Harrisburg School District Suicide Prevention Policy Guide

A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION PROCEDURES

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SECTION I: INTRODUCTION

Purpose
The purpose of this plan to follow policy to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Senate Bill 52 - Adi's Act

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12.

Legal Reference(s):

ORS 332.107 ORS 339.343 ORS 581-022-2510

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;

2. Identification of the school officials responsible for responding to reports of suicidal risk;

3. A procedure by which a person may request the district to review the action of a school responding to a suicidal risk;

4. Methods to address the needs of high-risk groups, including:
    a. Youth bereaved by suicide;
    b. Youth with disabilities, mental illness or substance abuse disorders;
    c. Youth experiencing homelessness or out of home setting, such as foster care, shelters or when staying with non-family members;
    d. Lesbian, gay, bisexual, transgender, queer, intersex, asexual and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.

5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
    a. When and how to refer youth and their families to appropriate mental health services;
    b. Programs that can be completed through self-review of suitable suicide prevention materials

6. Supports that are culturally and linguistically responsive;

7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis (1); and

8. A process for designating staff to be trained in an evidence-based suicide prevention

Program (2).

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

(1) "Behavioral Health crisis" as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.
(2) ODE will provide a list of available programs.

SUPPORTS THAT ARE CULTURALLY AND LINGUISTICALLY RESPONSIVE

Harrisburg Schools should be aware of the community's cultural and linguistic diversity. When developing plans for district-wide suicide prevention, consideration should be given to the information, delivery, cultural references, and presentation options. Community members should represent Harrisburg's diversity and have opportunities for input.

These measures should assist with the effectiveness of the program when based on the values, needs, and strengths of the groups that we are trying to reach. "The suicide prevention response should be respectful and responsive to groups' beliefs, practices, and cultural and linguistic needs and preferences."
*(Suicide Prevention Resource Center, sprc.org/keys-success/culturally-competent)

Factors that the Harrisburg Suicide Prevention Policy should consider are:

- Race
- Ethnicity
- Age
- Education
- Physical and Mental Health
- Gender Identity
- Sexual Orientation
- Occupation
- Religion
- Housing status
- Poverty
- Accessibility to resources
- Other factors as made aware

Actions to take:

- Research and understand the community of Harrisburg
- The team should include members of the diverse population represented in Harrisburg
- Information should be tailored to address the needs of all represented diversities
- An open dialogue should be created to meet the specific needs of our districts cultural diversity and linguistics differences

Materials for suicide prevention are most effective when consideration to the community diversity and linguistics needs are addressed with clear objectives and goals. An understanding of the purpose of the information and materials being shared should guide the communication strategies.

Helpful Reminders
School staff are frequently considered the first line of contact with potentially suicidal students.
Most school personnel are neither qualified, nor expected, to provide the in depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying a parent/guardian, making appropriate referrals, and securing outside help when needed.
All school personnel need to know that the protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely on the individual “on the scene.”
Research has shown that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to die by suicide.
School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having support in place may lessen this reluctance to speak up when students are concerned about a peer.

Confidentiality
FERPA: School employees are bound by the laws of The Family Education Rights and Privacy Act of 1974 (FERPA). These are situations when confidentiality must NOT BE MAINTAINED; If, at any time, a student has shared information that another student is at 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 known as “minimum necessary disclosure”.

Glossary *Talking about mental health and suicide can be challenging sometimes, even adults don't know how to start the conversation. In this section, you find some terminology that will help normalize the conversation. These definitions are adapted from the Trevor Project's Model School Policy for Suicide Prevention and the Suicide Prevention, Intervention, Postvention manual from Lines for Life and the Willamette ESD.*
Flight Team
A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to help support students and staff in the event of a crisis or death.
Mental Health
Someone's state of being in regards to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.
Protective Factors
Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.
Risk Factors
Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and the environment.
Suicide Response Protocol Assessment
An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).
Self-Harm
Behavior that is self-directed and deliberately results in injury of the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intents, youth you engage in self-harm are more likely to attempt suicide.
Stigma
A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized with societal messages such as those that live with mental illness are weak, dangerous, or unstable.
Suicide
Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, abivalence is not a sign of a less serious or dangerous suicide attempt.
Suicide Contagion/Clusters
The research pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily 'contagious' to otherwise mentally healthy individuals. Usually suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.
Suicide/Crisis Intervention
The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.
Suicide Prevention
The intentional steps that your school/district takes to create a culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.
Suicide Postvention
Postvention is a crisis response strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
Suicidal Thoughts or Ideation
Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

Acknowledgement of Sources

This policy would not be possible without information gathered and adapted from the following sources. We recognize and thank you for your contribution.

Model School District Policy on Suicide Prevention
American School Counselor Association, National Association of School Psychologists, Trevor Project and American Foundation of Suicide Prevention
Oregon Schools Suicide Protocol Toolkit
After a Suicide: Toolkit for Schools
Forest Grove School District: Suicide Prevention Policy and Plan
GAPS (Greater Albany Public Schools): Suicide Prevention Manual
Suicide Prevention, Intervention, and Postvention: Step by Step, *Lines for Life and the Willamette Educational Service District*
Kristina Wonderly and Julie Graves, *Linn Benton Lincoln Educational Service District*

SECTION II: POSITIVE MENTAL HEALTH MESSAGES

Promoting Positive Mental Health Messages
Importance of Student Mental Wellness
To be successful, schools must embrace student mental wellness with the same priority as academics and extracurricular. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more. We know that students are trying to manage a lot and many report that they are feeling overwhelmed. Students often have perceived messages that they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement. We believe that teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know it's okay to ask for help.
Promoting Mental Wellness
We believe schools have the power to reduce stigma and increase students' sense of well being. We can ensure that students know where and how to get help when they need it without feeling the shame and guilt often associated with the stigma. An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention is an undercurrent that ultimately pushes schools toward stronger suicide prevention.
Supportive Relationships
All staff play a role in prevention of youth suicide and promoting ways for students to get help during stressful times. Teachers are empowered to help students that disclose stress and distress and help students learn to identify and assess their mental health symptoms and stressors to get the help they need and deserve.
Examples of ways Harrisburg School Districts promotes positive mental health messages
1. A licensed school counselor in each building 2. Posters of mental health topics and resources 3. AVID and fostering a Growth Mindset 4. Brochures made available in offices throughout the district 5. Access to a Linn County Mental Health therapist 6. Referrals to outside resources and agencies 7. Small group opportunities 8. Mental Health opportunities posted on the district website/social media pages

SECTION III: PREVENTION

Staff Training and Education

All staff should receive training on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide.

Who	What	When
All HSD Staff	*Training or refresher policies, procedures, and best practices for intervention with students at risk for suicide through:*	
	Safe Schools online module	Each year
	Question, Persuade, Refer (QPR)	Once a year
	Access to review of district suicide prevention policy and plan	Annually through a staff meeting
Suicide Response Protocol Screeners (school counselors, school psychologists, mental health specialists, administrators, etc)	Applied Suicide Intervention Skills Training (ASIST)	As soon as available after hire with a refresher course every 5 years

Student Training and Education

Students should receive information about suicide and suicide prevention in health class. The purpose of the curriculum is to teach students the importance of safe and healthy choices and coping strategies, and how to access help at their school for themselves, their peers, or others in the community.

Who	What	When
Kindergarten through 4th grade students	Strong Kids Second Step Mind Up Kelso DESSA	During classroom guidance lessons
Fifth - 6th grade students	Strong Kids Mind Up DESSA LifeSkills Unit (6th)	During classroom guidance lessons
	YouthLine Classroom Outreach	Guest Presentations

Seventh - 8th grade students	Suicide Prevention Unit	Health Class
Ninth - 12th grade students	Naviance Curriculum Sources of Strength	Student Success
Ninth - 10th Grade students	Suicide Prevention Unit	Health I Class
Eleventh - 12th Grade students	Suicide Prevention Unit	Health II Class
All students and families	Access to and reminders about the district suicide prevention plan through the Student and Parent Handbook and HSD website	Annually through Student/Parent Handbook and HSD website

Populations at Elevated Risk for Suicidal Behavior
Youth living with mental and/or substance use disorders
While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorder, in particular depression of bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and psychotic disorders, borderline personality disorder, conduct disorder and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.
Youth who engage in self-harm or have attempted
Suicide risk among those who engage in self-harm is significantly higher that the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk for dying by suicide within ten years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.
Youth in out-of-home settings
Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care are more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.
Youth experiencing homelessness
For youth experiencing homelessness, rates of suicide attempts are more than those of the adolesent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of

runaway and homeless youth have had some kind of suicidal ideation.
American Indian/Alaska Native (AI/AN) youth
In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.
LGBTQIA+ (lesbian, gay, bisexual, trangender, queer/questioning, intersex, asexual and gender non-conforming) youth
The CDC finds that LGBTQIA+ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. Suicidal behavior among LGBTQIA+ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual risk factors such as mental health history, and the fact of being LGBTQIA+ which elevates the risk of suicidal behavior for LGBTQIA+ youth.
Youth bereaved by suicide
Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves.
Youth living with medical conditions and disabilities
A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are signifantly higher among people with certain sypes of disabilities, such as those with multiple sclerosis or spinal cord injuries.

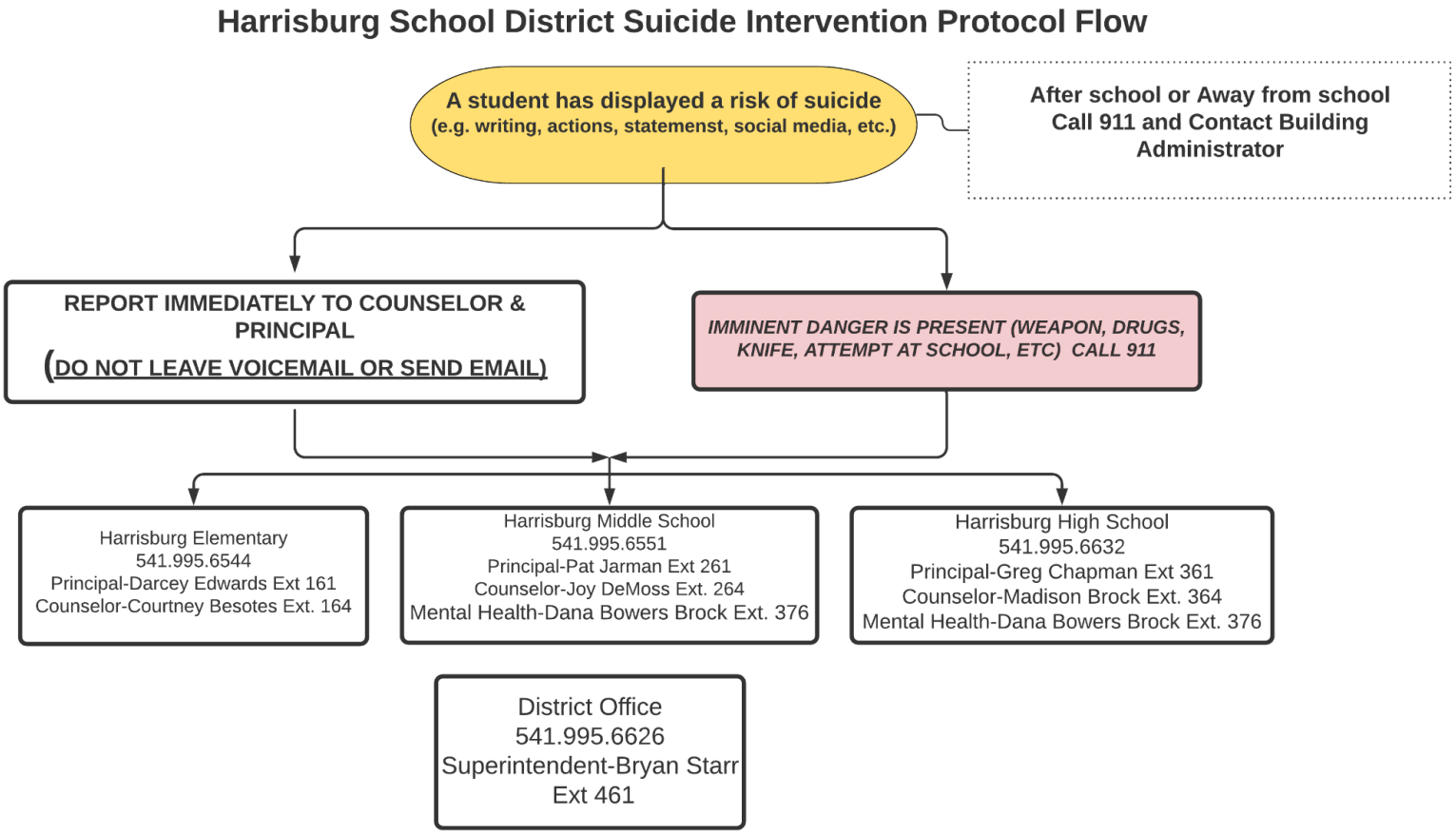
Methods to address the needs of high-risk groups
The Suicide Prevention Resource center located at https://www.sprc.org/resources-programs has resources available to understand each of these unique populations and can serve as a tool when working with individuals, families and special populations.

SECTION IV: INTERVENTION

Suicidal Behavior Risk and Protective Factors	
Risk Factors	**Protective Factors**
● Current plan to die by suicide	● Engaged in effective health and/or mental health care
● Family history of suicide	● Social support
● History of maltreatment/abuse	● Self-esteem
● Exposure to violence	● A sense of purpose and future orientation
● Witnessing/experiencing family abuse	● Problem-solving skills
● Previous attempt	● Healthy coping tools
● Isolation	● Cultural and religious beliefs
● Hopelessness	● Social competence
● History of substance abuse	● Access to multiple intervention/support avenues for help
● History of mental health diagnoses	● Responsibilities
● Trauma	● Academic success
● Limited access to behavioral health care	● School climate
● Chronic illness	● Secure housing and food
● Lack of social support	● Pets (having to care for)
● Access to lethal means	● Sense of duty to others
● LGBTQIA+, Native American, Alaskan Native	● A reasonable safe and stable environment
● Perceived burdensomeness	● Connectedness to family
● Multiple losses in the family	● Connectedness to peers/school
● A significant disruption in the family	● Connectedness to trusted adults
● Learning difficulties	● Connectedness to community

Suicide Response Protocol
Warning signs that may indicate an immediate danger or threat:
● Someone who has already taken action to die by suicide ● Someone threatening to hurt themselves or die by suicide ● Someone looking for ways to die by suicide - seeking access to pills, weapons, or other means ● Someone talking, joking, drawing, or writing about death, dying or suicide
● Staff response:
If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to a school suicide prevention team member (counselor) or administrator right away. If there is imminent danger, call 911. A Suicide Response Protocol Level 1 is performed by a trained school staff member. The screener will do the following: ● Interview the student using the HSD Suicide Response Protocol ● Complete a Student Safety Plan, if needed ● Contact parent/guardian to inform and gather additional information ● Determine the need for a Level 2 assessment based on the level of concern and noted risk factors through the Suicide Response Protocol ● Consult with another trained screener prior to making a decision regarding a Level 2 ● Inform administrator of screening results
Trained school staff members:
Only trained school staff members should act as screeners who perform Level 1 suicide response protocols and safety planning. Examples of trained screener in your school are: ● School Counselors ● Behavior Specialists from LBL ESD ● Mental Health therapist from Linn County Mental Health ● Drug/Alcohol therapist for Linn County Health Services

Harrisburg School District Suicide Intervention Protocol Flow



Suicide Risk Assessment - Level 1

1. IDENTIFYING INFORMATION

Name: _____ School: _____DOB: _____

Age: _____ IEP/504?_____ Address: _____

Parent/Guardian #1 name/phone # (s): _____

Parent/Guardian #2 name/phone # (s):_____

Screener's name:_____ Position: _____

Contact information: _____

Screener consulted with: _____ at the school.

2. REFERRAL INFORMATION

Who reported concern: Self ⚪ Peer ⚪ Staff ⚪ Parent/Guardian ⚪ Other ⚪

Contact information: _____

What information did this person share that raised concern about suicide risk? _____

_____

3. INTERVIEW WITH THE STUDENT

A. Does the student exhibit any of the following warning signs?

⚪ Written statements, poetry, stories, electronic media about suicide
⚪ Withdrawal from others
⚪ Preoccupation with death
⚪ Feelings of hopelessness
⚪ Substance Abuse
⚪ Mental Health issues
⚪ Current psychological/emotional pain
⚪ Discipline problems
⚪ Conflict with others (friends/family)
⚪ Recent personal or family loss or change (i.e., death, divorce)
⚪ Experiencing bullying or being a bully
⚪ Recent changes in appetite
⚪ Family problems
⚪ Giving away possessions
⚪ Current trauma-(domestic/relational/sexual abuse)
⚪ A crisis within the last 2 weeks: _____
⚪ Stresses from: gender ID, sexual orientation, ethnicity
⚪ Other signs: _____
_____
_____
_____

Does the student admit to thinking about suicide? Yes ⚪ No ⚪

Does the student admit to thinking about harming others? Yes ⚪ No ⚪

Does the student admit to having a plan? Yes ⚪ No ⚪

If so, what is the plan (how, when, where)?

_____

_____

Is the method available to carry out the plan? Yes ⚪ No ⚪ Explain: _____

_____

Is there a history of previous gesture(s) or attempts? Yes ⚪ No ⚪ If yes, describe: _____

_____

Is there a family history of suicide: Yes ⚪ No ⚪ Explain: _____

Has the student been exposed to suicide by others: Yes ⚪ No ⚪ Explain: _____

_____

Has the student been recently discharged from psychiatric care: Yes ⚪ No ⚪ Date: _____
Explain:

_____

B. Does the student have a support system? Yes ⚪ No ⚪

List an adult the student can talk to at **home:**

_____

List an adult the student can talk to at **school**:

_____

Additional supports:

_____

C. Protective Factors (see supplemental Risk & Protective Factor sheet):

_____

_____

_____

4. PARENT/GUARDIAN CONTACT

1. Name of parent/guardian contacted: _____ Date Contacted:_____
2. Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes ⚪ No ⚪
3. Parent/Guardian's perception of threat?

_____

5. ACTIONS TAKEN

Yes ⚪ No ⚪ Called 911 (Contact date/time/name) _____
Yes ⚪ No ⚪ Safety Plan created with the student.
Yes ⚪ No ⚪ Copy of Safety plan given to the student, the original placed in a confidential file
Yes ⚪ No ⚪ Parent/Guardian contacted
Yes ⚪ No ⚪ Released back to class after Parent/Guardian (and/or agency) confirmed plan and follow up plan established. Notes: _____
Yes ⚪ No ⚪ Released to Parent/Guardian
Yes ⚪ No ⚪ Parent/Guardian took student to hospital
Yes ⚪ No ⚪ Parent/Guardian scheduled mental health evaluation appointment
Notes: _____
Yes ⚪ No ⚪ Provided student and daily with resource materials and phone numbers
Yes ⚪ No ⚪ School Counselor/School Psychologist follow up scheduled (date/time): _____
Yes ⚪ No ⚪ School Administrator notified (date/time): _____

ASSESSMENT OUTCOME

⚪ Limited or NO risk factors noted. NO FURTHER FOLLOW-UP NEEDED.

Consulted with and approved by: 1._____

2._____

⚪ Several risk factors noted but no imminent danger. Completed Safety Plan.
Will follow up with student on (date/time): _____

⚪ Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from Linn County Mental Health - 541-967-3866 (telephone triage).

Contact date/time/name: _____

School Safety Plan

Student Name: Date: Grade:

List identified stressors and triggers at school:

List identified stressors and triggers outside of school:

SCHOOL SAFETY PLAN: (please check all that apply and explain in space provided)

- ❏ Daily check-ins with a trusted adult. Identified adult: _____
- ❏ Adjusting the schedule: _____
- ❏ Breaks for student: _____
- ❏ Have parent/guardian/student sign Release of Information with mental health counselor: _____
- ❏ Have parent/guardian call weekly for check-in. Agreed upon day of week and time: _____
- ❏ Connect student with group or club:_____
- ❏ Other: _____
- ❏ Other: _____
- ❏ Other: _____

Student supports outside of school:

Please identify the participants involved in the making of the plan:

_____ Name	_____ Role/Title
_____ Name	_____ Role/Title
_____ Name	_____ Role/Title
_____ Name	_____ Role/Title

Suicide Safety Resources:

- ❏ National Crisis Textline **Text:** “OREGON” TO 741741
- ❏ National Suicide Textline **Text:** “273TALK” to 839863
- ❏ YouthLine: **Call** 877-968-8491 **Text:** “teen2teen” to 839863
- ❏ TrevorLifeLine (for students identifying as LGBTQ+) **Call:** 866-488-7386
- ❏ National Suicide Hotline: **Call** 800-273-8355 **Spanish Speakers Call: 888-628-9454**
- ❏ Linn County Crisis Line: **Call** 541-967-3866 or 800-304-7468

Include a copy of the School Safety Plan with the Suicide Screening in the Confidential File, and keep a copy for your records in a secure and confidential location. **Only distribute as needed to those involved in the safety plan.**

Re-Entry Procedure
For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed counselor or mental health professional, the principal or designee, will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's safe return to school.
A school employed counselor or mental health professional, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.
The designated staff person will periodically check in with the student to help the student readjust to the school community and address an ongoing concerns.

Suicide Attempt Post-Vention Protocol

- ❏ **Before returning to classes the student and a parent/guardian have met with the building administrator and/or counselor.**
  - ❏ Date and time of meeting: _____
  - ❏ Those in attendance: _____

    _____
- ❏ **Does the student have an assigned mental health counselor:**
  - ❏ If no, has a referral been made?_____
  - ❏ If yes, who is the counselor?_____
  - ❏ Which organization is the mental health counselor with?_____
  - ❏ Has/will a Release of Information be signed?_____
- ❏ **Does the student have a safety plan for outside of school?** Please describe: _____

  _____

  _____

  _____
- ❏ **What do the student and parent/guardian identify as needs for a successful re-entry to school?**

  _____

  _____

  _____
- ❏ **Create a School Safety Plan for the student.** Use the form available in this document to complete it.
- ❏ **Please check this box if the parent/guardian has declined to attend the re-entry meeting.** Allow the student to return to classes, and have them make a safety plan for school with the counselor or other appropriate school personnel. Share the plan with the parent/guardian.
- ❏ **Optional notes:** _____

  _____

  _____

  _____

Parent/Guardian notified: _____ Date: _____

Administrator or counselor signature: _____ Date: _____

Checklist for Re-Entry

Student Support Recommendations (check all that apply)

❏ Re-entry meeting with counselor/principal before returning to classes
❏ ½ day (or partial day) for gradual re-entry
❏ Scheduled check-ins with school counselor/ staff
❏ Establish peer support group
❏ Establish link with point person (set person to go to) when needed
❏ Safe zone - area to regroup as needed
❏ Access to therapeutic class - mindfulness if offered by school
❏ Skill building -coping skills to increase frustration tolerance and manage anxiety
❏ Provide tutoring services when available

Classroom / Assignment Accommodations

❏ Alternative assignments for specific circumstances
❏ Advance notice of assignments
❏ Provide a personalized school schedule
❏ Permission to submit assignments options -handwritten, typed
❏ Written assignments in lieu of oral presentations or vice versa
❏ Assignment assistance or modification
❏ Extended time to complete assignments
❏ Printed copies of all notes and board work
❏ Assisting students by chunking schoolwork, breaking large projects into smaller pieces
❏ Preferential seating, near door to allow leaving class for breaks
❏ Arrange with teachers not to call on student unless hand raised
❏ Assigned classmate as volunteer assistant
❏ Review directions individually or additional review of assignment
❏ Water bottle/Beverages permitted in class
❏ Prearranged or frequent breaks
❏ Audio or listening options (sound canceling headphones)
❏ Notetaker or photocopy of another student's notes
❏ Early availability of syllabus and textbooks
❏ Private feedback on academic performance

Testing Accommodations

❏ Exams in alternate format (multiple choice to essay; presentation or portfolio)
❏ Use of assistive computer software (Optical Character Recognition)
❏ Extended time for test taking
❏ Exam in a separate, quiet, and non-distracting place Other:

_____
_____
_____
_____

Parent/Guardian Acknowledgement of Notice of Suicidal Ideation/Intent

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior that was not directly life-threatening but of enough concern for parental/guardian contact. If the meeting is in person, the parent/guardian can sign it, but if the contact is by telephone, mail the form and have the parent/guardian(s) sign it and return it within a specified time frame. Keep a record of every additional attempt for follow through with referral made.

School _____

Parent/Guardian Contact Acknowledgment Form

This is to verify that I have spoken with school staff member,

_____ on _____ (date),

concerning my child's suicidal ideation. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand a follow-up check by this staff person _____ will be made with my child, the treating agency, and myself within two weeks of this date.

Parent Signature

_____ Date: _____

Counselor/Administrator Signature

_____ Date: _____

Additional contacts made with parents/guardians on:

_____
_____
_____
_____
_____

Parent/Guardian Letter

We are concerned about the safety and welfare of your child. We have been made aware that your child has made statements or gestures and may be suicidal. All expressions of suicidal behavior are taken very seriously within our 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 child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The sheriff department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing or disposing of firearms.
2. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.

a. ***Insert Counselor Name and Contact Information***

3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.
4. We may need to develop a plan to assure that your student feels safe and supported before returning 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 National Suicide Prevention Lifeline (1-800-273-8255). Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

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

_____ Phone: _____

SECTION V: SUICIDE POSTVENTION (after a suicide) PROTOCOL

Regardless of how comprehensive suicide prevention and intervention may be in a school community, not all suicidal behavior will be prevented. It is as equally important to be prepaed for prevention and intervention of suicide as it is to be prepared in the event of an suicide, whether a student died of suicide or not.

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. 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.

In the case of a suicide, follow the district Crisis Response Protocol

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

- Postvention after a suicide whether a death results or not is very important. Schools should be aware that adolescents and other associated with the event are vulnerable to suicide contagion (inceased risk of suicide themselves).
- It is important to to "glorify" the suicide and to treat is sensitively when speaking about the event, particularly with the media.
- It is important to address any deaths in a similar manner. Having one approach for a student who dies from cancer that differs from the approach to a death by suicide reinforces the stigma that surrounds suicide.
- The "After a Suicide: A Toolkit for Schools" is your "go to" resource to help you plan, brainstorm ideas, and provide resources/supports to students and their families in the aftermath of a death from suicide.

SECTION VI: RESOURCES

SUICIDE SAFETY RESOURCES	
National Crisis Textline	Text: “OREGON” to 741741
National Suicide Textline	Text: “273TALK” to 839863
YouthLine	Call: 877-968-8491 or Text: “teentoteen” to 839863
TrevorLifeLine (for students identifying at LGBTQ+)	Call: 866-488-7386
National Suicide Hotline	Call: 800-273-8355 Spanish speakers call: 888-628-9454
Linn County Crisis Line	Call: 541-967-3866 or 800-304-7468

REQUEST FOR REVIEW FROM DISTRICT
Procedure by which a person may request the Harrisburg School District to review the actions of a school in responding to suicidal risk.
To request the district to review the actions of a school in responding to suicidal risk, make a written request to the superintendent of schools.