

MAPLETON SCHOOL DISTRICT 32

Suicide Prevention Program

Prevention, Intervention, & Postvention: Protocols & Strategies

Hope is a necessity for a normal life and the major weapon against the suicide impulse.

—Karl A. Menninger

Policy JHH-AR - Manual

Document Manual drafted June 2023 by

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Section 1: INTRODUCTION

Purpose

The first goal and responsibility of Mapleton School District is to protect the safety of all our students. We also know that the physical and mental health of our students significantly affects performance in both academics and behavior. Consequently, we have a professional and ethical responsibility to apply explicit, best practice programs to prevent, reduce, and heal the impact of suicidal behavior among our students. Of course, due to the broad range of human (and particularly youth) behavior, this guidance requires professional judgment as outlined by the American School Counselor Association (ASCA) Ethical Standards (2016).

Scope

State licensure standards enumerate the ethical responsibilities of all Oregon educators. As a response, this plan addresses suicidal thoughts or behaviors of students occurring in any area of the school or local community, in which information about the behavior enters into the school domain, either in person or through electronic means.

Overview of Adi's Act (Senate Bill 52)

<http://www.basicrights.org/featured/working-for-adis-act/>

"Adi was an activist who sought to change the world and we are committed to ensuring that we continue her fight for justice," said her parents Lon and Christine. "Part of her legacy is ensuring that we take critical steps to create a more loving, affirming world for the many students like Adi who stand out because of their differences."

Definitions

You will find the following words referenced throughout this document. These definitions are taken from the Model School District Policy on Suicide Prevention, the American School Counselor Association, the National Association of School Psychologists, the Trevor Project, and the American Foundation for Suicide Prevention.

At-Risk

A student who is considered at-risk is one who has made a suicide attempt, has the intent to die by suicide or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The type of referral and its level of urgency shall be determined by the student's level of risk as determined by the school-based crisis team.

BIPOC

An acronym standing for Black, Indigenous and People of Color.

Crisis Team

A multidisciplinary team that consists of administrators, mental health professionals and others whose primary focus is to address crisis preparedness, intervention, response and recovery. These professionals have been specifically trained in the area of crisis preparedness and take a leadership role in developing crisis plans, ensuring staff can execute crisis protocols and provide mental health services during crisis intervention and recovery. The district-level crisis team, or district Care Team, can secure additional resources and advise building teams in the event of a large-scale or ongoing crisis.

Gender References

Personal pronouns in this document are gender neutral. *They, their* and *them* are used in reference to all genders.

LGBTQ+

An acronym standing for lesbian, gay, bisexual, transgender and queer or questioning and other gender non-conforming individuals.

McKinney-Vento Act

The McKinney-Vento Homeless Assistance Act authorizes the federal program that supports the education of children and youth experiencing homelessness. Each school district has a McKinney-Vento liaison to support the needs of homeless youth.

Mental Health

A state of mental, emotional and cognitive health that may affect perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder and substance use disorders. Mental health may be impacted by home and social environments, early childhood adversity or trauma, physical health, or genetics.

Mental Health Professional

School counselors, school social workers and school psychologists who support each school building. School-based mental health professionals can provide short-term counseling, crisis counseling, connect students and families to resources in the community and make a referral to an outside agency for on-going support.

Risk Assessment

An evaluation of a student who may be at risk for suicide, conducted by appropriate designated school staff (e.g. school counselor, school social worker, school psychologist, or in some cases, a trained school administrator). This assessment is designed to elicit information regarding a 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, level of hopelessness and helplessness, mental status and other relevant risk factors.

Risk Factors

Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is often the result of multiple risk factors converging at a moment in time. They may encompass biological, psychological and/or social factors in the individual, family or environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished and when the individual has access to lethal means.

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential injury to oneself. Self-harm behavior can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

Suicide

Death caused by self-directed injurious behavior with any intent to die because of the behavior. Note: Medical examiner's office must confirm that the death was a suicide before a school official may state this as a cause of death. Additionally, parent or guardian preference is considered in determining how the death is communicated to the larger community.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injury, or no injury. A mixture of ambivalent feelings such as a wish to die and a desire to life is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior

Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion

The process by which suicidal behavior or a suicide death influences an increase in the suicide risk of others. Ideation, modeling and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide and disseminates factual information after the death of a member of the school community. Often a community or school's health postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Limits to Confidentiality

The Family Education Rights and Privacy Act (FERPA) governs all school employees. There are situations when confidentiality must be breached. If, at any time, information is shared that suggests a student is at imminent risk of harm or danger to themselves or others, that information must be shared. The details regarding the student may be disclosed to those who must intervene to keep the student safe. This "minimum necessary disclosure" complies with FERPA laws.

Student Handbook Language Alignment

Protecting the health and wellbeing of all students is of the utmost importance to the school district. Student handbooks will outline resources available to students, and the steps which students may take to self-refer, and peer-refer for suicide response.

- Each school will have building administrators that serve as the point of contact for students in crisis to refer students to appropriate resources.

- Students have access to local and national resources such as:
 - ✓ National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
suicidepreventionlifeline.org
 - ✓ The Trevor Lifeline: 1-866-488-7386 thetrevorproject.org/gethelpnow
Text "Trevor" to 678-678
 - ✓ Crisis Text Line: Text TALK to 741-741

All school personnel will help create a school culture of respect and support in which students feel comfortable seeking help for themselves or their friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal or are in need of help. While confidentiality and privacy are important, students must know that when there is a risk of suicide, safety comes first.

Section 2: SUICIDE PREVENTION

Evidence-Based Suicide Prevention Programming

District-Level Staff Training Programs

Mapleton School District school administrators (a minimum of one administrator per building) staff, and community members will complete ASIST suicide intervention training through the Garrett-Lee Smith Youth Suicide Prevention and Early Intervention Grant.

Applied Suicide Intervention Skills Training (ASIST)

ASIST is an evidence-based suicide intervention program to identify youth with thoughts of suicide, to seek an understanding of reasons for dying and for living, to develop an individualized safety plan based on a structured interview and review of risk, and to be prepared to follow-up.

District administrators and educators will also receive training in Sources of Strength suicide prevention from regional trainers.

Mapleton will partner with Lane ESD and Siuslaw SD's local trainers for sustainability of many of the programs listed. Various training opportunities provided for district staff will further inform building Crisis Teams in creating appropriate responses to building-level situations.

Applied Suicide Intervention Skills Training (ASIST)

Participants explore their experiences with, and attitudes about suicide. ASIST provides ways to understand the needs and motivations of people considering suicide, and teaches how to use suicide first aid to meet those needs. Mapleton School District will invite secondary staff, support staff, local first responders, the community, and students age 16-18 to be trained in ASIST with a refresher every 4 years. At least one administrator from each building will also participate in this training. PeaceHealth Western Lane Health Network (WLHN) therapists are encouraged to participate in ASIST training opportunities.

Question, Persuade, Refer (QPR)

QPR is a brief training designed to provide the knowledge and skills to identify warning signs that someone may be suicidal, gain confidence to talk to them about their suicidal thoughts, and connect them with professional care. All Mapleton staff not yet trained in ASIST will be trained in QPR, with a refresher every 3 years.

- Specific suicide awareness and resources for reporting concerns to school personnel will be shared to all students through Health courses, Success time, and bulletin boards throughout both campuses.
- **Free evidence-based training through Lane County Suicide Prevention Coalition will be promoted for caregivers and community members.**

Sources of Strength Grades 3-12

Sources of Strength is an evidence-based, best-practice program designed to work “upstream” in preventing suicidal behavior while increasing pro-social behaviors in students. This program utilizes the power of peer social networks to create new school wide norms & culture, ultimately preventing suicide, bullying, and substance abuse. At the elementary level, trained teachers and counselors collaborate to teach the Sources of Strength Elementary curriculum across grades 3-6. At the middle and high school level, after initial training adult advisors and peer leaders facilitate the program at the middle and high school. Peer leaders meet with adult advisors weekly to learn about protective assets, and to plan asset-boosting activities for the school.

Prevent, Reaffirm, Evaluate, Provide and Respond, Examine (PREPaRE)

PREPaRE is a national program of Crisis Response Training for any general crisis. Training opportunities are sponsored by Lane ESD.

Connect Postvention

Connect Postvention is a model of best practices in how to coordinate a safe and supportive response to a death by suicide, applying both immediate and long-term actions. Connect provides community-building, education, and strategic planning for school and community mental health staff who may be called on to help in the aftermath of a suicide. This program includes methods for reducing the risk of additional suicides, reviews the complexity of suicide-related grief in a developmental manner, informs how to talk safely about suicide, responding to media, and attending to funerals and memorials.

Suicide Prevention Professional Development Plan for Mapleton SD		
Required Staff	Specific Training	Timeline
All Staff Certified & Classified Transportation Coaches	Review Protocols & Programs ✓ Prevention/Intervention Procedures ✓ Sources of Strength K-12 th Program	Annually (two hours)
	Question, Persuade, Refer (QPR) - LCMH Provided by LCPH Mental Health Specialists or Lane ESD Trainers for all staff not ASIST Trained.	Every 3 years (two hours)
At least one admin per building School Psychologist	Suicide Instrument Review: ✓ Risk Assessment C-SSRS Screener ✓ Stanley Brown Safety Plan	Every 3 years (one hour)
Community therapists (WLHN) encouraged ASIST -Offered annually for staff and community. -Offered annually for students age 16 and older.	Applied Suicide Intervention Skills (ASIST) Lane County Mental Health	Every 4 years (two days)
	Connect Postvention - LCMH	Every 4-5 years (one day)
At least one administrator from each building.	PREPaRE - Nat'l program of crisis response training for any general crisis, sponsored by LESD.	Every 3 years (two days)

School Climate and Culture

Positive Behavior Interventions and Supports (PBIS)

Mapleton School District applies [multi-tiered systems of positive, strength-based practices](#) to prevent problem behavior and promote student success. The tiers form a continuum of support from universal practices to support all students to intensive, individualized interventions. We teach and acknowledge pro-social behaviors which support a positive and welcoming school culture.

- Tier I Universal Practices (provided to all) - Sources of Strength and Harmony Elementary curriculum, monthly character traits positive reward celebrations, morning CREW check-in at secondary, morning circles at elementary, school meetings.

- Tier II Targeted Practices (provided to an identified group) Check-in/check-out, pointcards, homework tracking sheets, etc.
- Tier III Intensive Practices (provided to individual students) - FBA/BIPs, wrap-around services, safety plans, etc.

Success/House/Clubs

At the secondary levels, students belong to multi-grade houses where programming supports academic success, social emotional learning, and school culture building. Small CREW teams from each House will meet each morning for connection, goal setting, and support. Clubs are integrated into the weekly schedule one hour per week, allowing students opportunity to engage in extracurricular interests and develop deeper connections with staff and peers.

Student Curriculum and Programming

Sources of Strength Suicide Prevention Program (Grades K-12)

At the elementary school, our social emotional learning specialist teaches the Sources of Strength curriculum via weekly lessons to K-6th grade students. Adult advisors and peer leaders facilitate the program at the middle and high school, with varied opportunities to student-led campaigns. 7-9th grade students meet with trained adult advisors and senior students weekly to learn about protective assets, plan asset-boosting activities for the school, learn the appropriate process for reporting suicidal behavior, and the importance of immediately connecting with an adult upon acquiring this knowledge.

Social Emotional Learning (SEL)

Mapleton School District implements its own universal curriculum for social skills & anti-violence, as well as offering a variety of groups & clubs focusing on developing pro-social skills. Across the district, programming reflects Mapleton's services to a wide variety of learners that aim to improve social and emotional support for a spectrum of student needs. Below is a list of current activities and resources, including but not limited to:

Elementary School SEL

- Harmony - SEL curriculum
- Sources of Strength - 3+ grade SEL curriculum
- Common Sense - Digital Citizenship curriculum
- Individual Counseling
- Counseling Groups (weekly, topical, ongoing)

- Otter Leaders – 5-6th grade Leadership program
- Student of the Month
- Oregon Battle of the Books

Middle/High School SEL

- Counseling Groups (weekly, topical, ongoing)
- Individual Counseling
- Sources of Strength - suicide prevention with 6-8th grade peer leaders and adult advisors, based on growing student protective assets.
- Student of the Month & Student of the Quarter.
Rotary Club honors Student of Quarter
- Digital Citizenship: Common Sense curriculum - online safety and personal responsibility
- Leadership - Student Council & House leadership
- Success class - 4x per week smaller groups which provide universal anti-violence curriculum, digital citizenship, academic and SEL support.
- CREW morning meetings
- GEAR UP camp and leadership team, youth leadership initiatives, college and career advising, assistance finding scholarships, exploring future options, preparation for life after high school
- Upriver Vision Team leadership opportunities
- Health class - teaches healthy relationships, mental health, dating behavior, drugs and alcohol, prosocial behavior.
- Oregon Battle of the Books
- Ophelia's Place lessons and groups
- Clubs – Outdoor, Music, Art, D&D, board games
- African American Black Student Success (AABSS) program
- Spirit Week Activities throughout school year
- Recognition assemblies
- GEAR UP Academic Tutoring and post-secondary prep
- High School Student Board representation
- Student Support Team
- Digital Citizenship - Common Sense curriculum
- Daily snack break
- Backpacks for kids weekly food boxes

School-Based Mental Health Support

Small CREW group supports

School Psychologist

Community Mental-Health Partnerships

- Mapleton School District has developed a partnership with PeaceHealth Behavioral Health, who has assigned therapists (LCSWs) to work explicitly with students in our school system, grades K-12.
 - Western Lane Health Network (WLHN) Student Resource Center on campus
- Western Lane’s Mobile Crisis Response Team is available to support the district in crisis moments and with acquiring follow up resources.
- Mapleton SD has partnered with 15th Night to expand the Rapid Access Network to our community, providing increased resources for our most vulnerable students.
 - Firearm and medication lock boxes are available free for all community members, through our Salty Clothing and Resource Closet.
- Ophelia’s Place Groups 8-week Empowerment Groups nurture self-esteem, peer connection, and encourage self-expression in a small group setting.

Section 3: SUICIDE INTERVENTION

Suicide Risk and Protective Factors

Risk factors are characteristics of a person or their environment that increase the likelihood that they will die by suicide. Protective factors are those personal or environmental characteristics that work to protect a person from suicide. Below are several factors from each category. Risk and protective factors should be considered when identifying students at risk of suicide in combination with warning signs of immediate risk. If staff are concerned about a student, consult the lists below when determining if a student is at risk of suicide and if in doubt, consult a school administrator.

Suicide Risk Factors	Protective Factors
<ul style="list-style-type: none"> ● Mental health conditions such as depression or bipolar disorder ● Prior suicide attempts ● Problems with alcohol or drugs ● Access to lethal means ● Knowing someone who died by suicide ● Social Isolation ● Problems with impulse control or aggression ● History of early childhood trauma ● Unstable personality traits ● Psychosis (unusual thoughts, confusion about reality) ● Current family stress or transition ● Loss of a loved one ● Severe grief reaction ● History of head trauma 	<ul style="list-style-type: none"> ● Effective mental health care ● Connectedness to individuals, family, community or other social systems ● Problem-solving skills, coping skills ● Ability to adapt to change ● Self-esteem and life purpose ● Internal locus of control ● Physical activity or participation in sports ● Spiritual faith or regular religious activities ● Cultural beliefs that affirm life and discourage suicide ● Resilience: ongoing or continuing sense of hope in the face of adversity ● Frustration tolerance and emotional regulation ● Body image, care, and protection ● Positive family and community connections ● Access to mental health and health care providers ● Restricted access to physically harmful items ● Restricted access to harmful drugs and alcohol

Warning Signs

Warning signs of suicide might include:

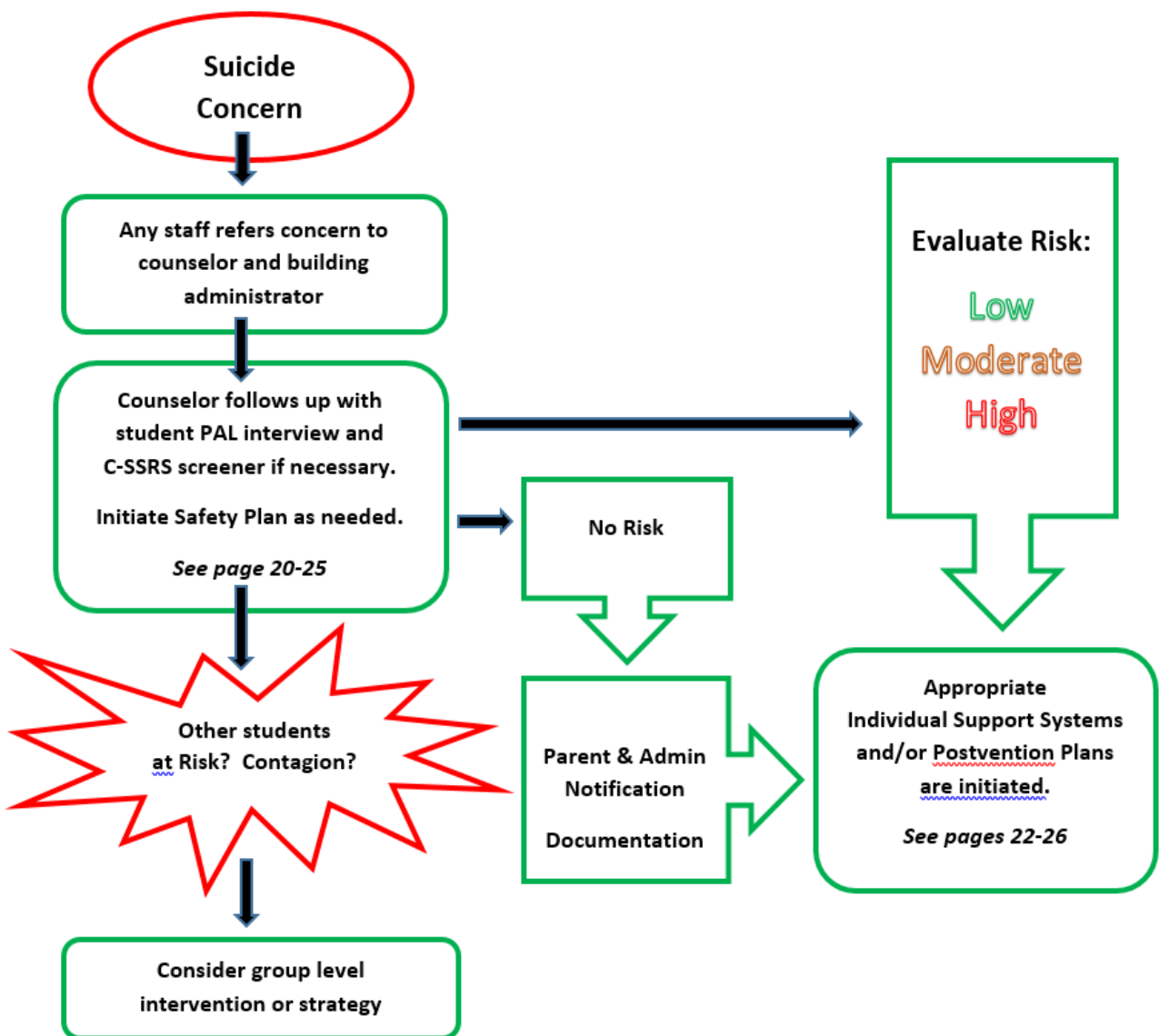
- Noticeable changes in eating or sleeping habits
- Unexplained or unusually severe, violent, or rebellious behavior
- Withdrawal from family or friends
- Sexual promiscuity, truancy, and vandalism
- Talking or writing about committing suicide, even jokingly
- Giving away prized possessions when there is no other logical explanation for why this is being done
- Doing worse in school
- Talking or writing about suicide — for example, making statements such as "I'm going to kill myself," or "I won't be a problem for you much longer"
- Having mood swings
- Increasing use of alcohol or drugs
- Feeling trapped, hopeless or helpless about a situation
- Changing normal routine (including eating or sleeping patterns)
- Doing risky or self-destructive things
- Developing personality changes or being severely anxious, agitated, restless, distressed, or panicky when experiencing some of the warning signs listed above

District-Level Procedures

Referral to the Respective Building Team

In each building there are staff and administrators trained in suicide intervention. The first stage of Intervention should be Pathways for Assisting Life interview with a trusted (and trained) adult. In the event there is a suicide concern and it is unclear to whom to refer the student, **please contact the building administrator in a manner that confirms receipt.** If you do not receive confirmation, please confirm with a phone call before the student is released for the day.

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In the event that imminent harm creates a time pressure and there is not time to send an email, call an administrator directly or walk the student to the office. Do **NOT** leave the student alone and ensure that they remain under adult supervision until a school administrator or a mental health specialist can take over supervision of the student.

All school employees may also be reached by email at [firstinitiallastname@mapleton.k12.or.us](mailto:firstname.lastname@mapleton.k12.or.us) e.g., swilson@mapleton.k12.or.us

Following a Threat of Suicide - Student Risk Screening

When an administrator receives a referral, they will:

- Meet with student in private to informally assess need for further screening
- As appropriate, counselors will administer the following instruments and guide the intervention.
 - ASIST - Pathways for Assisting Life (PAL) Interview, Appendix B
 - C-SSRS Suicide Screener, Appendix C
 - Stanley Brown Safety Plan Template, Appendix D
 - Specifically address lethal means safety regardless of method identified by student

Risk Determination

Based on the outcome of the C-SSRS screener (given by administrator), students will be screened into low, moderate or high risk categories and the following response protocols apply to each category:

- **Low Risk**
 1. Contact guardian
 2. Notify IEP or 504 case managers (direct contact info)
 3. Referral to Lane County Crisis Response Program 1.888.989.9990 (if indicated)
 4. Referral to behavioral health provider (if indicated)
 5. Obtain written consent to exchange information (with community-based mental health provider and/or hospital) from legal guardian
 6. Notify other individuals - as requested by student during ASIST Pathways for Assisting Life interview/guidance
 7. Increase school wide connections and extra-curricular participation.
 8. School Psychologist will document in student counseling record

- **Moderate Risk**

1. Contact guardian
2. Contact all administrators
3. Notify IEP or 504 case managers (direct contact info)
4. Referral to Lane County Crisis Response Program 1.888.989.9990
- 5. Create Safety Plan and share with appropriate individuals**
6. Notify appropriate member of teaching staff
7. Refer to behavioral health provider
8. Regular check-ins with a school administrator (written consent from a legal guardian is required for students under 14).
9. Obtain written consent to exchange information (with community-based mental health provider and/or hospital) from legal guardian
10. Notify other individuals - as requested by student during ASIST Pathways for Assisting Life interview/guidance
11. Increase school wide connections and extra-curricular participation.
12. School Psychologist will document in student counseling record

- **High Risk - Immediate, Imminent Danger**

1. Supervise/observe student at all times
2. Contact guardian
- 3. Call Mobile Crisis Response Team for dispatch to school**
4. Contact all administrators
5. Notify IEP or 504 case managers (direct contact info)
6. Referral to Lane County Crisis Response Program 1.888.989.9990
7. Obtain written consent to exchange information (with community-based mental health provider and/or hospital) from legal guardian
8. Create Safety Plan, share with appropriate individuals
9. Notify appropriate member of teaching staff
10. Referral to behavioral health provider
11. Regular check-ins with a school administrator and trusted adult (written consent from a legal guardian is required for students under 14).
12. Notify other individuals - as requested by student during ASIST Pathways for Assisting Life interview/guidance
13. Increase school wide connections and extra-curricular participation.
14. School Psychologist will document in student counseling record

Safety Planning Steps

Parental Notification and Involvement

The administrator or mental health professional shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (unless notifying the parent will put the student at increased risk of harm). Parents and guardians play a key role in youth suicide prevention and it is important to Mapleton School District that they be informed and actively involved in decisions regarding the student's welfare.

Parent / Guardian Input

- A building team may wish to interview a guardian about their student when a suicide concern is presented. Some information a team may wish to collect:
- Determine if the student communicated any previous threats of harm
- Determine if there have been any particularly difficult social issues recently
- Determine if there are any changes in behavior at home
- Take note of any stressful situations at home or in the community that could be impacting the student
- Determine level of access to unsecured lethal means
- Establish if the student is connected with any outside agencies, if not then gather information about the guardian's willingness to access mental health and other support for the student.
- Invite the guardian's participation in safety planning.

Lethal Means Counseling

When a student indicates suicidal intent, school staff shall attempt to discuss safety at home or "means safety" with the parent or guardian with the goal of limiting the student's access to mechanisms for carrying out a suicide attempt e.g. guns, knives, pills, etc. In addition to counseling, safety planning may also occur. It is important to ask parents whether the individual has access to firearms, medication or other lethal means.

Firearm Safety

- Temporarily off-site is the best location for firearms when someone in the house is suicidal. This could be with a friend or family member, or on hold with a law enforcement agency in the event of an emergency.

- If off-site is not an option, then second best would be locking the firearm in a gun safe with ammunition stored separately. Disassembling the gun and storing a key component separately or away from the home is another option.
- If the parent can't or won't store the gun offsite, reinforce that overall, a locked gun is safer than an unlocked gun, and an unloaded gun is safer than a loaded gun when someone is suicidal.

Medication Safety

- Remove unneeded and expired medication from the home, especially if they are prescription painkillers.
- For necessary medication, keep only non-lethal quantities on hand. Ask a pharmacist for advice.
- Lock up abuse-prone drugs such as prescription painkillers, anxiety pills, amphetamines, sedatives and tranquilizers.

Firearm and medication lock boxes are available free for all community members, through our Salty Clothing and Resource Closet.

Special Considerations

Gender and Sexuality Sensitivity

When a parent is notified of a perceived suicide risk or attempt, it is essential that the school maintain student confidentiality related to personal information such as sexual orientation or gender identity, especially when the student has not already disclosed to the parent or guardian and does not want it shared. Information shared should be restricted to the perceived risk of suicide or facts of the attempt.

Child Protective Services Involvement

If through discussion with the student, the building administrator or mental health professional determines that there is further risk of harm due to parent or guardian notification, then they may determine that a delay in parent communication may be necessary. Mapleton School District requires that if a school member suspects child abuse or neglect is occurring that Child Protective Services is contacted. An administrator must approve any decision for inaction in contacting a parent or guardian following a suicide concern and must document that inaction appropriately.

If in the administrator's professional judgement the guardian is unwilling to access appropriate care for their child, the administrator, as mandatory reporter, must contact Child Protective Services with their concern.

Child Abuse Reporting Guidance - Appendix J

Following a Suicide Attempt

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be arranged.
2. School staff shall closely monitor the student to ensure their safety.
3. Staff shall move all other students out of the immediate area as soon as possible.
4. Staff shall immediately notify an administrator (911, if an administrator is unavailable) regarding the incident of in-school suicide attempt.
5. The building administrator shall contact the student's parent or guardian.
6. The intervention team shall engage additional steps as necessary to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim (care room, individual student outreach as needed).
7. Staff request a mental health evaluation for the student as soon as possible.
8. Staff shall inform the guardian of mental health interventions (e.g. community-based counseling) for the student. Staff shall request that the legal guardian authorize the release of information to the school from the mental health provider.

Out-of-School Suicide Attempt

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1. Call 911 (police and/or emergency medical services).
2. Attempt to inform the student's parent or guardian as soon as possible.
3. Inform the building administrator. If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

Continuity of Care

If long-term intensive services by a community provider are warranted, the school-based crisis team will collaborate with the provider and family to ensure continuity of care between school, home and community. Together with parents or guardians, the school official will provide information for the community mental health partner agency to ensure a smooth transition from crisis intervention to meeting underlying or ongoing mental health needs. If the student already receives mental health support from an outside agency, the school administrator will request a signed release of information so that any safety or support recommendations can be continued in all settings.

With the support of Lane ESD's School Safety and Prevention Specialist, Mapleton SD will engage the Behavioral Safety Assessment process in order to determine a plan that keeps the student safe from harm to self (and others).

Section 4: POSTVENTION FOR SUICIDE ATTEMPTS & DEATHS

District-Level Procedures Following a Suicide Attempt or School Absence for a Known Mental Health Concern

Re-Entry Plans:

- School Principal will serve as the primary point of contact for the student and attempt to obtain information release from medical or behavioral healthcare provider with parent consent.
- Attempt to discuss with the student and his or her parents/guardians before the return to school. Plan together what information they want shared and with whom.
- Review or develop Safety Plan to include:
 - Potential Check-in schedule with Administrator and/or trusted adult
 - How student can discuss their suicide attempt/behavioral health crisis at school
 - Sample safe responses to peer questions - discourage social media and graphic descriptions
 - Encouragement to discuss details with trusted adults

Personal Education Plan (PEP), IEP or 504 if necessary to accommodate student academic or emotional needs

After Return to School:

- Treat the student's return to school as you would had the student been out sick for a few days. Let the student know you are glad he or she is back, "Good to see you."
 - Check in with student as agreed up during scheduling conversation
 - Send email to appropriate staff to have heightened awareness of student academic, emotional and medical needs
- Have contact with the student's parents and therapist as needed to provide feedback and to garner information that will help to further support the student's recovery.

**** In the event that a student returns to school without staff knowledge of their recent crisis, staff shall attempt to follow procedures listed above in "Prior to Return"

Following a Suicide Death

The district superintendent is the primary contact. Anyone learning of a death shall inform the superintendent or the secondary contact, who is the principal of the school most closely involved in the tragedy.

The superintendent or principal shall confirm that a death has occurred. Contact Lane Public Health offices (Del Quest) and local Sherriff's officer for information and verification.

The superintendent will contact Lane ESD's School Safety and Prevention Specialist or the on call Tragedy Response Network lead to help coordinate care team services and resources.

Building office managers will arrange for substitute teachers to be on call to cover for staff

Communication Plans

General Communication Guidance - Any public communication, whether internal or external, shall make every effort to follow the wishes of the next of kin regarding how to refer to the student death as a "suicide" or as a "death."

- Media - District Superintendent assumes absolute responsibility for media communication.
- Student Body Parents - Letters, emails, and automated phone calls completed by Superintendent or designated building Principals.
- Neighboring Schools & Districts (possible contact with previous district if student recently enrolled here). Notification email or phone contact by Superintendent or direct delegate.

Contacting Family/Next of Kin (Appendix E)

- Staff point of contact will be identified by the building crisis team based on best relationship / rapport with the family.
- Any and all communication with family (for the first 2 weeks) will be assumed by one designated person for the district.

- All information regarding siblings in other buildings will be communicated by the designated staff point of contact.
- Family contact will be made as soon as possible.

Sharing Information with Staff (Appendix F)

A staff member shall be designated by the crisis response team to be the point of contact for next of kin. This person shall be given a set of talking points (see Appendix). The district will follow the wishes of the next of kin regarding district response to the death.

- Superintendent will contact building principals to inform them of the crisis.
- Building administrators will contact respective staffs. Initial email communication, with intercom reminder for staff to check their messages.
- Staff will be notified first, through a brief in-person AM staff meeting, in the most timely manner possible (the first morning of school after the event has occurred).
- Building secretaries will contact teachers who are not present for this day.
- Formatted email will go out with pertinent data related to the death, as well as procedural and related contact information. Confidentiality will be addressed within email.

Sharing Information with Students (Appendix G)

- Information will depend on the context and nature of the incident.
- Buildings will use time at initial building meetings to determine what communication will go out to students, based on that context. It may be in all classrooms with a scripted teacher presentation, or an individual monitoring student by student.
- Avoiding Suicide Contagion - at brief morning meeting, teams identify students at risk for suicide potential; any additional names should be shared with care team as soon as they are identified.
 - Family enrolled in the district schools (siblings, cousins, etc.)
 - Students who are close friends
 - Students who identify with traits that lead to suicide
 - Students with mental health or previous suicidal behavior

Sharing Information with Families (Appendix H)

- Within 24 hours of knowledge of confirmed suicide, the Superintendent or designated Administrator will send out an automated phone call explaining in general terms, the student death, and what families might expect to see in their own children and that an email with further information will be forthcoming.
- The Superintendent or designated Administrator will revise the email (Appendix H verbiage) to send to all families explaining that students have been informed, with tips about how parents might open up a conversation with their child at home.
- Within 48 hours of the suicide, the Superintendent or designated Administrator will print, sign and send the hardcopy letter in Appendix H to all families in the building.

Care Rooms (Appendix I)

In response to any death, regardless of means, the impacted building will offer Care Room support for at least one day to any emotionally struggling students.

Guidance for Memorials on School Campus

- Permanent memorialization is discouraged, as well as large memorial assemblies. Memorials for all deaths should be the same, and temporary in nature.
- Spontaneous memorials created by students / staff shall be permitted, with the understanding that they will be removed in two weeks or less, with keepsake items sent to the family.

Section 5: APPENDICES

APPENDIX A: Mapleton School District 32 Board Policy JHH

[Link to online policy guide](#)

Code: JHH

Adopted: 11/18/20

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

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.

END OF POLICY

Legal Reference(s): [ORS 332.107](#) [ORS 339.343](#) [OAR 581-022-2510](#)

Cross Reference(s):

JH - Student Welfare

JHC - Mapleton School District 32

APPENDIX B: ASIST Pathways for Assisting Life (PAL) Interview Guidance for Counselors

Right now, what will keep you safe?

Develop Safe Plan	Communication Manner	Confirm Actions
<p>Safety First, when happening...</p> <ul style="list-style-type: none"> ➤ Harm to self or others is occurring or imminent: ➤ Person is unable to participate in the intervention: 	<p>Directive</p>	<p>Emergency Response</p> <p>Lane County Crisis Response Program 1-888-989-9990</p> <p>Contact 911 & Mobile Crisis Response Team</p> <p>24-hour Monitoring</p>
<p>Safety Guards, when factors are present...</p> <ul style="list-style-type: none"> ➤ Suicide Planned: ➤ Alcohol, drug concerns: ➤ Prior suicide behavior: ➤ Mental Health Concerns: 	<p>Collaborative</p> <p>Ask the person with suicidal thoughts:</p> <p><i>How can it be disabled safely?</i></p> <p><i>What is needed for safe/no use? "Harm Reduction"</i></p> <p><i>What have you learned that might help you keep safe FOR NOW?</i></p> <p><i>What have you learned that might help you keep safe FOR NOW?</i></p>	<p>Who-What-When-How</p>
<p>Safety Aids, when possible...</p> <ul style="list-style-type: none"> ➤ Immediate stressors, situational changes: ➤ Strengths Available Supports Needed: 	<p>Facilitative</p> <p>Decide with the person experiencing suicidal thoughts:</p> <p><i>What is doable right now?</i></p> <p><i>Which strengths can you use now?</i></p> <p><i>Who is able, available, and acceptable?</i></p>	

APPENDIX C: C-SSRS Suicide Screener

<i>Screener should be administered after the counselor has gathered the student's "story" through the ASIST Pathway to Life (PAL) Interview leading up to the threat. - LCPH</i>	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> 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) <u>Have you had these thoughts and had some intention of acting on them</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. (2) hopefully get better today, not messed with, get work done, get early If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

APPENDIX D: Stanley Brown Safety Plan Template

Student / Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

Step 3: People and social settings that provide distraction:

Name: _____ Phone: _____

Name: _____ Phone: _____

Place or Situation: _____

Place or Situation: _____

Step 4: People whom I can ask for help:

Name: _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

Suicide Prevention Lifeline Phone: **1-800-273-TALK (8255)** *Available 24/7

Lane County Crisis Response Program Hotline: **1-888-989-9990** *Available 24/7

Station 7 Crisis Line: **1-888-689-3111**

Oregon Youthline Phone: **1-877-968-8491** *Available: 24/7 Teens available: M-F 4-10pm

Oregon Youthline Text: **teen2teen** to **6674** Teens available: M-F 4-10pm

Oregon Youthline Email: Teen2Teen@linesforlife.org Teens available: M-F 4-10pm

In an emergency call: **911**

1. Clinician Name _____ Phone _____

Clinician Pager or Emergency Contact # _____

2. Clinician Name _____ Phone _____

Clinician Pager or Emergency Contact # _____

3. Local Urgent Care Services Phone _____

Step 6: Making the Environment Safe:

1. _____

2. _____

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

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

APPENDIX E: Family / Next of Kin Postvention Talking Points

Below are some reminders and sample conversation starters for staff.

- Offer condolences
- Acknowledge the difficult time family is experiencing
- Your child was important to all of us, and we want to respond in a respectful way that honors his/her life. These are the things we are doing now: (Care Room, individual student support, etc.)
- The loss of your child has impacted many of our students, staff, and community. We would like to inform and support them in a way that honors your specific wishes.
- Are there friends of your child who may be particularly impacted?
- We would like to ask a couple of questions in order to assist our staff and students who are suffering - we really want to know what and how you would like us to communicate this.
- We've received reports that the cause of death may have been suicide. Can you tell us if that is indeed the case?
- Are you comfortable with us sharing that information with students, families, and our school community?
- If a family responds with "No,"
 - What information would you be comfortable with us sharing?
- Are there things we can do to support you right now?
- Thank you for sharing with us at this difficult time. When you have made decisions about services or memorial, would you be comfortable with us sharing that information as well? I know we have students and staff who would want to attend.
- Would it be OK if I follow up with you in a week or so?
- SEND family a condolence card from the district.

Follow-Up Contact (a week or so after the event)

- Inquire how family is doing
- Offer referrals for grief counseling if desired.
- Let us know when you are ready to receive his/her personal belongings - we will hold these things as long as you would like.
- Send family items removed from any spontaneous memorials after vetting for appropriate messaging.

Appendix F: Sample Announcement to Staff

It is with great sadness that I am informing you of the death of

_____.

I will keep you informed as information becomes available to us, including information about cause of death and funeral arrangements. In the meantime please keep in mind the following:

- Cause of death (choose from appropriate template response below)
 - has not yet been announced, and whatever we say about it will be dependent on the wishes of the family.
 - the cause of death has been announced as _____)
- The district superintendent is the main contact for this situation, and she will represent the district in all communications with the media.
- The school district has an active crisis response team, with the following members: _____. Please feel free to contact any of them if you have questions about procedures.
- We are asking that each of our classroom teachers inform your students at _____ today. A script is available in this appendix for you to use. Once you have informed your students of the loss, you may wish to talk with them in a supportive way about the death, loss, sadness, and grief.
- For those students who need additional support and who are having difficulty dealing with this situation, we have established _____ as a care room where one or more counselors will be available during the school day today. Please allow students to utilize the care room and self-select that privilege. You may ask a student to visit the care room if you notice they need it, but you may not require or prevent a student from self-selecting. Some students will be affected more than others, and may become despondent or have thoughts of ending their own lives. The care room staff will assess each student as to their need for the support.

- Please make yourselves available today as much as possible for students who may wish to talk with you, and please watch for severe or concerning reactions by any of your students. Keep in mind that students who were friends of the deceased individual, or who have other risk factors, may warrant referrals to the counseling office. Give the names of any such students to the counselors. Contact the counseling department if you have concerns about any of your students.
- While we recognize the importance of supporting our students, some of you may also need help in dealing with this situation. Please feel free to reach out to a counselor, administrator, or colleague. If you need a substitute, please contact your principal or a member of the office staff.
- In all of your communications today and in the coming days, please recognize the importance and our legal contractual requirement of confidentiality. It is vital that we not speculate about causes, circumstances, family responses, or other information that may not be confirmed or appropriate. The family deserves privacy, and we need to be careful to disseminate only information that has been confirmed for use in conversations. All communication with the family from the school district will be made by a one person designated by the crisis team until further notice.
- Please remind your students that social media is not an appropriate means of discussing this situation.

Appendix G: Sample Announcements for Students

Sample Announcements for Use with Students after a (Possible) Suicide

1. After the school's Suicide Response Team has been mobilized, it is critical for administration and/or crisis team members to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.
2. The Suicide Response Team should either visit all classrooms to give the announcement to staff or present the announcement at a meeting of all staff called by the building administrator as soon as possible following the death. If a meeting is held, the building administrator and a member of the Suicide Response Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their homerooms (or other small group) so that students get the same information at the same time from someone they know.
3. The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents, as appropriate. Directing your announcement to the grade level of the students is also important, especially in primary or middle schools. A written announcement should be sent home to parents with additional information about common student reactions to suicide and how to respond, as well as suicide prevention information.

Sample Student Announcement for When A Suicide Has Occurred, Morning, Day 1

This morning we heard the extremely sad news that _____ took his/her/their life last night. I know we are all saddened by his/her/their death and send our condolences to his/her/their family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.

Sample Student Announcement for a Suspicious Death Not Declared Suicide: Morning, Day 1

This morning we heard the extremely sad news that _____ died last night from [a gunshot wound]. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____'s death and send our condolences to his/her/their family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available; students may attend with parental permission.

Sample Student Announcement, End of Day 1

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loudspeaker:

Today has been a sad day for all of us. We encourage you to talk about _____'s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.

Sample Student Announcement, Day 2

On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources, and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

We know that _____'s death has been declared a suicide. Even though we might try to understand the reasons for his/her/their doing this, we can never really know what was going on that made him/her take his/her/their life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 p.m.

There will be a funeral Mass Friday morning at 10:00 a.m. at _____ Church.

In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent's permission to attend.

We also encourage you to ask your parents to go with you to the funeral home.

Appendix H: Sample Letter to Families

Dear Parents / Guardians,

I am writing this letter with great sadness to inform you that one of our sophomore students took his/her/their life last evening. Our thoughts and sympathies go out to his/her/their family and friends.

All of the students were given the news of the death by their teacher in their homeroom this morning. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to the students over the next days and weeks to help them cope with the death of their peer.

Information about funeral services will be given to the students once it has been made available to us. Students will be released to attend services only with parental permission and pick up, and we strongly encourage you to accompany your child to any services.

I am including information about suicide and some talking points that can be helpful to you in discussing this issue with your teen. I am also including a list of school and community resources should you feel your child is in need of additional assistance. If you need immediate assistance, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Please do not hesitate to call me or one of the counselors if you have questions or concerns.

Sincerely,
(Principal)

APPENDIX I: Care Room Protocols

For every postvention response, a care room will be set up. The administrator at each building will identify a room or rooms to use, and the counseling team will set up and manage the care room at that point. If any staff need to be assigned to support the needs of the care room (depending on the situation) the administrator will work with the counseling team to identify the need and who will be assigned.

Each counseling department will maintain a “go box” for the setup of care rooms. This should be updated by counselors on a regular basis.

Go Box Contents (suggested starting point)

- Attendance log
- Teacher cheat sheet for talking points and resources
- Kleenex
- Snacks and water, cocoa
- Art supplies
- Blankets and pillows
- Weighted lap pads or other sensory supports
- Stuffed animals
- Relaxing music
- Fidgets
- Cups, spoons, napkins
- Ideas for memorial activities and supplies as needed per activity
- Suicide resources; take away items for students (wristband, pamphlets, etc.)
- Other materials and supplies as needed

Process:

Staffing - Counselors, or counselor and one QPR-trained professional
Physical Space - nooks for separation as possible, ability to go outside
Food and drink prep space (sink, counter, etc.) if possible

Care Room Resources

-Mapleton partners with Lane ESD’s School Safety and Prevention Specialist and the Tragedy Response Network to support Care Room supports.

<https://www.averys-garden.com/creative-grief>

<https://www.dougy.org/resources?how=&who=&type=activities&audience>

APPENDIX J: Child Abuse Reporting Process & Form

All Oregon School Employees are Mandatory Reporters of child abuse and neglect as per [Oregon Revised Statute 419B.005\(3\)](#) they must immediately report that abuse to an appropriate authority. If any Mapleton School District employee has any reason to believe that a child is being harmed or in danger of being harmed, they have a duty to report to an Oregon DHS Office, a local police department, county sheriff, county juvenile department or the Oregon State Police. These agencies will want a first-hand account of the information from the mandated reporter; telling a school counselor or administrator does not meet the legal obligation under Oregon Law.

*Schools are not an investigative body; teachers, counselors, and administrators are not trained in forensic investigative techniques related to the abuse of minors. Be prepared with the basic information about the Victim, the nature of the abuse or neglect sustained and the name of the alleged Perpetrator. Do not try to investigate the case on your own to provide a 'slam dunk' to Oregon DHS or the police - when school staff do this, victims become tainted and perpetrators go free.

Information to Collect

- #1 - Name of Victim - pertinent demographic information - date of birth, address, home phone number
- #2 - Nature of Abuse or Neglect - type of injury observed or reported
- #3 - Name of alleged Perpetrator and their association or relationship to the Victim
- #4 - Are there other children in the home? What are their ages?

IF YOU THINK A CHILD IS BEING HURT OR INJURED NOW, OR IN DANGER OF BEING HURT OR INJURED, CALL 911 IMMEDIATELY.

Contacts for the Siuslaw Region

1. **Reports of Child Abuse can be made to 1-855-503-SAFE or 1-855-503-7233 – This is the Oregon DHS Child Abuse Hotline is available 24 hours a day, 7 days a week, 365 days a year.**
2. Lane County Sherriff Department - 911 for Emergencies or 541-997-8472 to be connected to an officer or detective to file a report - *If a child is in immediate danger and lives outside the city, FPD and/or Lane Sherriff will respond*
3. DHS Eugene - Child Welfare Office - 541-686-7555 - after hours calls may be re-routed to the Oregon Child Abuse Hotline

_____ Collect Information on the Student - Address / How can the Police or DHS find the Student?

Address:	
Phone Number:	

_____ Demographic Information of Student - Collect from Synergy Data System

Does the student identify as American Indian / Alaska Native? Yes or No

(necessary for cross-reporting for Tribal Resources and other services.)

Does the student receive Special Education services? Yes or No

Does the student need an interpreter? Yes or No

_____ Collect Information on Nature of Injury or Type of Abuse or Neglect

Nature of the Injury, Abuse or Neglect:

_____ Collect Information on the Perpetrator - Who is injuring or hurting the child? Are they in the home?

--

_____ Document all information on District Reporting Form prior to calling authorities

Do you have all necessary information needed to place the call? YES or NO
Additional Notes -

_____ Make the Call! - DHS Hotline, Lane County Sherriff, DHS Eugene or another Law Enforcement Agency

_____ Documentation on Form - This will serve as a confirmation

Which agency did you call? _____

When did you call? Date: _____

Time: _____

Case Number: _____

Name of Screener that took your report: _____

_____ Relay the Nature of Your Report to the Building Administrator - if there is more to be done, administration will handle it from here on out.

Make a Copy of this Form for your Building Principal - Date of Delivery _____

**District administrators are custodians of records. Minimum retention: 3 years after school year in which records were created (Oregon Administrative Rule 166-400-0060).*

Section 6: RESOURCES

ASIST Applied Suicide Intervention Skills Training Workbook. *LivingWorks Education*, 2013.

Brubaker, Roger & Gouge, Doug, Lane County Mental Health Suicide Prevention Specialists. June 28-30, 2021.

Developing Comprehensive Suicide Prevention, Intervention and Postvention Protocols: A Toolkit for Oregon Schools. *Cairn Guidance*, 2017.

Model School District Policy on Suicide Prevention (2019). *American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists, and The Trevor Project*.

Mapleton School District Board Policy JHH: Student Suicide Prevention, 11/18/2020.

Suicide Prevention, Intervention, and Postvention: Step by Step.
Lines for Life and the Willamette Educational Service District, 2019.

Section 7: LEGISLATION

[Senate Bill 561 of 2015](#), Oregon 78th Legislative Assembly, Regular Session.

[Senate Bill 918 of 2119](#), Oregon 80th Legislative Assembly, Regular Session.

[Senate Bill 52 of 2021](#), (Adi's Act), Oregon 81st Legislative Assembly, Regular Session.