



**NOVEMBER 2020**

# **SUICIDE PREVENTION, INTERVENTION, & POSTVENTION**

## **Corbett School District**

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# PURPOSE OF PROTOCOLS AND PROCEDURES

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

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community. School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning.

# 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 to everyone.

# 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.

# SUICIDE PREVENTION PROTOCOL

**Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.**

## **Staff:**

All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide utilizing the QPR Suicide Prevention model.

**RECOMMENDATION: All staff to receive QPR training once a year. Preview prevention, intervention, and postvention protocols.**

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

**RECOMMENDATION: Identify at least two staff members to be ASIST trained and be the “go-to” people within the school. All staff should know who the “go-to” people are within the school and are familiar with the intervention protocol.**

## **Students:**

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

**RECOMMENDATIONS: (1 ) Use curriculum in line with Oregon State Standards for health such as RESPONSE. Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources (ie – handing out resources, advocating for mental health, being a leader).**

## **Parents:**

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

**RECOMMENDATIONS: (1 ) List resources in the school handbook or newsletter. (2) Partner with community agencies to offer parent information nights using research based programs such as QPR or RESPONSE. (3 ) Ensure cross communication between community agencies and schools within bounds of confidentiality.**

# Suicidal Behavior Risk + Protective 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.**

## Older Youth:

- Family history for suicide
- History of maltreatment/abuse
- Previous attempt(s)
- Isolation
- Hopelessness
- History of substance abuse
- History of mental health diagnoses
- Trauma
- Limited access to behavioral health care
- Chronic illness
- Loss
- Lack of social support
- Access to lethal means
- Perceived burdensomeness
- Mood disorders, Schizophrenia, SUDs, Eating Disorders, Borderline Personality Disorder
- **LGBTQ+, Native-American, Alaskan Native, Male**

## Younger Youth (12 and younger):

- Multiple losses in the family
- Major disruptions in the family
- Suffered abuse/neglect
- Exposure to violence
- Witnessing/experiencing family abuse
- Learning difficulties
- Chronic medical illness

**KEEP IN MIND:** A person with an array of protective factors in place can still struggle with thoughts of suicide. It is important to consider this when conducting a risk assessment.

**PROTECTIVE FACTORS ARE PARTS OF SOMEONE'S LIFE EXPERIENCE THAT MIGHT INCREASE THEIR ABILITY TO COPE WITH STRESSORS.**

## Older Youth:

- Effective clinical care for mental health diagnoses
- Social support
- Self esteem
- Sense of purpose
- Problem solving skills
- Healthy coping tools
- Cultural and religious beliefs
- Social competence
- Access of multiple intervention/support avenues for help
- Sense of purpose and future orientation
- Academic success

## Younger Youth (12 and younger):

- School Climate
- Strong sense of self-worth or self-esteem
- Pets - responsibilities/duties to others
- Reasonably safe and stable environment
- Connectedness
  - Family
  - Peers
  - School
  - Trusted adults
  - Community

For more information about how traumatic experiences can impact your students, refer to the Adverse Childhood Experiences(ACEs) study via The Center for DiseaseControl and Prevention (CDC):[www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html](https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html)

# SUICIDE INTERVENTION PROTOCOL

## Warning Signs for Suicide

Many signs of suicide are similar to the signs of depression. However, keep in mind that depression is a risk factor for suicide, not a cause. Usually these signs last for a period of two weeks or longer, but many youth behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

### Older Youth:

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

### Younger Youth (12 and under):

- Excessive somatic complaints
- Anxiety/worry
- Sleep problems/nightmares
- Constant fidgeting/movement
- Expression in writing or art
- Withdrawal
- Crying spells
- Increased anger, frustration, temper tantrums
- Becoming less verbal
- Attempting self-harm
  - cutting skin
  - rubbing objects repeatedly to break skin
- Marked decline in school work
- Absenteeism
- Bullying/being bullied

## Warning signs that indicate an immediate danger or threat:

- Someone who has already taken action to kill themselves
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

If a suicidal attempt, gesture, or ideation occurs or is recognized, report it to the school counselor or school administrator. If there is imminent danger, call 911. A

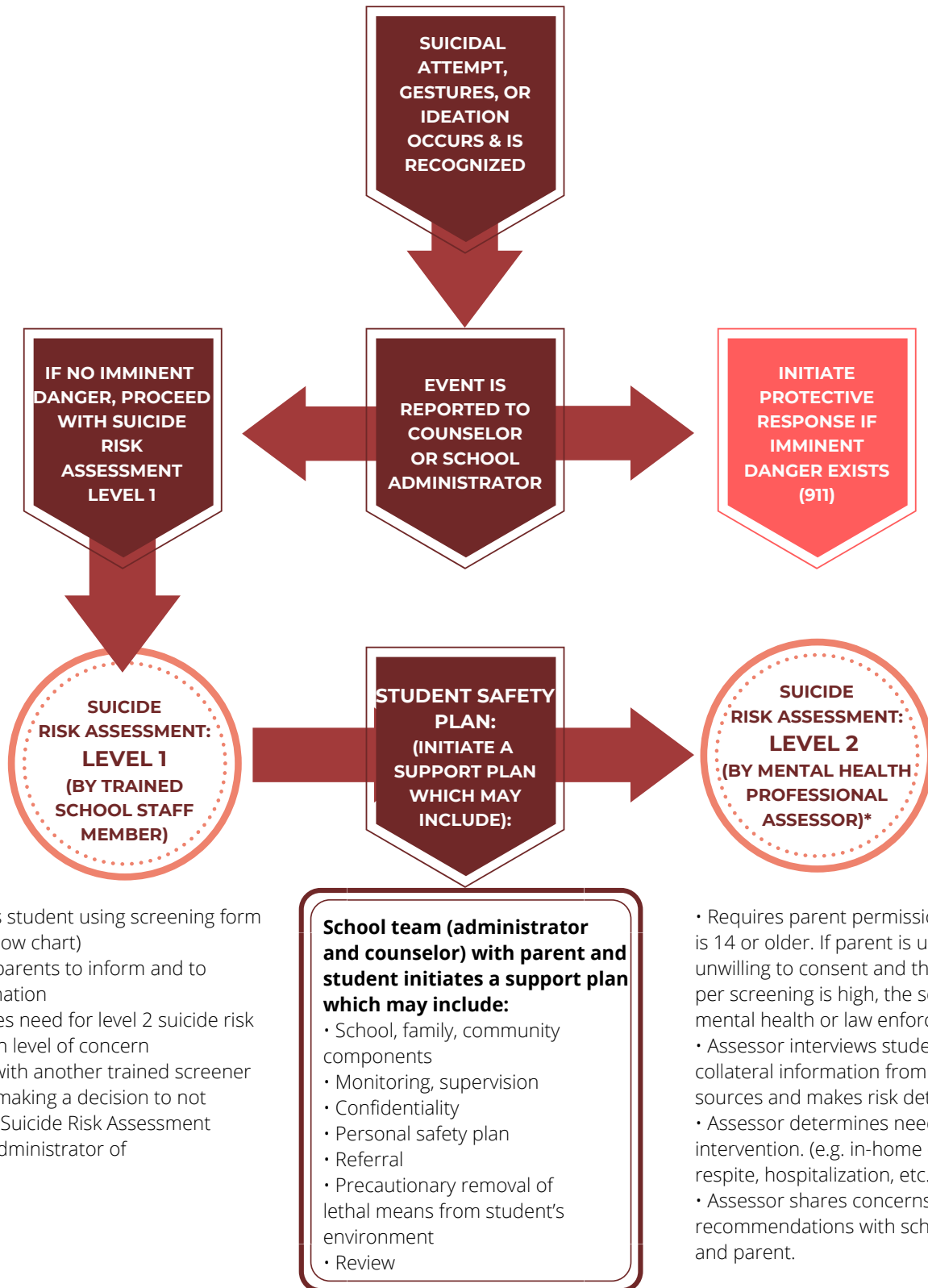
**Suicide Risk Assessment: Level 1** is performed by a trained school staff member. The screener will do the following:

- Interview student using Suicide Risk Assessment Level 1 screening form (See Appendix).
- Complete a Student Support Plan, if needed (See Appendix).
- Contact parent/guardian to inform and obtain further information.
- Determine need for a Suicide Risk Assessment: Level 2 based on level of concern and noted risk factors.
- Consult with another trained screener prior to making a decision regarding a Level 2.
- Inform administrator of screening results.

\*See following School Based Suicide Intervention Process flowchart for additional information.



# SCHOOL-BASED SUICIDE INTERVENTION PROCESS



\*See insurance information in the Appendix.

\*Call the following to request a Level 2 Suicide Risk Assessment - Multnomah County Crisis Line - 503-232-1099

# SUICIDE POSTVENTION PROTOCOL

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.

## POSTVENTION GOALS:

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

## Resources

**School-based:** Counselor, School Psychologist, and Behavior Specialist

**Community:** [YouthLine](#)

**County Supports:** [Multnomah County](#), [Clackamas County](#), & [Washington County](#)  
Crisis Lines

**Grief Support:** [The Dougy Center](#)

## 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.

# Suicide Postvention Protocol (continued)

**Generally, postvention response includes, but is not limited to, the following actions:**

- Verify the suicide attempt or completion
- 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)
- Mobilize the Crisis Response Team.
- Inform faculty and staff
- Identify at-risk students and staff (see “risk identification strategies”)
- 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, and media:

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

### SAFE REPORTING

The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed.

## 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

# Suicidal Postvention Protocol (continued)

## RISK IDENTIFICATION STRATEGIES:

**IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.

**MONITOR** student absentees in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.

**NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

## THEMES OF RESPONSIBLE POSTVENTION:

- **Grief is normal**
- **Help is available**
- **Youth and young adults are resilient**
- **Healthy coping skills can be learned**
- **Suicide loss survivors are not responsible for the death**
- **Suicide is preventable**

### Recommended Resources

**After A Suicide:  
A Toolkit for Schools**  
[www.afsp.org](http://www.afsp.org)

**Suicide Prevention  
Resource Center**  
[www.sprc.org](http://www.sprc.org)

**American Foundation  
for Suicide Prevention**  
[www.afsp.org](http://www.afsp.org)

**Suicide Rapid Response**  
[SRR@linesforlife.org](mailto:SRR@linesforlife.org)

# SUICIDE RAPID RESPONSE PROGRAM

## **Program Summary**

The Rapid Response Postvention Program is a collaborative effort between the Oregon Health Authority and Lines for Life. The program's purpose is to help communities heal after a loss to suicide and to limit further losses to suicide in the community. The Rapid Response program offers support and services to school-based communities that have been impacted by a loss to suicide of students age 10-24.

## **Reporting**

Throughout the Rapid Response process, reporting is critical. Your local Community Mental Health Program (CMHP) holds the primary responsibility to report completed suicides to the Oregon Health Authority. Community-based surveys and evaluations take place after the Rapid Response has completed in order to strengthen our response. As awareness grows for the Rapid Response Program, this reporting process will become a standard procedure for local health authorities and systems.

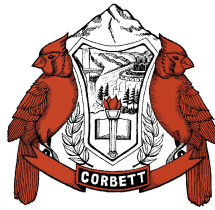
## **CMHPs**

The Rapid Response will involve coordination and collaboration with your local Community Mental Health Program (CMHP). They have a responsibility to report completed suicides to the Oregon Health Authority. The School Administrator or School Counselor should contact the Behavioral Health Prevention Coordinator with the Multnomah County Health Department.

# Appendix

Suicide Screening Form .....	A1
Salem Keizer Level 1 Student Interview.....	A2
Corbett Student Support Plan .....	A3
Student Resources.....	A4
Insurance Information and Resources .....	A5

Dan Wold  
Superintendent  
Robin Lindeen-Blakeley  
Deputy Clerk  
Jeanne Swift  
Director of Student Services



35800 E. Historic Columbia River Highway  
Corbett, Oregon 97019-9629  
Administration Office: 503-261-4200  
Grade School: 503-261-4236  
Middle/High School: 503-261-4226  
Fax: 503-695-3641

## Corbett School District No. 39

### *Suicide Screening Form*

#### 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ - D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

IEP/504?: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian #1 name/phone # (s): \_\_\_\_\_

Parent/Guardian #2 name/phone # (s): \_\_\_\_\_

Screeners Name: \_\_\_\_\_ Position: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Screeners Consulted with \_\_\_\_\_ at the school.

Administrator Notified (Name/Date): \_\_\_\_\_

#### 2. REFERRAL INFORMATION

Who reported concern/Contact info: \_\_\_\_\_ ☐ Self ☐ Peer ☐ Staff ☐ Parent/Guardian ☐ Other

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

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#### 3. INTERVIEW WITH STUDENT

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

- |   |  |
|---|--|
| <input type="radio"/> Written statements, poetry, stories, electronic media about suicide | <input type="radio"/> Experiencing bullying or being a bully |
| <input type="radio"/> Recent personal or family loss or change (i.e., death, divorce)     | <input type="radio"/> Withdrawal from others                 |
| <input type="radio"/> Preoccupation with death  | <input type="radio"/> Recent changes in appetite             |
| <input type="radio"/> Feelings of hopelessness  | <input type="radio"/> Family problems                        |
| <input type="radio"/> Substance Misuse  | <input type="radio"/> Mental Health Issues                   |
| <input type="radio"/> Giving away possessions   | <input type="radio"/> Current psychological/emotional pain   |
| <input type="radio"/> Current trauma (domestic/relationship/sexual abuse)                 | <input type="radio"/> Discipline problems                    |
| <input type="radio"/> Crisis within the last 2 weeks                                      | <input type="radio"/> Conflict with others (friends/family)  |
| <input type="radio"/> LGBTQIA+, Native-American, Alaskan Native                           | <input type="radio"/> Other signs:                           |

Summary of Interview:

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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)?

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- Is the method available to carry out the plan? ☐ Yes ☐ No Explain: \_\_\_\_\_
- Is there a history of previous gesture(s) or attempt(s)? ☐ 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 Explain: \_\_\_\_\_

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

List the names of family members: \_\_\_\_\_

Peers: \_\_\_\_\_

Others: \_\_\_\_\_

- C. Protective Factors: \_\_\_\_\_

#### 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

- ☐ 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: \_\_\_\_\_  
(Copy given to student/parent and placed in CUM File)  
☐ Yes ☐ No Provided student and family with resource materials and phone numbers
- ☐ Several risk factors noted and referred for a Suicide Risk Assessment.  
☐ Yes ☐ No Released back to class after the Parent (and/or Agency) confirmed plan  
☐ Yes ☐ No Released to parent/guardian  
☐ Yes ☐ No Parent/guardian took student to hospital
- ☐ Student is imminent danger to self - CALLED 911  
(Contact date/time/name) \_\_\_\_\_



**Salem Keizer School District**  
**Suicide Risk Assessment System**  
***Level 1 Elementary Protocol - Student Interview***

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Concepts to Emphasize:

All people have emotional highs and lows	Crisis will pass in time
Problem solving is possible, one issue at a time	There is hope for the future
People care	They are not alone

**Step 1:**

**DIRECTIONS FOR CASE MANAGERS:**

This interview ideally is to be conducted by a school counselor to initiate the Level 1 Assessment Protocol. However, in the case of a counselor not being readily available, an administrator *should* conduct the interview. Address the following questions through an interview or open-ended inquiry with the student or students of concern (who is/are in a situation that poses a threat to themselves). Do NOT ask the student to read and complete the questions by themselves.

Address the student and describe the perceived threat of self-harm that has been brought to your attention. Explain our obligation and responsibility to investigate and assess all situations that may be dangerous for the student, other students, and/or staff.

Although the student can provide crucial information regarding intent, if the student is unwilling or denies intent, consider gathering information from other sources.

The following is an examination of current circumstances and as these circumstances change, so too does the risk potential. Therefore, review the results of this interview while being mindful of supervision, intervention, and the passage of time. Each question is a prompt for exploration of circumstances that may involve the escalation of suicidal ideation. The Level 1 Protocol-Student Interview is also the method of determining if there is a need to request a more extensive Level 2 Assessment by community mental health providers (Step 4). If consultation is needed regarding this process, please contact Ishawn Ealy, SRA Lead, at (503) 399-3642 extension 203358.

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Student DOB: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator / Case Manager's Name: \_\_\_\_\_

Person conducting the Interview: \_\_\_\_\_ Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Level 1: \_\_\_\_\_

An equity lens has been applied to the threat response process. The lens identified concerns regarding underserved and underrepresented populations that lack confidence in support systems and, thus, tend to underreport. Be sure to approach information sources with cultural sensitivity and explore all leads. Provide assurance that safety, inclusion, and connection are the focus of the assessment and management of the situation. The lens also identified concerns for bias toward underserved populations and minority groups that may lead to overreaction or unnecessary discipline. Review the assessment and intervention process by focusing on facts and behavior unique to the situation. Avoid assumptions and/or personalizing language and behavior.

## Step 2:

**INTERVIEW WITH THE STUDENT:** Ask the following questions through conversation or direct inquiry.

**\*Note: If the student references cutting or similar self-harm, explore circumstances. While this is a concerning behavior, it may or may not be a risk factor relevant to suicidal ideation.**

1. Tell me how things are going for you. How is school? Home? Friends? \_\_\_\_\_
  2. Are there people or things that are stressing you or harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, school work, threats to you)? ☐ Yes ☐ No  
\_\_\_\_\_
  3. Do you have anyone you trust (education staff, relative, adult within the community) and can you talk with about things in your life? ☐ Yes ☐ No \_\_\_\_\_
  4. What are some good things going on in your life? What makes you happy (reasons for living)? Are you involved in sports, clubs, recreational activities, art, music, church, scouts, etc.? \_\_\_\_\_
  5. What are your plans for your future? Do you see yourself as an adult?  
\_\_\_\_\_
  6. Have you noticed any recent changes such as difficulty sleeping, changes in your appetite, withdrawing from your friends or families or lacking interest in your preferred activities? ☐ Yes ☐ No  
\_\_\_\_\_
  7. Have you ever used drugs or alcohol? ☐ Yes ☐ No Are you currently using drug and/or alcohol use?  
☐ Yes ☐ No \_\_\_\_\_
  8. Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up? ☐ Yes ☐ No  
\_\_\_\_\_
    - a. Do you wish you weren't alive anymore? ☐ Yes ☐ No \_\_\_\_\_
    - b. Have you ever had thoughts about killing yourself in the past few weeks? ☐ Yes ☐ No \_\_\_\_\_
    - c. When you thought about killing yourself, did you think that this is something you might do? This is different from having the thoughts but knowing you wouldn't do anything about it. ☐ Yes ☐ No If yes, How Often? \_\_\_\_\_
    - d. Have you decided how or when you would kill yourself? Have you planned out how you would do it? ☐ Yes ☐ No If yes, When? \_\_\_\_\_ What was your plan (assessing for acquiring a weapon, medication, giving away belongings, saying goodbye, etc.)? \_\_\_\_\_
    - e. Do you have access to any of the things in your plan? ☐ Yes ☐ No \_\_\_\_\_
    - f. (**\*If the student has a plan**) What about today? Are you having thoughts of killing yourself right now? ☐ Yes ☐ No \_\_\_\_\_ If yes, when? \_\_\_\_\_
  9. Have you ever had thoughts about hurting someone else? ☐ Yes ☐ No  
\_\_\_\_\_
    - a. If so, are you having any of those thoughts now? \_\_\_\_\_
    - b. If so, do you have a plan? Can you tell me about that? \_\_\_\_\_
    - c. (**\*If the student has a plan**) Do you intend to carry out your plan? ☐ Yes ☐ No \_\_\_\_\_
- (\*If yes to any of Question #9, consider initiating a Level 1 student threat assessment)**
10. Are you willing to work on a plan to keep you safe? ☐ Yes ☐ No ☐ N/A \_\_\_\_\_
  11. Are you willing to talk to a mental health worker about these feelings that you are having? ☐ Yes ☐ No  
\_\_\_\_\_
  12. Is there anything else I should know?  
\_\_\_\_\_

### Step 3:

1. What is the interviewer's relationship with the student: ☐ difficult ☐ neutral ☐ positive relationship with this student?
2. In your opinion, was the student: ☐ guarded ☐ defensive ☐ communicative in a manner that appeared open and honest?
3. Is the risk to the student imminent? ☐ Yes ☐ No
  - Do not leave student unattended at any time.
  - If Risk is imminent or anyone is in immediate danger, call law enforcement (911).
  - Consult with Administrator. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - Notify parent or guardian of imminent concerns. Parent/Guardian contacted.  
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - As needed, consult with Ishawn Ealy, SRA Lead at 503-399-3642 extension 203358.  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - As needed, consult with another trained professional. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
4. Were any responses based on stereotypes or assumptions rather than actual observation and factual information regarding behavior? ☐ Yes ☐ No \_\_\_\_\_
5. Are there concerning behaviors that could be appropriate within the student's culture? ☐ Yes ☐ No  
**Explanation:** \_\_\_\_\_
6. \_\_\_\_\_
7. Is the school team currently completing the Student Safety and Support Plan? ☐ Yes ☐ No (Consider all options available to inhibit or decrease potential suicide. If Yes, proceed to Student Safety and Support Plan for a partial list of options that are available within the district.)  
**Explanation:** \_\_\_\_\_
8. ***Is the school team currently requesting a Level 2 Suicide Risk Assessment?***  
☐ No ☐ Yes (Level 2 Assessments require parent permission, unless student is 14 or older. If the parent is unavailable to consent and the risk is imminent, school team contacts mental health and/or law enforcement (depending on situation). If parent is unwilling to consent and the risk is imminent, also consider a mandatory report to DHS.)  
**Explanation:** \_\_\_\_\_

***If yes, see Step 4 for Level 2 Suicide Risk Assessment referral process.***



**Step 4: TO REQUEST A LEVEL 2 ASSESSMENT:  
INFORMATION NEEDED FOR DISPATCHING A LEVEL 2**

1. While awaiting the Level 2 assessment, supervise student at all times.
2. Contact your Administrator regarding the need to request a Level 2 assessment.
3. To begin process, immediately contact:

**Marion County** - Email Student Interview to Marion County Youth and Family Crisis Services via secure email at [SCHOOLYFCS@co.marion.or.us](mailto:SCHOOLYFCS@co.marion.or.us) and contact Youth and Family Crisis Services via phone at: **(503) 576-4673**

**Polk County** – Email Student Interview to Polk County Mental Health Services via secure email to [akin.doug@co.polk.or.us](mailto:akin.doug@co.polk.or.us) and contact Polk County Mental Health Services at : **(503) 623-9289**

4. Contact SRA Liaison to inform a Level 2 request has been submitted.

**Step 5: To be completed after Level 2 request is made:**

1. Date of Level 2 request: \_\_\_\_\_ Time: \_\_\_\_\_ Agency: \_\_\_\_\_ Name of Initial Contact: \_\_\_\_\_
2. Estimated Time of Arrival: \_\_\_\_\_ Name of the Screener: \_\_\_\_\_
3. Was a Level 2 Suicide Risk Assessment completed? ☐ Yes ☐ No  
If yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_ Agency: \_\_\_\_\_  
If no, explain the circumstances: \_\_\_\_\_

**Salem Keizer School District**  
**Suicide Risk Assessment System**  
***Secondary Level 1 Protocol - Student Interview***

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Concepts to Emphasize:

All people have emotional highs and lows	Crisis will pass in time
Problem solving is possible, one issue at a time	There is hope for the future
People care	They are not alone

**Step 1:**

**DIRECTIONS FOR CASE MANAGERS:**

This interview ideally is to be conducted by a school counselor to initiate the Level 1 Assessment Protocol. However, in the case of a counselor not being readily available, an administrator *should* conduct the interview. Address the following questions through an interview or open-ended inquiry with the student or students of concern (who is/are in a situation that poses a threat to themselves). Do NOT ask the student to read and complete the questions by themselves.

Address the student and describe the perceived threat of self-harm that has been brought to your attention. Explain our obligation and responsibility to investigate and assess all situations that may be dangerous for the student, other students, and/or staff.

Although the student can provide crucial information regarding intent, if the student is unwilling or denies intent, consider gathering information from other sources.

The following is an examination of current circumstances and as these circumstances change, so too does the risk potential. Therefore, review the results of this interview while being mindful of supervision, intervention, and the passage of time. Each question is a prompt for exploration of circumstances that may involve the escalation of suicidal ideation. The Level 1 Protocol-Student Interview is also the method of determining if there is a need to request a more extensive Level 2 Assessment by community mental health providers (Step 4). If consultation is needed regarding this process, please contact Ishawn Ealy, SRA Lead, at (503) 399-3642 extension 203358.

An equity lens has been applied to the threat response process. The lens identified concerns regarding underserved and underrepresented populations that lack confidence in support systems and, thus, tend to underreport. Be sure to approach information sources with cultural sensitivity and explore all leads. Provide assurance that safety, inclusion, and connection are the focus of the assessment and management of the situation. The lens also identified concerns for bias toward underserved populations and minority groups that may lead to overreaction or unnecessary discipline. Review the assessment and intervention process by focusing on facts and behavior unique to the situation. Avoid assumptions and/or personalizing language and behavior.

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Student DOB: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator / Case Manager's Name: \_\_\_\_\_

Person conducting the Interview: \_\_\_\_\_ Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Level 1: \_\_\_\_\_

## Step 2:

**INTERVIEW WITH THE STUDENT:** Ask the following questions through conversation or direct inquiry.

**\*Note:** If the student references cutting or similar self-harm, explore circumstances. While this is a concerning behavior, it may or may not be a risk factor relevant to suicidal ideation.

1. Tell me how things are going for you. How is school? Home? Friends? \_\_\_\_\_
  2. Are there people or things that are stressing you or harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, school work, threats to you)? ☐ Yes ☐ No  
\_\_\_\_\_
  3. Do you have anyone you trust (education staff, relative, adult within the community) and can you talk with about things in your life? ☐ Yes ☐ No \_\_\_\_\_
  4. What are some good things going on in your life? What makes you happy (reasons for living)? Are you involved in sports, clubs, recreational activities, art, music, church, scouts, etc.? \_\_\_\_\_
  5. What are your plans for your future? Do you see yourself as an adult?  
\_\_\_\_\_
  6. Have you noticed any recent changes such as difficulty sleeping, changes in your appetite, withdrawing from your friends or families or lacking interest in your preferred activities? ☐ Yes ☐ No  
\_\_\_\_\_
  7. Have you ever used drugs or alcohol? ☐ Yes ☐ No Are you currently using drug and/or alcohol use?  
☐ Yes ☐ No \_\_\_\_\_
  8. Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up? ☐ Yes ☐ No  
\_\_\_\_\_
    - a. Have you had any actual thoughts of about killing yourself in the past few weeks? ☐ Yes ☐ No \_\_\_\_\_
    - b. Have you ever done anything, started to do anything, or prepared to do anything to end your life? ☐ Yes (If yes, can you tell me about that?) ☐ No \_\_\_\_\_
    - c. If so, was this within the past 3 months? ☐ Yes ☐ No If yes, When? \_\_\_\_\_
    - d. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No \_\_\_\_\_
    - e. Have you been thinking about how you might do this? (acquiring a weapon, medication, giving away belongings, saying goodbye, etc)? Do you have access to any of these or other lethal means? ☐ Yes ☐ No \_\_\_\_\_
    - f. (**\*If the student has a plan**) What about today? Do you or have you had any intention to carry out your plan? ☐ Yes ☐ No \_\_\_\_\_
    - g. If so, when? \_\_\_\_\_
  9. Have you ever had thoughts about hurting someone else? ☐ Yes ☐ No  
\_\_\_\_\_
    - a. If so, are you having any of those thoughts now? \_\_\_\_\_
    - b. If so, do you have a plan? Can you tell me about that? \_\_\_\_\_
    - c. (**\*If the student has a plan**) Do you intend to carry out your plan? ☐ Yes ☐ No \_\_\_\_\_
- (\*If yes to any of Question #9, consider initiating a Level 1 student threat assessment)**
10. Are you willing to work on a plan to keep you safe? ☐ Yes ☐ No ☐ N/A
  11. Are you willing to talk to a mental health worker about these feelings that you are having? ☐ Yes ☐ No  
\_\_\_\_\_
  12. Is there anything else I should know?  
\_\_\_\_\_



### Step 3:

1. What is the interviewer's relationship with the student: ☐ difficult ☐ neutral ☐ positive relationship with this student?
2. In your opinion, was the student: ☐ guarded ☐ defensive ☐ communicative in a manner that appeared open and honest?
3. Is the risk to the student imminent? ☐ Yes ☐ No
  - Do not leave student unattended at any time.
  - If Risk is imminent or anyone is in immediate danger, call law enforcement (911).
  - Consult with Administrator. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - Notify parent or guardian of imminent concerns. Parent/Guardian contacted.  
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - As needed, consult with Ishawn Ealy, SRA Lead at 503-399-3642 extension 203358.  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - As needed, consult with another trained professional. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_
4. Were any responses based on stereotypes or assumptions rather than actual observation and factual information regarding behavior? ☐ Yes ☐ No \_\_\_\_\_
5. Are there concerning behaviors that could be appropriate within the student's culture? ☐ Yes ☐ No  
**Explanation:** \_\_\_\_\_
6. Is the school team currently completing the Student Safety and Support Plan? ☐ Yes ☐ No (Consider all options available to inhibit or decrease potential suicide. If Yes, proceed to Student Safety and Support Plan for a partial list of options that are available within the district.)  
**Explanation:** \_\_\_\_\_
7. ***Is the school team currently requesting a Level 2 Suicide Risk Assessment?***  
☐ No ☐ Yes (Level 2 Assessments require parent permission, unless student is 14 or older. If the parent is unavailable to consent and the risk is imminent, school team contacts mental health and/or law enforcement (depending on situation). If parent is unwilling to consent and the risk is imminent, also consider a mandatory report to DHS.)  
**Explanation:** \_\_\_\_\_

***If yes, see Step 4 for Level 2 Suicide Risk Assessment referral process.***

**Step 4: TO REQUEST A LEVEL 2 ASSESSMENT:  
INFORMATION NEEDED FOR DISPATCHING A LEVEL 2**

1. While awaiting the Level 2 assessment, supervise student at all times.
2. Contact your Administrator regarding the need to request a Level 2 assessment.
3. To begin process, immediately contact:

**Marion County** - Email Student Interview to Marion County Youth and Family Crisis Services via secure email at [SCHOOLYFCS@co.marion.or.us](mailto:SCHOOLYFCS@co.marion.or.us) and contact Youth and Family Crisis Services via phone at: (503) 576-4673

**Polk County** – Email Student Interview to Polk County Mental Health Services via secure email to [akin.doug@co.polk.or.us](mailto:akin.doug@co.polk.or.us) and contact Polk County Mental Health Services at : (503) 623-9289

4. Contact SRA Liaison to inform a Level 2 request has been submitted.

**Step 5: To be completed after Level 2 request is made:**

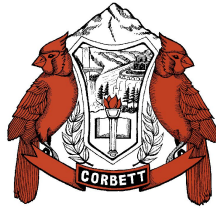
1. Date of Level 2 request: \_\_\_\_\_ Time: \_\_\_\_\_ Agency: \_\_\_\_\_ Name of Initial Contact: \_\_\_\_\_
2. Estimated Time of Arrival: \_\_\_\_\_ Name of the Screener: \_\_\_\_\_
3. Was a Level 2 Suicide Risk Assessment completed? ☐ Yes ☐ No

If yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_ Agency: \_\_\_\_\_

If no, explain the circumstances: \_\_\_\_\_



Dan Wold  
Superintendent  
Robin Lindeen-Blakeley  
Deputy Clerk  
Jeanne Swift  
Director of Student Services



35800 E. Historic Columbia River Highway  
Corbett, Oregon 97019-9629  
Administration Office: 503-261-4200  
Grade School: 503-261-4236  
Middle/High School: 503-261-4226  
Fax: 503-695-3641

**Corbett School District No. 39**

# SCHOOL SUPPORT PLAN

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

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

General Supports
<input type="checkbox"/> <i>Student Resource</i> sheet
<input type="checkbox"/> Clackamas County Crisis Line: 503.655.8585
<input type="checkbox"/> YouthLine 1-877-968-8491 or Text teen2teen to 839863
<input type="checkbox"/> Multnomah County Mental Health Call Center (503-988-4888)
<input type="checkbox"/> Washington County Crisis Line (503.291.9111)
<input type="checkbox"/> National Suicide Prevention Lifeline 1.800.273.TALK (8255)

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

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

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

<b>Signatures:</b>	<b>Date:</b>
<b>Student signature:</b>	
<b>Parent/Guardian signature:</b>	
<b>Form completed by (name and position):</b>	

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

# STUDENT RESOURCES

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

	Name of Support	Phone	When
<b>Supportive family, friends, other adults</b>			
<b>24-hour Crisis Lines</b>	Clackamas County Crisis Line	503.655.8585	Anytime (24/7)
	NW Human Services Crisis Line	503.581.5535	Anytime (24/7)
	Washington County Crisis Line	503.291.9111	Anytime (24/7)
	Multnomah County Mental Health Call Center	503.988.4888	Anytime (24/7)
	YouthLine	1-877-968-8491 or Text teen2teen to 839863	Anytime (24/7)

	National Suicide Prevention Lifeline	1.800.273.TALK (8255)	Anytime (24/7)
	LGBTQ – The Trevor Project Crisis Line	866.488.7386 (talk or text)	Anytime (24/7)

<p><b>During this time, I can help myself in the following ways:</b></p>
<p><b>Others will help me in the following ways:</b></p>
<p><b>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.</b></p>
<p><b>Our next meeting will be (date and time):</b></p>

# INSURANCE INFORMATION

If a student is presenting in an emergency department, the school staff member with the most information should always call the hospital to provide school perspective and data.

**Randall/Emanuel:** (503) 276-6895

**OHSU:** (503) 494-7551

**Adventist:** (503) 251-6390

**Providence/Willamette Falls:** (503) 650-1488

**Providence Portland:** (503) 215-3119

**Providence St. Vincent's:** (503) 675-2290

**Kaiser Triage Line:** (503) 249-3434

**Cascadia Urgent Walk-in Clinic:** (503) 963-2575