Suicide Prevention Plan

2022-2023

Student Services Team

Black Butte School District

Purpose

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

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation;
- Further recognizes that suicide is a leading cause of death among young people;
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide;
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience;
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is meant to be paired with other policies supporting the overall emotional and behavioral health of students.

Scope

This policy covers actions that take place in the school, on school property, at school functions/activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school, including district staff, students, parents/guardians, and volunteers. This policy also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

Accurate Language and Concepts About Suicide

By changing the way we talk about suicide, we change the way we think of it. In general, the language used for any other illness-based death or sudden loss (such as a heart attack or car accident) is a guiding principle; therefore, we will use the term suicide so we can directly address it.

Definitions

At-Risk

Suicide risk exists on a continuum of levels of risk. Each level of risk (low, medium, high) requires a corresponding response/intervention by the district. The type of intervention, and its level of urgency, shall be determined by the student's level of risk according to district policy (see *Risk Assessment*).

Crisis Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response, and recovery. Members of the crisis response team have been specifically trained in areas of crisis preparedness and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. Crisis team members who are mental health professionals may provide crisis intervention and services.

At BBS, all teachers and staff have received training to initially evaluate a student's risk for suicide and make corresponding referral to the appropriate level of care needed. When on-site, the school counselor will coordinate response to concerns of students experiencing thoughts of suicide. Teachers and staff have been trained to engage regional crisis services as needed. Given the unique location of BBS in

Jefferson County with the nearest emergency services in Deschutes County, students generally will not be evaluated by an external crisis team at the school so as to avoid delays to care. School administrative leadership, teachers, and school counselor will coordinate response plan and recovery supports.

Mental Health

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

Risk Assessment

An evaluation of a student who may be at-risk for suicide, conducted by trained school staff. BBS has elected to utilize an evidence-based brief suicide risk assessment tool, known as the Columbia Suicide Severity Rating Scale (C-SSRS), in order to classify student's level of risk and guide next steps to appropriate care. This assessment is designed to elicit information regarding the student's thoughts of suicide, intent to die by suicide, previous history of suicide attempts, presence of a plan and its level of lethality.

Risk Factors for Suicide

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

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

Suicide

Death caused by self-directed injurious behavior enacted with any intent to die.

Died of Suicide (also 'Died by Suicide')

Suicide is death due to brain illnesses. In a suicidal state, thought processes become distorted because of biological, psychological, social, cultural and/or situational reasons. People who are suicidal are not thinking clearly; they are struggling with an illness of their thinking processes. The term "committed suicide" does not accurately describe what has occurred. Committed implies a crime or immoral act. Suicide is no longer seen as a crime or sin but is recognized to be the result of a mental health condition with a medically treatable cause.

The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Parent/guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt

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

Suicidal Behavior

Suicide attempts, injury to oneself associated with at least some level of intent to die, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

Suicidal Ideation

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

Suicide Contagion

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

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with grief following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. A school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Bereaved by Suicide

Someone who has been exposed to the suicide of another person and experiences a high level of psychological, physical and/or social distress for a considerable length of time. In the U.S. the term "loss survivor" is often used. This loss can cause PTSD, complicated grief or other deleterious physical and mental consequences. Everyone grieves differently and on their own timeline. Incorporating such a loss into one's life requires work and support.

Fatal or Non-Fatal Attempt

Applying the general principle of speaking about suicide using illness-based language, fatal and non-fatal is language in line with a fatal or non-fatal heart attack or other illness. It is not advised to add a value statement to suicide such as calling an attempt failed, successful, or botched, etc. Also, the term "completed" suicide is not advised as this term implies success.

Suicide is a complex phenomenon. It does not have to do with an individual's willpower. There is no simple explanation for any suicide. Though an immediate precipitating event may occur, that is not the "reason" someone has died. People often ask what to say to a person who has lost someone to suicide. Generally, it is advised to think of what one would say or do if the person had lost their loved one suddenly in a fatal car crash or a heart attack - then do and say that.

Prevention

District Policy Implementation

District-level suicide prevention coordinators (Lindsey Overstreet and Kassie DeMarsh) have been appointed by the head teacher or administrator and have additional training in suicide risk assessment and prevention. The district suicide prevention coordinators and administrator shall be responsible for planning and coordinating implementation of this policy for the school district. The school suicide prevention coordinators will serve as the points of contact for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at-risk for suicide to the school suicide prevention coordinators or district administrator if one of the coordinators is unavailable.

Staff Professional Development

All staff have received annual professional development training on risk factors, warning signs, risk assessment/screening, protective factors, response procedures, referrals, postvention, crisis intervention, and resources regarding youth suicide prevention. The professional development includes information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

Youth Suicide Prevention Programming

Developmentally appropriate, student-centered education materials shall be integrated into the curriculum of all K-8 health classes and other classes as appropriate. The content of these age-appropriate materials shall include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help.

Publication and Distribution

This policy shall be distributed annually and be included in all student and teacher handbooks, and on the school website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention. What Every Teacher (and Parent) Should Know About Preventing Youth Suicide

Intervention

Assessment and Referral

When a student is identified by a peer, educator, or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student will either be initially screened by the teacher/staff who learned of this information or by the school counselor/child development specialist. All BBS staff have been trained to complete C-SSRS in order to honor the teacher-student relationship and allow all students the opportunity to initially share their needs with the person whom they feel most comfortable. This screening will be completed in the same day that the risk becomes known. Educators shall also be aware of written threats and expressions about suicide and death in school assignments.

The C-SSRS categorizes risk of suicide into Low, Medium, and High/Immediate risk based on thoughts

of suicide, intent to die, development of plan, access to means by which to complete plan, action towards suicide, and history of suicide attempt. Students who are categorized as High/Immediate Risk will be immediately transported by parent/guardian or emergency medical services to the nearest emergency room or behavioral health stabilization center. Students who are categorized as Medium Risk will be referred for immediate care with a qualified mental health provider (their current therapist if established, 988 MH Crisis Line, or local stabilization center) with transport by their parent/guardian. Students who are categorized as Low Risk will result in notification of parents/guardians and provision of safety resources information.

Staff will continuously supervise students who are High and Medium risk to ensure their safety until they are securely transported to the appropriate level of care.

Parental Notification and Involvement

Parents/guardians will be notified as soon as possible, in compliance with state law and district policy, if student screening for suicide risk indicates any level of risk. There are instances in which students may be screened for risk of suicide due to misunderstandings or in response to age-normative comments (e.g., "I am going to die if I have to take this test," etc.); in instances where the screening for risk of suicide is found to have no level or risk, parents/guardians will not be notified. If there are concerns for abuse or neglect, the appropriate state protection officials (e.g., Child Protective Services, law enforcement, etc.) will be contacted as per state law.

Staff will also seek parental permission, in the form of a Release of Information form, to communicate with outside mental health or primary care providers regarding the student's safety plan.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the school counselor/child development specialist, lead teacher, and/or school administrator shall meet with the student's parent or guardian, and, if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back, including how to honor the student's right to confidentiality.

1) The school counselor or other designee shall coordinate with the student, their parent or guardian, and any outside health care providers to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.
2) While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school (signed release of information required).
3) The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
4) The designated staff person shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g., for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
5) The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically

related absence and may need adjusted deadlines for assignments. The school counselor/child development specialist or designee shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1) First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures.
2) School staff shall supervise the student to ensure their safety while another school staff member contacts 911 to secure emergency medical care.
3) Staff shall immediately notify the principal or school suicide prevention coordinator regarding the incident of in-school suicide attempt.
4) The school counselor/child development specialist, lead teacher, or administrator shall immediately contact the student's parent or guardian.
5) Staff shall move all other students out of the immediate area as soon as possible.
6) The school counselor/child development specialist, lead teacher, or administrator shall assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7) In event medical care is not required or victim is not automatically transported to emergency care, staff shall coordinate with parents/guardians for individual to immediately be transported for emergency mental health assessment.

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1) Call 911 (police and/or emergency medical services).
2) Inform the student's parent or guardian.
3) Inform the school suicide prevention coordinator and lead teacher or administrator.

If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in-person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student. Since self-harm behaviors are on a continuum of risk level and urgency, not all instances of suicidal ideation or behavior warrant hospitalization. A mental health assessment, including a suicide risk assessment, can help determine the best treatment plan and disposition.

After a Suicide Death

Development and Implementation of a Crisis Response Plan

In the event of a death by suicide of a BBS student or staff, BBS will coordinate response with Central Oregon Suicide Prevention Alliance (COSPA) immediately following notification of the suicide death, Even if the death has not yet been confirmed to be a suicide. The crisis response team will consist of school superintendent, lead teacher/principal, and school counselor in coordination with COSPA.

Action Plan Steps

Step 1: Get the Facts

The lead teacher/principal or superintendent shall confirm the death through communication with the student's parents or guardians, the coroner's office, local hospital, or police department. Death shall

then be reported to staff, students, and parents or guardians, with acknowledgement that cause of death is unknown.

Step 2: Assess the Situation
BBS crisis response team shall meet to prepare the postvention response. The team shall consider how the death is likely to affect other students and determine which students are most likely to be affected. The team shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support. The crisis response team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide.

Step 3: Share Information
Inform staff that a sudden death has occurred, preferably in an all-staff meeting. The crisis response team shall provide a written statement for staff members to share with students. The statement shall include the basic facts of the death (without providing details of the suicide method), known funeral arrangements, recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Staff shall respond to questions only with factual information that has been confirmed. Staff shall dispel rumors with facts, be flexible with academic demands, encourage conversations about suicide and mental health, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student. Students shall be told through face-to-face notifications, including small-group and classroom discussions (when school is in session).

The crisis response team may prepare a letter, with input and permission from the student's parent or guardian, to communicate with all parents/guardians, which includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. If necessary, a parent meeting may also be planned. Staff shall direct all media inquiries to the designated school or district spokesperson.

Step 4: Avoid Suicide Contagion
Actively triage risk factors for contagion, including emotional proximity (e.g., siblings, friends, etc.), physical proximity (witness, neighbor), and pre-existing mental health issues or trauma. The crisis response team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk. In the staff meeting, the crisis response team shall review suicide warning signs and procedures for referring students who present with increased risk. For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a non-judgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Step 5: Initiate Support Services
Students identified as being more likely to be affected by the death will be assessed by a school counselor to determine the level of support needed. The crisis response team shall coordinate support services for students and staff in need of individual and small group counseling, as needed. If long term intensive services by a community provider are warranted, the school counselor will collaborate with that provider and the family to ensure continuity of care between the school, home, and community. School counselor will facilitate in-school discussions as needed, which may include debriefing (orientation to the facts), reflection on memories, reminders for and re-teaching of coping skills, encouraging spending time with friends and caregivers as soon as possible, and suicide prevention resources. Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

Step 6: Develop Memorial Plans
All deaths will be memorialized in the same way, regardless of way in which student or staff member died. Planned on-campus physical memorials (e.g., photos, flowers), funeral services, tributes, or flying the flag at half-staff will not occur because such actions may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students. Spontaneous memorials may occur from students expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by school administration. If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g., writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response. Memorial materials will be in place for approximately five days, at which time memorial materials will be removed and offered to the student's family. School shall not be canceled for the funeral or for reasons related to the death.

Step 7: Postvention as Prevention
Following a student suicide, schools may take the initiative to review and/or revise existing policies.

External Communication

The district-appointed spokesperson shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to the spokesperson. The spokesperson shall prepare a statement for the media, which may include the facts of the death, postvention plans, and available resources — the statement shall not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

If a suicide is to be reported by news media, the spokesperson shall encourage reporters to follow safe messaging guidelines (e.g., not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic") to mitigate the risk of suicide contagion. The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

Suicide Screening Form

Fill out this form when a student has signs of suicidal ideation. The goal of this form is to support teachers and staff in ensuring safety in a trauma-informed way that respects the student's voice, confidentiality, and input. In the case of imminent threat of suicide or an attempt, please fill out this form after the crisis has been managed; immediately activate emergency services if there is an attempt, the student has a weapon on campus, or an off-campus student is believed to be suicidal.

Important: Once a student is identified as needing a suicide screening, they should not be left alone at any point or be allowed to leave campus without a parent/guardian until the screening is complete and the appropriate actions have been taken.

<table>
<tr><td>Date of Screening</td><td colspan="3">Student Name</td><td>Preferred Name</td></tr>
<tr><td>DOB</td><td>ID#</td><td>Age</td><td>Grade</td><td>Gender (M/F/NB)</td></tr>
<tr><td colspan="2">Student Preferred Language</td><td colspan="2">Student Program (IEP, 504,EL)</td><td>Race/Ethnicity</td></tr>
<tr><td colspan="3">Parent(s)/Guardian(s) Name(s)</td><td colspan="2">Parent(s)/Guardian(s) Number(s):</td></tr>
<tr><td colspan="3">Parent Preferred Language</td><td colspan="2">Interpreter Needed?</td></tr>
<tr><td colspan="3">Screener Name</td><td colspan="2">Title</td></tr>
</table>

How did you learn of the suicide risk?

- Student Self-Report
- Peer Report
- Staff Report
- Parent/Guardian Report
- Other

Describe in detail the nature of the concern:

Screening

Complete Columbia Suicide Severity Rating Scale (C-SSRS) with student, asking questions directly.

Instructions for each question:

1 It is important to directly ask as phrased; regardless of their answer, ask question number 2.
2 Also ask directly; if yes, continue with questions in order; if no, skip to question 6.
  3 We need to know if they have a plan; regardless of their answer, ask question 4.
  4 They may not have a plan, but still are set on acting; regardless of answer, ask question 5.
  5 This question is getting at if they have made preparations (gotten access to means, writing letters, etc.)
6 If they answer yes, ask about when that attempt took place. (Research shows people are at the highest risk for suicide if they have attempted in the last 3 months).

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screening Version – Since Last Contact – for Schools

SUICIDE IDEATION DEFINITIONS AND PROMPTS	In last 30 days	
Ask questions that are bold and underlined	YES	NO
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you actually had any thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* E.g. "*I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it….and I would never go through with it.*"		
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*		
6) *Have you done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

Screening Results
Level 1 "Low Risk" - yes to items 1 and/or 2 but no further
Level 2 "Medium Risk" - yes to item 3 but no further
Imminent Threat "High Risk" - yes to to items 4 and/or 5
Potential Imminent Risk - yes to item 6 if in the last 3 months

Results of C-SSRS:

- **Level 3** ("imminent threat" or "high risk")**:** No screen was done or C-SSRS resulted in High Risk. Emergency Services activated or the child is transported to receive evaluation and care. Complete the *Level 3 Action Tracking* section below.
- **Level 2** ("medium risk")**:** Reported ideation with a plan and/or access to lethal means. Other risk factors may be present. Further assessment or monitoring required. Complete the *Level 2 Action Tracking* section below.
- **Level 1** ("low risk"): Reported ideation. No reported plan or means endorsed by the student in this screening. Contact family and complete the *Level 1 Action Tracking* section below.

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
© 2008 The Research Foundation for Mental Hygiene, Inc.

Note: Complete following page(s) after C-SSRS Screener.

Person taking lead on Follow-up: ______________________________

Parent/Guardian Contact

- Follow mandatory steps regarding parent/guardian communication as outlined below for appropriate level of risk category and document contact on this form.
    - If student discloses any history of suicide attempt, even if they are not having thoughts of suicide at this time, notify parents/guardians before child is released to them at home. Share *Safety Resources - Family* document with family (at end of this packet).
- If abuse/neglect is suspected, you may need to call DHS in lieu of parent/guardian notification.
- If parent/guardian refuses to support student accessing higher level suicide risk evaluation, you made need to call DHS and/or law enforcement to support with a welfare check.
- If unable to reach parent/guardian, may need to reach out to emergency contact and solicit their assistance in contacting parent/guardian.

Name of Parent/Guardian Contacted	Date/Time of Contact
If contact was not made, please explain:	
Describe parent's/guardian's perception of suicide risk as it relates to today's information. Please describe any other concerns shared about student's mental health:	

LEVEL 3 (Imminent Threat/High Risk) Action Tracking

Please check all that occurred:

- Emergency Services Activated (911)
- Student transported to the Stabilization Center (63311 NE Jamison St, Bend) or nearest Emergency Department.
    - By Ambulance
    - By Police
    - By Parent/Guardian
    - By Other:__________

Required:

Parent Communication

- Communicate what is happening/happened to the parent/guardian and document on this form.
- Share *Safety Resources - Family* document with family (at end of this packet).
- Ask parent/guardian to sign release of information to primary care provider and/or mental health counselor and/or agency that completes suicide risk evaluation.
- Inform parent/guardian they need to participate in developing a school support plan for the student before returning to the classroom.

School

- Determine which students and staff were impacted by or observed the event and notify Lead Teacher, Administrator, and School Counselor in order for them to determine what support will be provided.

LEVEL 2 (Medium Risk) Action Tracking

Required:

Refer student to ONE of the Qualified Mental Health Providers below for a community-based suicide evaluation.

- Student's CURRENT mental health therapist/agency. Contact Info: ___________________________
  - If connected at a larger agency, determine if there is a client crisis line you can call for consultation. Immediate phone conversation with therapist (voicemail not acceptable).
  - If the student has an active safety plan with their provider, follow those recommendations in partnership with the student's family.
- Call 988 (National MH Crisis line) for consultation on next steps for an assessment. Ensure you have the student's name/home address/DOB/and contact phone numbers when calling.
  - If there will be a delay in accessing care, coordinate with Lindsey Overstreet (School Counselor) or Kassie DeMarsh (ASSIST trained teacher) to support student and parent/guardian with safety planning.
- Student evaluated at Stabilization Center (63311 NE Jamison St, Bend) or nearest Emergency Department for Suicide Evaluation. Identify transportation plan (consider least restrictive option first), options include:
  - Parent/guardian transports
  - Mobile Crisis Team arranged
  - 911/Ambulance transports

Parent Communication
- Communicate what is happening/happened to the parent/guardian and document communication on this form.
- Share *Safety Resources - Family* document with family (at end of this packet).
- Ask parent/guardian to sign release of information to primary care provider and/or mental health counselor and/or agency that completes suicide risk evaluation.
- Inform parent/guardian they need to participate in developing a school support plan for the student before they return to the classroom.

School
- Determine which students and staff were impacted by or observed the event and notify Lead Teacher, Administrator, and School Counselor in order for them to determine what support will be provided.

LEVEL 1 (Low Risk) Action Tracking

Required:

Parent Communication
- Share concerns and risk factors with parent/guardian and document communication on this form
- Share *Safety Resources - Family* document with family (at end of this packet).

School
- Notify all BBS staff so everyone is aware of the elevated need for support for this student.
- Coordinate with the School Counselor for ongoing follow-up with student and parent/guardian to ensure student safety.

Optional:

- Ask parents/guardians to complete a release of information with outside provider(s) (primary care, mental health counselor, etc.).

Follow Up Plan (developed in collaboration with Lead Teacher, School Counselor, and Administrator)

Which staff member will follow up with the student?	
How frequently will student follow up occur?	
Which staff member will follow up with the parent/guardian?	
How frequently will parent/guardian follow up occur?	

* Document all follow up in the tracking section below.

Follow Up Tracking *Track all follow up, including leaving messages.

Date	Staff	Who (Student/Parent/Guardian)	Notes	Next Follow Up

File completed form in student file, locked cabinet in Administrative Office.

Suicide Prevention Safety Resources - Family

Emergency Resources

- **988** - Call or Text, 24/7 (National Mental Health Crisis Line, similar to 911)
- Stabilization Center - **63311 NE Jamison St, Bend, OR 97701**, 24/7
- Lines for Life YouthLine - staffed by trained teens, **4-10PM** daily
  Call: **877-968-8491**; text **"teen2teen" to 839863**
- Nearest Emergency Department

Safe Home Recommendations

If your child is experiencing thoughts of suicide, please take the following actions in your home to keep them safe:

- In periods of intense thoughts of suicide, visually check on your child every 30 minutes to ensure they are safe.
- Make sure they are not left unsupervised or alone at the house and have a way to get in touch with you if you need to briefly leave.
- Follow the steps below to make sure your child cannot get to items in your home they could use to hurt or kill themselves. If your child is going to stay with friends or family, also make sure they cannot get these items while they are away.

Medications (prescription, over the counter, vitamins)	● Store in a locked box or cabinet your child cannot access. ● If your child takes medications, give them their daily dose and observe them swallowing.
Firearms	● Keep in a secure gun safe or ask a friend/family member to store them securely for you until your child stabilizes. ● Store ammunition separately from guns.
Sharp Objects (knives, box cutters, X-acto, razors, etc.)	● Lock up sharp objects from all around your home and garage. ● Allow your child to use under supervision or return immediately after personal use (shaving, etc.).
Other Items (household cleaners, ropes, alcohol, etc.)	● Lock up items from around your home and garage. ● Allow your child to use under supervision and return immediately after use.

Community Resources

- Student is:
  - Deschutes County Resident: DCBH, 541-322-7500
    - Can request an access visit at Sisters School Based Health Center.
  - Jefferson County Resident: BestCare, 541-475-6575
    - Can request telehealth visit to avoid travel to Madras.
- Local Private Practice Therapists in Sisters/Camp Sherman area who see children (insurance dependent)
  - Angela Pyke, LPC
  - Betty Beaumont, LPC
  - Brightways Counseling (Eagle Crest)
  - Erin Fourier, LCSW
  - Jennifer Sowers, LPC
  - Julian Caballero, LPC
  - Justin Little, LMFT
  - Kelly Davis-Martin, LPC Associate
  - Laura Levin, QMHP
  - Loryn Cummings, LPC
  - Mary Hoisington, LMFT
  - Rosemary Bergeron, LPC
  - Scott Miller, PsyD
  - Tod Ricker, LPC