Eagle Point School District 9

Suicide Prevention Protocol and Process

Draft Revised 8/26/22

Purpose of Protocol

Eagle Point School District 9 recognizes that suicide is a leading cause of death among youth and that even more youth consider and attempt suicide. The possibility of suicide and suicidal ideation requires vigilant attention from all EPSD9 staff. 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. Senate Bill 52 also known as “Adi’s Act” was passed in Oregon in 2019 and for our district to be in compliance we developed this plan to help school staff understand their role and to provide accessible tools.

As a result, we must engage in best practices to provide district-wide suicide prevention and intervention strategies to minimize suicidal ideation and prevent attempts and deaths. We also must create safe and nurturing schools that increase connections and build strengths and self-worth in students. These efforts align with EPSD9 Equity and Social Justice framework and center on supporting all students including - BIPOC (Black, Indigenous, and People of Color) students and LGBTQIA+ (A common abbreviation for lesbian, gay, bisexual, pansexual, transgender, genderqueer, queer, intersexed, agender, question, and two-spirited), students living with mental and/or substance use disorders, who engage in self harm or have attempted suicide, living in out-of-home settings, experiencing houselessness, bereaved by suicide, and those with medical conditions or certain types of disabilities because these students are at higher risk for suicide. The emotional wellness of students greatly impacts school attendance and educational success. This policy is based on research and best practices in suicide prevention and has been adopted with the understanding that effective suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those at risk of suicide and decrease suicidal behaviors.

The outlined plan is not a “stand alone” document or policy. This plan relies heavily on the procedures and processes of our school including but not limited to: MTSS, PBIS, RTI, SPED, and ELD programs/processes. Working in the preceding frameworks include a trauma informed lens, an equity lens, and processes to identify and intervene with students early in an effort to prevent crisis from developing. The above outlined programs are specifically designed to identify and assign staff to intervene with students in need of supportive services which includes Social and Emotional supports, such as Tier 2 level small group interventions, check in, check out procedures, and support groups designed to act as time limited interventions that assist a student when faced with challenges. (i.e. divorce, transitions, unhoused, drug and alcohol abuse related problems, mental health issues, behavioral issues, etc.) See appendix for more information regarding MTSS and tiered interventions.
District 9 will identify a district crisis response team consisting of district admin/supervisors/counselors to develop a compassionate, trauma informed response for impacted groups of students/schools. The District Flight Team is a subset of the existing EBISS team and will be updated annually and names/roles will be clear at each school to all staff. District EPSD9 will hire a District Crisis Response Counselor with appropriate credentials: School Counselor, QMHP, LCSW, LPC, MFT, or applicable license or ability to be licensed. The Crisis Response Counselor is an integral part of the plan and will work together to coordinate that the practices and protocols are completed in an evidence based manner in accordance with ODE requirements and be part of both the District MTSS Team (Multi Tiered System of Supports)

District Plan and Procedure for Suicide Prevention

The District will collaborate with local and national experts to create and maintain a comprehensive approach to address suicide prevention, intervention, and postvention. The District will continually review, update and implement the plan with consultation with subject-matter experts that may include state or national suicide prevention organizations, the Oregon Department of Education (ODE), Oregon Health Authority (OHA), school-based mental health professionals, parents/guardians, employees, students, administrators, and school board associations.

The District Plan shall include:

1. **Training**
    a. All student facing staff will be trained on the risk factors and warning signs of suicidal risk every Fall at Staff Inservice or designated Continuing Education Inservice Days as evident in the Master Schedule. (Student Centered Training August 30, 2022 & other similar trainings)
    b. All staff and students will know what systems of care are available and how to access them. This will be communicated via direct in person training, newsletters, social media, emails, and inserted where appropriate into emergency response protocols at each building. (Crisis Google Form)
    c. Staff will understand the impact their messaging has on students' well-being and concept of well-being.
    d. A clear understanding that staff, teachers, and administrators consider mental wellness a priority for all students.
    e. All school counselors, and school psychologists, in addition to any other school staff designated by the building administrator to be a trained screener, shall be responsible for responding to and implementing a suicide screening after a report of suicidal risk using our adopted CSSR Screening tool.
        i. These staff members will receive enhanced professional development for designated staff that includes: screening, intervention, and mental health systems process and navigation upon hire and/or every three years. (ASIST and CALM (at least once) or similar) (CSSR training)
        ii. Said staff will be trained on processes for re-entry into a school environment following hospitalization or behavioral health crisis.
        iii. Additional specific training for safe messaging will be provided for the District Communications Director (Connect Postvention or similar)

2. **Youth Suicide/Mental Health Prevention Education for Students -** Suicide prevention efforts include and are not limited to Tier I interventions, Tier II check-ins for vulnerable populations, and Tier III for individual students known to be at risk. Student education will be provided via evidenced based curriculum methods agreed upon by the district. Character Strong is the SEL curriculum being used to distribute and train the students in all grades. Character Strong will be administered by teachers at every grade level. In middle and high school, it will be part of the NEST or DEN programming.
    a. Age and grade level appropriate training will be provided to students annually. Examples of timing and appropriate programming are: K-5: Character Strong Tier I curriculum, 6-8: SOS or similar curriculum, and 9-12: SOS, QPR or equivalent. The suicide prevention programming will include:
        i. The importance of safe and healthy choices and coping strategies.

ii. How to recognize risk factors and warning signs of mental disorders and suicide in oneself.
iii. Help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help, what systems of care are available, and how to engage assistance after school hours.
iv. Opportunities for students to practice suicide prevention skills.
v. The District Crisis Response Counselor will also coordinate four family nights a year in different locations throughout the district to provide information about student wellness. These parent nights will include appropriate training for parents in example: QPR

b. Suicide prevention materials and curriculum options must be reviewed annually by **EBISS Team**.
c. Promoting positive mental health (specific details for different buildings can be found in the appendices), Buildings to use guidelines to determine for their staff.
i. Supporting student affinity groups/clubs
ii. Use best practices research with regard to trauma informed care around improving the well-being of students. Special care and attention to protect students who are: grieving a death by suicide, youth with disabilities, mental health diagnoses, substance use disorders, experiencing houselessness, out of home settings like foster care/Hearts with a Mission, LGBTQ2SIA+
iii. Positive well-being and mental wellness messaging to be used in: parent newsletters, auto recorded messages, announcements, posters, social media, wallet cards, brochures, event programing
iv. Using classroom presentations and existing standards to present messages that compliment suicide prevention curriculum, normalize getting help instead of struggling alone, de-stigmatize reaching out for help, and identifying ways for students to engage with community

3. Every School in the District will implement the following protocol:

a. **Risk Identified:** When a staff member recognizes a warning sign in a student, the staff member will escort student (or have student escorted by another staff member) to the person designated to perform the *Columbia Suicide Severity Rating* (CSSR) risk assessment. **If the student is in imminent harm, staff will call 911 and notify admin immediately.**
b. **Screening:** The trained screener will enter the needed information into *Risk to Harm Self or Others / Crisis/Acute Care Referral* form. (appendix X)
i. **Referral Form:** The referral form should be completed if designated as Low, Moderate or High as a result of the CSSR. If the student is found to be low risk then the trained screener will follow the protocol: notifying parents, referring as needed, notifying staff, notating in Synergy, complete tasks on screening workflow sheet.
ii. If moderate or high risk, the trained screener will notify parents that QMHP will conduct more in depth assessment and that QMHP will work together with parents to determine next steps which could include going home for the day.
c. **Emergency QMHP Dispatch:** If the CSSR reveals the student is a moderate or High Risk or if evidence that Crisis/acute care is needed, then the Student Services Supervisor or the Student Services Department designee will dispatch one of our emergency qualified mental Health providers (QMHP) to meet with the student.

i. QMHP will meet with the student as soon as possible (within one hour is the goal) and then will do a more in depth screening and coordinate with the other QMHP's to provide follow up care as needed or until students can be established with their own counselor.

ii. **QMHP will contact parents to notify and decide the best next steps. Parents should already have been notified of this coming phone call by the trained screener at the school.**

d. **Safety Plan:** QMHP will help develop a safety plan with the student and parents/guardians. For immediate and continuing use or until another QMHP in the community provides support. (Appendix H) will be used if one is needed before a student returns to class. Safety plan will include discussion about removing lethal means, how to engage (911 or Emergency Room) if the student intensifies their desire to hurt themselves.

i. **Re-entry Meeting:** A re-entry meeting is advised but not required for the student to return to school. In the event that the QMHP confirms a true moderate or high risk and student has to be out of school for any amount of time, the QMHP should attend the re-entry meeting to assist with the re-entry plan. Re-entry plans could include 504 accommodations as recommended by the student's provider or QMHP. (Appendix L).

e. **Documentation:**

i. Recognizing the special considerations necessary to adhere to both FERPA and HIPAA, procedures will be in place to enhance and consider the special privacy issues involved with crisis intervention. Staff who administer CSSR will notate in the private tab on Synergy that procedures were followed. All documentation related will be stored in locked file cabinets separate from Cumulative File. In the event a student moves to another district and the information is deemed important to relay, the administrator/counselor or designee will verbally share information with the new school as appropriate. If parents or the student, over age 15, refuses to consent to share information they will be provided with information, in writing, as to the importance of sharing and how to access services at their new district.

4. **Responsibilities of Staff** - The plan requires that District employees act at all times within the scope of their individual credentials and licenses and that they not deliver services or support when they do not have the credentials or license to do so.

a. School Staff - build rapport with students in order to recognize warning signs.

b. Counselors/Administrator/or Admin Designee (referred to as Trained Screener in this document) - administer the CSSR and fill out the *Risk to Harm Self or Others/ Crisis/Acute Care Referral* Form/workflow task list.

c. Emergency Qualified Mental Health Providers (QMHP) - Meets with student/parents/guardians to conduct more in depth assessment, creates immediate and re-entry safety plan and provides follow up care as needed.

d. Student Services - Student Services Supervisor and or designee will be responsible for managing the spreadsheet, dispatching the QMHP, updating entries to maintain confidentiality after response is submitted and dispatched.

e. Student Services and HR staff will ensure that the names and contact information for above roles are distributed to all staff annually.

5. **Confidentiality**

a. **HIPAA and FERPA**

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

ii. Outside partners providing services like mental health or primary care, and who are working in EPSD9 schools with students are bound by HIPAA. All school staff and outside partners working in schools are mandatory reporters. There are situations when confidentiality must NOT **BE MAINTAINED**; if at any time, a student has shared information that indicates the student is an imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as "minimum necessary disclosure."

6. **Postvention Plan -** Postvention occurs in the event that a student dies by suicide or has a suicide attempt. Postvention should mitigate the risk of contagion, monitor and support safe messaging to students and the community, support the bereaved, and serve to bolster future prevention efforts.

Postvention work should be implemented using the following goals and cautions as a lens (from Eugene 4J *Suicide Prevention Plan and Procedures*):

Postvention Goals	Postvention Cautions
❑ Support the grieving process ❑ Prevent suicide contagion ❑ Reestablish healthy school climate ❑ Provide long-term surveillance ❑ Integrate and strengthen protective factors	❑ Avoid romanticizing or glorifying event ❑ Do not provide excessive details ❑ Do not eulogize victim or conduct school-based memorial services ❑ Do not release information in a large assembly or over the intercom

EPSD9 Postvention Response Procedures:

1. Principal or administrator notified of suspected or known student death by suicide. Principal/Administrator notifies the Student Services Supervisor - Phil Ortega (541) 951-2119 and Jackson County Mental Health Crisis Team (541) 774-8201.
2. Supervisor or designated personnel confirm the cause of death with JCMH/law enforcement.
    a. When notifying JCMH, ask about Lines for Life Rapid Response team involvement.
3. School Principal or Student Services Supervisor notifies the Superintendent and the District Crisis Response Lead of confirmed death.
4. District Crisis Response Team Lead (Crisis Counselor) contacts building Principal/Administrator to estimate level of need or response resources required and determines what information is to be shared.
5. Determine who is the point of contact for the family (like principal or administrator). Point person communicates with the family to offer condolences and determines their wishes for communication about the death.
6. The Superintendent prepares media statements with support from the Communications Supervisor.
7. The Principal/Administrator mobilizes the building Care Team, which could include not only school staff, but community supports like WinterSpring and SBHC counselors (and district crisis response team, if needed) and prepares for possible substitutes.
8. Administrator and Care Team Lead (with District Crisis Response Lead, as necessary) meet to assign responsibilities:
    a. Identifies potentially at-risk students and staff, e.g., those knowledgeable about or connected to the deceased.
    b. Creates scripts for teachers to use from provided templates. Provides script and response to line staff (building secretaries, etc.)
    c. Gathers Care Room Box and sets up a Care Room.
    d. Gathers input on concerns from teachers and staff.
    e. Maintains contact with the JCMH and administrator throughout the process.
9. The Principal/Administrator holds all-staff or stand-up meeting as soon as possible and distributes scripts and other resources for teachers to use.
10. Building staff, as directed by the administrator, notify students, and distributes any needed notifications or resource handouts.
11. The Principal/Administrator crafts and sends a message (using provided templates on Google Site) to parents and others in the school community.
12. The Principal/Administrator holds end-of-day meeting with the crisis team, provides communication with staff, and determines any follow-up resources or coordination needed.
13. Determine those who might be able to monitor media information, including social media.
14. The Principal/Administrator communicates needs for follow up to the District Crisis Response Lead.
15. District Crisis Response Counselor documents the date of death and will send notifications to school administration of the 3-month, 1 year, and birthday anniversary to promote awareness and sensitivity to students and staff potentially impacted.

Appendix:

Prevention: (Tasks to be completed by September 6, 2022)
A: MTSS process for identification and prevention Diagram
B: Pyramid of Tiered Interventions addressing Prevention, Intervention, Postvention
C: Timeline and Goals for training staff, students, parents
D: Worksheet for Individual Buildings to address student training

Intervention:
E: Risk workflow chart
F: CSSR abbreviated version for trained screener use
G: workflow tracker for trained screener use
H: Safety Plan for QMHP use
I: in depth assessment form for QMHP use
J: Re-entry Plan (may include portions of safety plan created with QMHP) for building use

Postvention:
K: Handout to inform parents of need to communicate if moving schools
L: Procedures if no ongoing care available and/or refusal of care
M: Handout for Parents on Resources (can be used at any time Prevention, Intervention, and Postvention*Appendix A:*

Eagle Point School District
MTSS process for identification and prevention

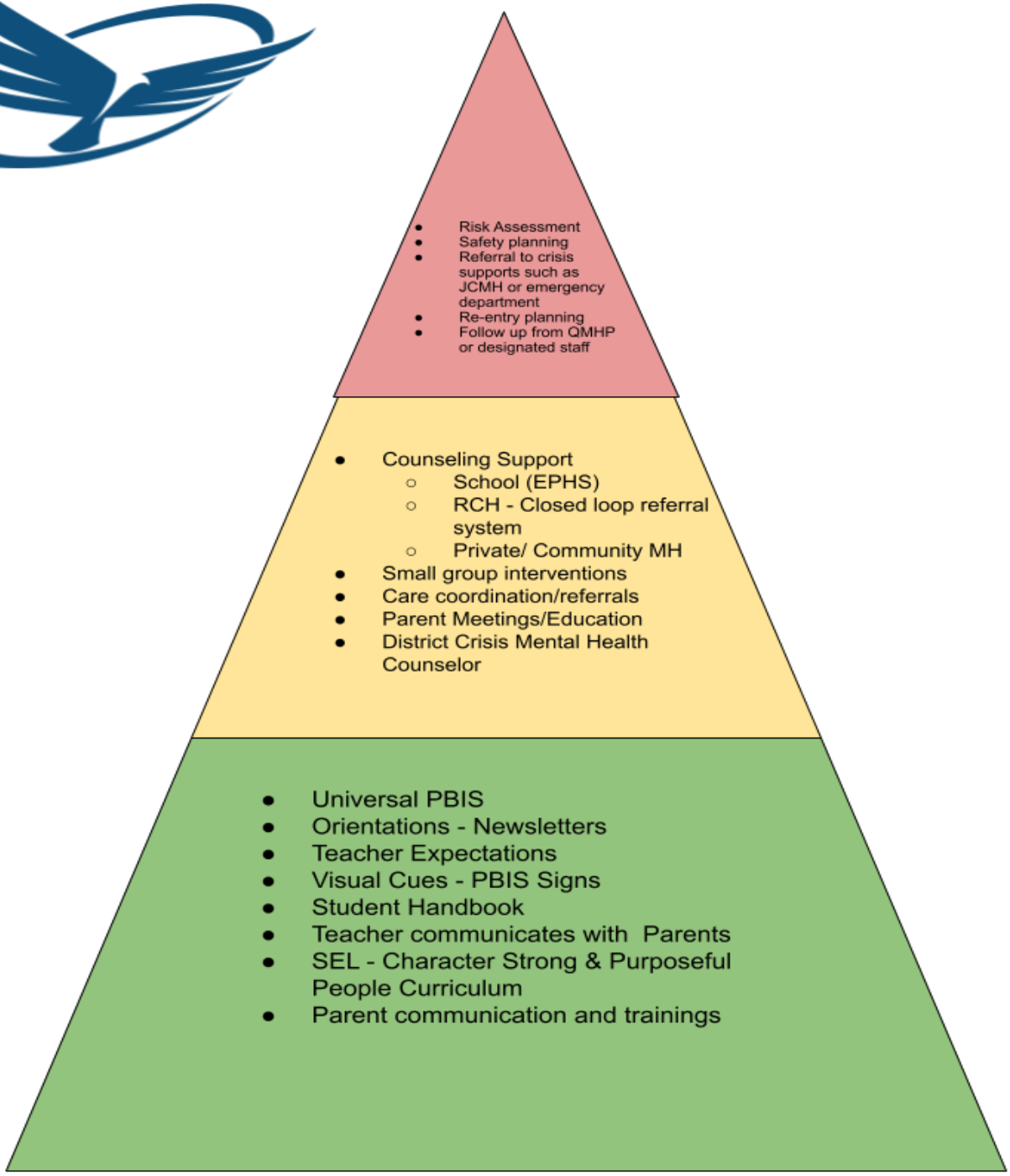
Multi-Tiered System of Supports (MTSS) is a framework that helps educators provide academic and behavioral strategies for students with various needs. MTSS grew out of the integration of two other intervention-based frameworks: Response to Intervention (RtI) and PBIS. MTSS supports suicide prevention and intervention through not only providing systems for identifying students with risk factors but providing systems of support for those students. Below are two identified teams that will be integral in identifying students at risk.

EBISS Team Meets Monthly	*Systems Coach *Student Services Supv *Teaching & Learning Dir *SPED Director *Building Principals *Behavior Specialist *Mental Health Prof *Athletic Director *Disciplinarians *School Counselors Instructional Coaches Superintendent	• Ongoing implementation and evaluation of district PBIS systems, data, and practices. • Receive professional development and updated information regarding services and topics related to students • Evaluate safety/crisis protocols and make systemic improvements as needed.	• Suicide Prevention Plan • District Attendance Plan • Safety Plan • ALICE plan
Student Support Team (SST) Meets as needed; Facilitator is identified, schedules meetings and notifies participants	*Principal *Classroom Teacher *Resource Teacher *Parent *Literacy Coach PBIS Facilitator and/or Counselor (as needed) ELL Teacher (as needed) *School Psychologist Other Specialists (as needed)	• To take a closer look at an individual student as indicated by the flow chart for decision-making, rate of growth over time, and discrepancy from peers • Evaluation planning	• All previous progress monitoring data • Completed teacher referral form • Hard copies of progress monitoring data • Intervention Plan to more specifically define instructional support If Determined Appropriate: • More detailed Developmental History • Any additional paperwork, as it relates to a determination to refer to SPED

Appendix B:

Eagle Point School District
Pyramid of Tiered Interventions addressing Prevention, Intervention, Postvention

Eagle Point School District 9



Suicide Prevention

Appendix C:

Eagle Point School District
Timeline and Goals for Training Staff, Students, and Families

Purpose of training: Staff, teachers, and administrators consider mental wellness a priority for all students. All staff, students, and parents will know what systems of care are available and how to access them. This will be communicated via direct in person training, newsletters, social media, and emails. Staff will understand the impact their messaging has on students' well-being and concept of well-being.

A. Staff: Staff will engage in annual training regarding risk factors and warning signs of suicide risk as well as review of the District Suicide Prevention and Response policy. This will occur annually at fall staff inservice or on designated continuing education inservice days.

B. Students: Students will be provided with age-appropriate, evidence-based Social Emotional Learning curriculum to decrease risk and increase protective factors. This will be implemented through the classroom and schoolwide informational campaigns, and through small groups and other individualized interventions as needed. Student training will begin in the fall and will be offered throughout the school year.

C. Parents: Parents will be provided with information regarding mental health and suicide risk through newsletters, social media and emails. Parents will be offered after school, in person training opportunities four times per year beginning in October.

Appendix D:

Eagle Point School District
Building Worksheet for Addressing Student Training

School Name:
Personnel Responsible for Adi's Law at my building is:

Using the what and when of Adi's law please fill in exact dates of training, parent letters, and student teaching.

Our school is using the following aspects of Adi's Law District Plan for
Prevention Activities:

SEL curriculum school wide: (who is responsible, timing of rolling out lessons, where they will occur)

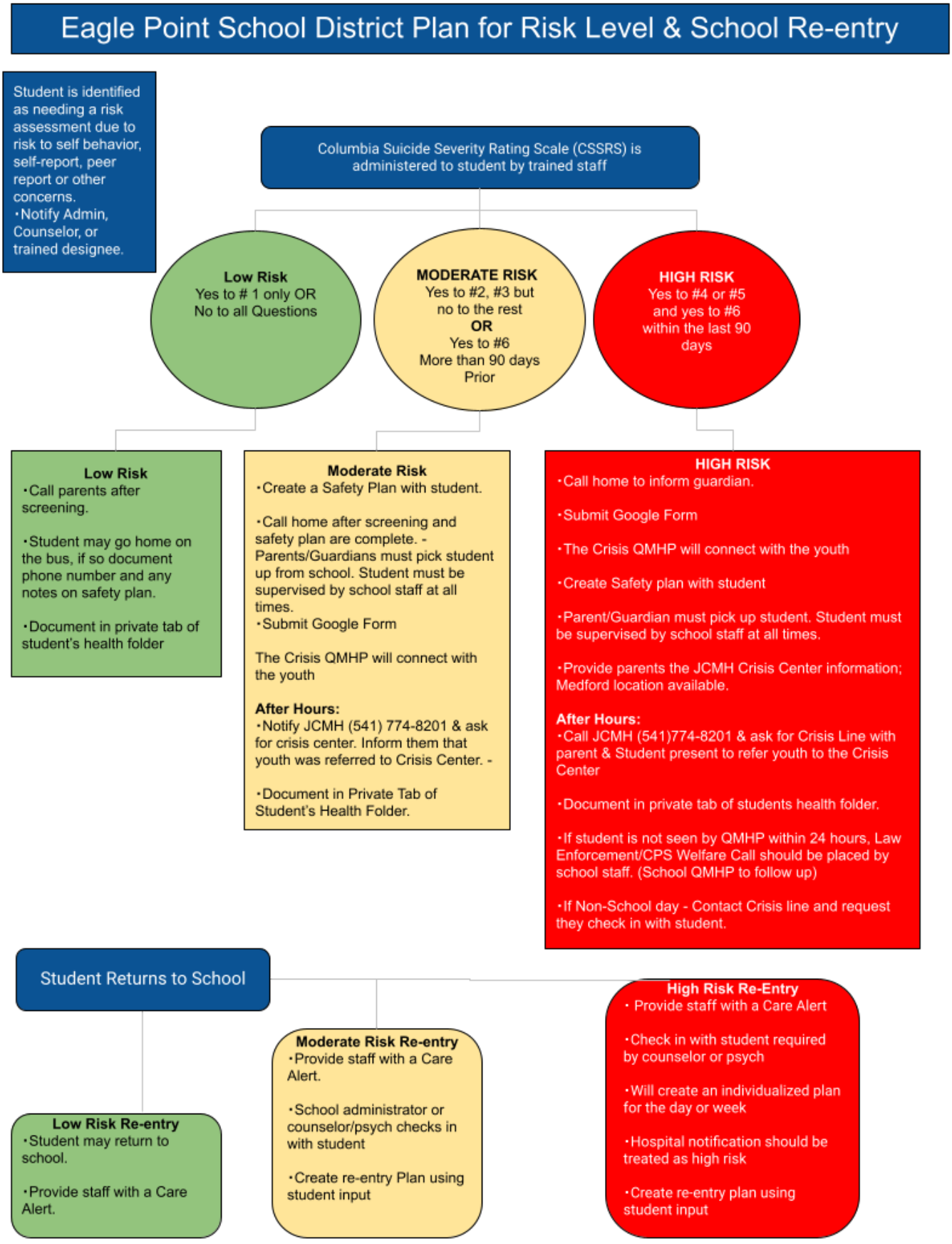
Intervention Activities:
Who is on the flight team:
Who is trained to do the CSSR:
What are the procedures for staff to notify CSSR trained personnel:

Postvention Activities:

I have read and understand the ADi's law policy and how it is implemented at my school.

Signature: _____Date:_____

Appendix E:



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Appendix F:

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Past Month**	
Ask questions that are bolded and <u>underlined</u>.	**YES**	**NO**
Ask questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or a wish to fall asleep and not wake up. ***<u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***<u>Have you actually had any thoughts of killing yourself?</u>***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" ***<u>Have you been thinking about how you might kill yourself?</u>***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to "*I have the thoughts but I definitely will not do anything about them*." ***<u>Have you had these thoughts and had some intention of acting on them?</u>***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***<u>Have you started to work out or worked out the details of how to kill yourself?</u>*** ***<u>Do you intend to carry out this plan?</u>***		
6) Suicide Behavior Question: ***<u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *<u>How long ago did you do any of these?</u>***		

Over a year ago? Between three months and a year ago? Within the last three months?		

Yes to 4 or 5 = High Risk
Yes to 2 only = Moderate Risk
Denies having a plan = Moderate Risk
Yes to 1 only or none = Low Risk

No to 2 **<u>but</u>** Yes to 6 =
1. Yes to 6 within last 90 days is High Risk
2. Yes to 6 prior to last 90 days is Moderate Risk

Appendix G:

Eagle Point School District 9
Checklist for Staff-Screening workflow tracker

Name of Student: _____ School: _____ Grade:_____

Your student expressed a safety concern and has been assessed by the district's staff. We have determined that based on our assessment, your student is considered:
(Concern): _____
_____

Fill Out Google Form Referral for "Crisis" -

Low Risk

- Call home and document who the contact was made with.
  - Contact made with: _____ at (____)_____ *(phone number)*
  - Parent/Guardian/Designee verified student may be sent home via:
    ◯bus ◯walk ◯pick up
  - Provide JCMH Crisis Card

Moderate Risk

- Call home and document who the contact was made with _____.
- Obtain a signed consent/release to exchange Mental Health information.
- Parent/Guardian/Designee must pick up the student and may recommend JCMH for crisis assessment.
- School will be contacted by the District Crisis Counselor and they may recommend additional assessment.
- Parent or guardian was provided with JCMH information cards. (541) 774-8201
- If needed and appropriate contact -
  - Law Enforcement to do a Welfare Check:
    - JCSO (541) 774-6800
    - EPPD (541) 826-9171
  - File a report with Child Protective Services
    - (855) 503-7233

High Risk

- Call home and document who the contact was made with: _____.
- Obtain a signed consent/release to exchange Mental Health information.
- Parent/Guardian/Designee must pick up the student _____. (Name of designee)
- We recommend that the student be taken for assessment by a professional or our Family Medical Provider within 24 hours
- If the parent or guardian cannot/will not pick up the student, file a report with Child protective services (855) 503-7233.
- Call JCMH Crisis Line (541) 774-8201 to request that a counselor reach out to the parent or guardian if they
- refuse to comply with reasonable requests for on-site assessment at School. Ask them to follow up.
- If counselors are not available, school staff should keep the student or make appropriate placement until parent or guardian can pick them up or take them to JCMH Crisis Center.
  - If needed and appropriate contact local Law Enforcement (see contact information above).

Parent/Guardian/Designee Signature: _____ Date:_____

School Staff Member: _____ Date:_____

Appendix H

Eagle Point School District 9
Safety Plan

This safety plan is for use before or during a mental health crisis. If you need immediate assistance, please call 911 or go to the nearest emergency room.

1. Warning Signs: situations, thoughts, behaviors e.g. isolating

2. Coping Tools: (Things I can do to take my mind off of my problems)
Internal: (By myself skills, hobbies, soothing)

External: (People I can talk to and places I can go to to make myself feel better)

3. Who can I ask for help during a crisis?

_____ _____
Name Number

_____ _____
Name Number

4. Professionals to Call
Therapist: ***Phone:*** ***Next appointment:***

- ***Jackson County Mental Health Crisis Line 24/7: 541-774-8201***
- ***Suicide and Crisis Lifeline: Dial 988***
- ***Call 911 or go to the emergency room at Asante Rogue Regional Medical Center (541) 789-7000***

5. Things my family will do to promote a safe physical environment:
-Remove all weapons from the home and areas where the youth may visit.
-Secure or lock away all medications and dangerous substances.
-Supervise the youth with sharp objects.

6. Next Steps:

_____

Received by: _____ _____ _____ _____
Student **Date** **Parent/Guardian** **Date**

Appendix I

Eagle Point School District
In Depth Assessment Form for QMHP use

SAFE-T Protocol with C-SSRS (Columbia Risk and Protective Factors) - Recent

Step 1: Identify Risk Factors

C-SSRS Suicidal Ideation Severity	**Month**
1) Wish to be dead *Have you wished you were dead or wished you could go to sleep and not wake up?*	
2) Current suicidal thoughts *Have you actually had any thoughts of killing yourself?*	
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) *Have you been thinking about how you might do this?*	
4) Suicidal Intent without Specific Plan *Have you had these thoughts and had some intention of acting on them?*	
5) Intent with Plan *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*	

C-SSRS Suicidal Behavior: *"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If "YES" Was it within the past 3 months?	**Lifetime** **Past 3 Months**

Activating Events:
- □ Recent losses or other significant negative event(s) (legal, financial, relationship, etc.)
- □ Pending incarceration or homelessness
- □ Current or pending isolation or feeling alone

Treatment History:
- □ Previous psychiatric diagnosis and treatments
- □ Hopeless or dissatisfied with treatment
- □ Non-compliant with treatment
- □ Not receiving treatment
- □ Insomnia

Other:
- □ _____
- □ _____
- □ _____

Clinical Status:
- □ Hopelessness
- □ Major depressive episode
- □ Mixed affect episode (e.g. Bipolar)
- □ Command Hallucinations to hurt self
- □ Chronic physical pain or other acute medical problem (e.g. CNS disorders)
- □ Highly impulsive behavior
- □ Substance abuse or dependence
- □ Agitation or severe anxiety
- □ Perceived burden on family or others
- □ Homicidal Ideation
- □ Aggressive behavior towards others
- □ Refuses or feels unable to agree to safety plan
- □ Sexual abuse (lifetime)
- □ Family history of suicide

□ **Access to lethal methods:** Ask <u>specifically</u> about presence or absence of a firearm in the home or ease of accessing

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)	
Internal: □ Fear of death or dying due to pain and suffering □ Identifies reasons for living □ _____ □ _____	**External:** □ Belief that suicide is immoral; high spirituality □ Responsibility to family or others; living with family □ Supportive social network of family or friends □ Engaged in work or school

Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)

C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	**Month**
Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time	
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts	
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?*** (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply	
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on (2) Mostly to get attention, revenge or a reaction from others living with the pain or how you were feeling) (3) Equally to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on and to end/stop the pain living with the pain or how you were feeling) (0) Does not apply	
Total Score	

Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level "The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential **clinical judgment**, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior."
From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.

RISK STRATIFICATION	TRIAGE
High Suicide Risk ☐☐ Suicidal ideation with intent or intent with plan **in past month** (C-SSRS Suicidal Ideation #4 or #5) **Or** ☐☐ Suicidal behavior **within past 3 months** (C-SSRS Suicidal Behavior)	• **Initiate local psychiatric admission process** • **Stay with patient until transfer to higher level of care is complete** • **Follow-up and document outcome of emergency psychiatric evaluation**
Moderate Suicide Risk ☐☐ Suicidal ideation with method, **WITHOUT plan, intent or behavior in past month** (C-SSRS Suicidal Ideation #3) **Or** ☐☐ Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) **Or** ☐☐ Multiple risk factors and few protective factors	• **Directly address suicide risk, implementing suicide prevention strategies** • **Develop Safety Plan**
Low Suicide Risk ☐☐ Wish to die or Suicidal Ideation **WITHOUT method, intent, plan or behavior** (C-SSRS Suicidal Ideation #1 or #2) **Or** ☐☐ Modifiable risk factors and strong protective factors **Or** □ No reported history of Suicidal Ideation or Behavior	• **Discretionary Outpatient Referral**

Step 5: Documentation

Risk Level :

[ ] High Suicide Risk
[ ] Moderate Suicide Risk
[ ] Low Suicide Risk

Clinical Note:

- Your Clinical Observation
- Relevant Mental Status Information
- Methods of Suicide Risk Evaluation
- Brief Evaluation Summary
  - Warning Signs
  - Risk Indicators
  - Protective Factors
  - Access to Lethal Means
  - Collateral Sources Used and Relevant Information Obtained

- Specific Assessment Data to Support Risk Determination
- Rationale for Actions Taken and Not Taken

- Provision of Crisis Line 1-800-273-TALK(8255)
- Implementation of Safety Plan (If Applicable)

Appendix J:

Eagle Point School District 9
Re-Entry Plan

Name of Student: _____ School: _____ Grade: _____

Low Risk

- Staff Care Alert
- Inform bus driver if applicable

Moderate Risk

- Designate a staff member to check in with student upon return. _____
- Send out a Care Alert to all staff. (Staff Name)

Notes: _____
_____
_____
_____

High Risk/Hospital Notifications

- Counselor/Psychologist/RCH/Admin meets with student and parent upon re-entry to create an individualized plan for the day or week.
- Have parent sign Medical Release of Information Form
- Send out Care Alert to all staff.
- Call home and communicate with parent if they were not able to attend re-entry meeting.
- Designate a staff member (who student identifies as an advocate) to check in with student:

_____
(Staff Name)

Notes: _____
_____
_____
_____

Talking points for Re-Entry Meetings:

- Outcome of screening at JCMH or other qualified mental health provider (if applicable), including suggestions for safety planning.
- Accommodations that the student may need to safe and comfortable returning to school
    - Examples may include extra time for school work, where and with whom to take a break, calling home if needed to talk with parents
- Plan with parents and students for ongoing counseling support from qualified mental health professional (like SBHC or Options).

School Staff:_____ Date: _____
. (Printed Name) (Signed Name)

Appendix K:

Eagle Point School District 9
Parent Information Letter

Dear Parent or Guardian,

We are concerned about the safety and welfare of your child. We have been made aware that your child may have been suicidal. We take all expressions of suicidal behavior very seriously and we would like to support you and your student during this time. To assure the safety of your child, we suggest the following:

1. Your child will require close supervision. Assure that your child does not have access to lethal means including firearms, medication, sharps and other weapons. Research shows that risk of suicide doubles if a firearm is in the house, even if the firearm is locked up.

2. Your child should be seen by a qualified mental health professional for an assessment and ongoing counseling if recommended. Attached is a list of counseling resources available. The District Crisis Response Mental Health Counselor can help connect you with resources if needed. If your child already has a counselor, it is recommended that they be contacted and we will request a release of information to do so.

3. Be patient and calm with your child. Show love and seek out the help your child needs with no strings attached. Take suicidal threats and gestures seriously. Keep communication open and non-judgemental. Do not tease, challenge, or be sarcastic. Be careful not to display anger towards your child for bringing up this concern or because you had to leave work, etc.

4. We may develop a re-entry plan with you before your student returns to school. A representative from the school may contact you to schedule a meeting with you, your child, and staff to discuss ways to ensure your child's safety while at school.

5. For your child's safety, there may be a need to communicate safety concerns with another school if your child changes schools in the future.

If you have an immediate concern for your child's safety, please call the Jackson County Mental Health Crisis line at 541-774-8201, call 911 if needed, or go to the emergency department at Asante Rogue Regional Medical Center, 2825 E Barnett Rd, Medford, 541-789-7000. You can also go to any nearest emergency department.

Depending on the circumstances, failure to seek treatment for a child who is suicidal may result in a mandated report to the Department of Human Services Child Welfare division.

School Staff Signature_____ Date_____

Appendix L:

Eagle Point School District 9
Procedure if No Ongoing Care Available and/or Refusal of Care

1. If a student or family refuse care or if no care is available, the family will be offered information about crisis resources and ongoing care options.

2. The Crisis Response Counselor will offer to check in with the student and family over an agreed upon time frame and continue to offer support for engaging in services.

3. If a student continues to present with suicidal risk, additional screenings will be completed as per policy regardless of desire to engage in mental health services.

4. Depending on the circumstances, failure to seek treatment for a child who is suicidal or who presents with high acuity mental health needs may result in a mandated report to the Department of Human Services Child Welfare division.

Appendix M:

Eagle Point School District
Community Mental Health Resources

Crisis Services

541-774-8201 - Jackson County Mental Health Crisis Line 24 hours per day, 7 days per week

988 - Suicide Prevention Line 24/7

877-968-8491 - Youthline 24/7, Call, Text teen2teen to 839863 or chat feature 4-10pm daily at Oregonyouthline.org

Crisis text line - Text Home to 741741

Ongoing Mental Health Services

For ongoing counseling, check with your insurance for a list of covered providers.

Or call:

Rogue Community Health School Based Health Centers - (541) 773-3863
Call to schedule
Most insurances accepted and sliding scale available

Options for Southern Oregon - (541) 476-2373
200 Beatty St, Medford
Walk in (Open access) assessments Monday-Thurs 8:00 am to 6:15pm (5:15 pm Friday)
Most insurances accepted & sliding scale available

Kairos - (541) 772-0127
10 Crater Lake Ave, Medford
Walk in assessments Tue & Wed 12-3, Thur & Friday 8:30-3
OHP accepted

Please reach out to the District Crisis Response Counselor at (541) 830-6064 with any questions.