



BSD SUICIDE PREVENTION PLAN



Updated: September 2020

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INTRODUCTION

Senate Bill 52, also known as "Adi's Act", was passed in Oregon in 2019. This legislation requires school districts to develop and publicly post the school district's plan for suicide prevention, intervention, and postvention response activities, beginning no later than the start of the 2020/2021 school year.

WHY IS THIS NEEDED?

Suicide is the second leading cause of death for teens in Oregon. Teens face a barrage of pressures and stressors that, if uncared for, can amplify the mental health risk factors most commonly associated with suicide. When teens feel connected to their schools, friends, and a caring adult, they are better equipped to cope with life in a healthy way.

PURPOSE

The purpose of this plan 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.

Beaverton School 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

QUICK NOTES: WHAT SCHOOLS NEED TO KNOW

- 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 parents, 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 does not rest solely with the individual “on the scene”.
- Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

SUICIDE PREVENTION OVERVIEW

What is Suicide Prevention?

The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out for 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 campaigns.

Training and Prevention Practices

Staff:

- All licensed staff will receive annual suicide prevention training through the SafeSchools module.
- All secondary licensed building staff will receive in person QPR (Question Persuade Refer) training every 3 years.
- All social workers, counselors, and school psychologists will receive a 2 day intensive ASIST (Applied Suicide Intervention Skills) training every 4 years.
- All social workers, counselors, school psychologists, and school administrators receive BSD Suicide Response Protocol training or refresher annually.
- Secondary Staff offered training on Responding to Mental Health Needs of BIPOC and LGBTQ students. Facilitated by Washington County Behavioral Health

Students:

- All students K12 will receive direct instruction on social emotional learning/mental health promotion.
- All MS/HS students will receive up to 3 lessons per year on suicide prevention (defining depression, dispelling suicide myths, encouraging help seeking behaviors, and building resilience, taught in partnership between teachers and counselors/social workers.
- All MS/HS students taking health class will receive direct instruction from an evidence based adopted curriculum.
- The Suicide Response Protocol requires Behavioral Health and Wellness staff work with the student and parent/guardian on safety planning and connecting with resources at school and in community.

Parents:

- QPR (Question, Persuade, Refer) Training offered by Washington County Behavioral Health trainers and partnering with BSD social workers
- Suicide Prevention/Awareness videos available on the Behavioral Health and Wellness/SEL Youtube channel
- The Suicide Response Protocol requires Behavioral Health and Wellness staff work with the student and parent/guardian on safety planning and connecting with resources at school and in community

At-Risk Student Populations

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

Youth Living with Mental and/or Substance Use Disorders

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people.⁸ An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, parental consent, etc.

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a

diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth experience suicidal ideation.

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times 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. For more information about historical trauma and how it can affect AI/AN youth, see [ihs.gov/suicideprevention](https://www.hhs.gov/suicideprevention).

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGBTQ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers.¹⁷ One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18.¹⁸ Suicidal behavior among LGBTQ 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 health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or 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 delays 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 significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

SUICIDE INTERVENTION

OVERVIEW

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

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

If a student is having thoughts of suicide, there is suicide risk. If imminent danger is not present but a concern about suicide risk exists, the School Screener initiates the screening process. If suicidal thoughts are not present, a full screening is not necessary. The screener can still complete the support plan and implement other interventions as needed.

- 1) A **Level 1 Suicide Screening** is conducted by a School Screener. The School Screener interviews the student and completes the Suicide Screening Form. The School Screener consults with another trained School Screener to determine if a Level 2 Suicide Assessment is warranted. The Screener can also consult the WA County Crisis Line at (503) 291-9111.
- 2) A **Level 2 Suicide Assessment** by a Qualified Mental Health Professional may be necessary based upon information gathered in the Level 1 Screening.

CONFIDENTIALITY

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in 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 From Parents

The school suicide prevention contact person 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, the staff suicide contact can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if he/she needs additional help.

Exceptions for Parental Notification: Abuse or Neglect

Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person 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” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

GUIDELINES FOR WHEN THE RISK OF SUICIDE HAS BEEN RAISED

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other 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 (counselor, school social worker, psychologist, or Administrator) so that the student of concern receives appropriate attention. Every effort should be made to interview the student the same day that concerns are reported.

- **TAKE SUICIDAL BEHAVIOR SERIOUSLY EVERY TIME.**
- **TAKE IMMEDIATE ACTION. CONTACT THE SCHOOL SCREENER AND A BUILDING ADMINISTRATOR TO INFORM HIM/HER OF THE SITUATION.**
- **NO STUDENT EXPRESSING SUICIDAL THOUGHTS SHOULD BE SENT HOME ALONE OR LEFT ALONE DURING THE SCREENING PROCESS.**
- **IF THERE IS REASON TO BELIEVE A STUDENT HAS THOUGHTS OF SUICIDE, EVERY EFFORT SHOULD BE MADE TO AVOID SENDING THE STUDENT HOME TO AN EMPTY HOUSE.**

LEVEL 1 SCREENING—STUDENT INTERVIEW

1. **Lethal Means.** A concern for risk of suicide is brought to the attention of the School Screener and school administrator by a staff member, student’s peers, or from direct referral by the student. If the student is in possession of lethal means (razor, gun, rope, pills, etc.), secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call law enforcement to remove lethal means.

2. **Supervision.** A school staff person must stay with the identified student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student. If possible, this should be the person who identified the student at risk.
3. **Use the Suicide Screening Form.** The School Screener interviews the student and conducts a Level 1 Suicide Screening to determine immediate suicide risk. If the student admits that s/he is thinking about harming someone else, refer the student to the school administrator per the Beaverton School District Student Threat Assessment Team (STAT). The *Suicide Screening Form* is used by the School Screener to document the Level 1 suicide screening and to ensure that the Beaverton School District Suicide Intervention Procedures are followed.
4. **Parents/guardians must always be notified when there appears to be any risk of self-harm.**
 - a. If the student discloses thoughts of suicide or if the School Screener has reason to believe there is a current risk for suicide, the School Screener will request that a parent/guardian come to school to participate in the screening process and safety plan. *This can be completed over the phone, though it is not preferred.*
 - b. If the student denies experiencing thoughts of suicide and the Suicide Screener does not have reason to believe there is a current risk of suicide, it is still recommended that the Suicide Screener notify parent/guardian to share concerns.
 - c. The *Parent Letter/Information Sheet* (page 26, Spanish version on page 30) should be reviewed with and then provided to parents when any suicidal thoughts are present (hard copy or sent electronically), as appropriate.
 - d. If the School Screener has exhausted all methods to reach the parent/guardian (including Emergency contacts and sibling schools), call the Washington County Crisis Line (503-291-9111) to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Protective Services) or local law enforcement if the risk of self-harm may be imminent.
5. **Child abuse and/or neglect.** When the School Screener or other staff person knows, or has reasonable cause to suspect that an identified student has been, or is likely to be abused or neglected if/when parents are contacted, he or she must make a report to the Child Welfare Hotline through the Department of Human Services at **503-681-6917** and complete the mandatory Child Abuse form found on the Public Safety page of the Intranet.
6. **Consultation.** Upon completion of the Level 1 Suicide Screening, the School Screener will consult with another School Screener (another counselor/psychologist/administrator) or the Washington County Crisis Line to determine if a Level 2 Suicide Assessment is appropriate. Sharing decision-making with another professional is best practice. The outcome of the consultation will be one of the following:
 - a. **Level 2 Assessment is not warranted.** School Support Plan is completed with the student (and parent/guardian if possible).

- b. **Level 2 Assessment is warranted.** After consultation, if concern about suicidal ideation is sufficiently high, the School Screener refers student to a **Level 2 Suicide Assessment** by a Qualified Mental Health Professional. A School Support Plan is developed upon the student's return to school.
7. **Washington County Crisis and Consultation line (503-291-9111).** At any point during the Level 1 screening, the School Screener can call the Washington County Crisis Line to consult about the student or the situation.
8. **Home safety.** If there is reason to believe a student has thoughts of suicide, every effort should be made to avoid sending the student home to an empty house.
9. **Submit Suicide Screening Form.** When the screener clicks 'submit' on the Suicide Screening Form, a confirmation email will be sent to the screener, the building principal and the Suicide Prevention Coordinator. A copy of the form can be placed in the student's working file at the school building for use during the present school year or for Red Flag meetings. The Student Support is a separate document found on the Public Safety Intranet page. The documents do not go into the student's cumulative file.

LEVEL 2 SUICIDE ASSESSMENT (by a Qualified Mental Health Professional)

After consultation with another staff person who has been trained in the Suicide Screening Procedures (Counselor, Psychologist, Administrator or Washington County Crisis Line), the School Screener determines that it is appropriate to proceed with a Level 2 assessment by a Qualified Mental Health Professional. A Level 2 Assessment requires parental permission unless the student is 14 years of age or older. If a parent/guardian is unavailable or unwilling to consent to a suicide assessment by a Qualified Mental Health Professional, the School Screener should contact the Washington County Crisis Line (503-291-9111) to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Welfare Hotline: 503-681-6917), your School Resource Officer or local law enforcement if the risk of self-harm may be imminent and parents/guardians are unwilling to seek services. The School Screener facilitates a referral to one of the following Qualified Mental Health Professionals (listed in order of preference):

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

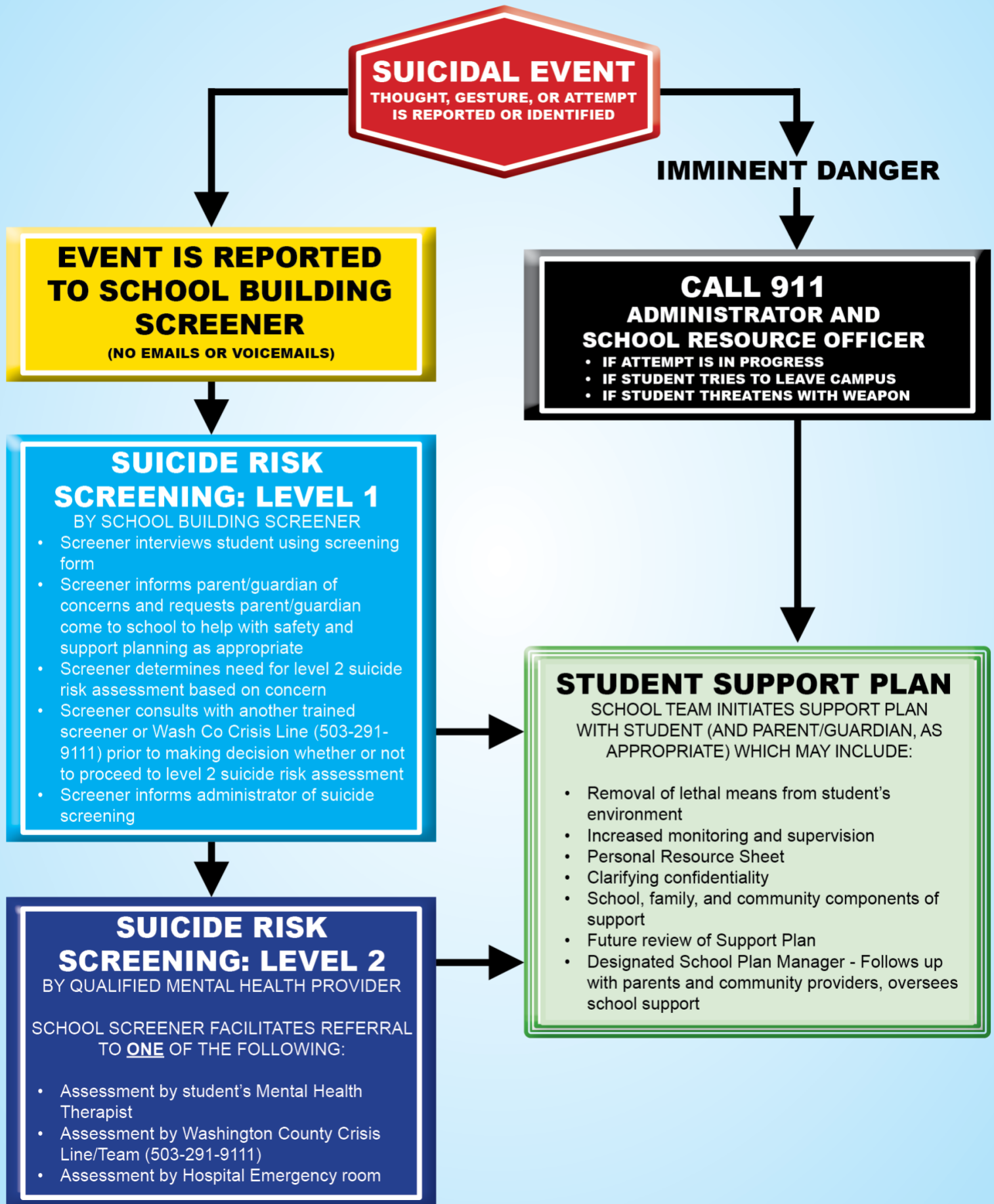
5240 NW Elam Young Pkwy
Hillsboro, OR 97124
(503) 846-4555

3. **Washington County Crisis Line (503-291-9111):** The School Screener calls the Crisis Line (with student, if appropriate) and requests a suicide assessment. Make sure to indicate if an interpreter is needed. Possible Crisis Line actions include:
 - a. Assessment and development of a safety plan with student and parent/guardian via phone.
 - b. Activation of mobile Crisis Team to come to the school.
4. **Hospital:** Arrange student transportation to the hospital. Transportation options:
 - a. Parent/Guardian
 - b. SRO or other law enforcement
 - c. Ambulance

Child/adolescent psychiatric units in the Portland metro area are located at:

- a. **Legacy Emmanuel Hospital**
2801 N. Gantenbein
Portland, OR 97227
503-413-2200
- b. **Providence Willamette Falls Medical Center**
1500 Division Street
Oregon City, OR 97045
503-722-3730

Beaverton School District Suicide Intervention Process



DEVELOPING THE SCHOOL SUPPORT PLAN AFTER A LEVEL 1 OR LEVEL 2 SUICIDE SCREENING

After every suicide screening, the School Screener must complete a School Support Plan. The School Support Plan provides a structure for intentional support, designates the responsibilities of each person, and includes a review date to ensure follow-through and coordinated decision-making. A Plan Manager should be designated to serve as the school point person for follow-up communication with parents and community providers for students who have been screened for suicide (level 1 AND 2). The Personal Resource Sheet (page 25, Spanish version on page 29) can be used as part of the intervention and support plan.

Level 1 Assessment- Support Plan needs to be completed with student (involve parent/guardian as appropriate) immediately.

Level 2 Assessment– School screener or designated Plan Manager schedules a **REENTRY MEETING** with student, parent, and **administrator** to complete the Support Plan. The Counselor or Psychologist/Case Manager (if SPED) should be involved in this meeting as appropriate. The Support Plan needs to be completed upon the student’s return to school (prior to attending classes).

*** A Reentry meeting is also necessary when students are returning to school following a suicide attempt, even if the school did not complete a suicide screening.

CONFIDENTIALITY

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

- For safety reasons, the designated building administrator will be notified of every suicide concern.
- Depending on the School Support Plan, specific school staff might receive certain information about concerns as part of a plan to maintain safety and provide support to the student. Student and parents/guardians are invited to help develop this plan.
- The Suicide Screening Form will be kept strictly confidential at the District Office. A copy will be kept in the student’s working file at the school building (not the cumulative file).

SUICIDE POSTVENTION OVERVIEW

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or completion is very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event. The school’s primary responsibility in these cases is to respond to the suicide attempt or completion in a manner which appropriately supports students and the school community impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

Purpose

- Not all suicide behavior can be prevented, therefore it is important to be prepared in the event of attempts or completed suicides.
- 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.
- It is important to not “glorify” the suicide and to treat it sensitively when speaking about the event, particularly with the media, as contagion can be a concern.
- It is important to address all completed suicides in a consistent manner.

Response

- BSD follow a Flight Team model in which trained counselors, social workers, and school psychologists are deployed to a school in order to set up the systems needed to support students, families, and staff following a crisis or other traumatic event.
- The BSD Flight Team has specific procedures related to our communication, activities and support following a completed suicide.
- The Flight Team’s objective is to assist the school community in achieving stability and returning to normalcy as soon as possible.
- The Beaverton School District is also a member of the Washington County Flight Team. This team coordinates responses in the event a district needs additional assistance responding to a tragedy. If requested, we will aid other school districts in Washington County to support students and staff during a tragedy.

- Families and communities can be especially sensitive to the response to suicide. The district will respond appropriately according to the BSD Flight Team protocols and the [SPRC Postvention Guidelines](#).

Postvention Goals:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term surveillance
- Integrate and strengthen protective factors (ie community, positive coping skills, resiliency, etc)

How do we reach these goals?

- Do not glorify or romanticize the suicide.
- Treat it sensitively when speaking about the event, particularly with the media
- Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- Research and identify the resources available in your community.

Key Actions:

- Verify the suicide attempt or completion.
- Mobilize the BSD Flight Team.
- Estimate level of response resources required.
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom).
- Inform faculty and staff.
- Identify at-risk students and staff.
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk.
- Be aware that persons may still be traumatized months after the event.

Key Points To Emphasize To Students, Parents, Media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger
- Stress alternatives

- Help is available

Cautions:

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school based memorial services
- Address loss but avoid school disruption as best as possible

Additional Postvention Resources:

[After a Suicide: A Toolkit for Schools](#)

SUICIDE SCREENING FORM

Please complete this form for all students expressing thoughts of suicide. This form must be submitted electronically for accurate data tracking.

The Suicide Support Plan (a separate document to be completed after this suicide screening form) does not need to be submitted to district office and can be completed manually or as a fillable form.

Student Name: *	<input type="text"/>	School: *	<input type="text"/>
Date: *	<input type="text"/>	Grade: *	<input type="text"/>
DOB: *	<input type="text"/>	Student ID #: *	<input type="text"/>
Race/Ethnicity: *	<input type="text"/>	Preferred Student Language: *	<input type="text"/>
IEP: *	<input type="radio"/> YES <input type="radio"/> NO	504: *	<input type="radio"/> YES <input type="radio"/> NO
		ELL: *	<input type="radio"/> YES <input type="radio"/> NO
Parent/Guardian: *	<input type="text"/>	Parent/Guardian Phone #: *	<input type="text"/>
Preferred Parent Language: *	<input type="text"/>	Interpreter Needed: *	<input type="checkbox"/> YES <input type="checkbox"/> NO
Screener Name: *	<input type="text"/>	Title: *	<input type="text"/>

1. INITIAL CONCERN(S)

How did you learn of Suicide Risk? *

- ☐ Self
☐ Peer
☐ Staff
☐ Parent/Guardian
☐ Other
☐ Other

Describe in detail the nature of the concern: *

2. INTERVIEW WITH STUDENT

Does the student admit to having current or recent thoughts of suicide?

☐ YES

☐ NO

*** If the Student DOES NOT admit to having suicidal thoughts and you believe there are no concerns, you do not need to complete this form. It is best practice to notify the parent/guardian of your conversation with the student about suicide and document the call.*

Does the student admit to thoughts of hurting others?

☐ YES

IF YES, Please refer to BSD Threat Assessment Protocol.

☐ NO

*** Does the student admit to having a plan? ***

☐ YES

☐ NO

If YES, please describe:

Consider how the suicide plan might be disabled. What can be done about means, supervision, and timing?

Are means available to carry out plan?

☐ YES

Comments:

☐ NO

Warning Signs and Risk Factors

☐ Recent personal or family loss

☐ Withdrawal from others

☐ Feelings of hopelessness

☐ Family conflict

☐ Experiencing bullying or being a bully

☐ Substance Abuse concerns

☐ Recent changes in appetite

☐ Stresses from: gender ID, sexual orientation, ethnicity

☐ Other:

☐ Specify your own value:

Does the student report any previous suicide attempts or thoughts? *

☐ YES

Considerations: How can the survival skills used after previous attempts be supported? Try to incorporate into Support Plan.

☐ NO

Does the student report any alcohol and/or drug use? *

☐ YES

Considerations: Alcohol and drug use reduces inhibitions and can exacerbate suicide risk. Try to incorporate discussion about safe/no use into Support Plan.

☐ NO

Is the student currently connected to a mental health provider? *

☐ YES

Therapist Name:

☐ NO

Has the student ever seen a therapist or mental health provider?

☐ YES

☐ NO

Is the student open to seeing a mental health therapist?

☐ YES

☐ NO

Considerations: If there is a current MH provider, be sure to get a Release of Information signed so that you can initiate contact to discuss safety concerns. If the student does not have a provider, the family should be referred

to the appropriate resource. A social work referral is recommended to assist the family in making the connection.

Describe the student's support system. What resources and protective factors does the student have? Consider relationships with parents, school staff, community members, etc. *

Does the student have at connection with at least one positive adult? * ☐ YES

☐ NO

Name of Positive Adult:

Considerations: Positive adult connections should be part of a comprehensive Support Plan. Are there opportunities to connect with a staff mentor or teacher?

3. Parent Contact

Parent contact is mandatory. If parent/guardian cannot be reached, use Emergency Contacts from Synergy. Do not disclose details to the contact; just tell them you urgently need to speak to the parent. Parent/Guardian should be invited to school to participate in development of Support Plan, if possible.

Did you make contact with the parent/guardian to discuss risk of suicide? * ☐ YES

If contact was not made, please explain why: ☐ NO

Is parent aware of student's suicide risk? * ☐ YES

☐ NO

Describe parent/guardian's perception of student's suicide risk? *

Does student have a therapist or other MH provider? ☐ YES

☐ NO

Therapist's Name and Contact Info:

Any other health/medication concerns:

PRIVACY. Share the following with parent/guardian:

- Suicide concerns are shared with building administrator for safety purposes. Depending on the School Support Plan, information might be shared with specific school personnel, only as needed to ensure student

safety and provide support.

- The completed Suicide Screening Form is kept strictly confidential and is not kept in the student's cumulative file.

4. **Decision and Action**

Based on the information gathered, consult with another screener (admin, counselor, psychologist, social worker, Wa County Crisis Line (503) 291-9111). Determine the appropriate response: Level 1 OR Level 2. Refer to the corresponding tasks below.

- ☐ LEVEL 1: Lower Risk- Complete Mandatory Support Plan
- ☐ LEVEL 2: Higher Risk- Facilitate connection to community mental health evaluation

LEVEL 1 TASKS:

1. Safety Planning

- ☐ MANDATORY Support Plan Completed with student

2. With Parent/Guardian:

- ☐ Share concerns & risk factors
- ☐ Review Parent Letter/Info Sheet
- ☐ Request that parent/guardian (or student 14 & up) sign Release of Information forms for providers

3. Optional Tasks:

- ☐ Complete Personal Resource Sheet
- ☐ Give parent the Parent Letter/Info Sheet (can mail, email, send with student)

LEVEL 2 TASKS:

1. Did Parent/Guardian agree to Level 2 Assessment?

- ☐ YES
- ☐ NO

Parent must agree to allow the Crisis Team to assess student. If parent refuses, consider calling Child Welfare. Your SRO can also assist.

2. School screener refers to ONE of the Qualified Mental Health Providers below for community based suicide assessment. Options available listed below in order of preference:

a. Contact with student's mental health therapist/agency:

- ☐ Immediate phone conversation (voicemail not acceptable)
- ☐ Therapist comes to school
- ☐ Student transported from school to therapist

b. Referral to Washington County Crisis Team/Crisis Line (503-291-9111). When calling, have the student's name, address, DOB, and guardian phone number readily

- ☐ *Phone consultation
- ☐ *Request that Crisis team comes to school
- ☐ Student transported from school to crisis team (Hawthorne Clinic)

**** The Wa County Crisis Line is operated by Providence and the Mobile Crisis Team is operated by Lifeworks NW. The Crisis Line dispatches the Crisis Team as necessary. You will need to clarify the reason that you are calling, either for a consultation or to request the crisis team be dispatched.**

c. Hospital Transportation Options: Please consider the least restrictive option FIRST.

- ☐ Parent transports
- ☐ Request SRO transports
- ☐ Ambulance transports

3. Tell parent/guardian that he/she will need to participate in developing a safety plan prior to student returning to the classroom.

Suicide Screening Checklist *

- ☐ I agree to develop a Student Support plan with the student.
- ☐ Keep a copy in your working file. Suicide Screening forms do not go in CUM files.
- ☐ Plan Review date scheduled in Outlook

Electronic signature of Screener: *

Name of Consulting Screener: *

Select the administrator that needs to be notified:

SAVE AND SUBMIT

Support Plan

Student Name:	School:	Student ID#:	Grade:
Plan Manager Name: _____ will review the status of this plan on _____ Date: _____ to determine whether to <input type="checkbox"/> discontinue plan <input type="checkbox"/> revise plan (use new form) <input type="checkbox"/> continue plan (see page 2 of School Support Plan)			
General Supports <input type="checkbox"/> Personal Resource Sheet (<i>page 25, Spanish on page 29</i>) <input type="checkbox"/> Washington County Crisis and Consultation Line (24 hours/ 7 days): 503-291-9111			
School Support Options <input type="checkbox"/> Check-ins: <input type="checkbox"/> daily <input type="checkbox"/> weekly with: <input type="checkbox"/> Administrator <input type="checkbox"/> School Counselor/Psychologist <input type="checkbox"/> SRO <input type="checkbox"/> Other: _____ <input type="checkbox"/> Designated safe place at school <input type="checkbox"/> Increase supervision in the following settings <input type="checkbox"/> Decrease or eliminate passing time or unsupervised time <input type="checkbox"/> Alert staff & teachers on need-to-know basis <input type="checkbox"/> Late Arrival/Early Dismissal <input type="checkbox"/> Other schedule changes: _____ <input type="checkbox"/> Drug & Alcohol assessment/intervention with _____ <input type="checkbox"/> Referral to _____ <input type="checkbox"/> Student will seek out the following school staff: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ <input type="checkbox"/> Referral to Building Level Intervention Team			
Family/Home Options <input type="checkbox"/> Safety proof home for access to weapons (School Resource Officer can help with this) <input type="checkbox"/> Increase supervision <input type="checkbox"/> Increased supervision/monitoring of social media <input type="checkbox"/> Pursue mental health services *Students expressing thoughts of suicide should always be referred to mental health services. <input type="checkbox"/> Parent letter reviewed with and provided to parent/guardian. Date: _____			
Permission <input type="checkbox"/> <i>Permission to Release Information</i> form(s) completed, allowing 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 ☐ Psychologist/School Counselor

School Support Plan Review

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

Justification for discontinuing plan:

Signature of Plan Manager discontinuing plan:

Personal Resource Sheet

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

	Name of Support	Phone	When
Supportive Family,			
24 Hour	<i>Washington County Crisis & Consultation Line</i>	503-291-9111	<i>Anytime (24/7)</i>
	<i>National Suicide Hotline</i>	<i>1-800-273-TALK (1-800-273-8255)</i>	<i>Anytime (24/7)</i>
	<i>Oregon Youth Line</i>	TEXT teen2teen to 839863 1-877-968-8491	<i>Anytime (24/7)</i>

I can help myself in the following ways:

Others will help me in the following ways:

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

Our next meeting will be: *(Date & Time)* _____

Student Name _____

Student Signature & Date _____

Parent/ Guardian or Witness _____

Original To: Student/Family Copy To: Student Working File (not cumulative file)



Dear Parent/Guardian:

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

1. Your child needs to be supervised closely. Research shows that 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 local police department or your School Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.
2. We strongly recommend that your child be seen by a qualified mental health professional for assessment and on-going counseling. Someone from your child's school can assist you in this process or you can contact your insurance company directly.
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. Be patient and calm, but also convey that you are concerned. Show love and seek out the help your child needs with no strings attached. Take threats and gestures seriously. Don't tease, challenge, or be sarcastic. Keep communication open and nonjudgmental. Avoid saying anything demeaning or devaluing while conveying empathy, warmth, and respect. Be careful not to display anger towards your child for bringing up this concern or show resentment because you had to leave work or face other inconveniences in order to ensure your child's safety.
4. We may need to develop a re-entry plan with you before he/she can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call the Washington County Crisis Line at (503) 291-9111. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

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

Legacy Emmanuel Hospital
2800 North Vancouver Avenue
Portland, OR 97227-1644
(503) 413-2902

Portland Willamette Falls Medical Center
1500 Division Street
Oregon City, OR 97045
(503) 722-3730

Depending on the circumstances, please know that failure to seek treatment for a child who is suicidal may meet the legal definition of neglect and could result in a mandated report to the Department of Human Services Child Welfare. All BSD staff members are mandatory reporters.

Student Name _____ Date _____

School Support Member's Signature _____

Plan de Apoyo en la Escuela

Número de Identificación del Estudiante

Fecha: _____

Nombre del Estudiante:	Escuela:	Número de Identificación del Estudiante	Grado:
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Coordinador del Plan (nombre) _____ se revisará el estado de este plan en (fecha) _____ para determinar:

☐ descontinuar el plan
☐ revisar el plan (use un nuevo formulario)
☐ continuar el plan (vea la siguiente página del Plan de Apoyo)

Apoyo general ☐ Hoja de Recursos Personales (*en las páginas 25 en inglés, y 29 en español*)
☐ Línea de Crisis y Consulta del Condado de Washington (24 horas/7 días a la semana): 503-291-9111

Opciones de Apoyo en la Escuela

- ☐ Reportarse: ☐ a diario ☐ semanalmente con:
- ☐ Administrador ☐ Consejero escolar ☐ SRO
☐ Otro: _____
- ☐ Designar un lugar seguro en la escuela
☐ Reforzar la supervisión en las siguientes situaciones
☐ Reducir o eliminar el tiempo que pasa sin supervisión
☐ Alertar al personal y maestros de la información que sea necesaria
☐ Llegada tarde/salida temprano ☐ Otros cambios en el horario: _____
- ☐ Evaluación de drogas y alcohol/ intervención con
☐ Recomendación a _____

☐ El estudiante buscará al siguiente personal de la escuela:

1. _____
2. _____
3. _____
4. _____
5. _____

☐ Recomendación para el Equipo de Intervención de la escuela

Opciones en la Familia/Hogar

- ☐ Casa aprobada como segura, donde no haya acceso a armas (El oficial de recursos puede ayudar con esto)
☐ Reforzar la vigilancia
☐ Reforzar la vigilancia/estar al pendiente del uso de las redes sociales
☐ Recurrir a los servicios de salud mental
☐ Leer y entregarle la carta al padre/tutor. Fecha: _____

Permiso ☐ *Autorización para proporcionar toda la información de los formularios, permitiendo la comunicación entre la escuela y los proveedores.*

Comentarios: _____

Firma del estudiante: _____ Fecha _____

Firma del padre/tutor: _____ Fecha _____

Persona que completó el formulario: _____

Nombre	Cargo	Fecha
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Copias para: ☐ Padre/Tutor Legal ☐ Estudiante ☐ Administrador ☐ Psicólogo/Consejero Escolar

Revisión del Plan de Apoyo de la Escuela

Fecha	Descontinuar el Plan	Revisar el Plan (Adjunte un nuevo plan)	Continuar el Plan (Ponga la fecha de la nueva revisión)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fecha de la nueva revisión:

Justificación para el plan de descontinuar:

Firma del plan de suspender el Gerente del Plan:

Hoja de Recursos Personales (Opcional)

Yo entiendo que esta hoja es para ayudarme a recordar cuáles son las diferentes maneras para mantenerme seguro. Estoy consciente de que alguien estará disponible las 24 horas del día para hablar conmigo. Si tengo pensamientos suicidas, o estoy pensando en lastimar a otros, puedo hablar de estos pensamientos con una o más de las siguientes personas:

	Nombre	Teléfono	Hora
Apoyo de familiares, amigos u otros adultos			
Líneas de ayuda 24 horas	<i>Línea de Crisis y Consulta del Condado de Washington</i>	503-291-9111	<i>A Toda Hora (24 horas/7 días a la semana)</i>
	<i>Línea Nacional de Prevención del Suicidio</i>	<i>1-800-273-TALK (1-800-273-8255)</i>	<i>A Toda Hora (24 horas/7 días a la semana)</i>

Durante este tiempo, me ayudaré a mí mismo de las siguientes maneras:

Las demás personas me ayudarán de las siguientes maneras:

☐ Me informaron que mi privacidad será protegida, tanto como sea posible. También se informarán las preocupaciones, según sea necesario, a ciertos miembros del personal para apoyarme y mantenerme seguro.

Nuestra próxima reunión será: (Fecha y Hora)

Nombre _____

Firma del Estudiante y Fecha _____

Padre/Tutor o Testigo(s) _____

Original para: Estudiante/Familia Copia para: El archivo del estudiante

Estimado padre/tutor legal:

Estamos preocupados por la seguridad y el bienestar de su hijo(a). Se nos ha hecho saber que su hijo(a) puede tener tendencias suicidas. El Distrito Escolar de Beaverton toma muy seriamente las expresiones de la conducta suicida, y nos gustaría apoyarlos, tanto como sea posible, a ustedes y a su hijo(a) durante esta crisis. Para garantizar la seguridad de su hijo(a), tenemos las siguientes sugerencias:

1. Su hijo(a) necesita ser supervisado de cerca. Las investigaciones muestran que el riesgo de suicidio se duplica cuando hay armas de fuego en la casa, aunque estas armas estén bajo seguro. Asegúrense de que su hijo(a) no tenga acceso a un arma de fuego u otros medios letales; incluyendo medicamentos u otras armas en su casa o en casa de los vecinos, amigos o de otros miembros de la familia. El departamento de policía local o el oficial de recursos de la escuela de su hijo(a), puede hablar con ustedes sobre las diferentes maneras de eliminar, guardar o deshacerse de las armas de fuego.
2. La escuela recomienda que su hijo(a) sea atendido por un profesional de salud mental calificado, para que haga una evaluación y una consejería continua. Alguien de la escuela de su hijo(a) puede ayudarles con este proceso, o también pueden comunicarse directamente con su compañía de seguro médico.
3. Durante esta crisis, su hijo(a) necesita apoyo. Su hijo(a) necesita que le reafirmen que ustedes lo aman y que le brindarán el cariño que necesita. Sean pacientes y tengan calma, pero también déjenle saber que ustedes están preocupados. Demuéstrele amor y busquen la ayuda necesaria sin condiciones. Tomen en serio las amenazas y los gestos. No se burlen, no lo desafíen, ni sean sarcásticos. Mantengan una comunicación abierta y sin prejuicios. Eviten decir cosas degradantes o que lo devalúen; a cambio, muestren empatía, calidez y respeto. Tengan cuidado de no mostrarle enojo a su hijo(a) por haber creado esta preocupación, ni muestren resentimiento porque ustedes deben salirse del trabajo o porque deben enfrentar otros inconvenientes para poder garantizar la seguridad de su hijo(a).
4. Tal vez tengamos que desarrollar un plan de reingreso con ustedes antes de que él/ella regrese a la escuela. Un representante de la escuela podrá contactarlos para programar una reunión con ustedes, su hijo(a), y con miembros del personal de la escuela. Esto es con el fin de garantizar la seguridad de su hijo(a) mientras se encuentra en la escuela.

Si tienen una preocupación inmediata sobre la seguridad de su hijo(a), por favor llamen a la Línea de Crisis del Condado de Washington al (503) 291-9111. Los consejeros están disponibles 24 horas al día, y pueden aconsejarles las medidas más adecuadas para mantener seguro a su hijo(a).

En caso de emergencia llamen al 911 o vayan al servicio de urgencias de cualquier hospital. Los hospitales más cercanos que cuentan con una unidad psiquiátrica infantil/adolescentes son:

Legacy Emmanuel Hospital
2800 North Vancouver Avenue
Portland, OR 97227-1644
(503) 413-2902

Portland Willamette Falls Medical Center
1500 Division Street
Oregon City, OR 97045
(503) 722-3730

Dependiendo de las circunstancias, el no buscar tratamiento para un niño o joven que tiene tendencias suicidas, legalmente puede definirse como negligencia, y puede dar lugar a un reporte obligatorio dirigido al Departamento de Servicios Humanos para el Bienestar de Menores (Human Services Child Welfare). Todos los miembros del personal de BSD deben reportar obligatoriamente.

Nombre del Estudiante _____ Fecha _____

Firma del Miembro del Personal _____