory.	9 - 12
Student risk-assessments and individualized safety plans (see Appendix)	K - 12
On-site and virtual mental health counseling provided through community partnerships (Linn County Mental Health, North Albany Wellness, DayBreak, etc.)	K - 12
<a href="#">OR Classroom WISE</a> : Resources for adults and youth interested in strengthening mental health and well-being.	K-12
<a href="#">Sources of Strength</a> and affinity group clubs available at all levels	K - 12
DIGITAL DEVICE PROGRAM	
<a href="#">First Step Oregon</a> Posted to the Quick Connect links on all district school websites.	K - 12
<a href="#">GoGuardian Beacon</a> alerts for students engaging in and researching risk-related behaviors on school digital devices and network.	K - 12

## INTERVENTION PROCEDURES

The risk of suicide is raised when any peer, teacher, caregiver, or 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 trained Gatekeeper or school administrator so that the student of concern receives appropriate and immediate attention. A suicide risk screening will need to be completed for every student expressing direct or veiled comments and/or thoughts of suicide. Every effort should be made to conduct a screening the same day staff members are made aware of the risk for suicide.

**If imminent danger exists, call 911 immediately.** This is especially important if the student of concern is not in class or has left the campus and a plan of suicide is discovered. All threats of self-harm must be taken seriously.

Suicidal ideation and mental health are not a criminal behavior and should not involve law enforcement unless the student is in imminent risk to themselves or others. Law enforcement should not be called for suicide intervention unless there is an imminent risk.

## SCREENING PROCESS

If imminent danger to the student is present (such as where a suicide attempt is in progress), the trained school screener or administrator is to call 911. If the student is having an acute mental health crisis and additional support is needed, call 988 or Linn County Crisis.

If the student is not in imminent danger, but a concern about suicide risk exists, the trained school screener initiates the screening process. A staff member is to **remain with the student** at all times during this process.

1. Suicide screening is conducted by a school-employed Gatekeeper using the screening tool.
2. After the assessment, the trained school screener will consult with another Gatekeeper. Sharing decision-making with another professional is best practice. When Gatekeepers do not agree on the outcome of the assessment, they should contact Linn County Crisis Services for consultation. The outcome of the risk assessment and consultation should include the following:
  - a) Inform the parent or legal guardian the same day that a screening was conducted and why. Discuss access to lethal means and how they can be reduced. Discuss immediate plans for the student after school including means of transportation. Parents are a critical part of the student's care team and possess information that the school may not have access to.
  - b) If low to moderate risk, schedule follow up meetings and create a Support Plan with the student and parent or legal guardian by the end of the next school day. Schedule a **minimum** of two follow ups 14 days and 30 days after the screening.
  - c) After consultation, if concern about suicidal ideation is sufficiently high, the trained school screener will contact and assist the student's parent or legal guardian in referring the student to an in-depth suicide assessment by an external licensed and qualified Mental Health Professional. Schedule a minimum of two follow ups 14 days and 30 days after the screening and develop a Support Plan.

If a student refuses to participate in the screening, document sections 1 and 3 of the Suicide Risk-Assessment Form (see Appendix), provide resources, and notify the parent/guardian.

If the concern arises outside of school hours or the student is not at school, the school should notify the parent immediately. If unable to notify the student's contacts, request a wellness check from the Police Department.

If the student is identified as McKinney-Vento (unhoused/unaccompanied), has no contacts, and is not living at a local agency, contact the FACT administrator for assistance.

If a student, at the age of 18 or older, has removed parents/guardians from their contact list or lives independently, call the Suicide Prevention Coordinator for assistance. This situation may require a wellness check from the Albany Police Department.

*\*Follow up dates of 14 and 30 days after assessed risk are minimum scheduled contacts. It should be understood that Student Support Plans may include daily, bi-weekly, or weekly follow ups with the student.*

## **DOCUMENTATION**

- ❑ The Gatekeeper will complete the confidential Student At-Risk Assessment, including documenting when the parent(s) or legal guardian(s) were notified.
- ❑ If applicable, document contacts with DHS.
- ❑ The Gatekeeper will store the completed Student At-Risk Assessment in the red CONFIDENTIAL envelope in the student's cumulative file. The envelopes can be found with the office manager.
- ❑ A copy of the Support Plan will be kept in the confidential envelope with the Student At-Risk Assessment. Another copy will be kept with the student's school counselor to be revisited as needed.

## **SCREENING PROCESS FOR ONLINE STUDENTS ONLY**

1. The Gatekeeper will contact the parent or legal guardian and notify them of the reason and need for the student to be screened. Offer to provide the screening in-person, virtually, or over the phone. *If the parent does not permit the screening, provide 988 information and schedule a follow-up time.*
2. Retrieve student's contact information and confirm their exact physical location.
3. Contact the student and obtain assent to conduct the Student At-Risk Assessment. *If the student refuses to participate in the screening, provide 988 information and notify the parent.*
4. Contact the parent or legal guardian if a student could not be contacted or refused assent. Provide 988 number resource and request follow-up at a scheduled time.
  - i. Contact Albany Police Department for a wellness check if contact with student and a parent/guardian (and all listed contacts) is unsuccessful.
  - ii. Call 911 if there is a direct and imminent suicide threat.
5. Gatekeeper will conduct a Student At-Risk Assessment interview and determine student risk level, then proceed with the screening protocol as described previously.
  - i. Support Plans for online only students will require more involvement and support from parent/guardian and their online teaching staff to ensure the safety of the student.

## **STUDENTS UNABLE TO PARTICIPATE IN A SCREENING DUE TO COGNITIVE & COMMUNICATION LIMITATIONS**

Certain students may not have the cognitive or communication abilities to participate in a Student At-Risk Assessment screening. These situations may require unique approaches, but should always involve communicating with the student's parent/guardian and the student's IEP case manager when applicable. The parent/guardian and IEP case manager should be engaged in the development of the Support Plan.

## **TRANSPORTATION**

If a student is needing to be transported to receive crisis services, contact the parent/guardian(s). If, after multiple attempts, you are unable to reach a parent/guardian, contact all other contacts on the student's contact list.

If unable to reach anyone on the student's contact list, contact the Suicide Prevention Coordinator to explore other options. As a last resort, contact the Albany Police Department for transportation assistance.

## **INVOLVING LINN COUNTY CRISIS**

Some situations may require contacting Linn County Mental Health to involve their crisis team, which may include phone consultations, scheduling an appointment for the student for a crisis assessment, or having the crisis team respond in-person to the school or the home. Please call Linn County Mental Health Services.

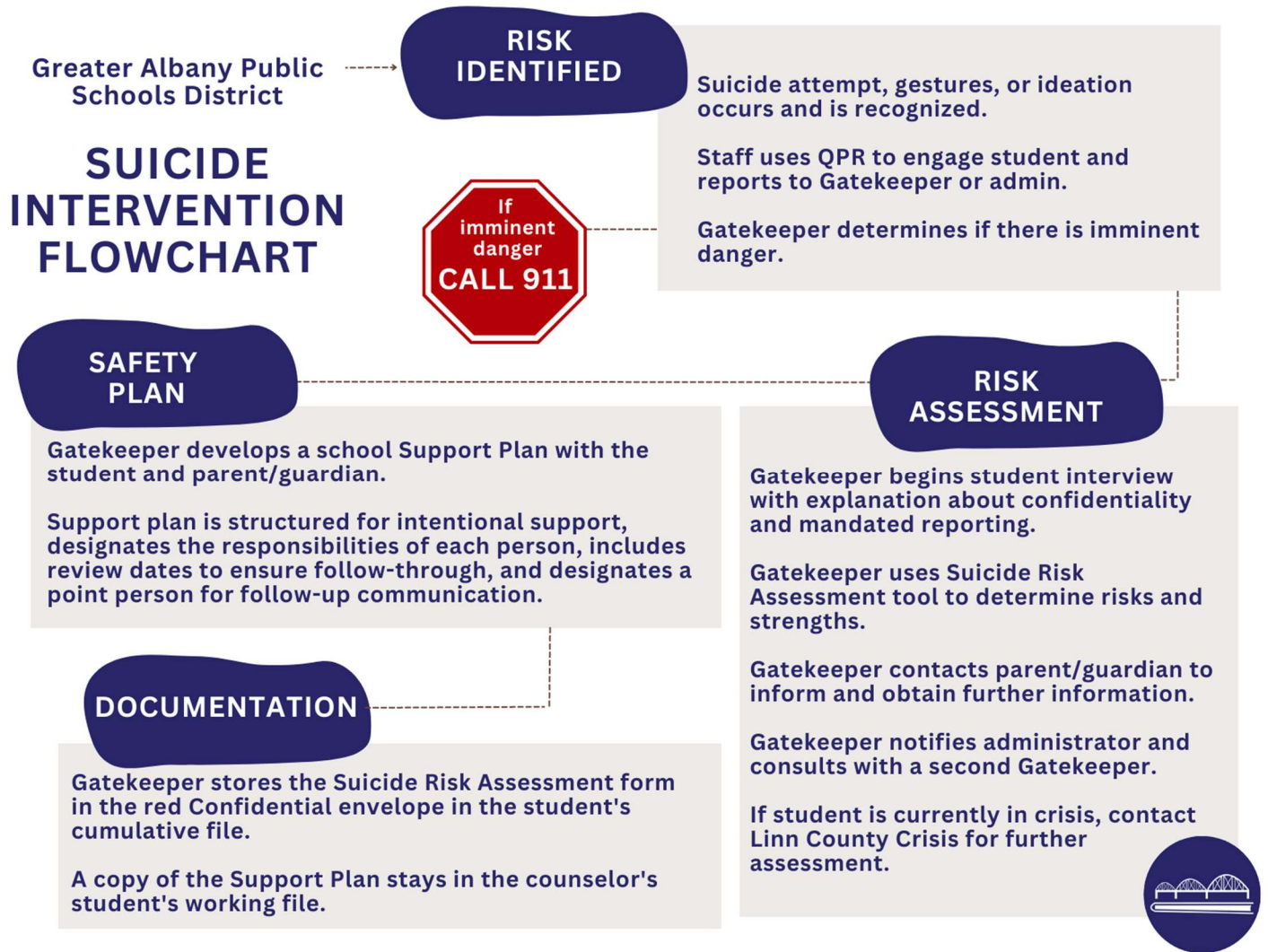
## **DEVELOPING A SCHOOL SUPPORT PLAN**

After every suicide screening, the Gatekeeper consults with another Gatekeeper, mental health professional or administrator on the student Support Plan. When the counselor is not the initial gatekeeper, they should still be responsible for the development of the Support Plan when possible. The Support Plan is necessary and should include scheduled follow up meetings.

The School Support Plan provides a more extensive structure for support, designates responsibilities of each person, supervision, and includes a review date to ensure follow-through and coordinated decision making. The designated Gatekeeper, typically the counselor, will serve as the school point person for follow-up communication with parents and legal guardians, and community providers, for students who are moderate to high risk or who have attempted suicide. If the child is transitioning after a hospital stay, a re-entry meeting to develop a plan should take place prior to re-entry.

Support Plans for online only students will require more involvement and support from parent/guardian and their online teaching staff to ensure the safety of the student.

Diagram 3: Suicide Intervention Flowchart



### DEVELOPING A RE-ENTRY PLAN

The re-entry process occurs after a student has been hospitalized for an attempt or has been out of school for a mental health crisis. Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless the parents and school staff work together utilizing evidence-based prevention protocols. It is important for the student to be monitored by parents or guardians, mental health professionals, and designated school professionals in order to establish a support system. It is critical to connect the student, his/her/their parents or legal guardians, the mental health team working with the student, and the school counselor so that pertinent information flows and a safety net is created.

The Re-Entry Meeting and/or School Support Plan is scheduled by the designated school counselor or mental health specialist with the student, parent or legal guardian, nurse (if necessary) and administrator. The district suicide prevention specialist, FACT, student case manager (if SPED), and Linn County Crisis counselor may be available to help, as needed, to complete the Support Plan.

## **PRIOR TO RETURN**

- If not done by the mental health provider at the parent's request already, obtain releases of information from the parent so the mental health provider, inpatient, or outpatient team can talk to the school counselor. This will ensure that pertinent information is shared, and there is a smooth transition throughout the levels of care.
- Meet with the student and his or her parents/guardians before the return to school, plan together what information they want shared and with whom.
- Practice role-playing so that the student can try out different responses to different situations (peer-to-peer & staff-student) that may arise to help lower anxiety.
- Ask how school staff can best support recovery.
- Develop or refer to and update the student's Support Plan as needed.
- Discuss appropriate sharing of their experience with peers so that they feel like they are supported and able to process their experience.
- 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

## **AFTER RETURN TO SCHOOL**

- Treat the student's return to school with warmth, caring, and welcoming. 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. Quickly address any bullying behaviors that are occurring.
- Have regular contact with the student's parent/guardian and therapist to provide feedback and to garner information that will help to further support the student's recovery.

## **STUDENT RETURNS TO SCHOOL WITHOUT MEETING PRIOR TO RETURN**

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

## NOTIFYING PARENTS AND OTHERS

### PARENTS MUST ALWAYS BE NOTIFIED WHEN THERE APPEARS TO BE ANY RISK OF SELF-HARM.

- a. Whenever a student has directly or indirectly expressed suicidal thoughts or demonstrated other warning signs, **the student's parent is to be informed the same day**. Such notice shall be made by the Gatekeeper.
- b. If the student discloses suicidal ideation or if the Gatekeeper has reason to believe there is a current risk for suicide, the Gatekeeper will discuss the screening results and will help develop the support plan in collaboration with the parent/guardian and student. This can be completed in person, over the phone, or via virtual meeting.
- c. **If the student denies experiencing thoughts of suicide and the trained School Screener does not have reason to believe there is a current risk of suicide, it is still GAPS policy that the trained Gatekeeper notify the parent to share that a screening was conducted and why.**
- d. If a student is in crisis and the trained Gatekeeper has exhausted all methods to reach the parent or legal guardian (including all listed contacts and sibling's schools), contact the Suicide Prevention Coordinator to explore other options. As a last resort, the school may need to call the Albany Police Department or the child Welfare Hotline through the Department of Human Services.

### EXCEPTION - ABUSE OR NEGLECT

Parents and legal guardians need to know about a student's suicidal ideation unless the Gatekeeper, after conferring with the school administrator, reasonably believes that child abuse or neglect would result from disclosure and would place the student at an imminent increased risk of harm. In such a case, the Gatekeeper must make a report to the Child Welfare Hotline through the Department of Human Services or the Albany Police Department. The Gatekeeper will also review with the student that they will be communicating with essential staff members in order to keep them safe.

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

**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 school building administrator will be notified of every suicide ideation or attempt and district documentation protocols will be followed.

Depending on the Support Plan, specific school staff may receive certain information about concerns as part of a plan to maintain safety and provide support to the student. The student and parent are invited to help develop this plan.

## POSTVENTION PROCEDURES: AFTER A DEATH OCCURS

Postvention means any compassionate, honest, and effective “post-intervention” activities conducted after a suicide. Postvention seeks to reduce the risk of imitations or “contagion,” supports the needs of those bereaved by a suicide, provides safe messaging to students, families, and the community, and supports the mental health of the entire school community. Appropriate postvention activities serve to enhance future prevention efforts and save lives. Postvention includes procedures and practices addressing immediate, intermediate, and long-term response planning. Postvention also involves active crisis response strategies that strive to treat the loss in similar ways to that of other sudden deaths within the school community and to return the school environment to its normal routine as soon as possible while providing grief support. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at-risk students, and other difficult issues such as memorialization. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents and legal guardians, community, media, law enforcement, etc. In Oregon, postvention is specifically defined under OAR 309-027-0200(8). Greater Albany Public Schools District works in collaboration with Lines for Life, the Oregon Health Authority and Linn County Public Health per Senate Bills 561, 485 and 981.

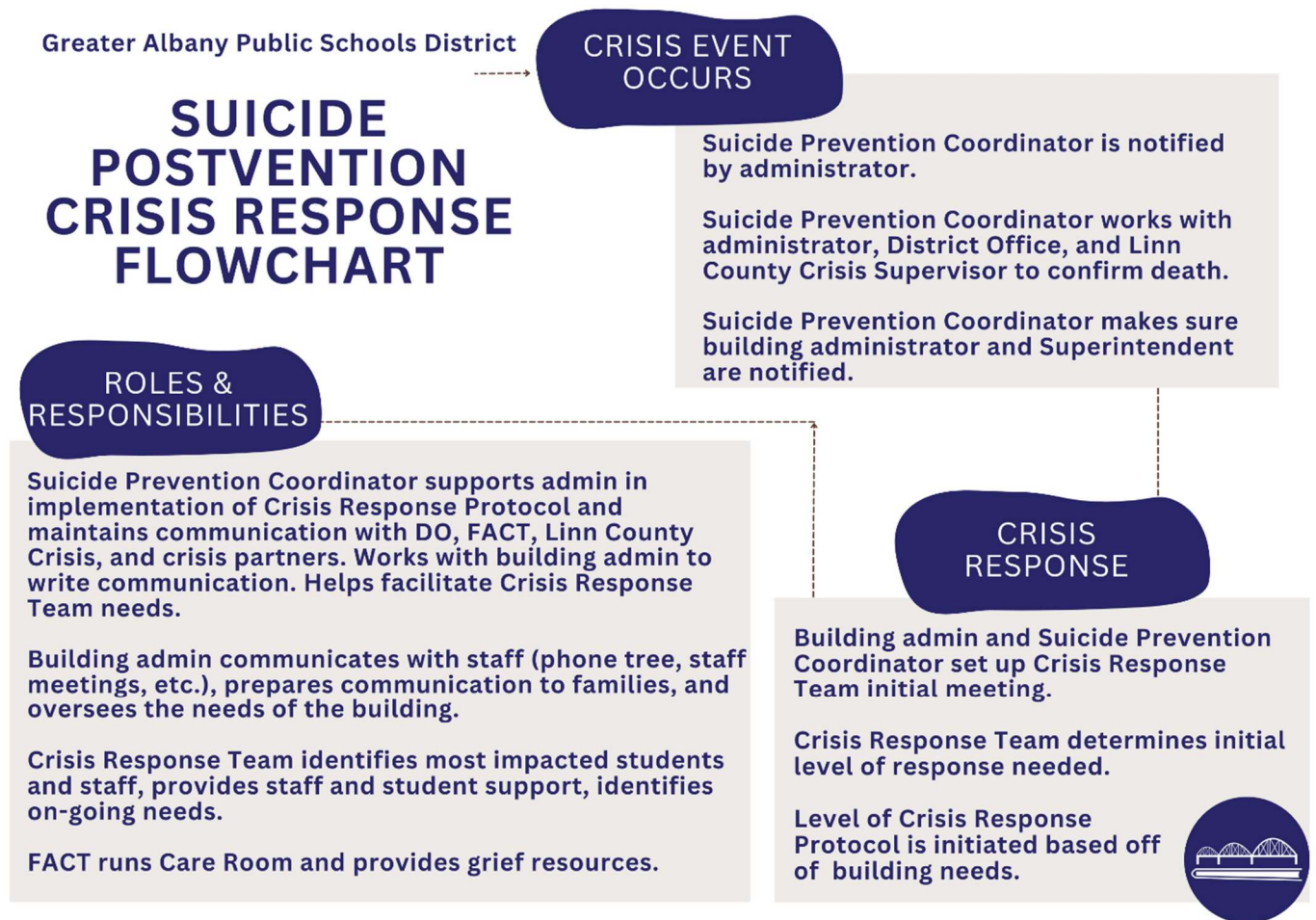
*“Cultural sensitivity must be applied to all areas of service provision, including crisis intervention. In providing services to children and families in crisis, cultural sensitivity and awareness of diverse needs are particularly important. Recognizing and tailoring crisis intervention to fit the needs of diverse student populations will positively impact the quality of services provided in schools and communities.” (Heath & Sheen, School-based crisis intervention: Preparing all personnel to assist 2005)*

POSTVENTION GOALS	POSTVENTION CAUTIONS
<ul style="list-style-type: none"> <li><input type="checkbox"/> Support the grieving process</li> <li><input type="checkbox"/> Prevent suicide contagion</li> <li><input type="checkbox"/> Reestablish healthy school climate</li> <li><input type="checkbox"/> Provide long-term surveillance</li> <li><input type="checkbox"/> Integrate and strengthen protective factors</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid romanticizing or glorifying event or vilifying victim</li> <li><input type="checkbox"/> Do not provide excessive details</li> <li><input type="checkbox"/> Do not eulogize victim or conduct school-based memorial services</li> <li><input type="checkbox"/> Do not release information in a large assembly or over the intercom</li> </ul>

## GAPS Postvention Response Procedures

1. Principal or administrator notified of suspected or known student death by suicide. Principal/Administrator notifies the Suicide Prevention Coordinator.
2. Suicide Prevention Coordinator confirms the cause of death with Linn County Crisis Supervisor.
3. Suicide Prevention Coordinator notifies the Superintendent and confirms death with the Principal/Administrator.
4. Superintendent notifies level directors.
5. District Suicide Prevention Coordinator contacts building Principal/Administrator to schedule Crisis Response Team Meeting to estimate level of need or response resources required and determines what information is to be shared.
6. The Principal/Administrator activates the building Crisis Response team, prepares for substitutes.
7. Suicide Prevention Coordinator contacts impacted neighboring school districts as needed.
8. The Principal/Administrator and District Suicide Prevention Coordinator meet with the Crisis Response Team to assign responsibilities:
  1. Reviews the Crisis Day Checklist (see Appendix).
  2. Identifies potentially at-risk students and staff, e.g., those knowledgeable about or connected to the deceased, those previous impacted by trauma.
  3. Creates scripts for teachers to use. Provides script and response to office staff.
  4. Contacts FACT to set up Care Room. Provides designated space.
  5. Schedules all-staff stand-up meeting for before and after school.
  6. Maintains contact with the District Office, Linn County Crisis Supervisor, and other impacted departments.
9. The Principal/Administrator holds all-staff or stand-up meeting as soon as possible and distributes scripts and other resources for teachers to use.
10. Building staff, as directed by the administrator, notify students, and distribute any needed notifications or resource handouts.
11. The Principal/Administrator crafts and sends a message (using support from Suicide Prevention Coordinator) to parents/guardians and others in the school community.
12. The district Director of Communications monitors media information, including social media, and maintains communication with Suicide Prevention Coordinator.
13. The Principal/Administrator holds meeting with the crisis team, provides communication with staff in stand-up meeting, and determines any follow-up resources or coordination needed.
14. The Principal/Administrator communicates needs for follow up to the Suicide Prevention Coordinator. The Suicide Prevention Specialist documents the date of death and will send notifications to school administration of the 3-month, 1 year, and birthday anniversary to promote awareness and sensitivity to students and staff potentially impacted.

Diagram 4: Suicide Postvention Crisis Response Flowchart



**RISK IDENTIFICATION STRATEGIES BY SCHOOL CRISIS RESPONSE TEAM**

- ❑ IDENTIFY students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the deceased, who have previously experienced suicidal ideation, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- ❑ MONITOR student absentees in the days following a student suicide, those who have a history of being bullied, who are at-risk, LBGTQ+, who are participants in marginalized groups (see page 6), and those who have weak levels of social/familial support.
- ❑ NOTIFY parents and legal guardians of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents and guardians, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

## COMMITMENT TO STAFF, STUDENTS, AND FAMILIES

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Greater Albany Public Schools District strongly values interpersonal connection and strives to encourage personal growth in a diverse community where ALL students recognize their worth and feel they belong. In this community barriers are removed and resources for growth and resilience are provided, in hopes students are inspired to use their gifts in service to one another. GAPS strives to be culturally responsive by recognizing the inherent dignity of its staff, students, and the broader community it serves. In GAPS we believe we are lifelong learners; therefore, this Suicide Prevention Plan will remain a living document to ensure best practices in suicide prevention and mental health support.

## REVIEW AND FEEDBACK PROCESS

GAPS believes in lifelong learning. Rooted in this belief, a procedure has been created for a student, parents, and/or legal guardians to request the school district review the actions that a school takes when responding to a suicidal risk. Any parent, or legal guardian, with concerns about the district's actions with regard to suicide prevention and response may contact the Suicide Prevention Coordinator to discuss such concerns. A person wishing to make a formal complaint may do so following the district's complaint process.

### Suicide Prevention Coordinator

Anna Harryman

Email: [anna.harryman@albany.k12.or.us](mailto:anna.harryman@albany.k12.or.us)

Phone: (541) 967-4522 ext. 1602

## ACKNOWLEDGEMENTS

This document was produced by the GAPS Suicide Prevention Coordinator, school counselors, administrators, members of FACT, nurses, students, parents and guardians, and in collaboration with:

*Albany Police Department*

*Benton County Juvenile Department*

*Benton County Mental Health*

*Eugene School District 4J*

*Jackson Street Youth Services*

*Lines for Life*

*Linn Benton Lincoln ESD*

*Linn County Crisis*

*Linn County Drug & Alcohol*

*Linn County Juvenile Department*

*Linn County Mental Health*

*Linn County STAND*

*Oregon Health Authority (OHA)*

A special thank you to the Eugene School District, from which much of this plan has been adopted.

## APPENDIX: FORMS AND CHECKLISTS

### WARNING SIGNS FOR SUICIDE *THERE IS NO DEFINITIVE LIST OF WARNING SIGNS OF SUICIDE.*

Ideation	Expressed desire to die through talking, gesturing, writing, or drawing, direct or veiled statements.
Suicide Plan	Having a plan for suicide and/or obtaining the means to follow-through on that plan
Unbearable Emotional Pain	Often as a result of a loss/crisis. Expressing they are suffering a great deal and feel there is no hope.
Displaying Signs of Depression	Such as a loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns.
Making Final Arrangements	Saying good-bye as if they won't be seeing someone again. Giving away favorite possessions.
Self-Destructive Behavior	Such as the start of or increase in alcohol or drug use, risky sexual behavior, reckless driving.
Changes in Behavior	Such as pulling away from family, friends, or social groups; anger or hostility.
Previous Suicide Attempt	This significantly increases the likelihood that someone will complete suicide.
Exposure to Suicide	Friend or family member who attempted or completed suicide.
Abuse	Physical or sexual abuse, being mistreated.
Social Isolation	May lead to feelings of helplessness and depression. Lack of support. Unwilling to seek help.
Access to Lethal Means	Such as guns, weapons, knives, medications in the house.
Perceived Major Trouble	Such as trouble at school, at home, or with the law.
Peer Victimization	Bullying, extreme embarrassment or humiliation.

### 5 STEPS TO HELP A SUICIDAL STUDENT *TAKE ALL SIGNS OF SUICIDAL IDEATION SERIOUSLY.*

1.	Establish Rapport	Express your concern about what you are observing in their behavior.
2.	Ask the question: <i>It is important that this question is asked directly and it is not asked in a roundabout way.</i>	“Are you thinking about suicide?” “How often do you think about suicide?”
3.	If “Yes”, then do not leave this student alone.	Stay with the student.
4.	Offer comforting things to say	Such as, “Thanks for telling me, I am here to help.”
5.	Escort student to a Gatekeeper	Gatekeeper: ASIST trained Counselors, FACT, and School Nurses

## SUICIDE RISK AND PROTECTIVE FACTORS

POTENTIAL RISK FACTORS	POTENTIAL PROTECTIVE FACTORS
<ul style="list-style-type: none"> <li>○ Current plan to kill self</li> <li>○ Current suicidal ideation</li> <li>○ Access to means to kill self</li> <li>○ Previous suicide attempts</li> <li>○ Family history of suicide</li> <li>○ Exposure to suicide by others</li> <li>○ Recent discharge from psychiatric hospitalization</li> <li>○ History of mental health challenges</li> <li>○ Current drug/alcohol use</li> <li>○ Sense of hopelessness</li> <li>○ Self-hate or self-injurious behavior</li> <li>○ Current psychological/emotional pain</li> <li>○ Loss (relationship, work, financial)</li> <li>○ Relationship issues (friends/family/school)</li> <li>○ Feeling isolated/alone</li> <li>○ Current/past trauma</li> <li>○ Bullying</li> <li>○ Discrimination and lived experience with oppression</li> <li>○ Chronic pain/physical health problems</li> <li>○ Impulsive or aggressive behavior</li> <li>○ Unwilling to seek help</li> <li>○ Members of disproportionately at-risk groups (LGBTQ+, Black, Indigenous, People of Color, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Connection and belonging</b></li> <li>● Engaged in effective physical and/or mental healthcare</li> <li>● Feeling connected to others (family, friends, school, at least one trusted adult)</li> <li>● Positive problem-solving skills</li> <li>● Healthy coping skills</li> <li>● Restricted access to means to kill self</li> <li>● Stable living environment</li> <li>● Willing to access support/help</li> <li>● Positive self esteem</li> <li>● Resiliency</li> <li>● High frustration tolerance</li> <li>● Emotional regulation</li> <li>● Cultural and/or religious beliefs</li> <li>● Successful at school</li> <li>● Has responsibility for others</li> <li>● Financial stability</li> <li>● Future planning</li> <li>● Acceptance of identity (family, peers, school)</li> </ul> <p><b>KEEP IN MIND:</b> A person with an array of protective factors in place can still struggle with thoughts of suicide. It is important to consider this when conducting a risk assessment.</p>

# Suicide At-Risk Assessment:



## STUDENT IDENTIFYING INFORMATION

Student Name:	Attached Synergy Cover Sheet: <input type="checkbox"/>
---------------	--

## Step One:

### SCREENER INFORMATION

Screener Name:	Screener's Position:
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### REFERRAL INFORMATION

Person who reported concern to the screener:				
Student Self-Refer: <input type="checkbox"/>	Staff/Teacher: <input type="checkbox"/>	Parent/Guardian: <input type="checkbox"/>	Friend/Peer: <input type="checkbox"/>	Other (explain): <input type="checkbox"/>

What information was shared that raises the concern about suicide risk? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### INTERVIEW WITH STUDENT

Interview Date:	Interview Time:												
Does the student exhibit any of the following warning signs? <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Written notes, poetry, or stories</td> <td><input type="checkbox"/> Recent changes in appetite</td> </tr> <tr> <td><input type="checkbox"/> Previous family member or friend's suicide</td> <td><input type="checkbox"/> Preoccupation with death</td> </tr> <tr> <td><input type="checkbox"/> Directed or veiled statements of suicide</td> <td><input type="checkbox"/> Recent personal or family loss</td> </tr> <tr> <td><input type="checkbox"/> Withdrawal from others</td> <td><input type="checkbox"/> Substance use</td> </tr> <tr> <td><input type="checkbox"/> Family problems</td> <td><input type="checkbox"/> Feelings of hopelessness</td> </tr> <tr> <td><input type="checkbox"/> Self-harm or thoughts of self-harm</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Written notes, poetry, or stories	<input type="checkbox"/> Recent changes in appetite	<input type="checkbox"/> Previous family member or friend's suicide	<input type="checkbox"/> Preoccupation with death	<input type="checkbox"/> Directed or veiled statements of suicide	<input type="checkbox"/> Recent personal or family loss	<input type="checkbox"/> Withdrawal from others	<input type="checkbox"/> Substance use	<input type="checkbox"/> Family problems	<input type="checkbox"/> Feelings of hopelessness	<input type="checkbox"/> Self-harm or thoughts of self-harm	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Written notes, poetry, or stories	<input type="checkbox"/> Recent changes in appetite												
<input type="checkbox"/> Previous family member or friend's suicide	<input type="checkbox"/> Preoccupation with death												
<input type="checkbox"/> Directed or veiled statements of suicide	<input type="checkbox"/> Recent personal or family loss												
<input type="checkbox"/> Withdrawal from others	<input type="checkbox"/> Substance use												
<input type="checkbox"/> Family problems	<input type="checkbox"/> Feelings of hopelessness												
<input type="checkbox"/> Self-harm or thoughts of self-harm	<input type="checkbox"/> Other: _____												
Does the student admit to thinking about suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a history of suicidal thoughts or attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a plan? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<b>If the student said yes to any of these questions, please proceed to Step Two and complete the screening. The completed screening must go in the student's cumulative file and include a School Support Plan. If the student said no, complete Step Three. After Step Three place this form in a secure and confidential location.</b>													
If the student refuses to participate in the screening, complete section, notify parent/guardian, and provide resources to the student and their parent/guardian.													

## Step Two:

<b>The student has indicated that they admit to thinking about suicide. Please complete the following screening questions.</b>	When was the most recent time they thought about suicide?
Please explain the student's response to thinking about suicide (frequency, severity, triggers, etc.)	

Is there a history of previous gestures? <input type="checkbox"/> No <input type="checkbox"/> Yes: How often? _____		Most recent time: _____
If yes, explain:  		
Does the student admit to having a plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe (when/where/how):	
Means available to carry out the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe (weapons/medication/etc. Accessible?):	
Does the student identify a support system? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the names of support people identified by student:	
Does the student have future oriented plans? <input type="checkbox"/> Yes <input type="checkbox"/> No	List reasons identified by student:	

### Step Three:

#### PARENT CONTACT

Name of parent/guardian contacted: _____		Date of contact: _____
Was the parent/guardian aware of the student's suicidal thoughts/plans?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If means to carry out plan are available to the student (i.e. weapons), did you have a conversation with the parent about limiting access to those means?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the student's immediate plans for after school discussed with the parent/guardian?  <input type="checkbox"/> Yes <input type="checkbox"/> No

What is the parent/guardian's perception of the risk? \_\_\_\_\_

#### PLAN OF ACTION

Administrator Name: _____	Date and Time Notified: _____	<input type="checkbox"/> In person <input type="checkbox"/> Email
Gatekeeper Name: _____	Date and Time Notified: _____	<input type="checkbox"/> In person <input type="checkbox"/> Email
Does the second Gatekeeper agree with the assessment and plan of action? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If two gatekeepers differ in opinion about the plan of action and/or the level of risk, contact Linn County Mental Health for consultation: 541-967-3866 (press "0")	

With all of the information gathered, <b>determine</b> which of the following actions are needed: <input type="checkbox"/> Information documented. No further action needed (only select this if you did not complete Step Two). <input type="checkbox"/> Support Plan developed and distributed <input type="checkbox"/> Suicide Assessment of student – LCMH Crisis Services (E.R. after 4pm) – Call LCMH ahead to let them know (541) 967-3866 <input type="checkbox"/> Other: _____	
Mental Health outpatient referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	FACT involvement: <input type="checkbox"/> Yes _____ (date/time) <input type="checkbox"/> No



Date: \_\_\_\_\_

# GAPS SCHOOL SUPPORT PLAN

Student Name: _____	School: _____	Grade: _____
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**School screener** (name) \_\_\_\_\_ will review the status of this plan on (date) \_\_\_\_\_ to determine if the plan should be continued, revised (use new form), or discontinued).

**Personal Resources:** *If I am having thoughts of suicide, self-harm, or thoughts of harming others, I can call one of more of the following people to talk about those feelings:*

Name of Support: \_\_\_\_\_ Phone # \_\_\_\_\_ When \_\_\_\_\_

Name of Support: \_\_\_\_\_ Phone # \_\_\_\_\_ When \_\_\_\_\_

Name of Support: \_\_\_\_\_ Phone # \_\_\_\_\_ When \_\_\_\_\_

**YouthLine Talk Hotline:** (877) 968-8491 **YouthLine Text Hotline:** Text “teen2teen” to 839863 **National Suicide Hotline:** 9-8-8

**School Support Options:**

- Check-ins:  daily  weekly  other with:  admin  counselor  other: \_\_\_\_\_
- Designated safe place at school \_\_\_\_\_
- Increase supervision in the following settings \_\_\_\_\_
- Alert staff on need-to-know basis \_\_\_\_\_
- Late arrival/early dismissal or other schedule change \_\_\_\_\_
- Other \_\_\_\_\_

Student will seek out the following school staff:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Referrals:**

- FACT \_\_\_\_\_
- Mental Health \_\_\_\_\_
- Alcohol & Drug \_\_\_\_\_
- Care Team \_\_\_\_\_
- SST \_\_\_\_\_
- Other \_\_\_\_\_

**Family/Home Supports:**

- Increased supervision
- Safety proof home/reduce access to means of harm
- Sign Release of Information
- Other

**Comments:**

<b>Plan Review Date:</b>	Discontinue Plan <input type="checkbox"/>	Revise Plan (attach new plan) <input type="checkbox"/>	Continue Plan <input type="checkbox"/> New date: _____
<b>Plan Review Date:</b>	Discontinue Plan <input type="checkbox"/>	Revise Plan (attach new plan) <input type="checkbox"/>	Continue Plan <input type="checkbox"/> New date: _____
<b>Plan Review Date:</b>	Discontinue Plan <input type="checkbox"/>	Revise Plan (attach new plan) <input type="checkbox"/>	Continue Plan <input type="checkbox"/> New date: _____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Name

Position

Copies to:  Parent/Guardian  Student  Administrator  Counselor  IEP Case Manager (if applicable)

## Student Reentry Meeting:

*After a student has made a suicide attempt, the counselor, Gatekeeper, and/or admin should meet with the student and a parent/guardian to make sure their return to school is successful and that their educational, social, emotional, and mental health needs are being met*

- The student and a parent/guardian have met with the building administrator and/or counselor or Gatekeeper**
  - Date and time of meeting: \_\_\_\_\_
  - Those in attendance: \_\_\_\_\_
  
- Does the student have an assigned mental health counselor?**
  - If no, has a referral been made? \_\_\_\_\_
  - If yes, who is the counselor? \_\_\_\_\_
  - Which organization is the mental health counselor with? \_\_\_\_\_
  - Has/will a Release of Information be signed? \_\_\_\_\_
  
- Does the student have a safety plan for outside of school? Please describe or attach:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- What do the student and parent/guardian identify as needs for a successful re-entry to school?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Create a School Support Plan for the student.**
- Please check this box if the parent/guardian has declined to attend the re-entry meeting.** Allow the student to return to classes, and have them make a safety plan for school with the counselor or other appropriate school personnel. Share the plan with the parent/guardian.
- Optional notes:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian notified: \_\_\_\_\_

Date: \_\_\_\_\_

Admin or counselor signature: \_\_\_\_\_

Date: \_\_\_\_\_

## POSTVENTION: Crisis Day Checklist

*Note: It is essential to protect the family's integrity in the process of meeting the student's needs. This should be considered in each decision. SPC = Suicide Prevention Coordinator, CRT = Crisis Response Team*

INITIALS	ACTIVITY	PERSON RESPONSIBLE
_____	Notify Suicide Prevention Coordinator	Building Admin _____
_____	Verify facts	SPC _____
_____	Communicate with LCMH Crisis	SPC _____
_____	Notify Superintendent's Office	SPC _____
_____	Designate family contact person	Building Admin/Counselor _____
_____	Contact District Communications	SPC _____
_____	Initial CRT Planning Meeting	Building Admin/CRT _____
_____	Identify potential victims of trauma	Building Admin/CRT/Counselors _____
_____	Notify feeder/impacted schools	SPC _____
_____	Begin staff notifications	Building Admin _____
_____	Identify building safety needs	Building Admin/CRT/DO _____
_____	Contact dept. (transportation, foods etc.)	CRT _____
_____	Hire substitutes	Building Admin/Office Manager _____
_____	Write parent letter	Admin/ SPC /Translation _____
_____	Write announcement to students	Admin/ SPC/Translation _____
_____	Write statement for phone inquiries	Admin/ SPC /Translation _____
_____	Identify building point persons	Admin/Office Manager/CRT _____
_____	Print communication for support staff	Admins/Office Manager _____
_____	Change deceased student's attendance	Office Manager _____
_____	Before-school staff meeting	Building Admin/CRT _____
_____	Set up Care Rooms	FACT _____
_____	Assign unique supervision needs	Admin/Office Manager _____
_____	After-school staff meeting	Building Admin/CRT _____
_____	Determine/Plan follow-up needs (staff/student body/high-risk students)	CRT _____
_____	Plan for debriefings/Postvention	CRT _____

*When implementing the Crisis Response Protocol, consider the cultural, racial, linguistic, religious, and other factors that will impact students and the community. Involve additional district and community resources as needed.*

## POSTVENTION: Sample Notification

*Note: It is essential to protect the family's integrity in the process of meeting the student's needs. This should be considered in each decision. **Every situation is unique and will require an individualized approach to communication.***

***Do not** share communication with the students and parents/guardians without prior permission from the deceased student's parent/guardian.*

*All communication should be written in collaboration with and reviewed prior to distribution by the Suicide Prevention Coordinator. Remember to consider translation and other culturally sensitive communication needs.*

Dear [SCHOOL NAME] Parents and Guardians,

The following message was shared with all students in school today. If your student was not in school today, please share the information we shared with them:

Students, I have some sad news to share with you. Some of you may know this already, others likely do not. One of our students, [STUDENT GRADE] [STUDENT NAME], died unexpectedly [DATE].

It is not unusual during times like this to react with shock, sadness, fear, anger, or other feelings. Remember to be respectful and honor the feelings of others dealing with this loss. Be responsible and take care of those who feel this loss. We need to be patient and understanding of each other's feelings. We all handle things differently. We can talk briefly about this and answer any questions you may have. If you find yourself struggling, please let me know. We can help you. Again, please take care of each other and know that the staff is here and ready to help if you need anything.

Sincerely,

[PRINCIPAL'S NAME]