



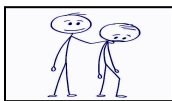
District Suicide Prevention, Intervention, Postvention Policy Guide

(Includes District Suicide Prevention Protocol)

We, the Corvallis School District, value building collaborative relationships and supporting resiliency through connection. We know that suicide can be prevented and all staff are critical first responders. We also know that mental health challenges can have an impact on a person's life and therefore may need intentional support. With this knowledge at hand, our goal is to provide support for all students and staff through relationships - as connection and response is key to destigmatizing mental health crises and suicidal ideations. This Suicide Prevention Policy Guide is to be a part of the overall district's approach to sustain the whole person (student and staff).

Considerations for supporting these policy guidelines:

- All staff are frequently considered the first line of contact with a student who is experiencing suicidal ideations, or with a student supporting their peer's crisis. Additionally, staff may hear of colleagues having suicidal ideations; the same immediate **Question, Persuade, Refer** response is appropriate.
- 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.
- Like any crisis response, advance planning is critical. The district will provide training and resources districtwide. Each building will proactively identify personnel and ensure staff awareness of procedures.
- Protocols exist to refer students with suicidal ideations to the **"go-to staff"** in their building. The sole responsibility does not rest with the first line of contact staff. All staff will review the **SUICIDAL INTERVENTION PROTOCOL** listed below.

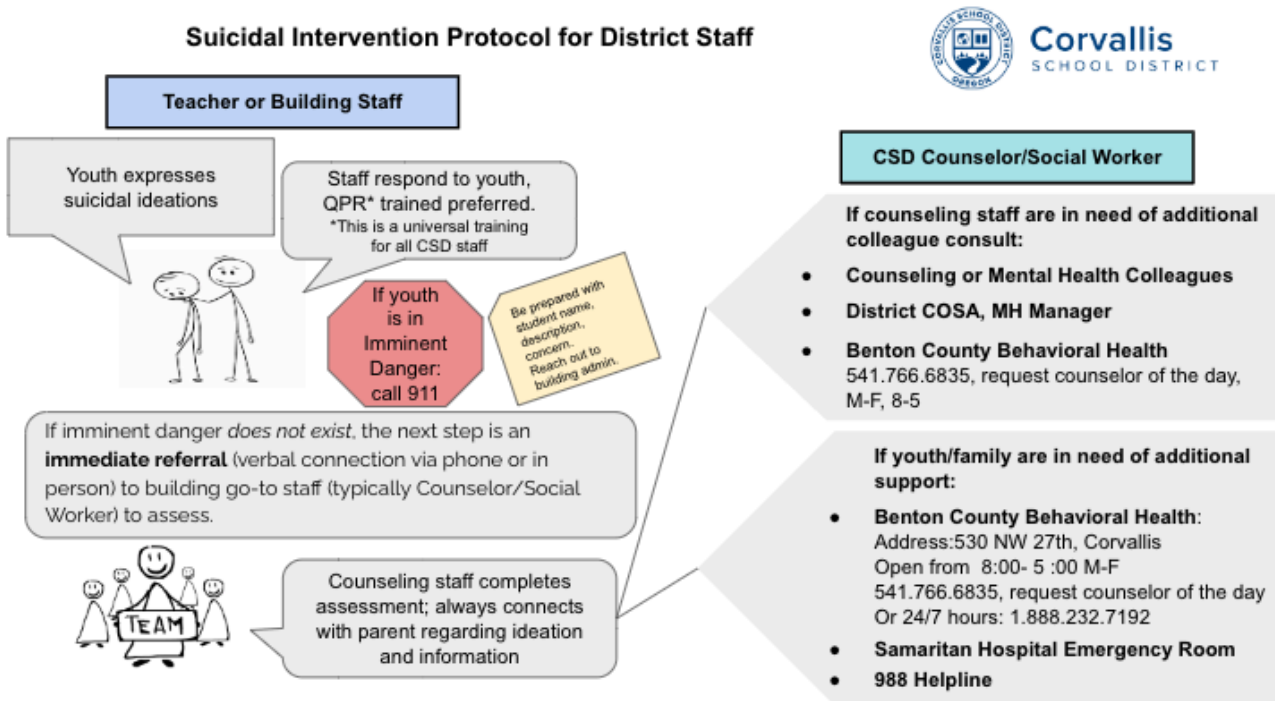


The "go-to" staff are your school's counselor/social worker, or, if the student is already engaged in therapy, the student's district mental health staff.



- *There will be at least 2 go-to staff in every building. This identification may differentiate based on building staffing. (Other staff may be identified as district mental health staff or administrators.)*
 - *District staff to help support include: District Suicide Prevention Coordinator, and the District Mental Health Manager*
- Go-to staff are responsible for taking reasonable and prudent actions to help assess the situation, notify parents, make appropriate referrals, and secure additional or outside assistance when needed.
 - The District Mental Health Team is prepared to provide ongoing therapeutic counseling for students, including students with suicidal behaviors. A referral to this team member, through the building's protocol, is one appropriate intervention.
 - All school staff are trained in recognition of suicide signs. Although, most school personnel are not expected to provide the in-depth assessment or counseling necessary for treating a suicidal student at an ongoing level. This may be accessed through District Mental Health Therapists or community counseling support.

SUICIDAL INTERVENTION PROTOCOL FOR DISTRICT STAFF FLOWCHART





Suicidal Intervention Protocol

ALL STAFF RESPONSE:

Suicide Intervention protocols are initiated when a person directly or indirectly expresses suicidal thoughts or demonstrates other clues or warning signs.

What you are looking for:

Warning signs are the changes in a person's behavior, feelings, and/or 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 youth behave impulsively and may choose suicide as a solution to their problems very quickly. Access to firearms increases risk. .

These warning signs or cues include (but are not limited to):

- **Verbal or written statements:** "I wish I was dead", "Everyone would be better off without me", "I am going to kill myself", "I have no reason to live", "I just don't want to be here anymore", "I don't have anything to look forward to." etc.
- **Statements of feelings of:** hopelessness, helplessness, being trapped, unbearable pain, recent loss, etc.
- **Watching for cues:** withdrawing, self-destructive behaviors (increase in substance use, risky sexual behavior, reckless driving), changes in sleep patterns, change in appetite, aggression, fatigue, saying goodbye, giving away possessions (either materialistic or passwords for social media), , etc.
- **Visuals/drawings** created by student that depict or imply concern, warranting assessment



This is the time to use the QPR resource tool (presented in the CSD annual all staff training).

Take all suicidal behavior (including expressed thoughts) seriously.



3 QPR Steps to Help a Someone who is Experiencing Suicidal Behavior:

Step 1:	Question	"Have you been unhappy or overwhelmed lately?" "I'm worried about you and would like to know if I can help?" "Are you thinking about hurting yourself, or about suicide?"
Step 2:	Persuade	<i>Stay with the student.</i> "Thanks for telling me, I am here to help." "Can we go talk to _____, or would you like me to call them and have them meet us here?"
Step 3:	Refer	"Thank you for trusting me with sharing. I don't have the skills to help you in the way you need, but I know someone who can." Refer to your building "go-to" staff, typically the school counselor/ social worker.



IMMINENT DANGER: Assess, and if **Imminent Danger exists, call 911**. This could be an immediate suicidal behavioral event, including if the student is in possession of lethal means (such as guns, weapons, knives, medications), secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call law enforcement to remove lethal means.

Imminent danger can also be a student who has skipped school altogether or left campus and concerns for imminent safety relating to suicide exists. This call could be done in conjunction with your school's go-to staff and/or building administrator.



Immediate Referral: If imminent danger *does not exist*, the next step is an **Immediate Referral** to your building go-to staff (typically school counselor/social worker) to assess ideations. It is critical that any school employee who has knowledge of suicidal behavior **report this information immediately and directly to a building go-to staff** so the student of concern receives appropriate attention.



In case these building staff are unavailable, other options for this immediate referral include your building mental health therapist, building administration, or district COSA staff.



An "Immediate Referral" includes a verbal connection via in person/over the phone contact while with the student of concern or within the next 15 minutes. A referral of this kind should not include slower-action response modes (ie, a text message, written referral, email, voicemail, etc).

Use of Supervision: A student should have supervision until the go-to staff is able to meet with the student.



GO-TO STAFF RESPONSE:

In response to suicidal ideations, the go-to staff in your building is typically a school counselor or social worker. If this person is unavailable, other staff to respond could be: your building mental health therapist, building administration, or district COSA staff.

During the Screening The go-to staff will gather information through a screening process- this staff interviews the student and completes the **Suicide Intervention: Protocol Form** (a copy within the appendix). A trauma informed approach would include: environmental privacy and supervision of the student, care and respect for the student's diverse needs, and an emphasis on interrupting and reducing harm by safety planning that has a contextual fit for the student.

- **Screening Form:** A district tool is utilized to assess current risk level and to aid in creation of an action plan. The **Suicide Intervention: Protocol Form** can be found within this folder. The document is a screener with steps utilized to support this particular student.

If the screening determines that ideation and/or plan is present, the next step is to develop a plan, this is dependent on the risk factors present.

Next steps could include, although are not limited to:

- ★ **Call 911**, if assessment determines crisis level is **Imminent Danger**
- ★ A peer consultation for a second opinion and team approach
- ★ **Communicate with parent/guardian (expected intervention)**
- ★ Release student to parent/guardian for suicidal ideation crisis screening with Benton Co. Mental Health, Good Samaritan Hospital, or other community providers
- ★ Make DHS report if there is a determined safety concern and parent/guardian refuses to take student to suicidal ideation crisis screening
- ★ Collaboratively develop a Safety/ Support Plan with the student (included in the screening paperwork)
- ★ School Safety Planning (a staffing-centered plan for staffing and scheduling supports)
- ★ Scheduled school counseling
- ★ Referral for mental health (MH) supports within the district or community partner, or communicate Information with student's MH therapist
- ★ Release to class after collaborative conversation with student

Safety/Support Plan: Collaboratively creating a Safety/Support Plan (a copy can be found within the appendix) with the student is a support intervention. The form is included in the screening paperwork.



Use of Consultation: Consultation, either with a CSD colleague or through Benton Co. Behavioral Health, is available to process the level of risk assessment.

Internal consultation: Other counselors/social workers/mental health therapists in the district, building administrators, District COSA staff; or the District Mental Health Manager

External Consultation: Benton Co. Behavioral Health is available from 8:00-5:00
541-766-6835, request the counselor of the day
Or 24/7: 888-232-7192

Upon Completion of the Screening: Any time there is a Suicide Intervention Screening, the go-to staff **MUST contact a parent/guardian and administrator** regardless of ideation or plan (or lack thereof).



Parents/guardians must be verbally contacted (timeline is dependent on level of concern). This could include; immediate contact while the student remains in visual observation; or if no ideation and no plan exists then contact them by the end of the school day.

Filing the Screener: After the screening document is completed, the following should be completed with the document :

1. A copy of the Cover Sheet, Page 1 of Suicide Intervention Protocol Form is forwarded to the Asst. Superintendent at the District office.
2. The original copy of the entire document is stored in the counseling office, in the counselor's working file.
 - a. If the student is working with a district MH therapist, a copy should be provided to them.
 - i. If you are a MH therapist you will find further information on documentation here: [MH&W Suicide Screening Process Alignment](#)
3. A copy of the entire document is stored in the student's cum file in a manilla envelope marked "Confidential: for counselor or admin only". Add a manilla envelope and write the statement if needed, or add to an envelope if one already exists.

Confidentiality:

All school employees are bound by laws of the Family Education Rights and Privacy Act of 1974 (FERPA).



District mental health staff and our agency partners in mental and medical health are bound by HIPAA. Additionally, we are all mandatory reporters.

Expectations that we staff are letting parents/guardians know about the assessment:

As district staff we are responsible to let parent/guardian know about the screening, assessment, and next steps. To support the student who is reluctant of this information being shared, the screener can say, "I know that this is scary to you, and I care, and this is information too important for me to support you alone." and, "What is your biggest fear?"

★ **EXCEPTIONS for parent notifications: Abuse or Neglect**

Parents need to know about their child's suicidal ideations. However, if there is reasonable cause to suspect that the student has been or is likely to be abused or neglected, the staff can consult with DHS regarding next steps. The staff must make a report of suspected abuse or neglect to the Department of Human Services (DHS) @ 1-855-503-SAFE (7233). This would always include a building administrator.

Follow up Interventions: Communication with the person(s) who originated the referral and other pertinent staff is based on the student's best interest. Student confidentiality is an essential factor, and always balanced on need to know and safety of the student.



Next steps could include but are not limited to:

- ★ Communication meeting with student's teachers and behavior support team
- ★ School Safety Plan
- ★ Scheduled check-in with school counselor/social worker
- ★ Schedule change or reduced day (in coordination with IEP case manager)
- ★ Accommodations in the classroom
- ★ Referral to mental health counseling

Reentry Procedure following a behavioral health crisis or hospitalization: The CSD makes a good faith effort with the Benton County Behavioral Health Department to obtain discharge planning notes of a student incident who has interfaced with their agency. We have created a Memorandum of Understanding between each agency. If an ROI is obtained with parent/guardian during an event at the hospital or county behavioral health department, then discharge notes can be faxed to the CSD. This allows the CSD to support the family and student with transition planning that takes into account the students unique needs.



SUPPORTS FOR STUDENT AND FAMILIES:

Community Supports	
What the resource has to offer:	Contact:
Benton County Behavioral Health	530 NW 27th, Corvallis 8:00- 5 :00 M-F 541.766.6835, request counselor of the day Or 24/7 hours: 1.888.232.7192
Talk and text crisis line or warm support line: available for all ages in crisis, also can be utilized for ally support	
Youth numbers to talk or text	Oregonyouthline.org for 24 hr. Crisis counseling: 877.968.8491 YouthLine A SERVICE OF  Text teen2teen to 839863 Crisis Text Line: Text Oregon to 741741 for 24 hr. Crisis counseling
Trevor Project: Specifically mental health and suicide prevention for LGBTQ youth: Youth numbers to talk or text	https://www.thetrevorproject.org for 24 hr. Crisis counseling: 1.866.488.7386 Text START to 678-678
Trans Lifeline:	877.565.8860
Black Line:	1.800.604.5841

Suicide Prevention Programs and Supports

The **2023-2024 CSD annual goal of Health & Wellness** reads:

Improve the health and wellness of district students and staff. Student identity (race, culture, socioeconomic status, language, ability, gender, gender identity, gender expression, or sexual orientation) should not predict or predetermine success in school.

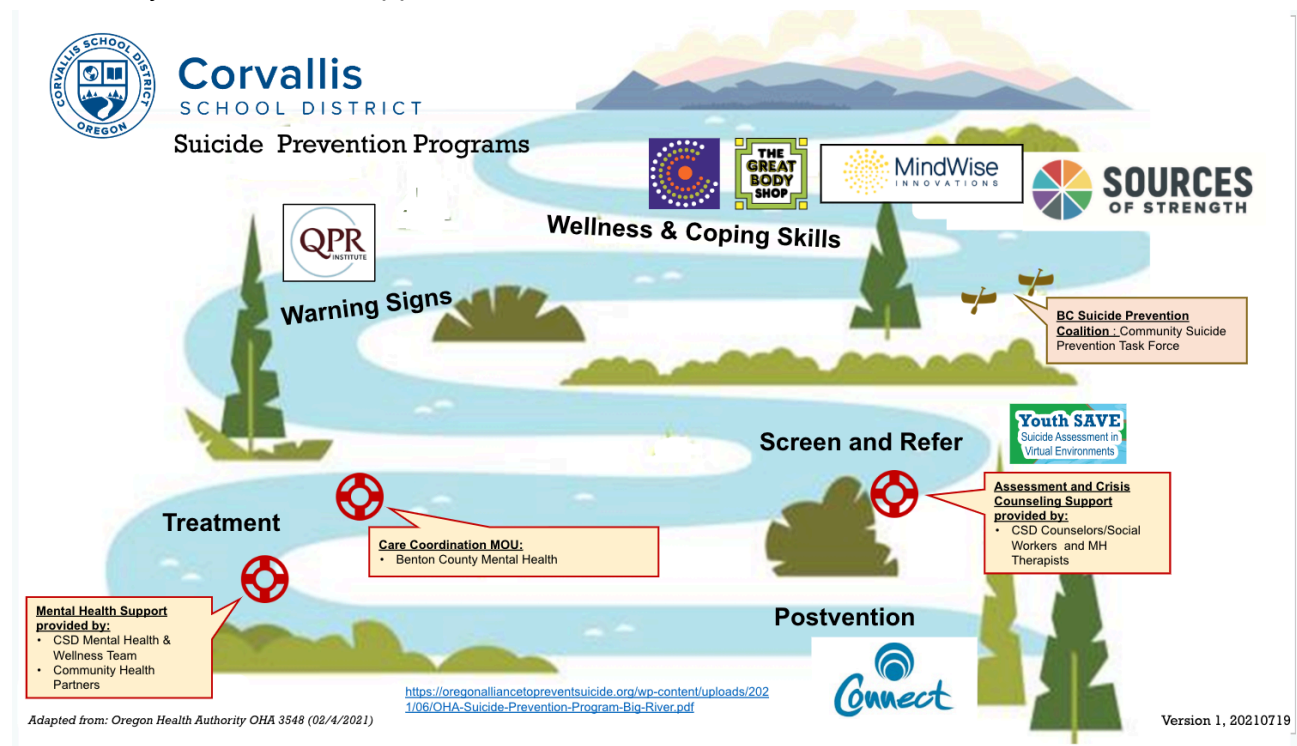
Strategies:

1. Support and enhance programs that promote student mental wellness and safety.
2. Support and enhance programs that promote student physical wellness and safety.
3. Support a robust worksite wellness program for district staff.

The programs that support these strategies are as follows:

Suicide Prevention/Intervention/Postvention Programs and Activities:

This graphic is a snapshot of all training/skill building programs in which the CSD community participates. Additionally, this graphic includes how and where the CSD interfaces with community resources to support students.









Student Programs

All students should receive developmentally-appropriate and culturally relevant education about suicide and suicide prevention. This education should be given in general education and, most specifically, in their health class. The purpose of this curriculum is to teach strategies for the prevention of suicide, including healthy mental and physical activities to regulate a body system. Additionally, it is CSD's goal to teach students how to access help at their school and in their community for themselves, their peers, or others in the community. Teaching should include access numbers to support services, some are provided at the end of this documentation. This includes, although not limited to the following:

CSD Implementation of Student Prevention Programs

Program	Current or Available Implementation Programs
 The Great Body Shop	Grade school curriculum through classroom instruction via teacher. Identifies prosocial behaviors that contributes to an emotionally safe classroom
 Caring School Community	<p>Grade school curriculum through classroom engagement via teacher. A social and emotional learning program that builds school-wide community, develops students' social skills, and enables a transformative stance on discipline.</p> <p>This program promotes positive behavior through direct teaching of responsibility, empathy, and cooperation, creating settings where students feel heard, known, and cared for. Students become intrinsically motivated to contribute productively to a community they feel invested in, and where they know they matter.</p>
 Signs of Suicide	Middle School or High School curriculum instructions via health teacher. Recognize symptoms of depression and suicide in self and others.
 Sources of Strength	The program trains students as peer leaders and connects them with adult advisors at school and in the community. Designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal.





Staff Programs


All staff will receive yearly training for the prevention of suicide. The goal of these staff development opportunities include:

- Destigmatize the conversation of mental health and suicide
- Recognize and support high risk populations for suicide including:
 - Individuals living with or experiencing mental health challenges
 - Individuals experiencing oppression based on race, ethnicity, gender status, disability, sexual orientation, or religion
 - Individuals experiencing homelessness
 - Others, as this list is not intended to exclude, rather highlight need for additional supports
- Build skills to support conversations about suicide

Trainings within the Corvallis School District

Identified Audience	Program	Use within the CSD
All CSD staff	 Question, Persuade, Refer	QPR is a tool to support mental health struggles and those at risk for suicide. All CSD staff should receive suicidal ideation recognition and intervention QPR training annually. Within this 1.5hr. training, staff should cover procedures and best practices for intervening with students and/or staff at risk for suicide. All staff should know who the go-to staff are within the school for referrals.
<p>School Counselor/ Social Workers, Mental Health Therapists, and School Administrator if assigned as "go to" personnel</p> <p><i>Each building should have 2 "go-to" staff for assessment. In some buildings an administrator should additionally be trained. All staff should know who the</i></p>	 Suicide Assessment in Various Environments	Youth SAVE is designed for mental health professionals who currently work with children and youth. Participants should have an advanced level of education, skill, and/or experience in mental health with children and youth.. It focuses on equity and anti-racism. Participants will be equipped with tools and skills to assess, intervene, and safety plan in a virtual environment while working with a young person thinking of suicide.



<p><i>go-to staff are within the school.</i></p>		<p>Additional training recommended could include ASIST training or additional suicide intervention trainings.</p>
<p>There is staff identified with background in this work; although identification for each event is determined based on impact to a building or to individual staff. Additional staff resources can be accessed through the Corvallis Community Suicide Prevention Coalition or LBLESD.</p>		<p>Connect Training provides a comprehensive and safe approach after a suicide. Helps stakeholder respond to a suicide in a coordinated and comprehensive way. Understand appropriate memorial activities and safe communication/messages.</p>

Community Coordination and Supports

Benton County Suicide Prevention Coalition:

The shared purpose of the Benton County Suicide Prevention Coalition is to leverage our collective genius to address opportunities surrounding suicide prevention and mental health promotion in regards to prevention/intervention for youth under the age of 25-. Together, we will identify and mobilize efforts that improve the well-being of our community through prevention and promotion.

4/21/20 Finalized.

Objectives:

- Prevention:
 - Upstream mental wellness & mental health focus
 - Supporting healing through hope
 - Proactive training on best practices to support marginalized youth (QPR, ASSIST, trauma informed training, Sources of strength, Youth Save, Connect Training)
- Promotion:
 - Supporting youth in accessing services & breaking down stigma – particularly for people of color and LGBTQ, addressing barriers, and creating inclusivity
 - Community partnership and collaboration for a consistent and supportive response to youth and their families in crisis



Suicide Postvention Protocol (supports after a death by suicide)

Regardless of how comprehensive suicide prevention and intervention may be in a school or community, sometimes suicidal behavior occur. It is as equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of an attempted or completed suicide. The school's primary responsibility in these cases is to respond to the tragedy in a manner which sensitively and appropriately supports students and the school community impacted by the tragedy. This includes having a system in place for working with the multitude of groups that may eventually be involved (such as students, staff, parents, community, media, law enforcement, etc.).

The priority of postvention is to assure that focus is maintained on promoting healing and reducing risk. Postvention is about engaging and building capacity for key service providers who will be involved in a response to a completed suicide.

The district has also created postvention protocols in the event of a suicide in order to respond in an empathetic and objective manner. This response is designed to restore a school and community to baseline functioning, and to help prevent or minimize damaging psychological results following a crisis situation.



Appendix:

CSD School Board Policy: Student Suicide Prevention

Code: JHH
Adopted: 10/8/20
Revised/Readopted:

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 crisis¹; and
8. A process for designating staff to be trained in an evidence-based suicide prevention program.²

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, employees and volunteers of the district, and readily available at the district office and on the district website.

END OF POLICY

Legal Reference(s)

¹ "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.

² ODE will provide a list of available programs.

[ORS 332.107](#)

[ORS 339.343](#)

[OAR 581-022-2510](#)



INTERNAL DOCUMENT

Suicide Prevention Protocol

Last revised 9 / 2023

In this packet

1. Cover Sheet (page 1)
2. Assessment (page 2-3)
3. Simple Safety/Support Plan (page 4)
4. Student Safety/Support Plan (page 5)

Steps to Complete

1. **Interview and Assess Students' Suicidal Ideation** (Page 2-3). *As noted in ASCA Model School District Policy on Suicide Prevention, An "assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors."*
2. If results of the assessments suggest, collaboratively process and document on the **Student Safety/Support Plan (collaborative student/counselor plan)**, and give the student a copy.
 - a. There are 2 different options for the Student Safety/Support Plan dependent on the student's cognitive abilities; also a student could use the Stanley-Brown Safety Plan app found in the app store on phone.
3. **Notification** (to be written on the Cover Sheet, page 1) include:
 - a. Notify parents and plan supports
 - i. *ASCA Ethical Standards for School Counselors recognizes that, "when reporting risk-assessment results to parents/guardians, school counselors do not negate the risk of students' potential harm to self even if the assessment reveals a low risk, as students may minimize risk to avoid further scrutiny and/or parental/guardian notification. The purpose of reporting any risk-assessment results to parents/guardians is to underscore the need for parents/guardians to act, not to report a judgment of risk." (A.9 serious and foreseeable harm to self and others, Asca ethical standards for counselors)*
 - b. Notify administration
 - c. Communicate with appropriate staff
 - d. If appropriate, access supports including;
 - i. Additional community assessments, either by BCBH or Emergency Department
 - ii. Mental health counseling
 - iii. Environmental interventions/adjustments- examples include: soft start, calming spots, adjusted assignments
this could be documented on a **School Safety Plan (staff- centered plan for documentation).*
4. **File paperwork**
 - a. Scan and email **ONLY** page 1 (Cover Sheet) to assistant superintendent office
 - b. Place original screener in student cumulative file in a manila envelope (if one does not exist, create one) and title "**Confidential: for school administrator or counseling staff only.**" Any additional screeners can be added to this envelope.
 - c. Keep a copy in the counseling office "active file".
 - d. Sharing with others MH therapists if student is in active treatment:
 - i. District MH therapist if assigned to this student.
 - ii. If an ROI exists, you may share with a student's Community MH therapist.



COVER SHEET: CSD SUICIDAL IDEATION PROTOCOL AND SCREENER

IDENTIFYING INFO

Date: School: Grade:
Student Name: DOB: Pronouns:

REFERRAL INFO

Screener Name (person filling out assessment): Referral source: CAUSE FOR INTERVIEW:
Position: Other (please describe):

PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: Date of contact:
If a student has been assessed for ideations, it is always an expectation to make contact

- Did the parent/guardian know of others environments where the student was talking about suicidal plans/thoughts?
If results of the assessments suggest, did you have a conversation with the parent/guardian about student's access to lethal means and removing access to those means?
If results of the assessments suggest, a SAFETY/SUPPORT PLAN (collaborative student/counselor plan @ end of this document) be created, was it reported to the parent/guardian?
If results of the assessments suggest a SCHOOL SAFETY PLAN (staff-centered plan) is needed, was it reviewed with the parent/guardian (and/or an invite to a meeting)?

Outcome of the contact with parent/guardian (use of specific quotes/facts when possible):

ACTION PLAN (check all that apply)

REQUIRED (same day):

- Columbia Suicide Severity Rating Scale Assessment:
No verbalized indications (does not mean no risk)
Ideation without method, plan, intent, or suicidal behavior.
Ideation with method, but without plan or intent or suicidal behavior more than three months ago.
Ideation with intent, or intent and plan in the past month, or suicidal behavior within past month.

Additional information collected:

- Contact Parent/Guardian (unless P/G abuse is precipitator to assessment, then contact DHS. Notify Admin. immediately).
Notify Administrator (Name):
Time:

Release student to:

- Class Parent/guardian
Assess @ Benton County Behavioral Health
Assess @ Emergency Department

FOLLOW UP AS NEEDED:

- Colleague consultation or district consult Name:
Call 911 if there is an immediate threat
Make DHS report (Legally mandated if parent/guardian refuses to take student to crisis screening or Emergency Department if there is a major safety concern)
Develop Safety/Support Plan in collaboration with the student
Communicate with appropriate staff as needed
School Safety Planning (Staff-centered plan for staffing & scheduling supports)
Scheduled school counseling check in
Referral for MH supports within the district or community partners
Communicate with student's MH therapist
Additional Follow-Up (please describe):



ASSESSMENT: CSD SUICIDAL IDEATION PROTOCOL AND SCREENER

Student Name:

School:

Date:

COLUMBIA SUICIDE SEVERITY RATING SCALE

Table with 4 columns: Questions, None, Past Month, Lifetime. Contains 6 questions about suicidal ideation with corresponding severity ratings (yellow, orange, red).

What impact factors does the student have? (check all that apply)

- Checklist of impact factors including: Access to weapons, Risk-taking behaviors, Feelings of hopelessness, Access to D/A/ or medications, Recent medical care/discharge from hospital, Experiencing bullying, Active mental health concerns, Direct statements of self-harm, Family conflict, Previous suicidal behavior, History of self-harm, Conflict with others, Suicidal writing/drawings, Withdrawal from others, Personal or family loss, Giving away possessions, History of trauma, Stressors related to gender identity, sexual orientation, or ethnicity, Suicidal social media post, Substance abuse, Others: Changes in appetite/sleep, Previous family suicide, Recent crisis

IDENTIFYING & INVOLVING SOURCES OF STRENGTH (check all that apply)

- Checklist of sources of strength including: Hope for the future, Actively involved with MH supports, A healthy adult connection, Cultural identity is strong, Strong family relationships, Able to utilize resources available, Able to identify self-regulation activities, Healthy friendships, Involved in a team or group, Others:

Color-coded bar with categories: FAMILY SUPPORT, POSITIVE FRIENDS, MENTORS, HEALTHY ACTIVITIES, GENEROSITY, SPIRITUALITY, PHYSICAL HEALTH, MENTAL HEALTH



ASSESSMENT: CSD SUICIDAL IDEATION PROTOCOL AND SCREENER

This is a **guideline for the Columbia Risk Assessment**; the Columbia is one element of the Information Gathering Tool process. The other resources are: Impact factors, Sources of Strength and Resilience, and any other reports that are gathered. Based on all information gathered, the response may increase.

Levels of risk

Response based on Columbia Risk Assessment.
Assessment may be higher based on additional factors
(ie, impact factors, peer reports, etc.)

Color	Definitions	<i>This guideline contains typical responses at each level of the process</i>
	No verbal indications of ideations. <i>This does not negate any risk of harm.</i>	<ul style="list-style-type: none"> Complete this protocol form and tasks Discuss with <u>guardian</u>/parent, do not negate the risk of harm.
yellow	Ideation without method, plan, intent, or suicidal behavior.	<ul style="list-style-type: none"> Complete this protocol form and tasks Discuss with parent/guardian Collaboratively develop a safety/support plan (complete at least 1 line in each section)
orange	Ideation with method, but without plan or intent or suicidal behavior more than three months ago.	<ul style="list-style-type: none"> Complete this protocol form and tasks Discuss with parent/guardian <ul style="list-style-type: none"> Reduce access to means discussion Consider referral to crisis services, given context of information Collaboratively develop a safety/support plan Schedule or liaison to regular check-ins
red	Ideation with intent or intent and plan in past month or suicidal behavior within the past month.	<ul style="list-style-type: none"> Complete this protocol form and tasks Discuss with parent/guardian <ul style="list-style-type: none"> Reduce access to means discussion Refer IMMEDIATELY to crisis services Collaboratively develop a safety/support plan Schedule or liaison to regular check-ins

Additional comments:

CONSULTATION RESOURCES

Internal Consultation

- Other counselors/social workers/mental health therapists in the district
- Your building administrators, District COSA, and District Mental Health Manager

External Consultation

- Benton Co. Behavioral Health (Open from 8:00 am - 5:00 pm)
 - Request the counselor of the day: 541-766-6835
 - 24/7: 888-232-7192



STUDENT SAFETY/SUPPORT PLAN



Name:

Date:

Grade:

Teacher:

Primary Support Person:

Secondary Support Person:

When I am feeling _____ , my body shows this by:

Some healthy ways to distract myself, and coping skills I can use:

- 1.
- 2.
- 3.

Safe people I can reach out to, and how they can help me:

What adults can do to help me stay safe:

This plan will be shared with your teacher, counselor, and parent/guardian. Who else should it be shared with?

Resources for Support

National Suicide Prevention Lifeline	988 (call or text)
Corvallis Benton Co. Behavioral Health • available 24/7	541-766-6835
Lines for Life Youthline	Text: "teen2teen" at 839-863 Call: 877-968-8491 Crisis Text Line: 741741
Jackson Street Youth Services	541-754-2404

Black Line	1-800-604-5841
Trans Lifeline	877-565-8860
The Trevor Project (for LGBTQIA+ youth)	Text: 678-678 Call: 1-866-488-7386

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STUDENT SAFETY/SUPPORT PLAN



FAMILY SUPPORT POSITIVE FRIENDS MENTORS HEALTHY ACTIVITIES GENEROSITY SPIRITUALITY PHYSICAL HEALTH MENTAL HEALTH

The *Stanley-Brown Safety Plan* app is available for students on Apple and Android devices.

Student Name:

Plan Date:

Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

- 1.
- 2.
- 3.

Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):

- 1.
- 2.
- 3.

People and social settings that provide distraction:

- | | | |
|----------|--------|-----------------|
| 1. Name: | Phone: | Social setting: |
| 2. Name: | Phone: | Social setting: |

People whom I can ask for help:

- | | |
|----------|--------|
| 1. Name: | Phone: |
| 2. Name: | Phone: |
| 3. Name: | Phone: |

Professionals or agencies I can contact during a crisis:

- | | |
|-------------------------|--------|
| 1. Clinician Name: | Phone: |
| 2. Clinician Name: | Phone: |
| 3. Local Care Services: | Phone: |

Suicidal Prevention Lifeline Phone: 988

Making the environment safe:

- 1.
- 2.

The one thing that is most important to me and worth living for is:

Resources for Support

National Suicide Prevention Lifeline	988 (call or text)
Corvallis Benton Co. Behavioral Health • available 24/7	541-766-6835
Lines for Life Youthline	Text: "teen2teen" at 839-863 Call: 877-968-8491 Crisis Text Line: 741741
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En este paquete

1. Portada (página 1A, 1B)
2. Evaluación (páginas 2A, 2B, 3)
3. Plan simple de seguridad/apoyo (página 4)
4. Plan de seguridad/apoyo a los estudiantes (página 5)

Pasos a seguir

1. **Entrevista y evaluación la ideación suicida de los alumnos** (páginas 2-3). *Como se indica en la Política del Distrito Escolar Modelo ASCA sobre Prevención del Suicidio, una "evaluación está diseñada para obtener información con respecto a la intención del alumno de morir por suicidio historial previo de intentos de suicidio, presencia de un plan de suicidio y su nivel de letalidad y disponibilidad, presencia de sistemas de apoyo y nivel de desesperanza e impotencia, estado mental y otros factores de riesgo relevantes".*
2. Si los resultados de las evaluaciones lo sugieren, procese y documente de manera colaborativa en el **Plan de Seguridad/Apoyo al Estudiante (plan colaborativo estudiante/consejero y** entregue una copia al estudiante.
Hay 2 opciones diferentes para el Plan de Seguridad/Apoyo al Alumno dependiendo de las capacidades cognitivas del alumno; también un estudiante podría utilizar la aplicación Stanley-Brown Plan de Seguridad que se encuentra en la tienda de aplicaciones en el teléfono.
3. **Aviso** (a ser escrito en la Portada, página 1) incluye:
 - a. Notificar a los padres y planificar los apoyos
Los Estándares Éticos para Consejeros Escolares de ASCA reconocen que, "al informar resultados de la evaluación de riesgos a los padres/tutores, los consejeros escolares no niegan el riesgo del daño potencial de los estudiantes a sí mismos, incluso si la evaluación revela un bajo riesgo, ya que los estudiantes pueden minimizar el riesgo para evitar un mayor escrutinio y/o notificación a los padres/tutores. El propósito de informar a los padres/tutores de cualquier resultado de la evaluación de riesgos es subrayar la necesidad de que padres/tutores actúen, no para informar de un juicio de riesgo". (A.9 daño grave y previsible a uno mismo y a los demás, normas éticas ASCA para consejeros)
 - b. Notificar a la administración
 - c. Comunicar con el personal indicado
 - d. Si procede, acceder a apoyos que incluyan:
 - i. Evaluaciones comunitarias adicionales, ya sea por el BCBH o el Departamento de Emergencias
 - ii. Consejería en salud mental
 - iii. Intervenciones/ajustes ambientales- ejemplos incluyen: inicio suave, puntos calmantes, asignaciones ajustadas.
* esto podría documentarse en un **Plan de Seguridad Escolar** (plan centrado en el personal para la documentación).
4. **Presentar la documentación**
 - a. Escanear y enviar por correo electrónico **SÓLO** las páginas 1A y 1B (Portada) a la oficina de la Asistente del Superintendente.
 - b. Coloque el cuestionario original en el archivo acumulativo del estudiante en un sobre de papel manila (si no existe uno, cree uno) y titúlelo "**Confidencial: sólo para el administrador de la escuela o el personal de orientación**". En este sobre se puede añadir cualquier otro cuestionario.
 - c. Conserve una copia en el "archivo activo" de la oficina de consejería.
 - d. Compartir con otros terapeutas de salud mental si el alumno está en tratamiento activo:
 - i. Terapeuta de salud mental del distrito si está asignado a este estudiante.
 - ii. Si existe una Divulgación de información (ROI, por sus siglas en inglés), usted puede compartir con el/la terapeuta de salud mental comunitario del estudiante



PORTADA: PROTOCOLO Y FILTRO DE CSD EN IDEACIÓN SUICIDA

DATOS IDENTIFICATIVOS

Fecha: Escuela: Grado:
 Nombre del estudiante: Fecha de nacimiento: Pronombres:

INFORMACIÓN DE REMISIÓN

Nombre de evaluador
(persona que llena la evaluación):

Título:

Fuente de remisión:

- Sí mismo(a)
- Compañero
- Personal
- Padres / tutores
- Otro (por favor describa:

CAUSA DE LA ENTREVISTA:

CONTACTO PADRES/TUTORES

Nombre de padre, madre, tutor contactado: Fecha del contacto:
Si el(la) alumno(a) ha sido evaluado(a) por ideaciones siempre se espera que se ponga en contacto con padres o mentores.

Sí No N/A

¿Sabía el padre/tutor de otros ambientes en los que el alumno hablaba de planes o pensamientos suicidas?
 Más información:

Sí No N/A

Si los resultados de las evaluaciones lo sugieren, ¿ha mantenido una conversación con los padres/tutores sobre el acceso del alumno a medios letales y la eliminación del acceso a dichos medios?
 Más información:

Sí No N/A

Si los resultados de las evaluaciones sugieren la creación de un **PLAN DE SEGURIDAD/APOYO** (plan de colaboración alumno/asesor al final de este documento), ¿se informó de ello a los padres/tutores?

Sí No N/A

Si los resultados de las evaluaciones sugieren que es necesario un **PLAN DE SEGURIDAD ESCOLAR** (plan centrado en el personal), ¿se revisó con los padres/tutores (y/o se les invitó a una reunión)?

Resultado del contacto con el padre/madre/tutor (utilice citas/hechos específicos cuando sea posible):

PLAN DE ACCIÓN (marque todo lo que proceda)

REQUERIDO (mismo día):

Columbia-Escala de Valoración de Gravedad del Suicidio - Evaluación:

- No hay indicaciones verbalizadas (no significa que no haya riesgo)
- Ideación sin método, plan, intención o conducta suicida
- Ideación con método, pero sin plan o intención o comportamiento suicida hace más de tres meses
- Ideación con intención, o intención y plan en el último mes, o comportamiento suicida en el último mes.

Información adicional recopilada:

- Contactar padres/tutores (a menos que el abuso de padres/tutores precipite la evaluación, entonces contactar al DHS.
- Notificar inmediatamente al(a) administrador(a).
 Nombre:
 Hora:



Entregar al estudiante a:

- Clase Padres/tutores
- Evaluación por Salud Conductual del Condado Benton
- Evaluación por Departamento de Urgencias

REALIZAR EL SEGUIMIENTO:

- Consultación con colega o con el distrito
Nombre:
- Llame al 911 si hay una amenaza inmediata
- Hacer un informe al DHS (*Obligatorio legalmente si padres/tutores se niegan a llevar al estudiante a una evaluación de crisis o al Departamento de Emergencias si hay una preocupación de seguridad grave*)

- Desarrollar un Plan de Seguridad/Apoyo en colaboración con el estudiante
- Comunicar con el personal adecuado cuando sea necesario
- Planificación de la seguridad escolar (*plan centrado en el personal para apoyos a la plantilla y a la programación*)
- Consulta programada de orientación escolar
- Remisión a los apoyos para la salud mental dentro del distrito o con socios comunitarios
- Comunicarse con el terapeuta de salud mental del alumno
- Seguimiento adicional (*por favor, describa*):

Envíe estas 2 páginas a la oficina de la Asistente del Superintendente Protocolo y filtro de ideación suicida: Portada | 1B



SEGURIDAD DEL ESTUDIANTE/PLAN DE APOYO



APOYO FAMILIAR	AMIGOS POSITIVOS	MENTORES	ACTIVIDADES SANAS	GENEROSIDAD	ESPIRITUALIDAD	SALUD FÍSICA	SALUD MENTAL
----------------	------------------	----------	-------------------	-------------	----------------	--------------	--------------

Nombre:

Fecha:

Grado: Maestro(a):

Persona principal de apoyo: Persona secundaria de apoyo:

Quando me siento , mi cuerpo muestra esto al:

Algunas maneras sanas de distraerme a mi mismo(a), habilidades para afrontar problemas que puedo usar:

-
-
-

Personas seguras a las que puedo acudir y cómo pueden ayudarme:

¿Qué pueden hacer los adultos para ayudarme a estar seguro?

Este plan será compartido con tus maestros, consejero y padre/tutor. ¿Con quién más debería compartirse?

Recursos de apoyo:

National Suicide Prevention Lifeline	988 (llamada o texto)
Corvallis Benton Co. Behavioral Health • Disponible 24 horas y 7 días	541-766-6835
Lines for Life Youthline	Texto a: "teen2teen" at 839-863 Llame: 877-968-8491 Crisis Text Line: 741741
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The Trevor Project (for LGBTQIA+ youth)	Texto a: 678-678 Llame: 1-866-488-7386



SEGURIDAD DEL ESTUDIANTE/PLAN DE APOYO



APOYO FAMILIAR	AMIGOS POSITIVOS	MENTORES	ACTIVIDADES SANAS	GENEROSIDAD	ESPIRITUALIDAD	SALUD FÍSICA	SALUD MENTAL
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La aplicación del *Plan de Seguridad Stanley-Brown* está disponible para estudiantes en dispositivos Apple y Android

Nombre del(a) estudiante: **Fecha del plan:**

Señales de alerta (pensamientos, imágenes, estado de ánimo, situación, comportamiento) de que se puede estar desarrollando una crisis:

-
-
-

Estrategias internas de afrontamiento - Cosas que puedo hacer para distraerme de mis problemas sin contactar con otra persona (técnicas de relajación, actividad física):

-
-
-

Personas y entornos sociales que proporcionan distracción:

1. Nombre: <input type="text"/>	Teléfono: <input type="text"/>	Entorno social: <input type="text"/>
2. Nombre: <input type="text"/>	Teléfono: <input type="text"/>	Entorno social: <input type="text"/>

Personas a las que puedo pedir ayuda:		Profesionales o agencias con los que puedo contactar durante una crisis:	
1. Nombre: <input type="text"/>	Teléfono: <input type="text"/>	1. Nombre del especialista: <input type="text"/>	Teléfono: <input type="text"/>
2. Nombre: <input type="text"/>	Teléfono: <input type="text"/>	2. Nombre del especialista: <input type="text"/>	Teléfono: <input type="text"/>
3. Nombre: <input type="text"/>	Teléfono: <input type="text"/>	3. Servicios locales de atención: <input type="text"/>	Teléfono: <input type="text"/>

Línea de prevención de suicidios Teléfono: 988

Hacer seguro el entorno:

-
-

Lo más importante para mí y por lo que merece la pena vivir es:

Recursos de apoyo:

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Corvallis Benton Co. Behavioral Health • Disponible 24 horas y 7 días	541-766-6835
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Corvallis
SCHOOL DISTRICT



EVALUACIÓN: PROTOCOLO Y FILTRO DE CSD EN IDEACIÓN SUICIDA



Nombre del(a) estudiante: Escuela: Fecha:

COLUMBIA-ESCALA DE VALORACIÓN DE GRAVEDAD DE SUICIDIO

Preguntas	Ninguno	Mes anterior	De por vida
1. ¿Has deseado estar muerto o has deseado dormirte y no despertarte? Comentarios:	<input type="checkbox"/>	amarillo <input type="checkbox"/>	<input type="checkbox"/>
2. ¿Has pensado realmente en suicidarte? Comentarios:	<input type="checkbox"/>	amarillo <input type="checkbox"/>	<input type="checkbox"/>
Si "SÍ" a la pregunta # 2, formule el resto de preguntas. Si la respuesta es "NO", pase a la pregunta #6			
3. ¿Has pensado en cómo podrías morir (un plan)? Comentarios:	<input type="checkbox"/>	naranja <input type="checkbox"/>	amarillo <input type="checkbox"/>
4. ¿Has tenido alguna intención de llevar a cabo esos pensamientos de suicidarte (en contraste a tener los pensamientos pero no los llevarías a cabo)? Comentarios:	<input type="checkbox"/>	rojo <input type="checkbox"/>	naranja <input type="checkbox"/>
5. ¿Has empezado a elaborar o a preparar los detalles de cómo suicidarte? ¿Tienes intención de llevar a cabo este plan? Comentarios:	<input type="checkbox"/>	rojo <input type="checkbox"/>	naranja <input type="checkbox"/>
6. ¿Has hecho algo, has empezado a hacer algo o te dispones a hacer algo para acabar con tu vida? Comentarios:	<input type="checkbox"/>	rojo <input type="checkbox"/>	naranja <input type="checkbox"/>

¿Qué factores de impacto tiene el estudiante? (Marque todos los que procedan)

- | | | |
|--|---|---|
| <input type="checkbox"/> Acceso a armas | <input type="checkbox"/> Cambios en el apetito/sueño | <input type="checkbox"/> Sentimientos de desesperanza |
| <input type="checkbox"/> Acceso a D/A/ o medicamentos | <input type="checkbox"/> Crisis reciente | <input type="checkbox"/> Factores de estrés relacionados con la identidad de género, la orientación sexual o el origen étnico |
| <input type="checkbox"/> Inquietudes activas de salud mental | <input type="checkbox"/> Conductas riesgosas | <input type="checkbox"/> Otros: |
| <input type="checkbox"/> Comportamiento suicida previo | <input type="checkbox"/> Atención médica reciente/ salió del hospital | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| <input type="checkbox"/> Escritura/dibujos suicidas | <input type="checkbox"/> Historial de autolesiones | |
| <input type="checkbox"/> Regalar posesiones | <input type="checkbox"/> Alejamiento de los demás | |
| <input type="checkbox"/> Publicación suicida en redes sociales | <input type="checkbox"/> Historial de traumas | |
| | <input type="checkbox"/> Abuso de sustancias | |
| | <input type="checkbox"/> Suicidio familiar anterior | |



IDENTIFICACIÓN E IMPLICACIÓN DE SOURCES OF STRENGTH
(Marque todas las que procedan)

- Esperanza en el futuro
- Una conexión sana con adulto(a)
- Relaciones familiares sólidas
- Capaz de identificar actividades de autorregulación
- Amistades sanas
- Participa en un equipo o grupo
- Participa activamente en programas de apoyo a la salud mental
- Identidad cultural es sólida
- Capaz de utilizar recursos disponibles
- Otros:



EVALUACIÓN: PROTOCOLO Y FILTRO DE CSD EN IDEACIÓN SUICIDA

Esta es una **guía para la Evaluación de Riesgos Columbia**; Columbia es un elemento del proceso de la Herramienta de Recopilación de Información. Los otros recursos son: Factores de Impacto, Fuentes de Fortaleza y Resiliencia, y cualquier otro informe que se recopile. En función de toda la información recopilada, la respuesta puede aumentar.

Niveles de riesgo

Respuesta basada en la Evaluación de Riesgos Columbia.
La evaluación puede ser mayor en función de otros factores
(i.e., factores de impacto, informes paritarios, etc.)

Color	Definiciones	<i>Esta directriz contiene respuestas típicas en cada nivel del proceso</i>
	No hay indicios verbales de ideaciones. <i>Esto no niega cualquier riesgo de daño.</i>	<ul style="list-style-type: none"> • Complete este formulario de protocolo y tareas. • Discuta con padres o tutores, no negar el riesgo de daño.
amarillo	Ideación sin método, plan, intención o conducta suicida	<ul style="list-style-type: none"> • Complete este formulario de protocolo y tareas. • Discuta con tutores o padres. • Desarrolle en colaboración un plan de seguridad/apoyo (completar al menos 1 línea en cada sección).
naranja	Ideación con método, pero sin plan o intención o conducta suicida hace más de tres meses	<ul style="list-style-type: none"> • Complete este formulario de protocolo y tareas. • Discuta con padres o tutores <ul style="list-style-type: none"> ◦ Discusión acerca de reducir medios • Considere remitir a servicios de crisis, dado el contexto de la información. • Desarrolle en colaboración un plan de seguridad/apoyo • Programar o servir de enlace para las revisiones periódicas
rojo	Ideación con intención o intención y plan en el último mes o comportamiento suicida en el último mes	<ul style="list-style-type: none"> • Complete este formulario de protocolo y tareas. • Discuta con padres o tutores <ul style="list-style-type: none"> ◦ Discusión acerca de reducir medios • Remita INMEDIATAMENTE a servicios de crisis • Desarrolle en colaboración un plan de seguridad/apoyo • Programar o servir de enlace para las revisiones periódicas

Comentarios adicionales:

RECURSOS DE CONSULTA

Consulta interna

- Otros consejeros o trabajadores sociales o terapeutas de salud mental en el distrito
- Sus administradores en el edificio, Consejeros en Tarea Especial en el Distrito, y Gestores de salud mental en el Distrito

Consulta externa

- Salud del comportamiento del condado de Benton (abierto de 8:00 am - 5:00 pm)
 - Solicite hablar con el/la consejero(a) en turno: 541-766-6835
 - 24/7: 888-232-7192



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