



# **Response to Student Risk of Suicide**

## **A Guide for School Staff Responding to Potentially Suicidal Youth**

Updated August 2020  
Joshua Hughson, Psy.D

# Table of Contents

<a href="#"><u>Introduction</u></a>
<a href="#"><u>Suicide Prevention Protocol</u></a>
<a href="#"><u>Suicide Intervention Protocol</u></a>
Suicide Risk Screening Process
Level 1 Suicide Risk Screening (Student Interview by School Screener)
Level 2 Suicide Risk Assessment (by a Qualified Mental Health Professional)
Developing the School Support Plan
Confidentiality
<a href="#"><u>Suicide Postvention Protocol</u></a>
<a href="#"><u>Appendix</u></a>
Resources for Staff
Protocol Research Sources
Suicide Risk Quick Reference cards
Student Intervention Process Flowchart
<a href="#"><u>Forms</u></a>
<i>Suicide Risk Screening (click here to copy this form to your drive)</i>
<i>School Support Plan (click here to copy this form to your drive)</i>
<i>Student Resources (click here to copy this form to your drive)</i>
<i>Parent/Guardian Information (click here to copy this form to your drive)</i>
<i>MRSD Release of Information (ROI; click here to copy this form to your drive)</i>

# Introduction

## **OAR 581-022-2510**

(2) Each district school board shall adopt a policy requiring a plan on student suicide prevention for students in kindergarten through grade 12.

(3) A plan required under this rule must include:

(a) All requirements set out in ORS 339.343; (b) Supports that are culturally and linguistically responsive to the needs of students who are at higher risk of suicide and suicide ideation, including lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students;

(c) Procedures for reentry into the school environment following a hospitalization or behavioral health crisis; and (d) A process for designating staff to be trained in an evidence based suicide prevention program.

Suicide is the leading cause of death for students between the ages of 10 and 24 in Oregon (CDC, 2018 Fatal Injury Reports). The rate of suicide in the United States has continued to rise over the past two decades, especially in rural regions. Given students spend much of their day in school, the possibility of suicide and suicidal ideation requires our planning and vigilance. With the passage of "Adi's Act" ([Senate Bill 52](#)), MRSD has adopted the following procedures relating to suicide prevention and responses to suicidal behavior. These procedures outline ways staff and the district will work alongside students, families, and our community in addressing suicide in our youth. This policy will be paired with other policies designed to promote and improve mental health and wellness for our students.

# Suicide PREVENTION Protocol

To ensure the following policies are properly adopted, implemented, and updated, MRSD shall appoint an individual to serve as the suicide prevention point of contact for the district. In addition, administrators at each school shall identify at least two staff members to serve as liaisons to the district's suicide prevention point of contact, and coordinate and implement suicide prevention activities on their campus. This policy will be reviewed and revised as indicated, at least annually.

There are two main goals to MRSD's suicide prevention efforts: 1. identify and support those who are at risk and 2. address suicide risk factors and protective factors for suicide through a focused enhancement of our current practices.

## **Identifying And Supporting Those Who Are At Risk For Suicide**

Suicide is a rare and complicated event, which is why research has been unable to identify a "typical" suicide victim or absolute reasons for suicide. However, in 90% of cases suicide is thought to be the result of treatable conditions (e.g., depression, substance use disorders, etc.). Further, warning signs were identified in 80% of fatal suicides. Thus, if we can learn to recognize the warning signs and how best to intervene, we may be able to prevent many youth suicides.

### **Staff education.**

To adequately address the public health emergency of suicide in youth, all school staff must be prepared not only to thwart suicide attempts but also to address the conditions under which students develop suicidal thinking. It is expected that, following training, school professionals will be able to identify suicide risk factors and warning signs, make appropriate referrals within the schools for students with emotional/behavioral disorders, and prevent the immediate risk of a suicidal behavior. \*\*MRSD employees must act only within the authorization and scope of their credential or license. Treatment of suicidal ideation and mental health disorders, is beyond the scope of services offered in the school setting and requires mental health resources beyond what schools are typically able to provide.

In each building at least two key staff members (e.g., counselor, principal, assistant principal, etc.) will receive Applied Suicide Intervention Skills Training (ASIST) to identify adolescents at risk for suicide. Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. For more information, see the LivingWorks Web page at <https://www.livingworks.net/programs/asist/>

Staff selected by school administrators will complete Question, Persuade, and Refer (QPR) training, a 1.5 hour training offered by Clackamas County Behavioral Health.

QPR teaches staff how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR Web site at <http://www.qprinstitute.com/>

NAMI Ending the Silence will be included in annual training for Secondary Teachers. Ending the Silence helps teachers identify when students are in need of additional support, referral for a deeper concern and how to respond when a student discloses abuse or self-harm ideation.

At a minimum, all staff shall receive training on suicide, including the core components of suicide prevention (i.e., identification of [risk factors](#) and [warning signs](#), protective factors, referral, intervention) and postvention at the beginning of their employment.

Professional development shall include additional information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide. These groups include, but are not limited to, the following:

- o Youth affected by suicide;
- o Youth with a history of suicide ideation or attempts;
- o Youth with disabilities, mental illness, or substance abuse disorders;
- o Lesbian, gay, bisexual, transgender, or questioning youth;
- o Youth experiencing homelessness or in out-of-home settings, such as foster care;
- o Youth who have suffered traumatic experiences;

Additional Resources for staff professional development include:

[MRSD's Suicide Prevention Information for All Staff](#)

[The Trevor project](#) (unique resources for LGBTQ youth)

[Connect](#) (Training and resources for staff and parents)

<https://oregonalliancetopreventsuicide.org/> (Training and resources for staff and parents)

[Sources of Strength Oregon](#) (A best practice suicide prevention project with resources for staff and parents)

### **Mental health care.**

Access to effective care for mental, physical, and substance abuse disorders reduces suicidal thinking and increases help-seeking behavior. It is especially vital for students who display warning signs of suicide. In 2018, MRSD partnered with Trillium Child and Family Services (TCFS), bringing school-based mental health services to students. Teachers and other staff are asked to refer students showing signs of mental health issues to their school counselor. School counselors review cases and ensure appropriate referrals are made to TCFS using Trillium's [referral form](#).

Beginning 9/28/2020, both TCFS therapists serving MRSD will provide prevention services on a weekly basis. The purpose of the prevention program is to provide mental and behavioral health services such as free screening for mental and behavioral risks,

referral to other mental health and behavioral programs, psychoeducational drop-in services and groups, mental health awareness training, etc.

Additional information about Trillium Child and Family Services, is provided on the [Mental Health](https://sites.google.com/molallariv.k12.or.us/specialeducation/sped-resources/related-services-and-collaboration/mental-health) Page of the MRSD Supported Education Website at <https://sites.google.com/molallariv.k12.or.us/specialeducation/sped-resources/related-services-and-collaboration/mental-health>.

An updated list of counseling resources for students without Oregon Health Plan is provided on the [Mental Health](https://sites.google.com/molallariv.k12.or.us/specialeducation/sped-resources/related-services-and-collaboration/mental-health) Page of our MRSD Supported Education Website at <https://sites.google.com/molallariv.k12.or.us/specialeducation/sped-resources/related-services-and-collaboration/mental-health>.

## **Addressing Suicide Risk Factors And Protective Factors**

### **Student education.**

At the elementary and middle school level, our educators and counselors currently utilize the Second-Step curriculum to address Social-Emotional Learning (SEL), bullying prevention, and child protection.

During the 2020-2021 school year, MRSD shall appoint a Social-Emotional Learning Curriculum (SEL-C) team to review and update our SEL curriculum.

Secondary school students will be made aware each year of staff who have received the specialized training to help students at risk of suicide.

### **Parent education.**

A referral process shall be prominently disseminated to all parents/guardians/caregivers, so they are aware of how to respond to crisis and are knowledgeable about our school and community-based resources.

During the 2020-2021 school year, a parent survey was conducted and a workgroup, aided by the results of the parent survey, developed a bi-weekly parenting education program.

MRSD school administrators should consider the following ways schools outside of MRSD have integrated suicide prevention outreach into other activities:

- Including student safety and suicide prevention discussions in parent nights.
- Sponsoring events for the parents of 8th graders or 12th graders that focused on their children's upcoming transition and addressing issues such as anxiety, depression, substance use, and bullying, in addition to suicide prevention
- Sending material---sometimes in the form of a card that fits into a wallet or purse or can be put on the family bulletin board to the parents of every middle and high school student with information about how to help a child in crisis

- Including suicide awareness as part of freshman orientation, safety days, or other health events at the school that involve parents
- Including suicide prevention in parenting education programming
- Presenting on suicide prevention education at a PTG meeting

Additional resources staff can share individually with parents include:

[The Trevor project](#) (unique resources for LGBTQ youth)

[Connect](#) (Training and resources for staff and parents)

[Oregon Alliance To Preventsuicide](#) (Training and resources for staff and parents)

[Sources of Strength Oregon](#) (A best practice suicide prevention project with resources for parents)

### **Safe and supportive learning environment.**

Psychological wellness is key for healthy youth development. While instruction in Social-Emotional Learning (SEL) explicitly addresses awareness of emotions, healthy coping and conflict-resolution practices, and positive relationships, the school environment also plays an important role in aiding student development in these areas.

During the 2020-2021 school year, a Positive Behavioral Interventions and Supports (PBIS) coach will be assisting in reviewing PBIS in our K-8 schools, identifying areas of reduced fidelity, and addressing barriers to fidelity through consistent building-wide expectations.

During the 2020-2021 school year, staff selected by administrators will participate in Educator Social-Emotional Reflection & Training (EDSERT), a professional development program to support the social-emotional knowledge, skill set, and well-being of *educators*.

### **Safe messaging about suicide.**

There is a well established link between public messaging about suicide and suicidal thinking and behavior. MRSD has critically reviewed and will continue to review suicide awareness materials and resources to ensure they align with best practices for safe messaging about suicide. Guidance on public messaging for suicide prevention is provided by the National Action Alliance for Suicide Prevention at <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

### **Virtual Supports & Social media.**

In this digital age, youth are searching for mental health support online. The Oregon Department of Education recently shared the following suicide prevention resources staff should be aware of:

#### *Youth Era*

Virtual Drop-In Centers In place of in-person Drop hours, we will be providing “Virtual Drops” every weekday from 3:00 PM - 6:00 PM on

Discord. Discord is a supportive space where youth can build community, chat with other youth going through the same things, and lean on our peer support specialists for support. During Virtual Drop hours, youth can access multiple chat rooms, participate in video game competitions, take cooking classes, do mindfulness exercises, and watch movies, among other activities. Youth can join at [tinyurl.com/DropDiscord](http://tinyurl.com/DropDiscord).

### *Peer Support on Twitch*

For the foreseeable future, we are extending our hours on Twitch and streaming live Monday-Friday from 10:00 AM - 1:00 PM and 6:00 PM - 10:00 PM. Any time a young person tunes in, they will have access to (at least) two state-certified youth peer support specialists, one who will be streaming and the other moderating the chat. This enables our team to engage viewers and respond quickly to youth in crisis. We are also doing daily Grubhub giveaways right now! Youth can tune in at [twitch.tv/youthera](http://twitch.tv/youthera).

Most social media sites have ways to report suicidal content and get help for the person posting the message. Staff and students should be aware of how to respond to concerning posts about suicide. Students should know to call 911 immediately if they see someone messaging or livestreaming suicidal behavior.

The following (from the [National Institute of Mental Health](https://www.nimh.nih.gov/)) provides directions for reporting suicidal content for many social media platforms:

- Facebook Suicide Prevention webpage can be found at [www.facebook.com/help/594991777257121/](https://www.facebook.com/help/594991777257121/) [use the search term “suicide” or “suicide prevention”].
- Instagram uses automated tools in the app to provide resources, which can also be found online at <https://help.instagram.com> [use the search term, “suicide,” “self-injury,” or “suicide prevention”]
- Snapchat’s Support provides guidance at <https://support.snapchat.com> [use the search term, “suicide” or “suicide prevention”]
- Tumblr Counseling and Prevention Resources webpage can be found at <https://tumblr.zendesk.com> [use the search term “counseling” or “prevention,” then click on “Counseling and prevention resources”].
- Twitter’s Best Practices in Dealing With Self-Harm and Suicide at <https://support.twitter.com> [use the search term “suicide,” “self-harm,” or “suicide prevention”].
- YouTube’s Safety Center webpage can be found at <https://support.google.com/youtube> [use the search term “suicide and self injury”].

### Parents/Community

Parents will be provided informational materials to help them identify if their child or another person is at risk for suicide (the Suicide Prevention Lifeline Business Card is available [here](#)). They will also be provided information regarding how to access school and community resources to support students or others in their community who may be at risk for suicide.

## **Suicide Prevention Information for All Staff**

### **Research on Suicide**

- Suicide is the leading cause of death for students between the ages of 10 and 24 in Oregon
- In 2017, 825 people in Oregon died by suicide (19.0 per 100,000 residents).
- For every young person who dies by suicide, between 100 to 200 attempt suicide.
- Rates of fatal suicide are higher among males than females, and males are less likely than females to seek support during emotional crisis
- Most suicidal students do not want to die. They want to escape their pain, and they may see no alternatives to suicide.
- A previous suicide attempt is the single biggest risk factor for fatal suicide
- In Oregon, the following groups are considered high risk risk for suicide: youth bereaved by suicide; youth with disabilities, mental illness or substance use disorders; youth experiencing homelessness or out-of-home settings, such as foster care; and Lesbian, gay, bisexual, transgender, queer and other minority gender identities and sexual orientations.

### **Facts about Suicide**

1. Discussing suicide does not increase suicide risk. Instead, when students realize staff are comfortable discussing emotional concerns, they become more likely to share concerns and ask for help.
2. Suicide does not discriminate; it crosses all socioeconomic backgrounds, races, and ethnicities.
3. All threats of suicide should be taken seriously. People who talk about suicide do kill themselves. and threatening suicide is not a normal response to stress, way of getting attention, or manipulation strategy for children. Suicidal threats should make staff alert to possible hidden mental health issues.
4. All students who are discriminated against or victimized because of physical differences, disability, sexual orientation, or other reasons are at higher risk for attempting suicide.

### **The Psychology of Suicide (from HEARD Toolkit)**

- A suicidal person sees suicide as the "solution" to his or her problems. o Efforts to discuss alternative solutions can be lifesaving.
- A suicidal person is in crisis. Suicidal people are experiencing severe psychological distress. They need help in handling the crisis.
- Almost all suicidal people are ambivalent, they wish to live, AND they wish to die. We MUST support the side that wants to live and acknowledge the part that

wants to die. Talking about these mixed feelings lowers anxiety. Listening and caring may save a life.

- Suicidal thinking is frequently irrational. Depression, anxiety, psychosis, drugs, or alcohol often distorts the thought process of people when they are feeling suicidal.
- Suicidal behavior is an attempt to communicate. It is a desperate reaction to overwhelming circumstances. We need to pay attention!

### **How All Staff Can Help Prevent Suicide**

5. Talk to your students about suicide and mental health. Seek training and consultation if you feel uncomfortable discussing these issues.
6. Know the [protective factors](#), risk factors, and [warning signs](#) of suicide.
7. Identify students at possible risk of suicide and refer all students showing signs of mental health issues to their school counselor.
8. Take all threats seriously

The [National Suicide Prevention Lifeline](#) recommends some of the following activities to help ease stress.

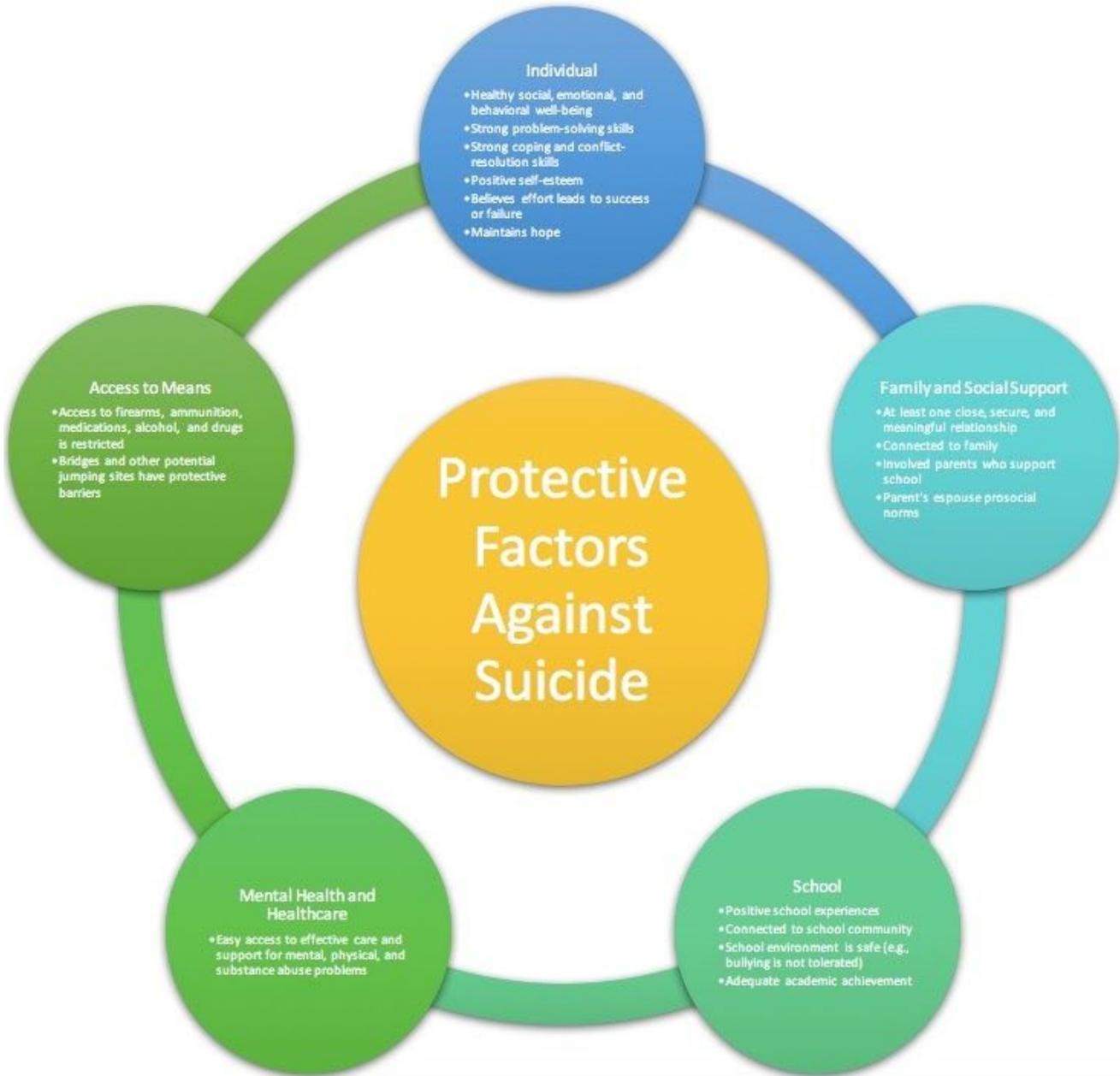
- Take a walk outside
- Write about something that you are grateful for
- Create a playlist of music that makes you happy
- Take a day off from social media
- Take a hot shower or bath
- Plan an outing with a friend
- Compliment someone you love (you count, too!)

Additional educator resources for reducing stress and increasing healthy coping practices can be found at:

- <https://www.classroommentalhealth.org/self-care/student/>
- [www.mindfulteachers.org](http://www.mindfulteachers.org)
- [www.innerhealthstudio.com](http://www.innerhealthstudio.com)
- [www.weareteachers.com](http://www.weareteachers.com)

## Protective Factors for Suicide

Protective factors are personal or environmental characteristics that reduce the probability of suicide. The graphic below provides a summary of the key protective factors identified in research but is not exhaustive. As would be expected given that students spend much of their day in school, school staff play many protective roles from teaching problem solving skills to being a core member of student support networks.



### **Warning Signs for Suicide**

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future. When a student displays warning signs, appropriate staff must inquire about whether a student is suicidal. *This is not a definitive list.*

<b>Ideation - Thoughts of Suicide</b>	Expressing suicidal feelings through talking, gesturing, writing, or drawing. Desire to die.
<b>Suicide Plan</b>	Having a plan for suicide and/or obtaining the means to follow-through on a suicidal attempt.
<b>Unbearable Pain</b>	Often as the result of a loss/crisis. Expressing they are suffering a great deal and feel there is no hope.
<b>Displaying Signs of Depression</b>	Such as a loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns.
<b>Making Final Arrangements</b>	Saying good-bye as if they won't be seeing someone again. Giving away favorite possessions.
<b>Self-Destructive Behavior</b>	Such as the start of or increase in alcohol or drug use, risky sexual behavior, reckless driving.
<b>Changes in Behavior</b>	Such as pulling away from family, friends, or social groups; anger or hostility.

### **Risk Factors for Suicide.**

The following factors are associated with increased suicide risk. By themselves, they are not signs of suicidal thinking. However, students exhibiting these risk factors would likely benefit from targeted suicide prevention programs. When students display risk factors, staff should be vigilant for warning signs of suicide. *This is not a definitive list.*

<b>Previous Suicide Attempt</b>	This significantly increases the likelihood that someone will complete suicide.
<b>Exposure to Suicide</b>	Friend or family member who attempted or completed suicide.
<b>Abuse</b>	Physical or sexual abuse, being mistreated.
<b>Social Isolation</b>	May lead to feelings of helplessness and depression. Lack of support. Unwilling to seek help.
<b>Depression, Anxiety, Agitation</b>	Primarily Major Depressive Disorder. Feeling trapped.
<b>Access to Lethal Means</b>	Such as guns, weapons, knives, medications in the house
<b>Perceived Major Trouble</b>	Such as trouble at school, at home, or with the law.
<b>Peer Victimization</b>	Bullying, extreme embarrassment or humiliation

# Suicide INTERVENTION Protocol

The U.S. Surgeon General promotes the adoption of suicide protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises 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.

## Quick Notes: What Schools Need To Know

- School staff are frequently considered the first line of contact in reaching suicidal students.
- While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that a protocol exists to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene.”
- Research has shown talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about suicidal peers because they do not know how they will respond or think they can't help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- 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.

# **SUICIDE RISK SCREENING PROCESS**

(See *Suicide Intervention Process Flowchart*)

School counselors, psychologists, and administrators often become aware of a student who poses a risk for suicide through concerns brought to them by staff, the student's peers, or from direct referral by the student. A suicide risk screening will need to be completed for every student expressing thoughts of suicide.

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

If a student is having thoughts of suicide, there is a suicide risk. If imminent danger is *not* present but a concern about suicide risk exists, the School Screener initiates the screening process.

- 1) A **Level 1 Suicide Risk Screening** is conducted by a School Screener. The Screener interviews the student and completes the *Suicide Risk Screening* form. The Screener consults with another School Screener to determine if a Level 2 Suicide Risk Assessment is warranted. The Screener may also consult with the Clackamas County Crisis Line.
- 2) A **Level 2 Suicide Risk Assessment** by a Qualified Mental Health Professional may be necessary based upon information gathered in the Level 1 screening.

## **Guidelines for when the risk of suicide has been raised**

The **risk of suicide** is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because they had directly or indirectly expressed suicidal thought (ideation) or demonstrated other [warning signs](#). It is critical that any school employee who has knowledge of a suicide threat report this information *immediately* and *directly* to a School Screener (counselor, psychologist, or administrator) so that the student of concern receives appropriate attention. Every effort should be made to interview the student the same day that concerns are reported.

<p><b>Take suicidal behavior seriously EVERY TIME</b></p>
<p><b>Take IMMEDIATE ACTION. Contact a School Counselor and a Building Administrator</b></p>
<p><b>If a student expresses suicidal thoughts, DO NOT LEAVE THE STUDENT ALONE during the screening process. DO NOT SEND THE STUDENT HOME ALONE.</b></p>

**Level 1 Suicide Risk Screening (Student interview done by a School Counselor)**

1. **Lethal Means.** A concern for risk of suicide is brought to the attention of the School Screener and school administrator by a staff member, student’s peers, or from direct referral by the student. If the student is in possession of lethal means (such as guns, weapons, knives, medications), secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call law enforcement to remove lethal means.
2. **Supervision.** A school staff person must stay with the student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student. If possible, this should be the person who identified the student at risk.
3. **Use the *Suicide Risk Screening form*.** The School Screener interviews the student and conducts a Level 1 Suicide Risk Screening. The *Suicide Risk Screening* form is used by the Screener to document the suicide risk level and to insure that the Molalla River School District Suicide Intervention Protocol is followed and appropriate actions are taken.
4. **Parents/guardians must always be notified when there appears to be any risk of self- harm.**
  - a. If the student discloses thoughts of suicide or if the School Screener has reason to believe there is current risk of suicide, the Screener will request that parent/guardian come to school to participate in the screening process and school support plan.
  - b. If the student denies having thoughts of suicide and the School Screener does not have reason to believe there is current risk of suicide, it is still recommended that the Screener notify parent/guardian to share concerns.

c. The *Parent Information* Sheet should be reviewed with and then provided to parents when any suicidal thoughts are present (hard copy or electronic).

d. If a School Screener has exhausted all methods to reach the parent/guardian (including emergency contacts and sibling schools), call the Clackamas County Crisis Line (503.655.8585) to consult regarding next steps. It may be necessary, after consultation, to contact the Clackamas County Department of Human Services Child Abuse Hotline (971.673.7112) or the Molalla Police (911) if the risk of self-harm may be imminent.

5. **Child abuse or neglect.** When the School Screener or other staff person knows, or has reasonable cause to suspect that a student has been, or is likely to be abused or neglected if/when the parent/guardian is contacted, he or she must make a report of suspected abuse or neglect to the Clackamas County Department of Human Services Child Abuse Hotline (971.673.7112) or the Molalla Police Department if the risk of self-harm may be imminent (911).

6. **Consultation.** Upon completion of the Level 1 Suicide Risk Screening, the School Counselor will consult with another School Counselor or the Clackamas County Crisis Line to determine if a Level 2 Suicide Risk Assessment is appropriate. Sharing decision-making with another professional is best practice and reduces the responsibility for the Level 1 Screener alone. The outcome of the consultation will be one of the following:

a. **Level 2 Assessment is not warranted.** A School Support Plan is completed in a timely fashion.

b. **Level 2 Assessment is warranted.** After consultation, if concern about suicidal ideation is sufficiently high, the School Screener refers the student for a *Level 2 Suicide Risk Assessment* by a Qualified Mental Health Professional. A School Support Plan is developed upon the student's return to school.

7. **Clackamas County Crisis Line (503.655.8585).** At any point during the Level 1 Suicide Risk Screening, the School Screener may call the Clackamas County Crisis Line to consult about the student or the situation.

8. **Home safety.** If there is any reason to believe a student has thoughts of suicide, every effort should be made to avoid sending the student home to an empty house.

9. **Submit *Suicide Risk Screening* form.** After the form has been completed and signed by the school administrator, the School Screener sends the

original form to the Supported Education Office and places a copy in the in the student's working file at the school building.

## **Level 2 Suicide Risk Assessment (Done by a Qualified Mental Health Professional)**

After consultation with another School Counselor, the initial School Screener determines that it is appropriate to proceed with a Level 2 Assessment by a Qualified Mental Health Professional. *A Level 2 Assessment requires parental permission unless the student is 14 years of age or older.* If a parent/guardian is unavailable or unwilling to consent to a Level 2 Assessment, the Screener should contact the Clackamas County Crisis Line (503.655.8585) to consult regarding next steps. It may be necessary, after consultation, to contact the Clackamas County Department of Human Services Child Abuse Hotline (971.673.7112) or the Molalla Police Department (911) if the risk of self-harm may be imminent and parent/guardian is unwilling to seek services. The Screener facilitates a referral to **one** of the following Qualified Mental Health Professionals (listed in order of preference):

1. **Student's primary mental health therapist:** The School Screener calls the therapist, provider, or agency. The therapist or agency makes an immediate plan with the student and family to conduct the Level 2 Suicide Risk Assessment. If Screener cannot reach the therapist, the Screener will utilize other options listed below. *It is not sufficient to simply leave a voicemail for the therapist.*

2. **Clackamas County Crisis Line (503.655.8585):** The School Screener calls Crisis Line (with student, if appropriate) and requests a suicide risk assessment. Make sure to indicate if an interpreter is needed. Possible Crisis Line actions include:

a. Assessment and development of a safety plan with school staff, student and parents over the phone.

b. Making a plan with student and family to meet the Crisis Team at **Centerstone Urgent Walk-In Clinic** located at 1121 SE 82nd Avenue, Suite O, Happy Valley, OR 97086. Centerstone provides crisis services to those individuals who do not have an existing mental health provider and are experiencing a mental health crisis. Centerstone does not provide ongoing mental health services This clinic primarily serves individuals that are not insured and those that have OHP. Individuals that are privately insured should seek assistance through their private health care plan to avoid being billed.

3. **Hospital:** Arrange student transportation to the hospital.  
 Child/adolescent psychiatric units in the Portland metro area:

<p><b>Legacy Emanuel Randall Children's</b></p> <p><b>Pediatric Care</b></p> <p><b>2800 North Vancouver Avenue, Suite 165</b></p> <p><b>Portland, OR 97227</b></p> <p><b>503.413.2902</b></p>	<p><b>Providence Willamette Falls Medical Center</b></p> <p><b>1500 Division Street</b></p> <p><b>Oregon City, OR 97045</b></p> <p><b>Child and Adolescent Psychiatry</b></p> <p><b>503.722.3730</b></p>
<p><b>Unity Center for Behavioral Health</b></p> <p><b>1225 NE 2<sup>nd</sup> Ave.</b></p> <p><b>Portland, OR 97232</b></p> <p><b>800.273.8255</b></p> <p><b>(Located on Legacy Health's Holladay Campus)</b></p>	

**Transportation options are:**

- A. Parent/Guardian
- B. Police Officer
- C. Ambulance
- D. Secure Transportation (takes time for them to come and there is a fee):
  1. Secure Mountain Retreat 503.666.9895 <http://mtretreat.org/>
  2. Secure Transportation of Oregon 541.912.1334

<http://www.securetransportationoforegon.com/>

## Developing the School Support Plan after a Level 1 or Level 2 Suicide Screening

After every suicide risk screening, the School Screener must complete a *School Support Plan*. The School Support Plan provides a structure for intentional support, designates responsibilities of each person, and includes a review date to ensure follow-through and coordinated decision making. A **School Support Plan Manager** should be designated to serve as the point person for follow-up communication with parents and community providers for students who have been screened for suicide (Level 1 and Level 2). The *Student Resource* sheet can be used as part of the intervention and support plan.

**Level 1 Suicide Risk Screening:** School Support Plan needs to be completed with the student (involve parent/guardian as appropriate) by the end of the next school day.

**Level 2 Suicide Risk Assessment:** The School Screener or designated School Support Plan Manager schedules a meeting with student, parent/guardian, and administrator to complete the *School Support Plan*. Other staff may be invited, as appropriate. The Plan needs to be completed upon the student's return to school (prior to attending classes).

### Confidentiality

Privacy is of utmost importance and every effort will be made to respect the confidentiality of the student, while attending to the safety needs of the student and school building. The student and parent/guardian should be informed of the limited information sharing that the district requires:

- For safety reasons, the building administrator will be notified immediately of every suicide concern.
- The designated School Support Plan Manager will be given information regarding the suicide concern in order to follow-up and develop a Plan.
- Depending on the School Support Plan, specific school staff persons might receive information as part of the Plan to maintain safety and provide support to the student.
- The *Suicide Risk Screening* form will be kept strictly confidential at the District Central Office. A copy will be kept in the student's working file at the school building.

## **HIPAA and FERPA**

School employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. Psychologists and nurses may also be bound by HIPAA.

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

## **Request from Student to Withhold Information from Parents**

The School Screener may say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still does not want to tell their parents, the staff suicide contact can ask, “What is your biggest fear?” This may help reduce anxiety and the student may gain confidence to tell parents.

## **EXCEPTIONS for Parental Notification: Abuse or Neglect**

Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect are possible. The School Screener will have to tell the student that other people (such as Clackamas DHS or the police) would have to be involved if abuse or neglect may occur.

# Suicide POSTVENTION Protocol

Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented. It is as equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of attempts or completed suicides. With this in mind, MRSD has partnered with Clackamas County Behavioral Health (CCBH). CCBH will guide postvention activities in the district.

The school's primary responsibility in a fatal suicide is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. Preventing suicide contagion, also referred to as "copycat suicides," is also a top priority. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as, students, staff, parents, community, media, law enforcement, etc.

## **Key Points** (derived from *After a Suicide: A Toolkit for Schools, 2011*):

- § Prevention after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or in other words increased risk for suicide.
- § It is important not to "glorify" the suicide. It is important to treat it sensitively when speaking about the event, particularly with the media.
- § It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that surrounds suicide.
- § Families and communities can be especially sensitive to the suicide event.

## **What Schools should do:**

- Identify staff who will take the work with CCBH in taking the lead in the event of a suicide attempt or completion.
- Identified staff should review and discuss the resource, *After a Suicide: A Toolkit for Schools, 2011*. This resource is the latest comprehensive document dealing with this subject. It can be found at: [www.sprc.org](http://www.sprc.org) or [www.afsp.org](http://www.afsp.org).
- Identified staff should meet once a year to establish roles and responsibilities in the event that there is an attempt or completion.
- After an attempt or completion, contact the Director of Special Services and/or relevant School Psychologist.
- Work with Flight Team and community partners to address the immediate needs of students, staff and parents.
- Be aware that persons may still be traumatized months after an event. Refresh staff on prevention protocols and be responsive to signs of suicide risk.

# APPENDIX

## **Resources for Staff**

1. **Clackamas County Crisis Line 503.655.8585**  
<http://www.clackamas.us/behavioralhealth/crisis.html>
2. **National Suicide Prevention Lifeline 1.800.273.TALK (8255)** <http://www.suicidepreventionlifeline.org/>
3. National Suicide Prevention - Learn the Warning Signs  
wallet card or brochure  
<http://store.samhsa.gov/shin/content//SVP11-0126/SVP11-0126.pdf>
3. **Trevor's Project Lifeline – LGBTQ 866.488.7386**  
<http://www.thetrevorproject.org/> Trevor Project brochure  
[http://b.3cdn.net/trevor/114bc3bf1ba6842b8f\\_i4m6bngpu.pdf](http://b.3cdn.net/trevor/114bc3bf1ba6842b8f_i4m6bngpu.pdf)

## **Counseling Resources for Students Without Oregon Health Plan (OHP)**

1. McCoy Counseling Services Julia McCoy, MS, LPC  
107 E. 2 nd St. Molalla, OR 97038
2. Waterfall Counseling Cindy Cox, MA, LPC-Intern  
215 East Main St. Molalla, OR 97038  
Phone: 503-862-8145
3. The Center at Heron Hill 22018 S Central Point Rd  
Canby, OR 97013 Phone: 503-221-4531
4. Catholic Community Services 1904 SE Division St.  
Portland, OR 97202 Phone: 503-517-8663
5. Orchid Health Wade Creek Clinic 535 NE 6th Ave  
Estacada, OR 97023 Phone: 503-630-8550
6. LifeQuest NW Counseling Tony Long-Drew, Registered  
LPC Intern Phone: (503) 928-9453  
Email Address: <http://lifequestnw.org/index.html>
7. Lewis and Clark College Sliding scale as low as \$10 a  
session 4445 SW Barbur Blvd Portland, OR 97219  
Phone: 503-768-6320
8. Portland State University Sliding Scale \$15 a session.  
Lower fee may can be negotiable 1900 SW 4th Ave  
Portland, OR 97207-0751 Phone: 503-725-4620  
<https://www.pdx.edu/coun/clinic>

**Protocol Research Sources (information derived from):**

After a Suicide: A Toolkit for Schools (SPRC – Suicide Prevention Resource Center)  
Beaverton School District  
Canby School District  
Clackamas County Crisis Line  
Clackamas County Suicide Prevention  
Deschutes County  
Hillsboro School District  
National Suicide Prevention Lifeline  
Preventing Suicide – A Toolkit for High Schools (SAMHSA – Substance Abuse and  
Mental Health Services Administration)  
Portland Public School District  
Suicide Awareness RESPONSE program (Oregon Health Authority)  
The Trevor Project  
Washington County  
West Linn Wilsonville School District

## Suicide Risk Quick Reference Cards

For all staff:

<p><b>Warning Signs for Suicide</b> Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future. When a student displays warning signs, appropriate staff must inquire about whether a student is suicidal. <i>This is not a definitive list.</i></p> <p><b>Ideation - Thoughts of Suicide</b> <b>Suicide Plan</b> <b>Unbearable Pain</b> <b>Displaying Signs of Depression</b> <b>Making Final Arrangements</b> <b>Self-Destructive Behavior</b> <b>Changes in Behavior</b></p>	<p><b>Risk Factors for Suicide</b> The following factors are associated with increased suicide risk. By themselves, they are not signs of suicidal thinking. However, students exhibiting these risk factors would likely benefit from suicide prevention programs. When students display risk factors, staff should be vigilant for warning signs of suicide. <i>This is not a definitive list.</i></p> <p><b>Previous Suicide Attempt</b> <b>Exposure to Suicide</b> <b>Abuse</b> <b>Social Isolation</b> <b>Depression, Anxiety, Agitation.</b> <b>Access to Lethal Means</b> <b>Perceived Major Trouble</b> <b>Peer Victimization</b> <b>Substance Use</b></p>
<p><b>5 Steps to Help a Suicidal Student</b></p> <p><i>Take all suicidal behavior seriously.</i></p> <ol style="list-style-type: none"><li><b>1. Establish rapport. Express your concern about what you are see in their behavior.</b></li><li><b>2. Ask the question, “Are you thinking about suicide?”</b></li><li><b>3. If “Yes”, then do not leave this student alone.</b></li><li><b>4. Offer comforting things to say, such as “Thanks for telling me, I am here to help.”</b></li><li><b>5. Escort student to a School Screener. Tell an administrator.</b></li></ol>	

For School Screeners:

## **SUICIDAL THOUGHT, GESTURE, OR ATTEMPT**

### ***School Screener: Interview with a student***

- 1. Do you think about suicide?**
- 2. Do you have a plan?**
- 3. Do you have the means to carry out the plan?**
- 4. Do you use alcohol or drugs?**
- 5. Are you experiencing pain that feels unbearable?**
- 6. Do you have a support system or resources you can turn to when feeling alone?**
- 7. Have you made any previous suicide attempts?**
- 8. Are you receiving mental health care?**

### **Crisis Resources:**

**Clackamas County Crisis Line 503.655.8585**

**National Suicide Prevention Lifeline 1.800.273.TALK (8255)**

**Trevor Project Lifeline LGBTQ 866.488.7386**

A print version of the Suicide Prevention Lifeline Business Card, designed for parents and students, is available at the following link:

<https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/green-national-suicide-prevention-lifeline-wallet-card.pdf>

The Lifeline  
is **FREE**,  
confidential, and  
always available.

**HELP**  
a loved one,  
a friend,  
or yourself.

Community crisis centers  
answer Lifeline calls.



Printed 2005 - Reprinted 2011  
OMHS-GYP-0126

**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE**  
1-800-273-TALK (8255)  
suicidepreventionlifeline.org

**Learn the  
Warning  
Signs.**

### Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- ♦ Talking about wanting to die or to kill oneself.
- ♦ Looking for a way to kill oneself, such as searching online or buying a gun.
- ♦ Talking about feeling hopeless or having no reason to live.
- ♦ Talking about feeling trapped or in unbearable pain.
- ♦ Talking about being a burden to others.
- ♦ Increasing the use of alcohol or drugs.
- ♦ Acting anxious or agitated; behaving recklessly.
- ♦ Sleeping too little or too much.
- ♦ Withdrawing or feeling isolated.
- ♦ Showing rage or talking about seeking revenge.
- ♦ Displaying extreme mood swings.

**Suicide Is Preventable.**

**Call the Lifeline at 1-800-273-TALK (8255).**

**With Help Comes Hope**

# Forms

# SUICIDE RISK SCREENING

(Click here to make a copy of this form to your drive)

Complete this form for each student who you screen for potential suicidal behavior

Student Information			
<b>Date:</b>	<b>Student Name:</b>	<b>ID#:</b>	<b>School:</b>
<b>DOB:</b>	<b>Age:</b>	<b>Grade:</b>	<b>School Screener Name:</b>

Referral
<b>Who referred the student?</b>
<b>What information was shared that raises the concern about suicide risk?</b>

Student Interview				Notes
<b>1.</b>	<b>Do you think about suicide?</b> § How will the student keep safe if they continue to have suicidal thoughts? § Describe how long the student can keep safe and how. § Who can student call and talk to if they are having suicidal thoughts?	<b>YES</b>	<b>NO</b>	
<b>If student answers "YES" to any questions below, consider a Level 2 Suicide Risk Assessment</b>				
<b>2.</b>	<b>Do you have a plan?</b> § Discuss ways to disable the plan. § What can be done about supervision, timing?	<b>YES</b>	<b>NO</b>	
<b>3.</b>	<b>Do you have the means to carry out the plan?</b> § Such as rope, guns, weapons, knives, medications. § What can be done to secure or eliminate item(s)?	<b>YES</b>	<b>NO</b>	
<b>4.</b>	<b>Do you use alcohol or drugs?</b> § Use decreases inhibitions and increases risk, but ceasing chronic use may also increase the risk.	<b>YES</b>	<b>NO</b>	

	§ Discuss with student how they can stop use or reduce chronic use.			
5.	<b>Do you experience pain that feels unbearable?</b> § What does the student identify as things that ease the pain? § Think about things such as talking, listening to music, art, reading, etc.	<b>YES</b>	<b>NO</b>	
	<b>Pain on scale from 1-10:</b>			
	Recent personal or family loss	<b>YES</b>	<b>NO</b>	
	Withdrawal from others	<b>YES</b>	<b>NO</b>	
	Feelings of hopelessness	<b>YES</b>	<b>NO</b>	
	Family conflict	<b>YES</b>	<b>NO</b>	
6.	<b>Have you made any previous suicide attempts?</b> § Support past survival skills. Do they have the means they used before? § How did they survive after the previous attempts?	<b>YES</b>	<b>NO</b>	
7.	<b>Are you receiving mental health care?</b> § Name of mental health professional? Help link the student to a mental health worker that was helpful. § Help them make an appointment with a new person if necessary. § Consider diagnosis, stigma, and medication. What treatment helped?	<b>YES</b>	<b>NO</b>	
8.	<b>Do you have a support system or resources you can turn to when feeling alone?</b> § If there is a lack of resources, help link the student to resources both informal such as family, friends, coach, or mentor and formal such as school, mental health professional, doctor, etc.	<b>YES</b>	<b>NO</b>	
	Is there a <i>Release Of Information</i> (ROI) with the mental health care professional?	<b>YES</b>	<b>NO</b>	

Parent/Guardian Contact					
Parent/Guardian Name:			Date/Time of Contact:		
Is parent/guardian aware of suicidal thoughts?	YES	NO	Parent perception of suicide risk:		
Does the student have a mental health care professional?	YES	NO	Name of professional:		
Other student health concerns/medications?					
<p><b>PRIVACY (Share with parent/guardian):</b> Suicide concerns are shared with the building administrator for safety purposes. Depending on the <i>School Support Plan</i>, information might be shared with specific school personnel, only as needed to ensure student safety and provide support. The completed <i>Suicide Risk Screening Form</i> is kept confidential and it is not kept in the student's cumulative file.</p>					
<p><b>DECISION: Do we proceed to Level 2 Suicide Risk Assessment?</b> This decision requires consultation with another School Screener or the Clackamas County Crisis Line 503.655.8585</p>			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				

If YES, do Level 2 Suicide Risk Assessment below			If NO, continue with Level 1 Suicide Risk Screening below
Parent/Guardian agrees to Level 2 Assessment:	YES	NO	<p><b>Complete <i>School Support Plan</i> with parent/guardian:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Share concerns and risk factors</li> <li><input type="checkbox"/> Review the <i>Parent/Guardian Information</i> sheet and give to parent/guardian (can mail, email, send with student)</li> <li><input type="checkbox"/> Request the parent/guardian sign a <i>Release of Information</i> (ROI) for providers.</li> <li><input type="checkbox"/> Complete <i>Student Resource</i> sheet</li> </ul>
Parent/Guardian signed a <i>Release Of Information</i> (ROI) for mental health provider:	YES	NO	
<p><b>Level 2 – School Screener refers to ONE of the Qualified Mental Health Providers below for Suicide Assessment:</b></p>			

<p><b>1. Contact with student's mental health therapist:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immediate phone conversation (no voicemail)</li> <li><input type="checkbox"/> Therapist comes to school</li> <li><input type="checkbox"/> Student transported from school to therapist</li> </ul> <p><b>2. Referral to Clackamas County Crisis Line 503.655.8585:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Phone Consultation</li> <li><input type="checkbox"/> Student transported from school to meet crisis team at Centerstone Urgent Walk-in Clinic</li> </ul> <p><b>3. Referral to a hospital:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Legacy Emanuel Randall Children's Pediatric Care 503.413.2902</li> <li><input type="checkbox"/> Providence Willamette Medical Center Child and Adolescent Psychiatry 503.722.3730</li> </ul> <p>Other hospital: _____</p>		
<p><b>Transportation mode:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent/Guardian transports</li> <li><input type="checkbox"/> Ambulance transports</li> <li><input type="checkbox"/> Secure Transportation Organization transports: Secure Transportation of Oregon 541.912.1334 Secure Mountain Retreat 503.666.9895</li> </ul>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Review the <i>Parent/Guardian Information</i> sheet and give to parent/guardian.</b></li> </ul>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Schedule time/meeting to complete the mandatory <i>School Support Plan</i> (complete before student's return to school).</b></li> </ul>		

**The School Screener must designate a *School Support Plan* MANAGER** for follow-up communication with parent/guardian, therapist, or hospital. **For Level 2 cases**, the MANAGER must schedule a meeting with student, parent/guardian, school counselor, and administrator to complete the *School Support Plan* upon student's return to school.

**Screener (name):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consulted with (name):** \_\_\_\_\_ **Signature (if present):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Support Plan Manager (name):** \_\_\_\_\_

**School Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Copy of Suicide Risk Screening form to school counselor/school psychologist.*

# SCHOOL SUPPORT PLAN

Complete this form for each student who you screen for potential suicidal behavior

<b>Student Information</b>			
<b>Date:</b>	<b>Student Name:</b>	<b>ID#:</b>	<b>School:</b>
<b>School Support Plan Manager Name:</b>			
Plan manager will review the status of this plan on (date): _____ to determine whether to:			
<input type="checkbox"/> discontinue plan <input type="checkbox"/> revise plan (use new form) <input type="checkbox"/> continue plan (page 2)			

<b>General Supports</b>
<input type="checkbox"/> <i>Student Resource</i> sheet <input type="checkbox"/> Clackamas County Crisis Line card: 503.655.8585

<b>School Support Options</b>
<input type="checkbox"/> Check-in's with (name): <input type="checkbox"/> daily <input type="checkbox"/> weekly
<input type="checkbox"/> Designated safe place at school:
<input type="checkbox"/> Student will seek out the following school staff:
<input type="checkbox"/> Increased supervision in the following settings:
<input type="checkbox"/> Decrease or eliminate passing time or unsupervised time
<input type="checkbox"/> Alert staff and teachers on a need-to-know basis
<input type="checkbox"/> Late arrival <input type="checkbox"/> Early dismissal <input type="checkbox"/> Other schedule changes:
<input type="checkbox"/> Drug and alcohol assessment/intervention with (name):
<input type="checkbox"/> Proactive strategies

Family/Home Options
<input type="checkbox"/> Safety proof home. Remove access to lethal means (such as rope, guns, weapons, knives, medications).  Local Police Department can help with this.
<input type="checkbox"/> Increased supervision
<input type="checkbox"/> Increased monitoring of social media
<input type="checkbox"/> Pursue mental health services (students expressing thoughts of suicide should always be referred).
<input type="checkbox"/> <i>Parent/Guardian Information</i> sheet reviewed with parent and given to parent

Permission
<input type="checkbox"/> Permission for <i>Release Of Information</i> (ROI) for mental health care providers is signed
Comments:

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form completed by (name and position):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Copies to: Student, Parent/Guardian, Administrator, School Counselor/Psychologist

## SCHOOL SUPPORT PLAN REVIEW

Date	Discontinue Plan	Revise Plan (attach new plan)	Continue Plan (List new review date)
			New review date:

<p><b>If discontinuing plan, list justifications:</b></p>       
<p><b>Signature of Plan Manager:</b></p>       

## STUDENT/PARENT RESOURCES

I understand that this sheet is to help remind me of ways I can keep myself safe. I realize that there is someone is available to talk with me 24 hours a day. If I am having thoughts of suicide, I can talk to one or more of the following people about those feelings:

	Name of Support	Phone	When
<b>Supportive family, friends, other adults</b>			
<b>24-hour Crisis Lines</b>	Clackamas County Crisis Line	503.655.8585	Anytime (24/7)
	Riverstone Mental Health Crisis & Urgent Walk-in Services 11211 SE 82nd Avenue, Suite O Happy Valley, 97086.	Crisis line (24/7) 503.655.8585	Clinic Hours: 9 a.m. to 8 p.m. M-F 10 a.m. to 7 p.m. Saturday and Sunday
	National Suicide Prevention Lifeline	1.800.273.TALK (8255)	Anytime (24/7)
	LGBTQ – Trevor’s Project Crisis Line	866.488.7386 (talk or text)	Anytime (24/7)
	Unity Center for Behavioral Health 1225 NE 2 <sup>nd</sup> Ave Portland, OR 97232	800.273.8255	Anytime (24/7)

**During this time, I can help myself in the following ways:**

**Others will help me in the following ways:**

**I was informed that my privacy will be protected as much as possible and certain school staff will be notified of concerns as needed to help support me and keep me safe.**

**Our next meeting will be (date and time):**

\_\_\_\_\_

**Student name:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian or witness signature:** \_\_\_\_\_

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

Original to: Student      Copies to: Parent/Guardian and Student working file.

## PARENT/GUARDIAN INFORMATION

We are concerned about the safety and welfare of your child. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within the Molalla River School District and we would like to support you and your student as much as possible during this time. To assure the safety of your child, we suggest the following:

- Your child needs to be supervised closely. Assure that your child does not have access to firearms or other lethal means (such as rope, weapons, knives, medications) at your house or at the home of neighbors, friends, or other family members. The local Police Department can speak to you about different ways of removing, storing, or disposing of firearms.
- Seek professional help for your child. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for an assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly. Some options are:
  - Clackamas County Behavioral Health 503.742.5335
  - Providence Willamette Falls Child and Adolescent Psychiatric Unit 503.574.9235
  - Caremark Behavioral Health Services (24/7 Part of Legacy Emmanuel) 503.413.4848
  - Riverstone Urgent Walk-In Clinic 503.722.6200
  - Unity Center for Behavioral Health 800.273.8255
- Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care they need. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect.
- We may need to develop a re-entry plan with you before your child can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

**If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the Clackamas County Crisis Line at 503.655.8585. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.**

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

<b>Unity Center for Behavioral Health 1225 NE 2<sup>nd</sup> Ave. Portland, OR 97232 800.273.8255 (Located on Legacy Health's Holladay Campus)</b>	<b>Providence Willamette Falls Medical Center 1500 Division Street Oregon City, OR 97045 Child and Adolescent Psychiatry 503.722.3730</b>
<b>Legacy Emanuel Randall Children's Pediatric Care 2800 North Vancouver Avenue, Suite 165 Portland, OR 97227 503.413.2902</b>	

If you have questions or concerns or need further assistance from the school, please contact:

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_