

# Monument School District Suicide Prevention Plan

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A GUIDE TO YOUTH SUICIDE PREVENTION,  
INTERVENTION, AND POSTVENTION  
PROCEDURES FOR MONUMENT SCHOOL DISTRICT

*Update July 28, 2022*

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# Section I: Introduction

## **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.

The purpose of this plan is to follow board policy to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. This plan provides guidelines to assist school administrators and school counselors in their planning. This is a living document that needs to be reviewed and updated to ensure it has current information.

## **Monument School District Policy**

### **Monument School District**

Code: JHH

Adopted:

Orig. Code: JHH

### **Student Suicide Prevention\*\***

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

The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
4. Methods to address the needs of high-risk groups, including:

- a. Youth bereaved by suicide;
  - b. Youth with disabilities, mental illness or substance abuse disorders;
  - c. Youth experiencing homelessness or out of home settings, such as foster care; and
  - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
  - a. When and how to refer youth and their families to appropriate mental health services; and
  - b. Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis<sup>1</sup>; and
8. A process for designating staff to be trained in an evidence-based suicide prevention program<sup>2</sup>

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

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

END OF POLICY

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**Legal Reference(s):**

ORS 332.107

ORS 339.343

OAR 581-022-2510

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<sup>1</sup> “Behavioral health crisis” as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health.

<sup>2</sup> ODE will provide a list of available programs.

## 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 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.

## **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”. At a minimum school administration and guardians will be notified, unless there is an exception as noted below.

### **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.

### **EXCEPTION 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.

# Section II: Prevention

## **TRAINING AND EDUCATION**

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 on the policies, procedures, and best practices for intervening with students at risk for suicide. The specific trainings listed below are recommendations, however, other equivalent training can be utilized as needed and/or available.

- Suggested for all staff
  - Review of district suicide prevention and policy plan
  - Safe Schools training
  - QPR- Question, Persuade, Refer (<https://qprinstitute.com/>)
- Suggested for administrators
  - Youth Mental Health First Aid (<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>)
- Suggested for school based mental health counselors
  - ASIST (<https://www.livingworks.net/asist>)

### **STUDENTS**

Students should receive developmentally-appropriate, student-centered education about overall social-emotional wellbeing, suicide and suicide prevention in class. The purpose of this curriculum is to teach students the importance of safe and healthy choices and coping strategies, and how to access help at their school for themselves, their peers, or others in the community.

- K – 12<sup>th</sup> Grade
  1. Positive Action Curriculum (<https://www.positiveaction.net/>)
  2. Safe messaging plan materials available at (<https://oregonyouthline.org/materials/>)
  3. Provide supplemental small group or individual prevention for at-risk students as needed

### **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 to others in their community that may be at risk for suicide.

- Provide parents with the district suicide prevention plan including community resources via the school website (<http://monumentschool.com/>)

# **POPULATIONS AT ELEVATED RISK FOR SUICIDAL BEHAVIOR**

## **YOUTH LIVING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS**

While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorder, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and other psychotic disorders, borderline personality disorder, conduct disorder and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

## **YOUTH WHO ENGAGE IN SELF-HARM OR HAVE ATTEMPTED**

Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

## **YOUTH IN AND OUT OF HOME SETTINGS**

Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.

## **YOUTH EXPERIENCING HOMELESSNESS**

For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One student found that more than half of runaway and homeless youth have had some kind of suicidal ideation.

## **AMERICAN INDIAN/ALASKA NATIVE (AI/AN) YOUTH**

In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.

## **LGBTQ+ (LESBIAN, GAY, TRANSGENDER OR QUESTIONING) YOUTH**

The CDC finds that LGBTQ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. Suicidal behavior among 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 disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ which elevate the risk of suicidal behavior for LGBTQ youth.

#### **YOUTH BEREAVED BY SUICIDE**

Studies show that those who have experienced suicide loss, through the death of a friend or a loved one, are at increased risk for suicide themselves.

#### **YOUTH LIVING WITH MEDICAL CONDITIONS AND DISABILITIES**

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries



# Section III: Intervention

## **SUICIDAL BEHAVIOR RISK & PROTECTIVE FACTORS**

### **RISK FACTORS**

- Current plan to die by suicide
- Current suicidal ideation
- Access to lethal means
- Previous suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from psychiatric hospitalization
- History of mental health issues (major depression, panic attacks, conduct problems)
- Current drug/alcohol use
- Sense of hopelessness
- Self-hate
- Current psychological/emotional distress
- Loss (relationship, work, financial)
- Discipline problems
- Conflict with others (friends/family)
- Current agitation
- Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as an aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBTQ+, Native-American, Alaskan Native, Male

### **PROTECTIVE FACTORS**

- Engaged in effective health and/or mental health care
- Feel well connected to others (friends, family, school)
- Positive problem solving skills
- Positive coping skills
- Restricted access to lethal means
- Stable living environment
- Willing to access support/help
- Positive self-esteem
- Resiliency

- High frustration tolerance
- Emotion regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Has responsibility for others

**\*Please note, a person with an array of protective factors in place can still struggle with thoughts of suicide.**

## SUICIDE INTERVENTION PROTOCOL

### WARNING SIGNS FOR SUICIDE

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

### WARNING SIGNS THAT MAY INDICATE AN IMMINENT DANGER OR THREAT:

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

### IF A SUICIDAL ATTEMPT, GESTURE, OR IDEATION OCCURS OR IS RECOGNIZED:

- Staff will take all suicidal behavior and comments seriously every time
- Call 911 if there is imminent danger
- It is critical that any school employee, who has knowledge of someone with suicidal thoughts or behaviors, communicate this information immediately and directly to the administration. The contact for Monument school follows:
  1. School Administrator – Laura Thomas
  2. Head Teacher only if administrator is gone – as assigned
- Staff will stay with the student until relieved by a mental health counselor, resource officer, or administrator.
- **A Suicide Risk Assessment: Level 1 will be performed by a trained professional. The screener will do the following:**
  - ✓ Interview student using the Columbia screener
  - ✓ Complete a Suicide Student Intervention Safety Plan, if needed
  - ✓ Contact parent/guardian to inform and to obtain further information
  - ✓ Determine need for a *Suicide Risk Assessment: Level 2* based on level of concern. If a level 2 assessment is needed call the CCS crisis line at 541-575-1466
  - ✓ Consult with another trained screener prior to making a decision to *not* proceed to a Level 2
  - ✓ Complete the Suicide Risk Assessment Level 1 form

- ✓ Inform administrator of screening results (provide copy of level 1 form)

Only trained school staff/professionals should act as screeners who perform Level 1 suicide response protocols and safety planning. Examples of trained screeners in schools are:

- School Prevention Specialists
- School Psychologists
- Mental Health Counselors
- Mental Health Care Coordinators

If you are uncertain who the specific trained screeners are in your building, ask your building administrator

Student Name: \_\_\_\_\_

Screener Name: \_\_\_\_\_

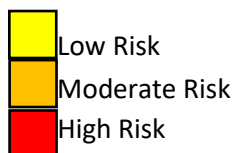
Date: \_\_\_\_\_

## Colombia-Suicide Severity Rating Scale

Screen Version – Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
Ask questions that are <b>bolded</b> and <u>underlined</u> .	YES	NO
<b>Ask Questions 1 and 2</b>		
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>Have you actually had any thoughts of killing yourself?</u></b>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <b><u>Have you been thinking about how you might do this?</u></b> E.g. “I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it...and I would never go through with it”		
4) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b> As opposed to “I have the thoughts but I definitely will not do anything about them”		
5) <b><u>Have you started to work out or worked out the details of how to kill yourself?</u></b> <b><u>Do you intend to carry out this plan?</u></b>		

6) <b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b> 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. <b>If YES, ask: <u>Was this within the past three months?</u></b>	YES	NO



### NOTES:

For inquiries and training information contact: Kelly Posner, Ph. D.

New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

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# Student Intervention Safety Plan

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

Warning signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

- 1.
- 2.
- 3.

An adult I can talk to at home when I feel it would be better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

Identify reasons for living:

- 1.
- 2.
- 3.

(optional) My plan to reduce or stop use of alcohol/drugs:

- 1.
- 2.
- 3.

I can call any of the numbers below for 24 Hour Crisis Support:

- **National Suicide Prevention Lifeline** dial 988
- **Oregon Youthline** 1-877-968-8491 or text "teen2teen" to 839-863
- **Community Counseling Solutions** 541-575-1466 (business hours) OR **WARMLINE** 1-800-698-2392 (24 hour access)

My follow-up appointment is: \_\_\_\_\_ with \_\_\_\_\_

Copies, as discussed with student, will be sent to:

\_\_\_\_\_

# Suicide Risk Assessment – Level 1

## 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ IEP/504? \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Screener's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Screener consulted with: \_\_\_\_\_

## 2. REFERRAL INFORMATION

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

Contact Information: \_\_\_\_\_

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

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## 3. PARENT/GUARDIAN CONTACT

1. Name of the 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? \_\_\_\_\_

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## 4. INTERVIEW WITH THE STUDENT

Does the student exhibit any of the following warning signs?

- |                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Withdrawal from others                                              | <input type="checkbox"/> Recent changes in appetite                              |
| <input type="checkbox"/> Written statements, poetry, stories, electronic media about suicide | <input type="checkbox"/> Family problems                                         |
| <input type="checkbox"/> Preoccupation with death                                            | <input type="checkbox"/> Giving away possessions                                 |
| <input type="checkbox"/> Feelings of hopelessness                                            | <input type="checkbox"/> Current trauma                                          |
| <input type="checkbox"/> Substance Abuse/Mental Health Issue                                 | <input type="checkbox"/> (domestic/relational/sexual abuse)                      |
| <input type="checkbox"/> Current psychological/emotional pain                                | <input type="checkbox"/> Crisis within the last 2 weeks                          |
| <input type="checkbox"/> Discipline issues                                                   | <input type="checkbox"/> Stresses from: gender ID, sexual orientation, ethnicity |
| <input type="checkbox"/> Conflict with others (friends/family)                               | <input type="checkbox"/> See Risk Factors Page for additional signs: _____       |
| <input type="checkbox"/> Experiencing bullying or being a bully                              | _____                                                                            |
| <input type="checkbox"/> Recent personal or family loss or change (i.e., death, divorce)     |                                                                                  |

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

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

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

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

Is the method to carry out the plan available? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Is there a history of previous gesture(s) or attempts? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Is there a family history of suicide? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Has the student been exposed to suicide by others? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Has the student been recently discharged from psychiatric care? ☐ Yes ☐ No

Date/Explain: \_\_\_\_\_

Does the student have a support system? ☐ Yes ☐ No

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

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

Additional supports: \_\_\_\_\_

## 5. ACTIONS TAKEN

- ☐ Yes ☐ No Called 911 (contact date/time/name)
- ☐ Yes ☐ No Crisis Response Plan created with student
- ☐ Yes ☐ No Copy of Crisis Response Plan given to student, original placed in confidential file within CUM file
- ☐ Yes ☐ No Parent/guardian contacted
- ☐ Yes ☐ No Released back to class after parent (and/or agency) confirmed Crisis Response Plan And follow up plan established. Notes:
- ☐ Yes ☐ No Called DHS
- ☐ Yes ☐ No Released to parent/guardian
- ☐ Yes ☐ No Parent/guardian took student to hospital
- ☐ Yes ☐ No Parent/guardian scheduled mental health evaluation appointment Notes:
- ☐ Yes ☐ No Provided student and family with resource materials and phone numbers
- ☐ Yes ☐ No School Based Mental Health Provider follow up (date/time) scheduled:
- ☐ Yes ☐ No School Administrator notified (date/time):
- ☐ Limited or NO risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
- ☐ Several risk factors noted but no imminent danger. Completed Crisis Response Plan. Will follow up with student on Date/Time: \_\_\_\_\_
- ☐ Several risk factors noted: referred for Level 2 Suicide Risk Assessment from County Mental Health or student's private counselor (contact date/time/name):
- ☐ Consulted with and approved by: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## Section IV: Postvention

### **SUICIDE ATTEMPT: RE-ENTRY PROCEDURE**

For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed counselor or mental health professional, the principal, or designee, will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's safe return to school.

Use the following forms for Re-Entry with the student and guardians

- Suicide Attempt Postvention Protocol
- Student Support/ReEntry Plan

A school employed counselor or mental health professional, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.

The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.



# SUICIDE ATTEMPT POSTVENTION PROTOCOL

*After a student has made a suicide attempt, the counselor and/or admin should meet with the student and a parent/guardian to make sure their return to school is successful and that their educational, social, emotional, and mental health needs are being met.*

- **Before returning to classes the student and a parent/guardian have met with the building administrator and/or counselor**

o Date and time of meeting: \_\_\_\_\_

o Those in attendance: \_\_\_\_\_

- **Does the student have an assigned mental health counselor?**

o If no, has a referral been made? \_\_\_\_\_

o If yes, who is the counselor? \_\_\_\_\_

o Which organization is the mental health counselor with? \_\_\_\_\_

o Has/will a Release of Information be signed? \_\_\_\_\_

- **Does the student have a safety plan for outside of school? Please describe:**

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- **What needs were identified for a successful re-entry to school?**

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- **Create a School Safety Plan for the student and distribute it to appropriate people.** Use the form available in this document to complete it.

- **Please check this box if the parent/guardian has declined to attend the re-entry meeting.** Allow the student to return to classes, and have them make a safety plan for school with the counselor or other appropriate school personnel. Share the plan with the parent/guardian.

- **Optional notes:**

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Parent/Guardian notified (name & date): \_\_\_\_\_

Admin or counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Monument School District

## STUDENT SUPPORT/RE-ENTRY PLAN

<b>Date:</b>	A Student Support Plan, unlike a typical behavior plan, addresses specific behaviors that are unsafe to the student and/or others and/or has disrupted the learning environment. This is completed with the student upon return to school following an event related to a crisis/safety issue.		
<b>Student name:</b>		<b>D.O.B:</b>	<b>Grade:</b>
IEP: <input type="checkbox"/> No <input type="checkbox"/> Yes		504: <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Case Manager:</b>
<b>STUDENT SUPPORT TEAM at SCHOOL</b>			
<b>Name</b>		<b>Title:</b>	
<b>STUDENT SUPPORT TEAM at HOME</b>			
<b>Name</b>		<b>Relationship:</b>	
<b>Places Student May Be if Missing During the School Day</b>			
<b>On School Grounds:</b>			
<b>Off School Grounds:</b>			
<b>Medical Information</b>			
<b>Healthcare Provider:</b>		<b>Phone:</b>	
<b>Diagnosis:</b>			
<b>Medications:</b>			
<b>Allergies/Special Considerations:</b>			
<b>Description of Unsafe Behaviors (behavior/event(s) that led to the student requiring a Support Plan)</b>			
<b>Who:</b>			
<b>What</b>			
<b>Where:</b>			
<b>When:</b>			
<b>How Will the Plan Be Monitored? Who is Monitoring (Indicate back-up person)</b>			
<p>Initially _____ will review the plan. This review will happen in _____ week(s), by meeting with the student, school counselor, administrator, and caregiver to determine if changes would be helpful. Behavior will be monitored by the caregiver, counselor, and administrator. Others included in this monitoring include: _____.</p> <p>The student will work on coping skills, stress tolerance, and positive connections with the goal of eliminating unsafe behaviors.</p>			

How Will the Decision Be Made to Terminate the Plan? Where Will This Plan Be Filed?		
<p>This plan may be adjusted to fit current needs. This plan will be reviewed at least once per school year and will be shared with any school the student transfers to (i.e. elementary to middle school, etc.).</p> <p>The plan will be filed in a folder marked confidential in the administrator's office.</p> <p>Aspects of the plan will be shared with school staff on a need-to-know basis.</p>		
Current Agencies or Outside Professionals Involved		
Name	Agency	Phone
Plan Details		
Warning Signs/Triggers	Helping Coping Strategies That Work	Unhelpful Coping Strategies
<ul style="list-style-type: none"> <li>• Tension in body (clenched fist/jaw/shoulders, etc.)</li> <li>• Isolating from others</li> <li>• Not talking</li> <li>• Putting hood/hat/sunglasses on</li> <li>• Disrespectful behavior (talking back, etc.)</li> <li>• Making a joke out of everything</li> <li>• Getting really behind in school work</li> <li>• Perfectionism</li> <li>• Racing thoughts</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Deep breathing</li> <li>• Notifying the teacher/adult (verbally or with a pass/nonverbal gesture) that student will go the safe space: _____</li> <li>• Music</li> <li>• Drawing/art</li> <li>• Reading</li> <li>• Napping</li> <li>• Journaling thoughts and feelings</li> <li>• Talking about thoughts and feelings</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Substance use</li> <li>• Hurting self</li> <li>• Hurting others</li> <li>• Keeping thoughts and feelings hidden</li> <li>• Procrastination</li> <li>• Other:</li> </ul>
Student Supports		
What will staff, the student, and family do to lessen the likelihood of unsafe behavior (i.e. supervision, transition planning, transportation, plan for unstructured times, closed campus, searches, etc...)		
<b>School Support – Please check all support necessary and add key details where indicated:</b> <ul style="list-style-type: none"> <li>• School counselor or designee will share pertinent information with the student's professional clinic or health care provider utilizing a signed exchange of confidential information.</li> <li>• If the student has an IEP, the Case manager and Special education team will be alerted to the situation and support plan</li> <li>• Specialized class options:</li> <li>• Increased supervision in the following settings:</li> <li>• Modification of Daily Schedule:</li> <li>• Entry/Exit check ins with:</li> <li>• Intermittent check of backpack, locker, pocket, purse, etc.</li> <li>• Alert staff and teachers on a need to know basis</li> <li>• Decrease or eliminate passing time or unsupervised time</li> <li>• Other interventions or supervision strategies:</li> </ul>		<b>Person Responsible:</b>

<ul style="list-style-type: none"> <li>• Teachers will alert administration and counselor of any concerns or dramatic changes in behavior</li> <li>• Breaks for student/mental health pass</li> <li>• IEP</li> <li>• 504</li> <li>• Other:</li> <li>• Other:</li> </ul>	
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**Student/Caregiver:**

- Student and Caregiver(s) agree to follow the Student Support Plan.
- Caregiver(s) and student will be asked to sign an Exchange of Confidential Information (aka authorization for release of records) to allow communication between the school and outside support providers (i.e. therapist, parole officer, treatment provider, etc.)
- Student and Caregiver(s) will identify and further develop activities, relationships, or experiences of value that inhibit the possibility of acting out.
- Comments:
- Caregiver(s): It is recommended that caregiver(s) increase supervision and awareness of student health/safety issues by strategizing safety options/planning. Increase supervision (curfew, monitor communications, monitor in community, supervise transportation, etc.) Recommended to safety proof home (secure or remove all weapons, potential weapons, add/test smoke detectors, et.) Review and pursue crisis and/or mental health services.
- Caregiver(s): It is recommended that you monitor social media activity for concerning statements, agitators, triggers, threats, or behaviors related to health and safety.
- Student and Caregiver(s): Please alert administration and counselor of any concerns or dramatic changes in behavior. Alert the school if the student has had a difficult weekend/night and may need extra support.
- Student and Caregiver(s): It is recommended that you pursue, utilize, and engage in supportive services, such as: you child's primary care physician, Community Counseling Solutions: 541-575-1466, Blue Mountain Hospital: 541-575-1311 (ask to speak to the emergency room physician), 911/Law Enforcement, National Suicide Hotline: 1-800-273-8255, Teen Link 6-10 p.m.: 866-833-6546, National Runaway Safeline: 800-786-2929, DHS: 541-575-0728.

**Notice to Caregiver:**

- Firearms are the responsibility of the owner. The same can be said about other potentially lethal items such as knives, sharps, medications, substances, belts, etc. Do not assume the student has not learned the "hiding place," combination to a safe location of the key. Keys can be removed and duplicated, and combinations have been discovered through a variety of means. Consider changing the key/combinations or removing all firearms from the home. Consider securing other potentially lethal items.
- The Monument School District must call the student's caregiver(s) when a student is in a dangerous situation or is causing considerable disruption to the learning environment. If the caregiver is not responsive or refuses to assist/follow through, school staff, as mandatory reporters, must inform DHS of a potential neglectful situation.

**Student Support Team Members**

Name/Signature	Role or Title	Date
	Student	
	Caregiver(s)	
	Administrator	
	Counselor	
	Prevention Specialist	
	Other:	

# SUICIDE POSTVENTION PROTOCOL

Schools must be prepared to act and provide postvention support in the event of a suicide death. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology).

The school’s primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

## KEY POINTS (derived from *After a Suicide: A Toolkit for Schools, 2011*)

1. Prevention (postvention) after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or, in other words, increased risk for suicide.
2. It is important to not “glorify” the suicide and to treat it sensitively when speaking about the event, particularly with the media.
3. It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
4. Families and communities can be especially sensitive to the suicide event
5. Know your resources.

## POSTVENTION GOALS

- Support the grieving process
- Prevent imitative suicides – identify and refer at-risk survivors and reduce identification with victim
- Reestablish healthy school climate
- Provide long-term surveillance

## POSTVENTION RESPONSE PROTOCOL

- Verify suicide
- 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. Do not “glorify” the death.
- Mobilize the Grant County Crisis Response Team (this team is still in development- call Grant ESD Crisis Lead if needs arise prior to the team being fully in place).
- Inform faculty and staff
- Identify and refer at-risk students and staff
- Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk.

## RISK IDENTIFICATION STRATEGIES

- **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with 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 student suicide, those who have a history of being bullied, who are LBGQTQ, who are participants in fringe groups, 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.

#### **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 / help students identify and express emotions
- Stress alternatives and teach positive coping skills
- 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

*(School Postvention – [www.sprc.org](http://www.sprc.org))*

#### **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)

# Section V: Resources and Additional Information

## **Suicide Prevention Community Resources**

### **Local Resources**

- **Community Counseling Solutions** 541-575-1466  
<https://grantcountyoregon.net/326/Community-Counseling-Solutions>
- **Warmline** 800-698-2392  
<https://communitycounselingsolutions.org/crisis.php#:~:text=1%2D800%2D698%2D2392,free%20to%20all%20Oregon%20residents.>

### **State and National Phone Numbers**

- **YOUTHLINE**  
Call 877-968-8491  
Text “teen2teen” to 839863  
Chat at [www.oregonyouthline.org](http://www.oregonyouthline.org)  
A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).
- **Trevor Project Crisis Line – LGBTQIA+ Youth**  
1-866-4-U-Trevor (1-866-488-7386) [www.theTrevorProject.org](http://www.theTrevorProject.org)  
Text “TREVOR” to 678-678
- **National Suicide Prevention Hotline**  
dial 988  
Text “273TALK” to 839863

## **PROCEDURE TO REVIEW ACTIONS OF THE SCHOOL IN A SUICIDAL RISK RESPONSE**

Contact the building administrator to review actions of the school in a suicidal risk response. The administrator will be available for discussion on the process, however, specific information pertaining to students is confidential.

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1. After a Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011.
2. King, Keith A., 15 "Prevalent Myths about Adolescent Suicide", Journal of School Health April 1999; Vol. 69, No. 4:159
3. Rudd, MD, Berman AL, Joiner, TE, JR., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning Signs for Suicide: Theory, Research, and Clinical Applications. *Suicide and Life-Threatening Behavior*, 36 (3), 255-262.
4. Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.
5. [www.oregon.gov/DHS/ph/ipe](http://www.oregon.gov/DHS/ph/ipe)
6. [www.surgeongeneral.gov](http://www.surgeongeneral.gov)
7. [www.sprc.org](http://www.sprc.org)
8. <https://afsp.org/model-school-policy-on-suicide-prevention>
9. <http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>