Suicide Intervention Plan

Springfield Public Schools
2026-2027

This plan was informed by the Model School District Policy on Suicide Prevention and the After a Suicide Toolkit for Schools, which are both cowritten or endorsed by the National Association of School Psychologists, the American School Counselor Association, and the American Foundation for Suicide Prevention. This plan should be reviewed annually to ensure components remain best practice.

SECTION 1: INTRODUCTION **4**
Context 4
Purpose 4
Scope 4
Definitions 4
Limits to Confidentiality 6
Sample Student Handbook Language 7
SECTION 2: SUICIDE PREVENTION **7**
Staff Training 7
Question, Persuade, Refer 7
School Climate and Culture 7
Positive Behavior Interventions and Supports (PBIS) 7
Tier 1: Universal Practices 8
Tier 2: Targeted Practices 8
Tier 3: Intensive Practices 8
Social Emotional Learning (SEL) 9
School-Based Mental Health Support 9
School Psychologists 9
School Counselors 10
Licensed Clinical Social Workers 10
School Nurses 10
Community Mental Health Partnerships 10
Risk and Protective Factors 10
At-Risk Students 11
SafeOregon Tip Line 11
Student Evidence-Based Suicide Prevention Programming 11
The Great Body Shop 11
Sources of Strength 12
SECTION 3: SUICIDE INTERVENTION **12**
Staff Training 12
Building-Level Procedures 12
District-Level Procedures 12
Applied Suicide Intervention Skills Training (ASIST) 12
Identifying a Concern 12
Warning Signs 12
Response Protocol 13
Referral to Building Team 14
Risk Determination 15
File Review 15
Student Screening 15
Columbia- Suicide Severity Rating Scale (C-SSRS) 15
Teacher Input 16
Caregiver Notification and Involvement 16

Parent or Guardian Input 16
Lethal Means Counseling 16
Firearm Safety 17
Medication Safety 17
Special Considerations 17
Suicide Attempts 18
In-School Suicide Attempts 18
Out-of-School Suicide Attempts 18
Continuity of Care 18
Safety Planning 18
Documentation 21
Requesting District Review 21
SECTION 4: POSTVENTION 21
Staff Training 21
District-Level Procedures 21
Connect Postvention 21
Following a Suicide Attempt 21
Exiting from a Hospital or Inpatient Facility 21
Re-Entry Planning 21
Following a Suicide Death 22
Sharing Information 22
Avoiding Suicide Contagion 22
Memorial Guidance 23
SECTION 5: PLAN IMPLEMENTATION 23
Program Adoption 23
District-Wide 23
Mental Health Team 23
Professional Development Needs 23
District-Wide 23
Mental Health Professional Specific 23
Other Recommended Trainings 24

SECTION 1: INTRODUCTION

Context

Purpose

The goal of Springfield Public Schools is to protect the health and safety of all students. We recognize that physical and mental health are integral components to student outcomes, both educationally and beyond graduation, and that we as educators have an ethical responsibility to take a proactive approach to suicide. As in all of our work, this guidance assumes some professional judgment as reflected by the American School Counselor Association Ethical Standards (2016) and the National Association of School Psychologists Principles of Professional Ethics (2020).

Scope

Due to the ethical responsibility of school staff as outlined in licensure standards, this plan covers known suicidal concerns that occur in any areas of the school or community where students would interact (virtually or in person) with staff or school-sponsored volunteers. This includes in the school, on school property, at school-sponsored functions, through school-sponsored communication means (email, Google Classroom, etc.) or on school buses.

Definitions

The following are words that will be used throughout this plan and the definitions that Springfield Public School uses to define them. Definitions are taken from the Model School District Policy on Suicide Prevention written by the American School Counselor Association, the National Association of School Psychologists, the Trevor Project and the American Foundation for Suicide Prevention.

At-Risk

A student who is considered at-risk or high-risk 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. The type of referral and its level of urgency shall be determined by the students level of risk as determined by the school-based crisis team.

BIPOC

An acronym standing for Black, Indigenous and People of Color.

Crisis Team

A multidisciplinary team that consists of administrators, mental health professionals and others whose primary focus is to address crisis preparedness, intervention, response and recovery. These professionals have been specifically trained in the area of crisis preparedness and take a leadership role in developing crisis plans, ensuring staff can execute crisis protocols and provide mental health services during crisis intervention and recovery. The district-level crisis team, or district Care Team, can secure additional resources and advise building teams in the event of a large-scale or ongoing crisis.

LGBTQ+
An acronym standing for lesbian, gay, bisexual, transgender and queer or questioning and other gender non-conforming individuals.

McKinney-Vento Act
The McKinney-Vento Homeless Assistance Act authorizes the federal program that supports the education of children and youth experiencing homelessness. Each school district has a McKinney-Vento liaison to support the needs of homeless youth.

Mental Health
A state of mental, 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 and substance use disorders. Mental health can be impacted by home and social environments, early childhood adversity or trauma, physical health and genes.

Mental Health Professional
School counselors, school social workers and school psychologists who support each school building. School-based mental health professionals can provide short-term counseling, crisis counseling, connect students and families to resources in the community and make a referral to an outside agency for on-going support.

Risk Assessment
An evaluation of a student who may be at risk for suicide, conducted by appropriate designated school staff (e.g. school psychologist, school social worker, school counselor, or in some cases a trained school administrator). This assessment is designed to elicit information regarding a 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, level of hopelessness and helplessness, mental status and other relevant risk factors.

Risk Factors
Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is often the result of multiple risk factors converging at a moment in time. They may encompass biological, psychological and/or social factors in the individual, family or 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 injury to oneself. Self-harm behavior 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 should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: Medical examiner's office must confirm that the death was a suicide before a school official may state this as a cause of death. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

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, injury, or no injury. A mixture of ambivalent feelings such as a wish to die and a desire to life is a common experience with most suicide attempts. Therefore, Ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior
Suicide attempts, injury to oneself 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.

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 shall be taken seriously.

Suicide Contagion
The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Ideation, modeling and guilt are each thought to play a role in contagion. Although rate, suicide contagion can result in a cluster of suicides within a community.

Postvention
Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. 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 health postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Limits to Confidentiality
School employees are bound by the laws of the Family Education Rights and Privacy Act (FERPA). There are situations when confidentiality must not be maintained. If, at any time, information is shared that suggests a student is at imminent risk of harm or danger to themselves 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 known as "minimum necessary disclosure." For more information, please see 34 CFR § 99.36 - What conditions apply to disclosure of information in health and safety emergencies?

Sample Student Handbook Language

Protecting the health and wellbeing of all students is of the utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

- Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, accessing support systems and how to request help for themselves and friends.
- Each school will have suicide prevention staff that serve as the point of contact for students in crisis and refer students to appropriate resources. This will be the student's school counselor, school social worker or school psychologist.
- When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff who will work with the student and connect the student to appropriate resources.
- Students have access to local and national resources such as:
    - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
      suicidepreventionlifeline.org
    - The Trevor Lifeline: 1-866-488-7386
      thetrevorproject.org/gethelpnow
      Text "Trevor" to 678-678
    - Crisis Text Line: Text TALK to 741-741
    - Whitebird Crisis Line: 541-687-4000
      Mobile Crisis Services: 541-726-3714 (ask for CAHOOTS)
    - Mobile Crisis Services of Lane County: 541-682-1001

All school personnel and students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or their friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal or are in need of help. When confidentiality and privacy are important, students should know that when there is a risk of suicide, safety comes first.

SECTION 2: SUICIDE PREVENTION

Staff Training

Staff training recommendations and timelines are outlined in a table in Section 5.

Question, Persuade, Refer

All staff will be trained in the foundations of suicide prevention using the Question, Persuade, Refer (QPR) curriculum. QPR is a brief training designed to provide the knowledge and skills to identify warning signs that someone may be suicidal, gain confidence to talk to them about their suicidal thoughts and connect them with professional care. Staff will get a QPR refresher every 3 years.

School Climate and Culture

Positive Behavior Interventions and Supports (PBIS)

Springfield Public Schools uses multi-tiered systems of support for decision-making including Positive Behavioral Interventions and Supports (PBIS). PBIS is a multi-tiered system of

behavioral support with the purpose of improving outcomes for students. PBIS consists of positive, strength-based practices to prevent problem behavior and promote student success. PBIS is not a specific intervention, but instead a framework so that specific behavioral supports can be tailored to fit the school, community, and families. The tiers within PBIS form a continuum of support from universal practices to support all students to intensive, individualized interventions.

Tier 1: Universal Practices

Tier 1 includes practices that target the entire school and facilitates a positive school climate and culture. A successful Tier 1 should meet the needs of about 80% of students. These universal practices form the foundation of PBIS upon which the other two tiers are built. Tier 1 strategies can include:

1. Reviewing daily positively-stated expectations and routines for each setting. Students are directly taught these expectations multiple times throughout the year
2. Verbal or written acknowledgement system that reinforces student behavior meeting the positive expectations
3. Clear procedures for managing behavior that does not meet expectations. Focus on maintaining equity and finding alternatives for exclusion
4. Data system that tracks student behavior
5. Data-based decision making to inform practices, monitor progress toward school-wide outcomes, and screen for students who need additional support
6. Parent, guardian and/or community involvement and input regarding universal practices

Tier 2: Targeted Practices

Students who need additional support beyond Tier 1 practices may also receive Tier 2 supports. These are typically standardized interventions which allow for efficient implementation for 10-15% of the student population. Tier 2 practices may include:

1. Screening behavioral data to identify students who need Tier 2 support, as well as a procedure for staff to request assistance for student behavior. This should include a way to identify students with internalizing behavior as well as externalizing
2. Multiple evidence-based interventions including First Step Next utilizing EA support, check-in/check-out, structured breaks, mentorship, or small-group social skills instruction and coaching. Additionally, a referral to outside mental health counseling could be considered. These interventions should provide additional structure, opportunities for feedback, instruction on school-appropriate skills, and be matched to the function of student behavior. Focus should also be on involving parents and caregivers including training on the critical components of the intervention
3. Using data to monitor student progress toward behavioral goals, intervention effectiveness or need for modification, and fidelity of implementation.

Tier 3: Intensive Practices

Tier 3 practices include high-intensity, individualized interventions for the approximately remaining 5% of students who need support in addition to that available at Tiers 1 and 2. These practices may include:

1. Screening behavioral data to identify students with severe behavior in need of individualized, Tier 3 supports

2. Individualized behavioral assessment. This usually includes a functional behavioral assessment (FBA) that specifically identifies and measures the targeted problem behavior, triggers that elicit the severe behavior, consequences that maintain the behavior, and other contextual variables. The result of an FBA is a hypothesis of the function of a student's problem behavior, which informs the creation of an individualized behavior support plan.
3. Function-based behavior support plan. Behavior support plans should include prevention strategies, teaching strategies, and consequence strategies, with specific focus on a virtual learning environment and supporting learning at home through family and caregiver support. A behavior support plan identifies appropriate replacement behavior that serves the same function for the student as the problem behavior, and identifies ways to teach and reinforce these replacement behaviors.
4. A student support team for each student receiving Tier 3 support that designs, implements, and provides input about the plan. This team may include a student's teacher, parents or guardians, behavior specialist, case manager, administrator, school psychologist, and outside community members (e.g., counselor).

Social Emotional Learning (SEL)

Each school has a universal system for teaching social/emotional skills and utilizes a multi-tiered system to support students who are not making adequate progress toward skill acquisition.

Elementary schools in Springfield use universal social skills curriculum in each building. Second Step is the selected social emotional learning program. The basis of this program is focusing, following directions, reflecting feelings, identifying emotions and solving problems in productive ways. Social skills are taught to all students in a general education setting by a classroom teacher.

Middle schools and high schools in Springfield teach social/emotional skills, including SEL competencies, through health curricula.

Students who do not make adequate progress in learning or demonstrating skills taught in a universal setting are identified by a team as requiring more intensive support. This can look like a "lunch bunch," targeted small group instruction focused on specific skills taught by a special education teacher or Teacher on Special Assignment (TOSA), or even a mentorship program with a preferred adult. Students needing individualized social skills instruction are often served in a special education setting where skills can be taught, practiced and reinforced in a variety of school-based settings with adult support.

School-Based Mental Health Support

School Psychologists

School Psychologists are school-based mental health professionals who have expertise in early child development and developmental disabilities in addition to mental and behavioral health. School psychologists can provide initial crisis support, screening and referral services for students as well as coordinate with Springfield Public Schools community mental health partners to provide wrap-around services that meet student needs in school and at home.

School Counselors

School Counselors are school-based mental health professionals that are dually trained to provide academic and mental health counseling and guidance. They can provide initial crisis support and assessment,, school based counseling, screening and referral services for students needing further mental health support. In addition they support coordination with outside mental health providers, community mental health supports and connection with Springfield Public Schools community mental health partners.

Licensed Clinical Social Workers

Licensed Clinical Social Workers are school-based mental health professionals that are trained in mental health as well as the foundations of social work including case management and referrals to community agencies. They can provide initial crisis support, school based counseling services, as well as screening and referral services for students needing further mental health support. They also serve as primary contact for Springfield Public Schools partner agencies in their buildings.

School Nurses

A nurse can be essential in pre-screening students for suicide risk, and determine what supports they may need to best assist them. The nurse can also be a great asset to the suicide prevention team to determine if student medications or health conditions are contributing to their suicide risk. Nurses can also be a trusted person a student can turn to and divulge information they may not feel comfortable telling anyone else.

Community Mental Health Partnerships

Springfield Public Schools has developed relationships with several mental health providers from the Eugene/Springfield area. Each school building in Springfield has an assigned mental health therapist who serves students in their school building from one or more of the following agencies: Center for Family Development, Looking Glass Counseling, Ophelia's Place, Options, Plaza de Nuestra Comunidad, Riverview Center for Growth, Stronger Oregon and HOOTS.

Students who receive healthcare coverage under the Oregon Health Plan can have their mental health services billed to their Coordinated Care Organization. Students with private insurance or no insurance can have mental health services provided on-site at the agency or potentially paid for by the school district.

Students can access mental health services from an outside agency on site in their school in a variety of ways. Teachers, counselors or other building staff can refer a student through a building's request for assistance form, students can self-refer by talking to their teacher or counselor, and family members can contact their child's school psychologist or counselor to refer. If a child is younger than 14, a parent or guardian must consent prior to a child accessing services.

Risk and Protective Factors

Risk factors are characteristics of a person or their environment that increase the likelihood that they will die by suicide. Protective factors are personal or environmental characteristics that help protect people from suicide. Below are several identified risk and protective factors.

Risk Factors	Protective Factors
● Prior suicide attempts ● Misuse of alcohol or drugs ● Mental depression or mood disorders ● Access to lethal means ● Knowing someone who died by suicide ● Social isolation	● Effective mental or behavioral health care ● Connectedness to individuals, family, community or other social systems ● Problem solving skills, coping skills and the ability to adapt to change ● Self-esteem and life purpose

At-Risk Students

Some groups of students are at higher risk of suicidal ideation or suicide attempts than others. Stress from prejudice or discrimination is a known risk factor in LGBTQA+ and BIPOC youth (family rejection, bullying, violence), and historical trauma suffered by American Indians and Alaska Natives (resettlement, destruction of cultures and economies) contributes to high suicide rates. In schools, students who identify as a member of these groups are potentially at increased risk due to a lack of identified support system and feelings of perceived burdensomeness. It is the goal of Springfield Public Schools to create a school climate and culture that supports the health and wellness of our diverse population of students.

SafeOregon Tip Line

In order to maintain the safest learning environment, Springfield Public Schools participates in the statewide SafeOregon tip line program. Students, parents and community members can report threats or suspicious activity 24 hours a day. Tips can be reported via:

- Call or text: 844.472.3367
- Email: tip@safeoregon.com
- Online: www.safeoregon.com/report-a-tip/

Any messages will be retrieved by the Oregon State Police and routed to the appropriate school or district administrator.

Student Evidence-Based Suicide Prevention Programming

Springfield Public Schools has a variety of programming within school buildings that actively prevents suicide using research-based practices proven to decrease the rates of suicide. The goal of suicide prevention programming is to create a continuum of support for students that crosses school buildings and grade levels and supports students at all developmental and experience levels.

The Great Body Shop

A comprehensive health curriculum like The Great Body Shop (GBS) addresses suicide prevention and intervention through a multi-layered, developmentally appropriate approach rooted in social-emotional learning (SEL), health literacy, and risk prevention strategies. The Great Body Shop addresses suicide prevention and intervention by:

- Building foundational SEL and mental health literacy from early grades
- Teaching students how to recognize signs of distress and get help
- Reducing stigma around mental illness and suicide

- Equipping teachers and families to support students
- Aligning with broader school-based mental health frameworks

Sources of Strength
Sources of Strength is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying and substance abuse.

Evidence-Based Student Suicide Prevention Programming			
Age Group	**Grade Level**	**Program**	**Time Commitment**
Elementary School	K-5th	The Great Body Shop	Monthly unit of study
Middle School	6th-8th	The Great Body Shop	Delivered during Health class
High School	9th-12th	Sources of Strength	Created as a class

SECTION 3: SUICIDE INTERVENTION

Staff Training
Staff training recommendations and timelines are outlined in a table in Section 5.

Building-Level Procedures
All Springfield Public School staff will be trained by building crisis teams on building-level procedures for referring students who they believe are at risk for suicide. Procedures should include school-specific warning signs, when and how to report findings during and after school hours, who to report to and what to expect in terms of follow-up.

District-Level Procedures
All Springfield Public School mental health staff and administrators will be trained by the district crisis team on district-level procedures for responding to students who they believe are at risk for suicide. Procedures should include the documentation process and review of the data system.

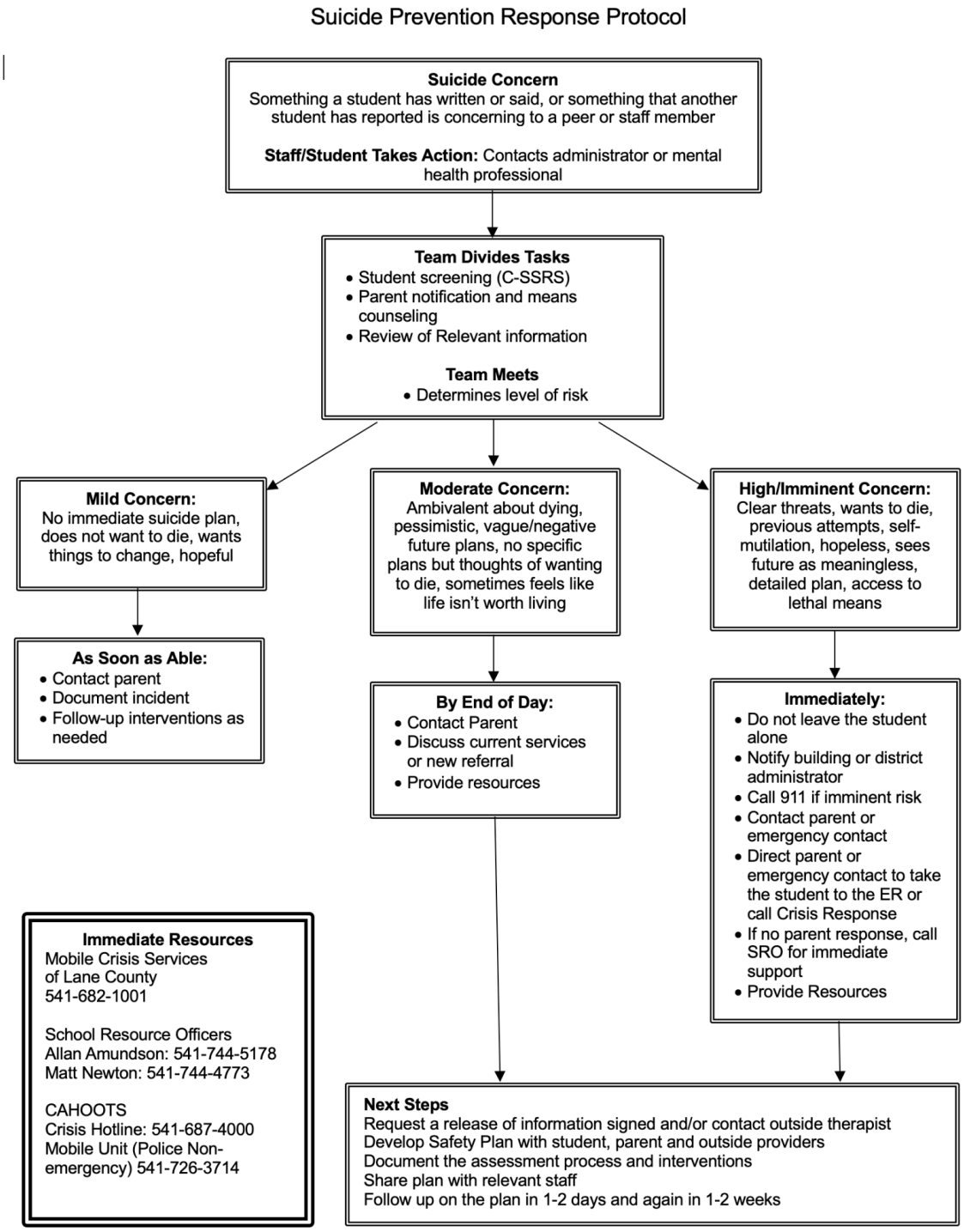
Applied Suicide Intervention Skills Training (ASIST)
All district mental health staff and relevant administrators will be trained in ASIST. ASIST is an evidence-based suicide intervention model to identify youth with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safety plan based on a review of risk, and be prepared to follow-up.

Identifying a Concern
Teachers, support staff, peers or families may be the first individuals to recognize the warning signs of a youth experiencing suicidal ideation or other mental health concerns and who are in need of intervention.

Warning Signs
- Changes in behavior or routines

- Sleeping too much or too little
- Drug or alcohol use
- Talking about being a burden to others
- Talking about feeling hopeless
- Looking for a way to kill oneself (e.g. searching online or obtaining means)
- Talking about wanting to die

Response Protocol



Referral to Building Team

In each building there are mental health professionals or administrators trained in suicide intervention. Springfield Public Schools expects all staff to act on suicidal ideation only within the scope of their licensure. In the event that there is a suicide concern and it is unclear who to refer the youth to, please use the following point of contact for each building.

All school employees can also be reached by email at first.last@springfield.k12.or.us

Responsible School Officials		
School	**Principal**	**Phone**
A3 High School	Matthew O'Reilly	541-744-6728
Gateways High School	Lesa Haley	541-744-8862
Springfield High School	José da Silva	541-744-4782
Thurston High School	Kimberlee Pelster	541-744-5030
Agnes Stewart Middle School	Angela Landy	541-988-2520
Briggs Middle School	Betsy Johnson	541-744-6350
Hamlin Middle School	Brandi Starck	541-744-6356
Thurston Middle School	Andrew Price	541-744-6368
Centennial Elementary	Don Hakala	541-744-6383
Douglas Gardens Elementary	Carla Smith	541-744-6387
Elizabeth Page Elementary	Teresa Collins	541-744-6391
Guy Lee Elementary	Josh Donaldson	541-744-6395
Maple Elementary	Megan Knight	541-744-6403
Mt Vernon Elementary	Brady Cottle	541-744-6407
Ridgeview Elementary	Lacey Macdonald	541-744-6308
Riverbend Elementary	Calli Dean	541-988-2511
Thurston Elementary	Amber Mitchell	541-744-6411
Two Rivers- Dos Ríos Elementary	Kristen Noor	541-744-8865
Walterville Elementary	Melissa Locke	541-744-6415
Yolanda Elementary	Kari Isham	541-744-6418
Alternative Education	Lesa Haley	541-744-8862
SPS Online	Lesa Haley	541-744-8862
Willamette Leadership Academy	Kathryn Nunes	541-246-1640

Risk Determination

File Review

A review of student's records may be conducted in order to support risk level determination and identify risk and protective factors. This could include any relevant disabilities or diagnoses, identification of current support systems, information on behavioral or disciplinary history, changes in behavior or grades over time, relevant medical or health history and any identified attendance concerns.

Student Screening

Students at risk for suicide should be screened using the Columbia-Suicide Severity Rating Scale. Additional questions may be asked as appropriate to assist with safety planning. Additional information could include history of trauma, current stressors, or access to lethal means (e.g. weapons, guns or prescription medication).

Columbia- Suicide Severity Rating Scale (C-SSRS)

The C-SSRS is an evidence-based screening tool that includes a simple series of questions to assess risk level. There is also a phone-based application that can be used for screening as well and can be found on your phone's app store under "Columbia Protocol." The recommended response protocol has been modified to reflect school-specific responses. Questions do not have to be asked verbatim, what is important is that the answers are obtained.

1. In the past month have you wished you were dead or wished you could go to sleep and not wake up?	Yes	No
2. In the past month have you had any actual thoughts of killing yourself?	Yes	No
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3. Have you been thinking about how you might do this? e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."	Yes	No
4. Have you had these thoughts and had some intention of acting on them? As opposed to "I have the thoughts but I definitely will not do anything about them."	Yes	No
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Yes	No
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Yes	No
If YES, ask: Was this within the past 3 months?	Yes	No

The highest risk associated with any answer should determine the response:

	Low risk: Schedule regular check-ins. Identify support systems and resiliency factors.
	Moderate risk: Schedule regular check-ins. Identify support systems and resiliency factors. Develop safety plan
	High or Imminent risk: Schedule regular check-ins. Identify support systems and resiliency factors. Develop a safety plan. Refer immediately to services.

Teacher Input

A student's teacher(s), case manager or other specialists who work closely with the student may be asked for input on a risk assessment if their input would be important in determining level of risk. Some information that may be collected includes:

- A description of the teacher's relationship with the student
- If they have any concerns about behavior, self-harm or potential violence
- If they have noticed any changes in the student's behavior
- Whether the student has communicated threats of harm
- Whether the student has referenced the ability or desire to obtain weapons
- Whether the student references violence or vindication within the media
- Whether the student has justified violence to solve problems
- If the student has had any recent social problems or issues with bullying
- Any known stressors at home or in the community
- Any history of involvement with drugs, alcohol or involvement with juvenile justice

Caregiver Notification and Involvement

The administrator or mental health professional shall inform the student's parent 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 (unless notifying the parent or guardian will put the student at increased risk of harm). Caregivers play a key role in youth suicide prevention and it is important to Springfield Public Schools that they be informed and actively involved in decisions regarding the students welfare.

Parent or Guardian Input

A building team may wish to interview a parent or other caregiver about their student when a suicide concern is presented. Some information a team may wish to collect:

- Determine if the student communicated any previous threats of harm
- Determine if there have been any particularly difficult social issues recently
- Determine if there are any changes in behavior at home
- Take note of any stressful situations at home or in the community that could be impacting the student
- Establish if the student is connected with any outside agencies

Lethal Means Counseling

When a student indicates suicidal intent, school staff shall attempt to discuss safety at home or "means safety" with the parent or guardian with the goal of limiting the student's access to mechanisms for carrying out a suicide attempt e.g. guns, knives, ligatures, etc. In addition to

means counseling, safety planning may also occur. It is important to ask caregivers whether the individual has access to firearms, medication or other lethal means. The Suicide Prevention Resource Center has a free evidence-based training course called Counseling on Access to Lethal Means (CALM) that is recommended training for Springfield Public Schools mental health professionals.

Firearm Safety

- Temporarily off-site is the best location for firearms when someone in the house is suicidal. This could be with a friend or family member, or on hold with a law enforcement agency in the event of an emergency.
- If off-site is not an option, then second best would be locking the firearm in a gun safe with ammunition stored separately. Disassembling the gun and storing a key component separately or away from the home is another option.
- If the caregiver can't or won't store the gun offsite, reinforce that overall, a locked gun is safer than an unlocked gun, and an unloaded gun is safer than a loaded gun when someone is suicidal.

Medication Safety

- Remove unneeded and expired medication from the home, especially if they are prescription painkillers.
- For necessary medication, keep only non-lethal quantities on hand. Ask a pharmacist for advice.
- Lock up abuse-prone drugs such as prescription painkillers, anxiety pills, amphetamines, sedatives and tranquilizers.

Special Considerations

When a parent or guardian is notified of a perceived suicide risk or attempt, it is essential that the school maintain student confidentiality related to personal information such as sexual orientation or gender identify, especially when the student has not already disclosed to the parent or guardian and does not want it shared. Information shared should be restricted to the perceived risk of suicide or facts of the attempt.

If through discussion with the student, the building administrator or mental health professional determines that there is further risk of harm due to parent or guardian notification, then they may determine that a delay in communication may be necessary. Springfield Public Schools requires that if a school member suspects child abuse or neglect is occurring that Child Protective Services is contacted. All mental health professionals will consult with an administrator prior to taking inaction in contacting a parent or guardian following a suicide concern and that inaction will be documented appropriately.

In some situations, a school based crisis team may request a referral for an outside risk assessment evaluation. In these situations, the school district is responsible for payment for that service, and a review of the outcome of the assessment by the school-based team may be required for the student to return to on-site learning. The school administrator or mental health professional can discuss this option with a Special Programs administrator.

Suicide Attempts

Occasionally staff will become aware of a suicide attempt by a student that is in progress in school or at an out-of-school location. In these situations the physical and mental health and safety of the student are paramount and take precedence. Note: Self-harm behaviors are on a continuum of level and urgency and not all instances of suicidal ideation or behavior warrant hospitalization. A mental health assessment, including a suicide risk assessment, can help determine the best treatment plan.

In-School Suicide Attempts

In the event of an in-school suicide attempt, school staff will:

1. Render first aid, contact the building administrator and follow the district emergency medical procedures
2. Remain with the student
3. Remove all other students from the immediate area as soon as possible
4. Have an administrator or mental health professional contact the student's parent or guardian
5. Engage the building crisis team to assess whether additional support is required to ensure the safety and well-being of all students including those who may have had emotional or physical proximity to the victim
6. Request a mental health evaluation for the student as soon as possible

Out-of-School Suicide Attempts

In the event that school staff becomes aware of a suicide attempt by a student that is in progress at an out-of-school location or outside of school hours, school staff will:

1. Call 911 (police and/or emergency services)
2. Inform the student's parent or guardian
3. Inform the building administrator

If the student contacts the staff member to express suicidal ideation, the staff member shall maintain contact with the student (in person, online, or on the phone) and then enlist the assistance of another person (in person, call, text) to contact the police while maintaining engagement with the student.

Continuity of Care

If long-term intensive services by a community provider are warranted, the school based crisis team will collaborate with the provider and family to ensure continuity of care between school, home and community. Together with parents or guardians, the school official will provide information for the community mental health partner agency to ensure a smooth transition from crisis intervention to meeting underlying or ongoing mental health needs. If the student already receives mental health support from an outside agency, the school administrator or mental health professional will request a signed release of information so that any safety or support recommendations can be continued in all settings.

Safety Planning

Safety planning is an essential intervention for individuals at risk for suicide. This is not a safety contract or no-suicide contract, but rather a brief intervention that prioritizes a list of coping strategies and supports developed collaboratively between the student and the mental health

professional. It should include specific, concrete and evidence-based strategies tailored to individual needs and circumstances to decrease the risk of suicidal behavior. The Brown Stanley Safety Plan is one example of an evidence-based safety plan and it is outlined below.

Elements of a Good Safety Plan - Zero Suicide Institute	
Warning Signs	Recognition of the signs that immediately precede a suicidal crisis
Internal Coping Strategies	Things that the student can do to distract themselves without contacting anyone
Social Situations to Distract	Places that the student can access that provide a safe environment
People To Ask for Help	At least three supportive individuals. People who are available, able to support, aware of resources, and informed that they are a part of the safety plan
Professionals To Call During Crisis	Professionals and crisis support agencies including hours and contact information. This should include current treatment provider, local and regional crisis support and national crisis support providing 24/7 crisis services
Making the Environment Safe	Steps to remove access to lethal means and other strategies to maintain a safe environment

SAMPLE SAFETY PLAN

Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Coping strategies (things I can do to take my mind off my problems that don't involve contacting another person):

1. _____
2. _____
3. _____

People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____
4. Place_____

People who I can reach out to for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Professionals I can call during a crisis:

1. Clinician Name_____ Phone_____
   Emergency Contact Information:_____

Agency	Number	Hours
Whitebird Crisis Line CAHOOTS Mobile	1-800-422-7558 541-726-3714 (police non-emerg)	24/7 11:00AM-11:00PM
Mobile Crisis Services of Lane County	541-682-1001	6:00AM-11:00PM
Oregon Youthline http://oregonyouthline.org	1-877-968-8491 Text: teen2teen to 6674	Teens avail: M-F 4-10pm Adults available 24/7

Things that can help make my environment more safe:

1. _____
2. _____

The one thing that is most important to me and makes life worth living:

_____
_____
_____

Documentation

All suicide concern follow-up will be documented by mental health professionals or administrators at the building in Synergy. All confidential, sensitive or private information including information collected during a risk assessment or safety plans will be kept out of the student's educational record but will stay in a restricted area in Synergy in the event that the district needs to review the procedures taken by a school team.

Requesting District Review

In the event that an individual would like the district to review the suicide intervention procedures conducted by a school building team, they can contact the district's Special Program's Director, Nicole Nakayama at nicole.nakayama@springfield.k12.or.us or 541-726-3250.

SECTION 4: POSTVENTION

Staff Training

Staff training recommendations and timelines are outlined in a table in Section 5.

District-Level Procedures

All Springfield Public School mental health staff and administrators will be trained by the district crisis team on district-level procedures for tragedy response and suicide postvention. Procedures should include the flow of communication, and the role of building crisis team members in the event that a tragedy response is required.

Connect Postvention

Connect Postvention is an evidence-based suicide postvention program that allows a school district to respond effectively to a suicide death in order to prevent additional suicides and promote healing for suicide loss survivors.

Following a Suicide Attempt

Exiting from a Hospital or Inpatient Facility

When exiting a hospital setting (emergency department or inpatient program) following a suicide attempt or behavioral health crisis, it is the hope of Springfield Public Schools that the student's acute care team will reach out to Springfield Public Schools to allow the school team time to prepare for the student's return to school. The school district in partnership with the Prevention Lane team are working on a transition agreement with local hospitals to formalize this process.

Re-Entry Planning

Creating a safety net of support following a suicide attempt is Springfield Public School's goal. It is our hope that schools are made aware of a student's plan to return to school following a suicide attempt prior to arrival on campus with the goal of creating a caring and supportive community to greet them.

If able, the school mental health professional and building administrator should plan a re-entry meeting with the student and caregiver upon their return to school. Privacy and confidentiality

will remain at the forefront of any reentry plan, with only need-to-know information going to need-to-know individuals.

At a re-entry meeting:

1. Identify a single school point of contact for mental health concerns. This person will be the liaison between the school building and home.
2. Work to obtain a release of information to talk with any outpatient care providers.
3. Review any relevant documents from the hospital or mental health provider, particularly those with safety plan or accommodation recommendations.
4. Determine any necessary accommodations for the school or classroom environment.
5. Draft a student Safety Plan
6. Determine what information will be shared and with whom, particularly what information classroom teachers will need in order to support the student.
7. Schedule a time to follow up with the team and check in on any plan modifications needed.
8. Document the re-entry plan

Often, a student will return to the school setting following a suicide attempt or mental health crisis without the school knowing. Once the school is made aware that the student has returned, a re-entry meeting should be scheduled as soon as possible to ensure that necessary supports are put in place.

Following a Suicide Death

When the district is notified of a death by suicide, the district tragedy response team (or District Care Team) is activated to support impacted school buildings. School administrators and mental health professionals should be trained on the district's Initial Tragedy Response Procedures to respond to a youth suicide death.

Sharing Information

While sharing information with staff and students, be sure to be respectful of the wishes of the family when deciding whether to disclose the cause of death. Be sure that staff, parents and guardians are armed with the resources necessary to respond to questions that students have, are able to identify the warning signs of suicidal behavior and know how to refer students for additional support.

Avoiding Suicide Contagion

Building crisis teams should actively triage risk factors for contagion including emotional proximity (e.g. siblings, friends, teammates), physical proximity (e.g. witness, neighbor) and pre-existing mental health issues and trauma. Explain to staff that identifying and providing services to other high-risk students is to prevent another death. Staff should be reminded of warning signs of suicidal behavior and informed that it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental way that encourages dialogue and help-seeking does not elevate suicide risk.

Memorial Guidance

It is recommended that Springfield Public Schools buildings avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students. Spontaneous memorials may occur from students and the school should give notice for when the memorial will be removed and given to the student's family. Cards and letters can also be reviewed by administrators and given to the family. Any school-based memorials should include a focus on how to prevent future suicides and have prevention resources available. Any questions about yearbook dedications, graduation remembrances, permanent memorials or scholarships should be directed to the building administrator or level director.

SECTION 5: PLAN IMPLEMENTATION

Program Adoption

District-Wide

Level	Program	Training Provider
Elementary	The Great Body Shop	District Staff
Middle	The Great Body Shop	District Staff
High	Sources of Strength	Matchstick

Mental Health Team

Tool	Training Provider
Synergy Documentation System ● Columbia- Suicide Severity Rating Scale ● Brown Stanley Safety Plan Template	District Staff

Professional Development Needs

Whole District

Training	Frequency	Training Provider
Question, Persuade, Refer	Every 3 years	District Staff

Mental Health Professional Specific

Training	Frequency	Training Provider
ASIST	Every 3 years	Lane ESD
Connect Postvention	Every 3 years	Lane ESD

Other Recommended Trainings

Who	What	Training Provider
All Staff	Building suicide response protocol	Building Staff
Building Crisis Team	Review of Building Crisis Procedures	Building Staff
	Review of Building Tragedy Response Procedures	Building Staff
District Mental Health Team	Review of District Suicide Risk Procedures	District Staff
	Review mental health partnerships and how to make referrals	District Staff
	Counseling on Access to Lethal Means (CALM)	Free Online