Yoncalla

School District

2022

Youth Suicide Intervention and Prevention Plan

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7/23/2022

Table of Contents

General Information

In 2014, the Oregon Legislature mandated development of a five-year Youth Suicide Intervention and Prevention Plan. The Oregon Health Authority's Health Systems Division (HSD) and Public Health Division (PHD) worked with interested parties from across Oregon to adopt strategic directions, goals and objectives from the 2012 National Strategy for Suicide Prevention (NSSP), develop actions to operationalize and start discussions to implement the plan in 2016. From December 2014 through November 2015, approximately 100 subject matter experts from across the state worked together as members of a steering committee and/or as members of one or more work groups to develop realistic and actionable activities for preventing suicides among Oregon children, youth and young adults 10–24 years of age (referred to collectively as "youth").

A participatory process was designed to get input from stakeholders to develop the plan. A steering committee of 32 stakeholders reviewed the NSSP and selected strategic directions, goals and objectives for inclusion in the plan. The steering committee emphasized activities that could leverage the state's priority in behavioral health and primary care integration, and link the actions in this plan as much as possible to health systems transformation. That work was then turned over to six work groups to write action steps for the strategic directions, goals and objectives identified by the steering committee. Over multiple meetings, each work group discussed critical issues relating to suicide risk and protective factors and identified social, system, community and individual issues affecting suicide, attempt rates and self-injurious behaviors.

Additional work groups for populations that experience a disproportionate rate of suicide were formed for: lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and young adults; military members, veterans and their families; and suicide loss and attempt survivors (people who have lost a loved one to suicide and persons who have experienced serious ideation or attempted suicide). In addition, all work groups were charged with addressing the needs of subpopulations, including children, youth and young adults with behavioral health conditions or youth in foster care or juvenile justice systems. OHA's tribal liaisons reached out to Oregon tribes and agencies that serve them to include the needs of this high-risk group. Youth M.O.V.E. Oregon held regional focus groups to ensure youth input was incorporated. In addition, OHA Children's System Advisory Committee (CSAC) was actively engaged and members volunteered to serve on each work group to represent the views of youth and young adults, families, and the providers who serve them.

The action items are the work of these stakeholders, representing health and behavioral health systems, CCOs and private insurance companies, providers and clinicians, suicide prevention advocates, families, youth, a tribal liaison, LGBTQ youth, military members and their families, people with behavioral health conditions, suicide prevention professionals, and other subject matter experts. We encourage the reader to access the NSSP on the web to better understand the strategic directions, goals and objectives in this plan: www.actionallianceforsuicideprevention.org/NSSP

Participants

Yoncalla School District Team:

- Brian Berry-Yoncalla School District Superintendent
- Erin Helgren-Yoncalla Elementary Principal
- Chelsea Ross-Yoncalla School District Dean of Students
- Don Hakala-Yoncalla High School Principal
- Bethany Durbin-Yoncalla School District Nurse
- Renee Branch-Yoncalla School District Counselor

Yoncalla Leadership Group:

- Yoncalla Site Council
- Yoncalla Engaged Parents
- Yoncalla Booster Club
- Yoncalla School Board
- Yoncalla Indian Education Program
- Yoncalla Student Leadership class
- Yoncalla School District Staff

Guiding Principles

- Suicide is a serious preventable public health problem that negatively affects communities and individual community members
- Stigma and discrimination prevents acknowledgment of mental illness and suicidal behavior, and this hinders successful prevention, intervention, and recovery.
- Some populations are at higher risk of suicide than others; therefore, targeted population-based strategies are necessary and appropriate.
- Every person should have a safe, caring, and healthy relationship with at least one other person.
- Prevention should take into account both risk and resiliency of individuals and populations.
- All suicide prevention materials, resources, and services should be culturally and linguistically competent, and developmentally age appropriate.
- Community members should have input and participate in suicide prevention planning and decision-making.
- Quality, accessible services, supports and resources that promote mental wellness and treat mental illnesses are essential to children/youth and to their families and personal support networks.
- Information-sharing and collaboration must occur between all stakeholders in suicide prevention.
- Suicide prevention efforts should incorporate knowledge-informed strategies based in research, data, culture and lived experience. Efforts should be responsive to the social, emotional, cultural, educational, physical and developmental needs of each child/youth and family/social supports.
- The best evidence available should be used, to the extent possible, when planning, designing, and implementing suicide prevention efforts.

Yoncalla School District Suicide Intervention Flowchart

If a weapon is present, clear the area and call 911 or local police. Follow YSD Emergency Procedures.

A student has displayed risk for suicide
(e.g. writing, actions, statements, social media, etc)

Always monitor other impacted students and provide supports.

Take immediate action; notify a building administrator/designee

Warning signs
School Counselor/ completes suicide screening with the student, Adapt's Crisis Line is always a resource:
(541) 440-3532 or 988 is the Suicide Hotline

Screening Determines Low Risk
No plan, no intention to harm self, low parent/guardian concern

Follow Suicide Screen Low Risk recommendations including parent/guardian and current provider consultation if applicable

Screening Determines Medium to High Risk
Self-harming behavior, threats, ideation, plan, history of attempt, access to means.
DO NOT LEAVE THE STUDENT ALONE

Consult with crisis services or consult with current provider, notify parent/guardian, follow suicide screen med/high risk

Document actions taken including Suicide Screen Med/High Risk Recommendations

Debrief with staff
Follow up with student and parent/guardian
Request ROI for providers

Attempt

On-Site

Clear the area of other students,

DO NOT LEAVE THE STUDENT ALONE

Are the injuries life threatening?

If yes, call 911 & contact parent/guardian

If no: Provide necessary 1st Aid. Call building administration

Off-Site

Next steps determined after crisis assessment

Follow up with student's provider and obtain recommendations

If the student was hospitalized

Contact parent//guardian to discuss reentry plan with provider recommendations and potential safety and support planning

Other resources to consider:

Suicide Prevention Hotlines

Youth Line- A crisis helpline where teens can talk with their peers
- Text- "teen2teen" to 839863
- Call- 877-968-8491
- Chat- OregonYouthLine.org

National Suicide Prevention Lifeline- A free and confidential crisis helpline
- Call- 1-800-273-TALK (8255)
- Website- suicidepreventionlifeline.org

Mental Health Resources

Compass Behavioral Health

Compass Behavioral Health is committed to providing timely and effective prevention, early intervention, and behavioral health treatment and supports for children, adolescents and families.

Compass' Youth & Family Services are designed to promote mental, emotional and physical wellness for youth with mental health disorders and youth who are at risk of developing mental disorders.

Professional counselors offer individual, group and family counseling, and employ an array of effective approaches to help youth and their families develop the practical skills needed to support lasting health and wellness.

What Compass Offers:

- Comprehensive assessment and treatment planning
- Individual, group and family services
- Supportive Mental Health therapy
- Skills-training to support and sustain stability
- Psychiatric day treatment for students in kindergarten to 8th grade
- School-based therapeutic services
- Parent-Child Interaction Therapy — a program for young children experiencing behavioral and/or emotional difficulties and their families (PDF brochure)
- Care coordination, referrals, and transition planning with:
    - Community services
    - Hospitalization
    - Residential care
    - Other treatment providers

Walk-ins are welcome M-TH 9-3 at 548 SE Jackson St., to get enrolled in services.

General Access: 541-440-3532

Crisis Number: 1-800-866-9780

Additional mental health and crisis resources

SAFEOREGON

SafeOregon provides 24/7 services for Oregonians to anonymously or confidentially report student safety concerns (suicidal ideation/thoughts, cyberbullying, child abuse, drug/alcohol abuse, etc.)

REPORT A TIP:

Online: https://www.safeoregon.com/
Call: 844-472-3367
Text: 844-472-3367
Email: tip@safeoregon.com

ADDITIONAL RESOURCES:

YouthLine: A chat-line for students. Teens are available to help daily from 4-10pm Pacific Time via call, text, chat or email (adults are available by phone at all other times). YouthLine is a free, confidential teen-to-teen crisis and help line. No problem is too big or too small for the YouthLine!

All of the phone services below are free and confidential. YouthLine • A teen crisis helpline with teen to teen support (oregonyouthline.org)

SUICIDE LIFELINE
Call 800-273-8255 (24/7/365)
Text 273TALK to 839863 (8am-11pm PST daily)

ALCOHOL & DRUG HELPLINE
Call 800-923-4357 (24/7/365)
Text RecoveryNow to 839863 (8am-11pm PST daily)
For individuals and family members seeking crisis intervention, treatment referral, and chemical-dependency information.

MILITARY HELPLINE
Call 888-457-4838 (24/7/365)

Text MIL1 to 839863 (8am-11pm PST daily)
Support for service members, veterans, and their families that is independent of any branch of the military or government.

SENIOR LONELINESS LINE
Call 503-200-1633
Support for seniors in the community who are feeling lonely and having difficulty connecting.

National Suicide Prevention: The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
800-273-8255

The Trevor Project: A national 24-hour, toll free confidential suicide hotline for LGBTQ youth via call, text, and chat.
866-488-7386

Parent Warmline for Oregon: We are families and youth working together to promote mental, behavioral and emotional wellness for other families and youth through education, support, and advocacy. As caregivers, we have experience navigating challenges on behalf of our children and families. This is what Reach Out Oregon is all about. We're happy to answer questions you may have or reach out as soon as we are available. The warmline is open Tuesdays, Wednesdays, and Thursdays from 12-7pm except on holidays. 833-732-2467.

LGBT National Help Center:
General support call- 1-800-246-7743
LGBT National Hotline call- 1-888-843-4564

Teens Online Talk Group
Trans Lifeline - crisis line staffed by trans individuals
Call- 1-877-565-8860
Website- https://www.translifeline.org

DOMESTIC VIOLENCE & SAFETY RESOURCES
National Domestic Violence Hotline
Call- 1-800-799-7233
Website and online chat- https://www.thehotline.org

EATING DISORDER HELP RESOURCES
National Eating Disorders Association
Call- 800-931-2237
Text- "NEDA" to 741741

PARENT MENTAL HEALTH RESOUCES
National Parent Helpline
Call- 1-855-427-2736

National Drug Hotline- Helpline for parents of drug users, known or suspected
Call- 1-844-289-0879

MentalHealth.gov- A mental health warning sign list for caregivers
Mental Health America- Parenting with a mental illness

Check out these other resource lists for more-
NAMI- Top Helpline Resources. (has hotlines for ADHD/ADD, bipolar disorder, OCD, schizophrenia, trauma, and borderline personality disorder)
Home | NAMI: National Alliance on Mental Illness

National Crisis and Suicide hotline number (988)

Information in this PLAN does not replace the advice of a mental health professional. The resources listed above are part of the Yoncalla School District's outreach and suicide prevention efforts. If there are immediate safety concerns call 9-1-1.

At Risk Groups for Suicidal Behavior

YOUTH LIVING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes.

YOUTH WHO ENGAGE IN SELF-HARM OR HAVE ATTEMPTED SUICIDE

Risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, parental consent, etc.

YOUTH IN OUT-OF-HOME SETTINGS

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

YOUTH EXPERIENCING HOMELESSNESS

For unhoused youth, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders,

conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and unhoused youth experience suicidal ideation. 7 Suicide Prevention Plan – Eugene School District 4J - 2021

RACIAL AND ETHNIC MINORITY YOUTH AMERICAN INDIAN/ALASKA NATIVE (AI/AN) YOUTH

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see ihs.gov/suicideprevention.

BLACK YOUTH

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where suicide rates peak in midlife. A particularly important risk factor associated with suicide behavior among Black youth is exposure to racism and trauma. Black youth who experience racism often feel alienated, rejected by society, ignored, marginalized, depressed, and anxious.

LATINX YOUTH

Suicide and suicide attempts are especially concerning among Latinx adolescent girls, who have the highest suicide rates among all adolescent groups nationwide. Statistics reveal that in the United States, 15.6% of Latinx adolescent girls have attempted suicide one or more times and 25% have thought about it. Risk factors include alienation - including disconnection from family or family origin, acculturative stress and family conflict, hopelessness and fatalism, discrimination, and racism.

ASIAN YOUTH

For Asian Americans and Pacific Islanders between the ages of 15 and 19, suicide was the leading cause of death in 2016, according to CDC data, accounting for 31.8 percent of all deaths. Asian youth may be susceptible to different risks than other racial/ethnic groups, such as ethnic and cultural socialization or orientation, poverty, education related stress, familialism, discrimination, and acculturation that can take root at a young age, affecting mental health outcomes.

LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER OR QUESTIONING) YOUTH

The CDC finds that LGBTQ+ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as

their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ+ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they can be treated, shunned, abused, or neglected, in connection with other individual factors such as mental health history.

YOUTH BEREAVED BY SUICIDE

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

YOUTH LIVING WITH MEDICAL CONDITIONS OR DISABILITIES

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

Yoncalla School District 32

Code: **JHH**
Adopted: 8/23/00
Readopted: 6/11/12
Orig. Code(s): JHH

Student Welfare - Suicide

The Board recognizes that childhood/adolescent suicide and suicidal tendencies are continuing problems within the elementary and secondary schools of the nation. Therefore, the Board directs the superintendent to initiate and establish an aggressive, comprehensive suicide prevention program.

To ensure maximum effectiveness, the comprehensive program will:

1. Involve the entire community;

2. Provide appropriate in-service programs for staff, students, parents, community;

3. Respond to individuals in crisis;

4. Recognize those who are potentially suicidal;

5. Provide meaningful prevention and intervention strategies;

6. Provide procedures to deal with loss, or post-intervention strategies.

The program efforts shall improve the general mental health atmosphere of the district and place suicide prevention by the district and the community as a high priority.

Decisions regarding individual or a group in crisis will be made through a team approach. No individual staff member will make crisis decisions in isolation.

END OF POLICY

Legal Reference(s):
ORS 332.107
Kelson v. Springfield, 767 F.2d 651 (9th Cir. 1985).

Forms & Checklists

Warning Signs for Suicide

There is no definitive list of warning signs of suicide.

Ideation - *Thoughts of Suicide*	Expressing suicidal feelings through talking, gesturing, writing, or drawing. Desire to die
Suicide Plan	Having a plan for suicide and/or obtaining the means to follow through on a suicidal attempt.
Unbearable Pain	Often as a result of a loss/crisis. Expressing they are suffering a great deal and feel there is no hope.
Displaying Signs of Depression	Such as a loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns.
Making Final Arrangements	Saying good-bye as if they won't be seeing someone again. Giving away favorite possessions.
Self-Destructive Behavior	Such as the start of or increase in alcohol or drug use, risky sexual behavior, reckless driving.
Changes in Behavior	Such as pulling away from family, friends, or social groups; anger or hostility.
Previous Suicide Attempt	This significantly increases the likelihood that someone will complete suicide.
Exposure to Suicide	Friend or family member who attempted or completed suicide.
Abuse	Physical or sexual abuse, being mistreated.
Social Isolation	May lead to feelings of helplessness and depression. Lack of support. Unwilling to seek help.
Depression, Anxiety, Agitation	Primarily Major Depressive Disorder. Feeling trapped.

Access to Lethal Means	Such as guns, weapons, knives, medications in the house.
Perceived Major Trouble	Such as trouble at school, at home, or with the law.
Peer Victimization	Bullying, extreme embarrassment or humiliation.

5 Steps to Help a Suicidal Student

Take all suicidal behavior seriously.

1.	Establish Rapport	Express your concern about what you are observing in their behavior.
2.	Ask the question *It is important that this question is asked directly and it is not asked in a roundabout way.*	"Are you thinking about suicide?"
3.	If "Yes", then do not leave this student alone.	Stay with the student.
4.	Offer comforting things to say	Such as, "Thanks for telling me, I am here to help."
5.	Escort student to a Primary Intervener	Primary Interveners: School Counselor, School Nurse, and Principals

Suicidal Behavior Risk and Protective Factors

Risk Factors	Protective Factors
○ Current plan to kill self ○ Current suicidal ideation ○ Access to means to kill self ○ Previous suicide attempts ○ Family history of suicide ○ Exposure to suicide by others ○ Recent discharge from psychiatric hospitalization ○ History of mental health challenges ○ Current drug/alcohol use Sense of hopelessness ○ Self-hate or self-injurious behavior ○ Current psychological/emotional pain ○ Loss (relationship, work, financial) ○ Relationship issues ○ (friends/family/school) ○ Feeling isolated/alone ○ Current/past trauma ○ Bullying Discrimination and lived experience with ○ oppression ○ Chronic pain/physical health problems ○ Impulsive or aggressive behavior ○ Unwilling to seek help Members of disproportionately at-risk groups (LGBTQ+, Black, Indigenous, People of Color, etc.)	● Engaged in effective physical and/or mental healthcare ● Feeling connected to others (family, friends, school, at least one trusted adult) ● Positive problem-solving skills • Healthy coping skills ● Restricted access to means to kill self ● Stable living environment ● Willing to access support/help ● Positive self esteem ● Resiliency ● High frustration tolerance ● Emotional regulation ● Cultural and/or religious beliefs that discourage suicide ● Successful at school ● Has responsibility for others ● Financial stability ● Future planning ● Acceptance of identity (family, peers, school) **KEEP IN MIND**: A person with an array of protective factors in place can still struggle with thoughts of suicide. It is important to consider this when conducting a risk assessment.

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

SUICIDE IDEATION DEFINITIONS AND PROMPTS		
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Have you been thinking about how you might do this? 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) Have you had these thoughts and had some intention of acting on them? As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: Was this within the past three months?**	**YES**	**NO**

Low Risk
(i.e., current comments, thoughts of suicide, but no suicide plan, acknowledges helping resources and protective factors)
Moderate Risk

(i.e., prior attempt, thoughts of and plan for behavior or no resources, but no time frame for behavior)
High Risk

(i.e., thoughts of suicide, plan for behavior, time frame for behavior specified, and no helping resources)

Intervention Plan Checklist

This is a checklist to document interventions taken.

	Provided 24/7 resource numbers
	Connected(ing) with school/community resources
	Called for a 911 wellness check
	Mobilized prosocial support systems
	Identified specific caring adults
	Promoted communication and coping
	Provided treatment referrals

Primary Caregiver Student Safety Plan Includes

	Increased supervision
	Constant supervision (including when they are in the bathroom)
	Restricted access to possible suicide means
	Provided 24/7 resource numbers
	Made immediate treatment referrals
	Connected with school/community resources
	Arranged transportation
	Called DHS

Confidentiality
FERPA: School employees are bound by laws of The Family Education Rights and Privacy Act of 1974 (FERPA). These are situations when confidentiality must NOT BE MAINTAINED; If, at any time, a student has shared information that another student is at imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA known as “minimum necessary disclosure”.

YSD Core Values for Promoting Positive Mental Health
Why
To be successful, schools must embrace student wellness with the same priority as academics and extracurriculars. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more. We know that students are trying to manage a lot and are feeling overwhelmed. Many students feel as though they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement. We believe that teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know it’s okay to ask for help.
What
We believe our schools have the power to reduce stigma and increase students’ sense of well-being. We can ensure that students know where and how to get help when they need it without feeling the shame and guilt often associated with stigma. An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention is an undercurrent that ultimately pushes schools toward stronger suicide prevention.
How
All staff ultimately play a role in prevention of youth suicide and promoting ways for students to get help during distressing times. Teachers are empowered to help students that disclose stress and distress and help students learn to identify and assess their mental health symptoms and stressors to get the help that they need and deserve.

Examples of ways YSD promotes positive mental health messages
• Mental health information embedded into school or district messages to parents. • Morning announcements: Short wellness messages can be read and shared as a part of morning announcements. • Posters: posters on mental health topics made available to school buildings and teachers.
• Social Media: Mental health messages shared on district social media pages on a regular basis. Messages will be directed towards parents or students.

Re-Entry Procedure
For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed counselor or mental health professional, the principal, or designee, will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's safe return to school.
A school employed counselor or mental health professional, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.
The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

References

1. Community Resources – Community Resources – Forest Grove SD 15 (fgsdk12.org)

2. Douglas ESD

3. Oregon Schools Suicide Protocol Toolkit

4. Suicide Prevention Resources (lane.edu)