

# Responding to Suicide Risk



Guidance Documents  
April, 2022

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# Foreword

## Purpose

The following pages reflect guidance documents for school buildings. It is not recommended that these documents be used for decision making by individuals, but should rather be used for team decision making. As in all of our work, the purpose of this guidance is to make the most educated decision to promote positive outcomes for our students. All documents assume some professional judgment as reflected by the American School Counselor Association Ethical Standards (2016).

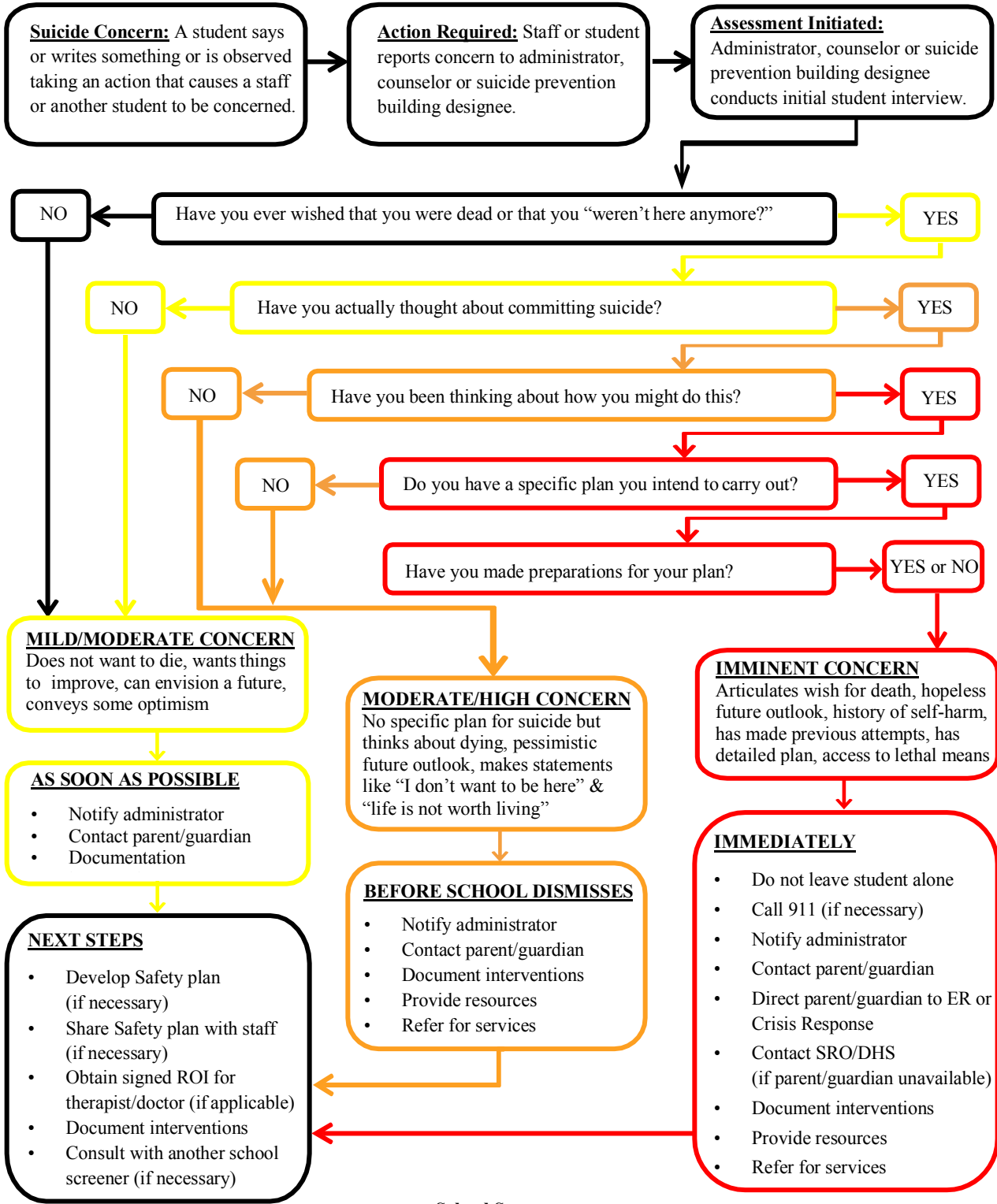
The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools. Schools are resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools are a good resource for support and stability for students and community members when a crisis occurs in their community. Creswell School District staff will receive a training (or a refresher) once a year on the policies and procedures and best practices for intervening with students at risk for suicide. At least two staff members per school receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training. These staff members are the trained School Screeners within each school. Administrators will ensure that all staff know who these School Screeners are within the school.

### What Schools Need to Know:

- School staff is 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/guardians, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility doesn't 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 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.

## Creswell School District

### Suicide Prevention Response Protocol



#### School Screeners

Elementary: School counselor & admin

Middle School: School counselor & admin

High School: School counselor & admin

## Warning Signs for Suicide

There is no definitive list for warning signs for suicide

<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

There is no definitive list of risk factors for suicidal ideation.

<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>Experienced abuse</b>	Physical or sexual abuse, being mistreated
<b>Social Isolation</b>	May lead to feelings of helplessness and depression due to lack of support or is unwilling to seek help.

<b>Depression, anxiety, agitation</b>	Feeling trapped, like nothing's going to improve.
<b>Access to lethal means</b>	Such as guns, weapons, knives and/or medications in the house.
<b>Perceived major trouble</b>	Such as trouble at school, at home, or with law enforcement
<b>Peer victimization</b>	Perceived bullying, bullying, extreme embarrassment or humiliation.

### **5 Steps to Help a Suicidal Student. Take all suicidal behavior seriously.**

1. **Establish rapport** - Express your concern about what you are observing in their behavior.
2. **Ask the question** "Are you thinking about suicide?"
3. **If "Yes," then do not leave the student alone.**
4. **Offer comforting things to say** such as "Thank you for telling me. I'm here to help."
5. **Escort the student to a school screener** - the school counselor or administrator

## **Protocol Overview**

The risk of suicide is raised when any students, peer, teacher, school counselor, school administrator or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thought (ideation) or demonstrated other clues or warning signs. It is critical that any school employee who has knowledge of a suicide threat reports this information immediately and directly to a School Screener so that the student of concern receives appropriate attention. A suicide risk screening will need to be completed for every student expressing thoughts of suicide.

If imminent danger exists, phone 911. This is especially important if the students of concerns has skipped school altogether or left the campus of concerns for safety relating to suicide exist.

If a student is having thoughts of suicide, there is a risk of suicide and a Level 1/2 Suicide Risk Screening is initiated. If imminent danger is not present but a concern about suicide risk exists, the School Screener will initiate the Suicide Risk Screening process, which includes, at minimum, a Level 1/2 Suicide Risk Screening and may include a Level 3 Risk Assessment:

1. **A Level 1/2 Suicide Risk Screening** is conducted by a School Screener when risk of suicide is identified. The School Screener interviews the student and completes the *Suicide Risk Screening Form: Level 1/2*, if necessary. The School Screener consults with another trained screener to determine if a Level 3 Suicide Risk Assessment is warranted. The School Screener may also consult with the Child & Adolescent Crisis Response Program at 1-888-989-9990. (This program is coordinated by The Child Center, Looking Glass Counseling/Crisis Line, and Jasper Mountain)
2. **A Level 3 Suicide Risk Assessment by a Qualified Mental Health Professional** may be necessary based upon information gathered in the Level 1/2 Suicide Risk Screening. A *Student Support & Safety Plan* is developed either following the assessment or upon prior to the student's return to school.



## **Level 1/2 Suicide Risk Screening - completed with school screener**

**Risk Is Identified.** A concern for risk of suicide is brought to the attention of the School Screener by a staff member, student's peers, or from direct referral by the student. Contact the School Administrator. 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.

**Use 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. All efforts should be taken to avoid sending the student home to an empty house.

**Use the Suicide Risk Screening Form.** The School Screener interviews the student and conducts a basic Level 1/2 Suicide Risk Screening. The Suicide Screening Form (located on page 15 and on the District website) is used by the School Screener to document the suicide risk level and to insure that the Creswell School District protocol is followed and appropriate actions are taken. It is also used by the School Screener to document the referral, if needed, for Level 3 Suicide Risk Assessment. Once completed, form will be held within a locked filing cabinet within the Counselors office. A yellow paper will be placed within the students CUM file for documentation. This yellow paper will signal to others that the student has a Suicide Screening form completed.

### **Parents/guardians must always be notified when there are concerns for risk of suicide.**

- If a student discloses thoughts of suicide or if the School Screener has reason to believe there is current risk of suicide, the School Screener will request that parent/guardian come to school to participate in the screening process and school support plan.
- If a 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.
- The Parent/Guardian Letter/Information Sheet should be reviewed with and provided to parent/guardian (hard copy or electronic).
- If all methods to reach the student's parent/guardian are exhausted and contact cannot be made, call the Lane County Department of Human Services at 541-686-7555 or the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233) to consult on next steps. Use 911 if the risk of self-harm is imminent.

**Child abuse or neglect.** If there is reasonable cause to suspect that a student has been or is likely to be abused or neglected, the School Screener or delegate must make a report of suspected abuse or neglect to Lane County Department of Human Services at 541-686-7555 or the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233).

**Consultation.** Upon completion of the Level 1/2 Suicide Risk Screening, the School Screener consults with another School Screener or with the Child & Adolescent Crisis Response Program at 1-888-989-9990. (This program is coordinated by The Child Center, Looking Glass Counseling/Crisis Line, and Jasper Mountain) to determine if a Level 3 Suicide Risk Assessment is warranted. At any point during the Level 1/2 Suicide Risk Screening, the School Screener can call the Child & Adolescent Crisis Response Program Crisis Line to consult about the student or the situation. Sharing decision-making with another professional is best practice. The outcome of the consultation will be one of the following:

- **IF Level 3 Suicide Risk Assessment IS NOT warranted.** School Screener develops the *Student Resource Document* with student and parent/guardian (optional for Level 1, required for Level 2). The *Student Support & Safety Plan* is completed if necessary.
- **Level 3 Suicide Risk Assessment IS warranted.** After consultation, if concerns about suicide are sufficiently high, the student is referred for a **Level 3 Suicide Risk Assessment** by a Qualified Mental Health Professional. A *Student Support & Safety Plan* is developed (may have been developed with QMHP that completed the Level 3 screening) as part of the re-entry process upon the student's return to school.
- **Level 3 Suicide Risk Assessment IS warranted.** Imminent risk see flow chart for emergency guidance.

**Developing the Student Support & Safety Plan** - can be part of Level 1 response and is required for Level 2 and 3

A *Student Support & Safety Plan* is **optional** after a Level 1 Suicide Risk Screening, and should be completed by the end of the next school day or upon the student's return to school. A *Student Support & Safety Plan* is **required** following the Level 2 and 3 Suicide Risk Assessment. The development of a *Student Support & Safety Plan* may include the school administrator and counselor as well as the parent/guardian and the student, as appropriate. The *Student Support & Safety Plan* provides structure, designates the responsibilities of each person, and includes a review date to ensure follow through and coordinated decision making. The *Student Resource Document* can also be used to assist with the development of the *Student Support & Safety Plan* (which is required for all Level 2 and Level 3 Suicide Risk Screenings).

Following all Level 2 or Level 3 response, the School Screener serves as the point person for follow up communication with parents/guardians and any existing community providers for each student that has been screened, and, if appropriate, schedules a meeting with student and parent/guardian to complete a *Student Support & Safety Plan* upon student's return to school.

## **Developing A Re-Entry Plan**

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

The Re-Entry Meeting and/or School Safety Plan is scheduled by the school administrator or school counselor with the student, parent/guardian, and mental health specialist. The Child & Adolescent Crisis Response Program may be available to help, as needed, to complete the Re-Entry Plan or Safety Plan.

1. A Re-Entry meeting should occur when students are returning to school following a suicide attempt, even if the school did not complete a suicide screening. This is a best practice approach for student safety.
2. The Safety Plan should be completed upon the student's return to school, prior to attending classes.

## **Level 3 Suicide Risk Assessment** (completed by a QMHP)

If upon completion of the Level 1/2 Suicide Risk Screening, the School Screener consults with another School Screener or the Child & Adolescent Crisis Response Program at 1-888-989-9990. (This program is coordinated by The Child Center, Looking Glass Counseling/Crisis Line, and Jasper Mountain) and determines that it is appropriate to proceed with a Level 3 Suicide Risk Assessment by a Qualified Mental Health Professional, then the School Screener facilitates a referral to one of the resources below. *Note: Permission to see a mental health provider requires parental/guardian permission unless the student is 14 years of age or older.* If a parent/guardian is unavailable or unwilling to consent to a Level 3 Suicide Risk Assessment, the School Screener should contact the Lane County Department of Human Services at 541-686-7555 or the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233).

- **Student's primary mental health therapist:** The School Screener calls the therapist, provider, or agency. If School Screener cannot reach the therapist, the School Screener will utilize other options listed below. *It is not sufficient to leave a voicemail for the therapist.*
- **Child & Adolescent Crisis Response Program 1-888-989-9990:** The School Screener calls the Crisis Line (with student, if appropriate) and requests assistance and support with determining level of risk and next steps. Make sure to indicate if an interpreter is needed.
- **The Child Center School Requested Assessment Referral:** If warranted communication with administration and district office before referring.
- **Hospital:** Assist with arranging transportation to a hospital. Note: presenting to an emergency room is for further assessment only and does not automatically mean the individual will be admitted "to a bed." For an individual to be admitted to a psychiatric unit, medical necessity must first be met.

### **Possible transportation options include:**

**Parent/Guardian:** School staff and parent/guardian should consider if this is a safe option (e.g. will student remain safe in car, will parents/guardians actually go directly to the Emergency Room, etc.)

**Lane County Sheriff's Department 541-682-4150:** Police have, at times, been willing to transport to Emergency Rooms but this cannot be guaranteed and is largely dependent on availability. Note: law enforcement protocol is to handcuff and place any individual in the backseat of a car for safety reasons.

## **Postvention Suicide Protocol**

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

**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 are at increased risk for suicide.
- It is important to not “glorify” the suicide and 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. It is important to address all deaths in a similar manner.
- Families and communities can be especially sensitive to the suicide event.
- Know your resources.

### **POSTVENTION GOALS**

- Support the grieving process
- Prevent suicide contagion
- Re-establish healthy school climate
- Provide long term monitoring
- Integrate and strengthen protective factors

### **POSTVENTION CAUTIONS**

- Avoid romanticizing/glorifying the event or vilifying the victim
- Do not provide excessive details
- Do not eulogize the victim or conduct school-based memorial services
- Do not release information in a large assembly or over the intercom

## **POSTVENTION: What Should a School Do?**

- Identify staff that will take 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: [Suicide Prevention Resource Center](#) or [AFSP: Home](#).
- 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, consult the website resources referenced above. In addition, communicate with appropriate community partners for assistance and resources.
- Work with community partners to address the immediate needs of students, staff and parents/guardians.
- Be aware that persons may still be traumatized months after an event. Refresh staff on prevention protocols and be responsive to signs of risk.

## **POSTVENTION RESPONSE PROCEDURES**

### **POST-VENTION RISK IDENTIFICATION STRATEGIES BY DISTRICT/SCHOOL RESPONSE TEAM**

- Identify** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- Monitor** student absentees in the days following a student suicide, those who have a history of being bullied, who are LGBTQ+, who are participants in fringe groups, and those who have low levels of social/familial support.
- Notify** parents/guardians and legal guardians of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents/guardians, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement, and community agencies.

## **Confidentiality**

### **HIPAA and FERPA**

All school employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

Outside partners providing services like mental health or primary care who are working in CSD schools with students are bound by HIPAA. Both, school staff and outside partners working in schools, are mandatory reporters.

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/Guardians**

The School Screener can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell his/her parents/guardians, the School Screener can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents/guardians. It also increases the likelihood that the student will come to school staff again if s/he needs additional help.

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

Parents/guardians need to know about a student’s suicidal ideation unless a result of parental/guardian abuse or neglect is possible. The counselor or School Screener is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis. If a student makes a statement such as “My dad/mom would kill me”, the school staff can ask questions to determine if parental/guardian abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent/guardian needs to be involved.

## COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

<b>SUICIDE IDEATION DEFINITIONS AND PROMPTS</b>		
Ask questions that are <b>bolded</b> and <u>underlined</u>	<b>YES</b>	<b>NO</b>
<b>Ask questions 1 &amp; 2</b>		

<b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b><u>Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, &amp; 6. If NO to 2, go directly to question 6.</b>		
<b><u>Have you been thinking about how you might do this?</u></b> E.g. “I thought about taking an overdose, but never made a specific plan as to when, where, or how I would actually do it...and I would never go through with it.”		
<b><u>Have you had these thoughts and had some intention of acting on them?</u></b> As opposed to, “I have the thoughts, but I definitely will not do anything about them.”		
<b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b>		
<b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b> 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. <b>If YES, ask: <u>Was this within the past three month?</u></b>		

Low Risk

(i.e., current comments, thoughts of suicide, but no suicide plan, acknowledges helping resources and protective factors)

Moderate Risk

(i.e., prior attempts, thoughts of and plan for behavior or no resources, but no time frame for behavior)

High Risk

(i.e., thoughts of suicide, plan for behavior, time frame for behavior specified, and no helping resources)





**Suicide Risk Screening Form: Level 1**  
*To be used for every Level 1 Suicide Risk Screening*

**I. STUDENT INFORMATION**

Date of Initial Contact	Student Name	CSD Student ID#		
D.O.B.	Age	Grade	Name of School Screener	
Parents/Guardians	Best Contact Number			
Second/Additional Contact	Best Contact Number			
Language of Student	Language of Parent/Guardian	Interpreter Name		

**II. REFERRAL INFORMATION**

Student Self-referred	School Staff:	Parent/Guardian:	Friends:	Other:
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What information was share that raises the concern about suicide risk?

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**III. INTERVIEW WITH STUDENT**

<b>Yes</b>	<b>No</b>		In addition to suicidal thoughts, be listening for other risk factors. See page 4 & 5 for examples
		<b>Does the student admit to thinking about suicide?</b>	
<b>Risk Factors:</b>			<b>Things to Keep in Mind:</b>
		<b>Does the student admit to having a plan?</b> Further information: (How student plans to do it, how prepared student is, how soon it may happen)	Discuss ways to disable the plan. What can be done about the means, timing, and supervision?
		<b>Are the means available to carry out the plan?</b> (Rope, guns, weapons, pills, medication, knives, etc.) If yes, describe:	

**Interview with Student, continued**

	Yes	No	Risk Factors:	Things to Keep in Mind:
			<p><b>Does the student use alcohol or drugs?</b> Describe:</p>	Use of alcohol and drugs elevates risk due to increased impulsivity and reduced inhibitions.
Emotional Pain			<p><b>Is the student experiencing emotional pain that feels unbearable?</b> Consider asking about the following to assess current level of pain: On a scale of 1-10 (with 10 being the highest), how does your pain feel right now? Recent personal or family loss including death by suicide Withdrawal from others/changes in behavior Feelings of hopelessness Family conflict Self-destructive behavior Serious peer conflict or loss of romantic attachment</p>	What does the student identify as things that ease the emotional pain? Think about ideas such as talking, walking, listening to music, art, reading, writing, etc.
Physical Pain			<p><b>Is the student experiencing physical pain that feels unbearable?</b> Consider asking about the following to assess current level of pain: On a scale of 1-10 (with 10 being the highest), how does your pain feel right now?</p>	What does the student identify as things that ease the physical pain?
Previous Attempts			<p><b>Does the student admit to any previous suicide attempts?</b> Describe:</p>	Explore relationships with family members, friends, other adults (coaches, teachers, pastors, etc.).
Support			<p><b>Does the student have resources or a trusted support system they can turn to when feeling suicidal?</b> Describe:</p>	Support past survival skills. Do they have the means they had before? How did they survive after the previous attempts?

Mental Health		<b>Is the student receiving mental health care?</b>	Consider diagnosis, stigma, medication. Was mental health treatment helpful? Why? Why not?
		<b>Did they receive mental health care in the past?</b> Therapist Name: _____ _____ Comments: _____	

**IV. Parent/Guardian Contact**

Name of parent/guardian contacted		Date/Time of contact	Parent/Guardian could not be reached
<b>Yes</b>	<b>No</b>	Was parent/guardian aware of suicidal thoughts/plans?	
		Does student have a mental health therapist or counselor? Therapist name/number: _____ Other student health concerns/medication? _____ Parent/guardian perception of suicidal risk?	

**V. Information gathered from additional sources (OPTIONAL)**

(Student's Therapist/Agency, Child & Adolescent Crisis Response Program 1-888-989-9990, School Officer, Family Physician, DHS, etc.)

## VI. Decision and ACTION

<p>Decision: Do we proceed to Level 2 Suicide Risk Assessment?          Decision Must be made in consultation with another School Screener or the Child &amp; Adolescent Crisis Response Program          1-888-989-9990</p>	
<p><b>If NO, proceed below</b></p>	<p><b>If YES, proceed below</b></p>
<p><b>Steps to take complete Level 1:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communication with parent/guardian</li> <li><input type="checkbox"/> Share risk factors present for child</li> <li><input type="checkbox"/> Give parent/guardian the <i>Parent/guardian Letter/Info Sheet</i> (can mail, sent with student)</li> <li><input type="checkbox"/> Consider competing/sharing Student Resource Document</li> <li><input type="checkbox"/> Request that parents/guardians sign release of information forms for providers (if applicable)</li> <li><input type="checkbox"/> Notify school administrators and file original form with copy to Counselor's work file</li> <li><input type="checkbox"/> Complete Student Support &amp; Safety Plan with student (optional)</li> </ul>	<p><b>Level 2- In collaboration with School Screener, parent/guardian is referred to one of the Qualified Mental Health Providers below for Suicides Risk Assessment. Option available:</b></p> <ol style="list-style-type: none"> <li>1. Contact with <b><u>Student's mental health therapist/agency</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immediate phone conversation (leaving a voicemail not acceptable)</li> <li><input type="checkbox"/> Therapist comes to school</li> <li><input type="checkbox"/> Student transported from school therapist</li> </ul> </li> </ol> <p>Name of Therapist: _____          Phone: _____</p> <ol style="list-style-type: none"> <li>2. Consult with Child &amp; Adolescent Crisis Response Program 1-888-989-9990             <ul style="list-style-type: none"> <li><input type="checkbox"/> Phone Consultation</li> <li><input type="checkbox"/> Crisis Line recommends students be seen by Qualified Mental Health provider within their private insurance network</li> </ul> </li> <li>3. Transportation to <b><u>hospital</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent/guardian transports</li> <li><input type="checkbox"/> SRO/Law Enforcement transports</li> <li><input type="checkbox"/> Ambulance transports</li> <li><input type="checkbox"/> District Transport</li> </ul> </li> </ol>
<p>The School Screener serves as a school point person for following up communication with parents/guardians and identify community providers, and schedules meeting with student and parents/guardians to complete <i>Student Support &amp; Safety Plan</i> upon student's return to school.</p>	
<p><b>Level 1 Screening Completed</b></p>	<p><b>School Screener</b>          Print Name: _____</p> <p>Signature: _____ Date: _____</p> <p>Consulted with: _____  <small>Print Name</small></p>

Copies to:     School Counselor         School Screener         Building File

## Student Resources Documentation

<b>Student Name:</b> _____ <b>Completed By:</b> _____ <b>Date:</b> _____
Warning signs that I might be having a crisis:
1. _____ 2. _____ 3. _____
Coping strategies that help me when I'm struggling:
1. _____ 2. _____ 3. _____
People & activities that provide a positive distraction to me when I'm struggling:
1. _____ 2. _____ 3. _____
People who I can ask for help:
Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____
Professionals or agencies I can contact during a crisis:
Clinician Name: _____ Phone: _____ Emergency Contact Number: _____ Local Urgent Care Services Name: _____ Phone: _____ <u>South Lane Mental Health:</u> 541-942-3939 <u>Child &amp; Adolescent &amp; Crisis Response Program:</u> 1-888-989-9990 <u>Lookingglass</u> 541-689-3111 <u>National Suicide Prevention Lifeline:</u> 1-800-273-8255 <u>Trevor Project Lifeline:</u> 1-866-488-7386 <u>Oregon Youthline:</u> 1-877-968-8491 or text teen to teen to teen to 839863
Things I can do to make my environment safe:
1. _____ 2. _____
One thing that is important to me and worth living for:
1. _____

Adapted from Barbara Stanly and Gregory K. Brown's 2008 Safety Plan Template

Dear Parent/Guardian:

As a follow-up to our discussion earlier today, we are concerned about your student's safety and welfare. All expressions of suicidal behavior are taken very seriously within the Creswell School District and we would like to support you and your student as much as possible during this crisis. To assure the safety of your student, we suggest the following:

- Your student needs to be closely supervised.
- Assure that your student does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. Research shows that risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Your local police department or the high school School Resource Officer at your student's school can discuss with you different ways of removing, storing, or disposing of firearms.
- Seek professional help for your student. When a student is at risk for suicide, it is extremely important that they be seen by a Qualified Mental Health Professional for assessment and, if appropriate, ongoing counseling. We can assist you in finding these resources, or you can contact your insurance company directly by calling the number listed on the back of your insurance card. The Child & Adolescent Crisis Response Program at 1-888-989-9990 can assist with support and locating resources for students.

Your student will need support during this crisis including 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. Avoid teasing and sarcasm during this time. Take all threats and gestures seriously. Encourage open communication by being non-judgmental and conveying empathy, warmth and respect. Be careful not to display anger toward your student for bringing up this concern, or show resentment because you had to leave work or face other inconveniences in order to ensure your student's safety.

We may need to develop a re-entry plan with you before your student returns to school. A representative from the school may contact you to schedule a meeting to discuss a plan that meets your student's needs. This is to ensure your student's safety while at school.

If you have an immediate concern for your student's safety, please call the Child & Adolescent Crisis Response Program at 1-888-989-9990. Counselors are available 24 hours a day and can advise you on the most appropriate action to help keep your student safe. **In case of emergency, call 911 or go to a hospital emergency room.**

If you have questions or need further assistance from the school, please contact your student's School Counselor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Student Support & Safety Plan**

Optional for Level 1

Required for Level 2

Date: _____
-------------

Student Name: _____	School: _____	Grade: _____
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School Screener (name): \_\_\_\_\_ will review the status for the plan on (date) \_\_\_\_\_ to determine:

Discontinue plan  
 Revise plan (use new form)  
 Continue plan (see next page)

**General Supports**

Student Resource Document  
 Child & Adolescent & Crisis Response Program: 1-888-989-9990

**School Support Options**

Decrease or eliminate pass time or unsupervised time  
 Increase supervision in the following settings: \_\_\_\_\_  
 Designated safe place at school: \_\_\_\_\_  
 Alter staff and teachers on need-to-know basis  
 Late Arrival/Early dismissal  
 Other schedule changes: \_\_\_\_\_  
 Drug and Alcohol assessment/intervention with \_\_\_\_\_  
 Update existing 504/IEP, if applicable

Check-ins:  daily       Weekly with:

Administrator       School Counselor       SRO  
 Referral to Care of Youth Service Team

Other: \_\_\_\_\_

Students will seek out the following school staff:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

**Family/Home Options**

Safety proof home (School Resources Officer may be able to help with this)  
 Increase supervision  
 Pursue mental health services \_\_\_\_\_

**Permission**

*Permission to Release Information* form allows communication between school and providers.

Comments: \_\_\_\_\_

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

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

Form Completed by: \_\_\_\_\_

Name	Position	Date

Copies to:       Parent/Guardian       Student       Administrator       School Counselor

# Student Support & Safety Plan



Date	Discontinue Plan	Revise Plan	Continue Plan (List new review date)
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____





### Behavior Record of Safety and Support Plan

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

A safety plan was developed for \_\_\_\_\_ on \_\_\_\_\_  
Name of Student Date of Safety Plan

Due to issues surrounding  aggressive or threatening behavior  self-harm/ statement

For any further information please contact the following person:

_____	_____
Name of Individual who completed safety plan with student	Position
	_____
	Phone/Email Contact Info

*Please notify counselor and/or administrator if you observe any significant changes or concerns with this student's behavior.*

\_\_\_\_\_’s Safety and Support Plan  
(NAME)

Who helped me write this plan: \_\_\_\_\_

Activities that I enjoy and things I like to do to help myself feel better:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Positive thoughts that usually help me feel better:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Adults who care about me who I can talk to when I need support:

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

When I have a hard time, I can:

- Ask to have some time to talk to (teacher/adult): \_\_\_\_\_
- Talk to a family member, or other trusted adult about my feelings
- Do some of the activities I wrote down on this plan
- Remind myself of the positive statements I can make to myself
- Ask someone to take me to a doctor or call 911
- Other ideas: \_\_\_\_\_



**Student Safety and Support Plan- Elementary**  
Follow-up Recommendations & Documentation

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Date of contact with parent(s)/guardian(s) to discuss concerns and review plans: \_\_\_\_\_

The following staff member will check-in with student \_\_\_\_\_  
within 1-2 days and again in one week:

**Recommendations for Ongoing Support:**

(check all that apply)

- Weekly check-in with school staff member
- Monthly check-ins with school staff member
- Student initiated check-ins with school staff member
- Follow-up with outside counseling agency
- Weekly parent/guardian calls home
- Referral for medical evaluation or physical check-up
- Sharing information with physician or outside agency (will need signed permission)
- Schedule change at school (to avoid peer situation, reduce difficult class schedule, etc.)
- Other: \_\_\_\_\_

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**Follow-Up Documentation:**

Summarize interventions in place at the 1-2 day check-in:

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Summarize interventions in place at the one-week check-in:

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The Child Center  
3995 Marcola Road  
Springfield, OR 97477

Phone: (541) 726-1465  
Fax: (541) 726-5085

### The Child Center School Request Assessment Referral

Student's Name: \_\_\_\_\_ Brithday: \_\_\_\_\_ Parent/Gaurdian: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
School Child Attends: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Grade: \_\_\_\_\_  
Person Making Referral: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Service Request: \_\_\_\_\_ Brief Safety Screening: \_\_\_\_\_ Full Metal Health Assessment: \_\_\_\_\_  
Reason for Referral (If Safety Screening, include SPECIFIC details about concerns): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student suspended pending this completion of this assessment? Yes/No    Have the police been notified of this incident? Yes/No

**I understand the Child Center changes fees for the services it provides. The fees for the assessment will be paid by:**

School District: \_\_\_\_\_ Authorizing School Officials: \_\_\_\_\_

Authorizing School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**Parent Signature**

I authorize the exchange of the information between \_\_\_\_\_ School District and The Child Center for the coordination of this assessment/screening and to provide documentation of results from this assessment/screening.

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

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

## **SUICIDE PREVENTION & INTERVENTION**

### **RESOURCES**

**Free, confidential, anonymous support available 24/7**

**National Suicide Prevention Lifeline 1-800-273-TALK (8255)**

<http://www.suicidepreventionlifeline.org/>

**The Child & Adolescent Crisis Response Program 1-888-989-9990**

<https://www.thechildcenter.org/crisis-response-program/>

Specific resource for youth and families in Lane County.

**Oregon Youthline 1-877-968-8491** Teen volunteers available from 4:00 - 10:00 p.m.

<https://oregonyouthline.org/>

Text teen2teen to 839863 for text support or go to the website to chat.

**Lines for Life 1-800-273- 8255** <https://www.linesforlife.org/>

Text and chat also available through this website

**The Trevor Project Lifeline - LGBTQI+ 1-866-488-7386**

<https://www.thetrevorproject.org/>

**Now Matters Now - all ages, 24/7, text MATTERS to 741741**

<https://nowmattersnow.org/help-line>

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