

West Linn-Wilsonville School District

Updated: April 2021

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INTRODUCTION

The West Linn-Wilsonville School District and the community has been committed to preventing suicide for many years. These efforts were formalized in 2013 through our first Suicide Prevention Task Force, where our four pillars of **Wellness Promotion, Education, Intervention, and Postvention** were clearly outlined. This Task Force has reconvened multiple times to reflect on our progress and the needs in our schools and community, to update the overall plan several times in order to improve outcomes, and to provide a more coherent partnership with community mental health providers in the community.

In 2019, the state of Oregon passed Senate Bill 52, also known as [Adi's Act](#). This legislation requires school districts to develop and publicly post the school district's plan for suicide prevention, intervention, and postvention response activities, in the 2020-2021 school year.

This plan reflects our district and communities' ongoing efforts to eliminate suicide and meets the requirements of Adi's Act. This plan will be reviewed regularly and revised as necessary.

Background

The Oregon Health Authority released the following information on [March 4, 2020](#):

“In February the Centers for Disease Control and Prevention released data showing that suicide was the leading cause of death among Oregon youth ages 10 to 24 in 2018, up from the second leading cause of death in 2017. Oregon is now ranked 11th highest in the nation for youth suicide death rates (up from 17th in 2017).

The change in rank is due to multiple factors: There was a rise in the suicide rate as well as a drop in the rate of unintentional injury deaths, the former leading cause. The unintentional injury category includes overdose deaths and motor vehicle accidents. While the suicide rate has increased, the unintentional injury rate decreased from 2017 to 2018.

"Suicide continues to be a concerning problem in Oregon across all age groups, including youth, as this new data confirms," said Dana Hargunani, Oregon Health Authority's chief medical officer. "We continue to prioritize work across Oregon to support young people in schools, at home and in our communities. Fortunately, we are able to apply best practices that work to prevent suicide, and there are many ways you can get involved."

The 2018 CDC data is included in the 2019 Youth Suicide Intervention and Prevention Plan annual report, which was released to the Oregon Legislature soon after.

Advocates and state agency staff have been working to address this growing issue and together requested dedicated funding for suicide prevention in 2019.

Governor Kate Brown included more than \$6 million for suicide prevention in her budget for the 2019-2021 biennium, marking the first time this work has been funded by the state. The funding is being used to:

- Fully fund Oregon's 24/7 Suicide Prevention Lifeline.
- Create statewide access to proven suicide prevention programming.
- Provide funding to Oregon tribes for suicide prevention.
- Provide access to services and increase prevention to higher risk groups (LGBTQ+ youth, veterans, people *with* close connections to suicide deaths).
- Support school districts to create and implement suicide prevention plans.
- Fund youth peer-to-peer crisis intervention, outreach and youth development through the Oregon YouthLine.
- Add capacity to support suicide prevention programs at the Oregon Health Authority.
- Additionally, the Oregon Department of Education and the Oregon Health Authority are collaborating to implement Senate Bill 52 -- also known as Adi's Act -- which requires school districts to have a suicide prevention, intervention and postvention response plan by the start of the 2020-2021 school year.

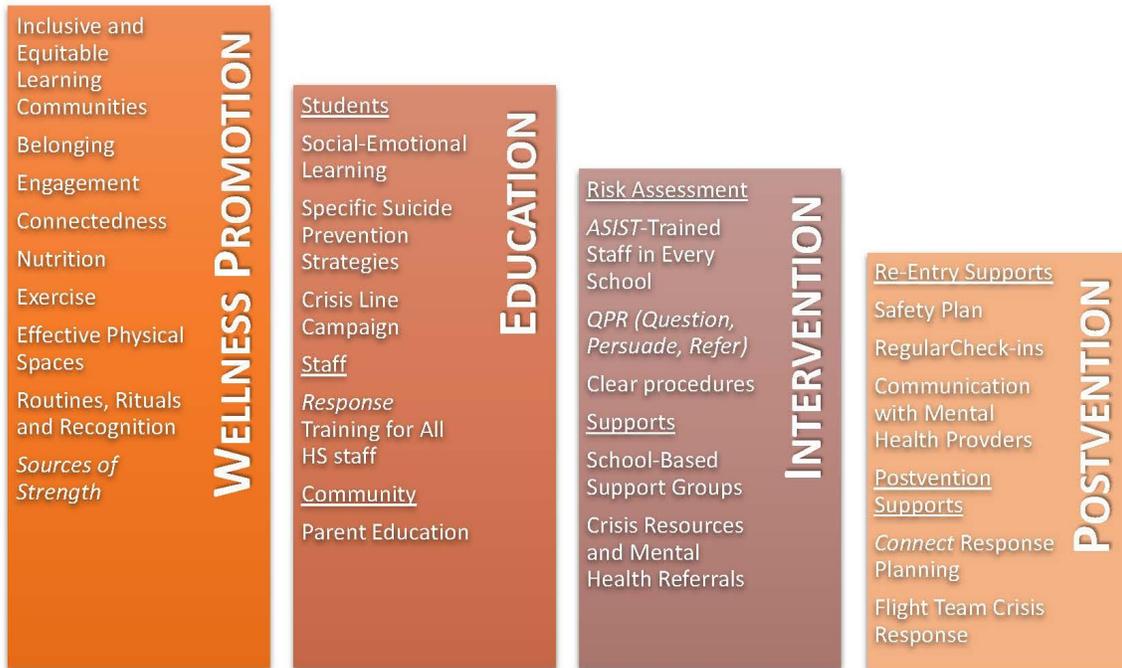
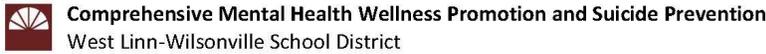
Our Commitments

Our district vision question is: “**How do we create learning communities for the greatest thinkers and most thoughtful people...for the world?**” This question helps frame all we do, including the incredibly important work we do to support students’ mental health.

West Linn-Wilsonville Schools:

- Recognize that helping students develop strong social emotional learning (SEL) skills to support mental health is a core component of our mission as a school district.
- Believe in partnering with others, as we collectively work to end death by suicide in our community.
- Acknowledge that schools are uniquely positioned to take a strong role in preventing suicide.
- Support the construct of providing circles of support for each student, every student.
- Believe that everyone in our schools and communities can be part of the solution.
- Align with the suicide prevention work of Clackamas County Public Health, the Oregon Health Authority, and national suicide prevention efforts.
- Invest in evidence-based programs and resources for suicide prevention.
- Commit to 4 pillars of suicide prevention work: **Wellness Promotion, Education, Intervention, and Postvention**

COMPREHENSIVE PLAN OVERVIEW



Our comprehensive plan contemplates and invests in proactive planning, training, and resources for all four pillars: **Wellness Promotion, Education, Intervention, and Postvention**. This plan reflects our District’s commitment to upstream investments in mental health and alignment with evidence-based practices.

Our plan was developed with input from multiple stakeholders and has maintained an equity lens throughout the development process. Contributors to our plan include:

- School Social Workers
- School Psychologists
- School Counselors
- Building Administrators
- Special Educators
- Bilingual/Bicultural Educators

- State Suicide Prevention Staff
- County Suicide Prevention Staff
- Parents/Guardians
- Students

Information for the WLWV Comprehensive Suicide Prevention Plan was gathered from numerous evidence-based sources including Substance Abuse Mental Health Services Administration (SAMSHA), the Oregon Health Authority (OHA), the National Association of School Psychologists (NASP), Suicide Prevention Resource Center (SPRC), The Trevor Project, and Lines for Life.

WELLNESS PROMOTION

Developing positive assets, supports, and strengths in our youth is the most important and upstream investment that we can make in our youth. When students develop the social emotional skills and cultivate the positive relational influences around them, they are more likely to develop the resiliency to navigate the difficult challenges that are a part of all students' lives. Even with students experiencing significant trauma or mental health issues, developing strengths and healthy habits can be an important contributing factor towards healing and positive outcomes. Promoting wellness is part of suicide prevention, as well as supporting the reduction of other risky behaviors such as the use of drugs and alcohol or risky sexual behavior.

Promoting wellness is in the fabric of everything we do in the WLWV school district.

Board Policies that support our promotion of wellness:

- Local Wellness Program (EFA)
- District Nutrition and Food Services (EFAA)
- Nondiscrimination Policy (AC)
- Anti-hazing, bullying, cyberbullying, intimidation, harassment, teen dating violence and domestic violence Policy (JFCF)
- Safety Program (EB)
- Safety Committee (EBAC)
- Emergency Drills and Instruction (EBCB)
- Video Monitoring (ECAC)

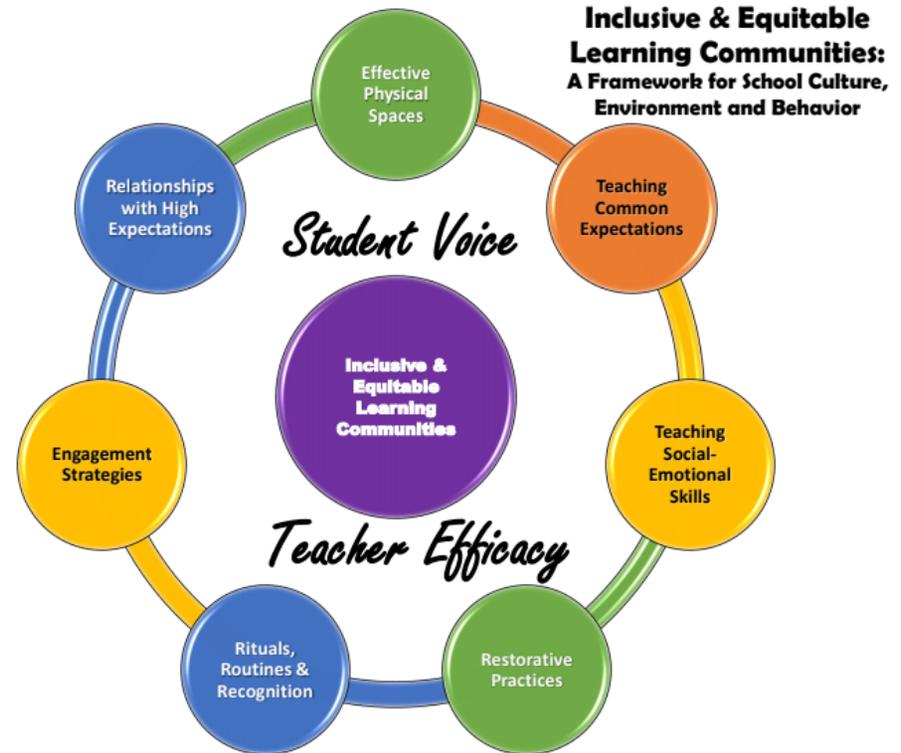
All district employees must acknowledge and agree to operate according to these Board Policies, many of which hold a direct or indirect connection to the safety of our students, staff, and facilities.

Belonging and Connectedness

- **7 Components Inclusive & Equitable Learning**

We are committed to creating equity and inclusivity throughout our learning communities, that are an important part of building **belonging** and **connectedness** for every student. WLWV adopted a framework to identify key components that all educators need to implement in every classroom. Promoting inclusive and equitable classrooms involves 7 key components:

- Effective Physical Spaces
- Teaching Common Expectations
- Engagement Strategies
- Teaching Social-Emotional Skills
- Relationships with High Expectations
- Routines, Rituals and Recognition
- Restorative Practices



Student Voice

7 Components of Inclusive & Equitable Learning Communities
West Linn-Wilsonville School District

Teacher Efficacy

Component	The Vision	Guiding Questions
Engagement Strategies for All Students	<ul style="list-style-type: none"> Engagement strategies connect to and build on students' academic background, life experiences, culture and language to support rigorous and culturally relevant learning. Engagement strategies encourage equitable and purposeful student participation and ensure that all students have access to, and are expected to participate in, learning. 	<ul style="list-style-type: none"> Where is the locus of control over learning in the classroom? What specific strategies and structures are in place to facilitate participation and meaning-making by all students? How are options for engaging in differentiated? How does the teacher ensure that all students have access to participation in the work of the group? How is participation distributed? In what ways are issues of status and privilege addressed in engagement strategies?
Effective Physical Spaces	<ul style="list-style-type: none"> The physical arrangement of the room is welcoming and conducive to positive peer interactions and student learning. School staff works proactively to eliminate barriers to access (using a lens of universal design). Physical spaces help students maintain social-emotional and sensory regulation. When students walk into the classroom, they want to stay. 	<ul style="list-style-type: none"> How does the physical arrangement of the classroom welcome students and promote positive peer interactions? How do elements of universal design contribute to access for all students? How do students use physical space to maintain social-emotional and sensory regulation? How is student voice evident in the physical arrangement of the classroom? How do materials and resources reflect diverse cultures and experiences?
Teaching Common Expectations	<ul style="list-style-type: none"> Teachers have prepared in advance to identify schoolwide and classroom expectations for all students. Students know common expectations through models/examples of positive classroom behavior. Common expectations are taught at the beginning of the year and reviewed throughout the year. 	<ul style="list-style-type: none"> What are the schoolwide processes for collaboratively identifying common classroom expectations – including student voice? How are students introduced to high quality examples of expected classroom behavior? How often and in what context do teachers review common expectations throughout the year?
Rituals, Routines & Recognition	<ul style="list-style-type: none"> Routines and rituals are established to communicate school/classroom values of community, inclusivity and equity. Routines and rituals contribute to a stable, predictable classroom environment. Students are recognized for positive contributions to the school/classroom community. 	<ul style="list-style-type: none"> How and to what extent do the systems and routines of the classroom reflect values of community, inclusivity, equity and accountability for learning? How and to what extent do the systems and routines of the classroom facilitate student ownership and independence? What structures and systems are in place to recognize students for positive contributions to the school/classroom community? How do rituals, routines and recognition (in the classroom and schoolwide) provide opportunities for student leadership and voice?

Component	The Vision	Guiding Questions
Teaching Social-Emotional Skills	<ul style="list-style-type: none"> Teachers identify specific social-emotional skills to teach and have appropriate resources for instruction. Social-emotional skills (including self-awareness, self-management, and social/relational awareness) are taught in explicit and implicit ways. Students have opportunities to generalize skills across settings and with different peer groups. Students recognize their social-emotional strengths and areas for additional learning. 	<ul style="list-style-type: none"> How do the teacher and other school staff partner to provide instruction in social-emotional skills? How does the teacher create opportunities to practice specific social-emotional skills within the context of classroom tasks? To what degree are students able to talk about their social-emotional needs and strengths in different contexts and identify specific strategies to match their current need?
Restorative Practices	<ul style="list-style-type: none"> A pro-active culture of community-building allows restorative practices to be a natural extension of the classroom culture. Responses to inappropriate or disruptive behavior emphasize acknowledging responsibility, repairing harm and restoring relationships rather than emphasizing consequences. Schools use structures and strategies that promote restorative dialogue and build empathy (e.g. peacemaking circles, mediation, conferencing). 	<ul style="list-style-type: none"> What structures and routines are in place to create a positive and supportive classroom culture, where students and teachers naturally engage in constructive and restorative dialogue? What structures are in place to help students identify the harm they have done to the school/class community? What structures are in place to provide opportunities for repairing harm and restoring relationships? How do students learn the skills to engage in restorative dialogue?
Relationships with High Expectations	<ul style="list-style-type: none"> Teacher is a “warm demander,” holding high standards while offering emotional and instructional scaffolds to help each student, every student access classroom curriculum. Teacher uses culturally responsive teaching practices. Teacher shows respect and personal regard for each student, every student. 	<ul style="list-style-type: none"> How does the teacher create opportunities for productive struggle? How does the teacher communicate high expectations for all students while providing emotional and academic support? In what verbal and non-verbal ways does the teacher express warmth? How do students respond to feedback and challenge? How are students becoming more independent in their learning? What structures in the environment and personal invitations from teachers engage each student, every student, in rigorous study, coursework, co-curricular activities, etc?

This Framework is designed to be a companion to the 5 Dimensions of Teaching and Learning from the Center for Educational Leadership. These 7 Components are part of the 5th Dimension: Classroom Environment and Culture

- **Growth Mindset**

- WLWV Schools work to explicitly support the development of a growth mindset in students, staff and community. We believe this is an important underlying construct in supporting people in cultivating resilience.



- **Anti-racism and equity**

- WLWV Schools recognizes that in order to promote belonging and connectedness for all students, we must continue to identify and disrupt areas of bias, discrimination and racism in our schools. The district adopted an explicit Equity Plan to outline steps to address this, and the school board adopted this goal in 2019:
 - Grow student achievement through the use of high leverage instructional and engagement strategies to raise rigor, disrupt systems of racism, and generate equitable outcomes for all students while eliminating opportunity and achievement gaps.
- WLWV continues to center wellness promotion activities in an equity lens. This means we are committed to continuing to grow in supporting our culturally and linguistically diverse students and families, as well as uncovering and changing systemic inequities.

Nutrition, Exercise & Sleep

In West Linn-Wilsonville, our school lunches offer a complete selection of foods that students enjoy. The food we serve is made from wholesome, whole grain, and fruits and vegetables are offered daily. Students are encouraged to come back for as many fruits and vegetables as they want, and many of the foods served in WLWV cafeterias are Oregon grown.

Our lunch and breakfast menus are constantly evolving as local foods are in season and the tastes of our students change. West Linn-Wilsonville schools frequently host tasting events in school cafeterias to introduce students to new and nutritious foods while giving students input into their cafeteria menu. We do our best to serve students quickly and always with a smile, and we appreciate our students' and families' help to keep lunch accounts current.

Meal assistance is also available for eligible families.

Meals, foods and beverages sold or served at schools meet state and federal requirements based on the USDA Dietary Guidelines. All meals, foods and beverages are prepared and served by qualified child nutrition professionals.

- *Safe Eating Team*
 - o *Core members: SLPs, OT, School Nurse*
 - o *Optional members: School Counselor, Parent, PT*
 - o *Activities: referral, evaluation, observation, decision, notification, training & monitoring, evaluation, and review*

Exercise

In the West Linn-Wilsonville School District, exercise is incorporated as part of structured classroom programs such as Wellness 1 and Wellness 2, Health 1 and 2 and PE classes at High school levels. In grades K-5, health and wellness topics are taught in short lessons during the school day throughout the entire year.

Our High Schools offer extensive athletic and co-curricular opportunities for students at the Varsity, Junior Varsity, Freshman, Unified, and Club levels.

In addition, there are many extra-curricular exercise programs available for K-8 including but not limited to:

- Athey Creek Middle School - Annual Turkey Trot Celebration
- Stafford Primary School - Miles in May running programs for K-5
- Stafford Primary School - Fun Run
- Bolton Primary School - Jog-a-thon
- Willamette Primary School- Fun Run
- Unified Soccer and Basketball for all Middle Schools

Sleep

WLWV recognizes the importance of sleep in the promotion of overall wellness. Education on good sleeping habits are addressed in Health and Wellness courses for students, and in parenting education workshops. In addition, WLWV works to align middle and high school start times to be later than primary school start times to support students' natural sleep patterns.

Other Programs That Support Wellness Promotion

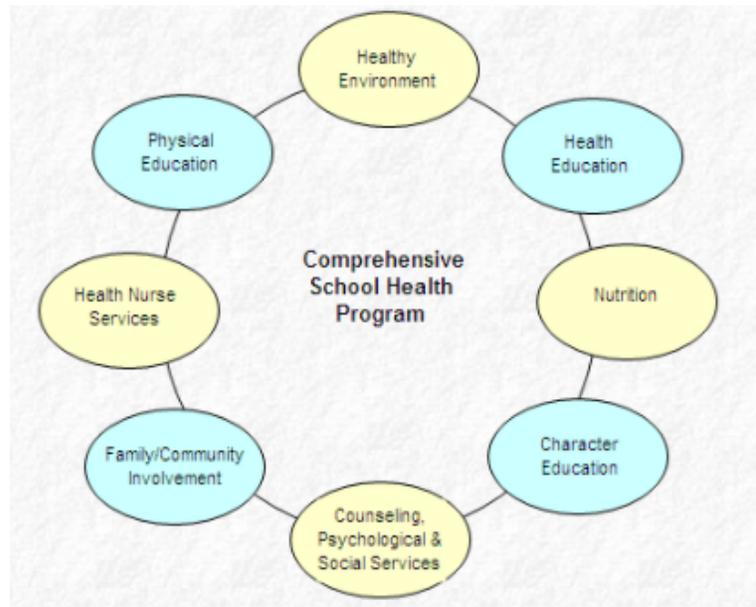
- **Sources of Strength**
 - Promoting Inclusive and Resilient School Culture
 - Student-to-Student Supports
 - Evidence-Based Program
 - West Linn High School Pilot led by 15+ Staff/Community Members and 70+ Students
 - Promotes messages of Hope, Help, and Strength



EDUCATION

Wellness Education

Wellness contributes significantly to the comprehensive education of the whole child. There is a strong connection between successful learning and child health. Healthier children are happier, face fewer impediments to learning, and overcome challenges to learn more easily. The following components are part of a recognized Comprehensive School Health Program and part of the educational program in the West Linn-Wilsonville School District.



- Wellness Curriculum for K-5 and 6-8
- Wellness 1 for Grade 9 (WLHS) | Health 1 Grade 9/10 (WHS)
- Wellness 2 for Grades 10-12 | Health 2 Grade 11/12 (WHS)

Wellness incorporates not only physical health, but also social, emotional, mental and environmental health content into the classroom. Our wellness philosophy is to introduce students to a wide variety of sports, health topics, and recreational activities. We believe that this will help students develop an appreciation for movement, varying skill levels, team sports, and making healthy choices. We also look forward to increasing student knowledge in the areas of character, teamwork, and sportsmanship. Our number one goal is to develop positive attitudes towards a lifetime commitment to wellness.

Every school in our District has a least one professional **School Counselor** who helps all students move toward unprecedented results. Through comprehensive school counseling programs, our school counselors support students with their:

- Academic Development
- College & Career Development
- Social/Emotional Development

Each school counselor plays a key role in the education of all students. They are consistently positive, encouraging, and supportive of students, families, faculty/staff, and the community.

Specific Suicide Prevention Health Standards

WLWV Health and Wellness education is in alignment with Oregon’s [health standards](#). Here are some examples standards that address suicide prevention as part of the health curriculum for students:

- HE.1.6.55 Identify the causes, effects and symptoms of depression, which includes the possibility of suicidal thoughts, self-harm, and suicide.
- HE.1.12.47 Explain the key concepts of violence and suicide prevention including roots of violence, signs and symptoms of suicidal thoughts, strategies for preventing violence.

Social Emotional Learning

In addition to the work in Wellness and Health courses, Social Emotional Learning (SEL) is embedded in other parts of our class environments. This is noted as one of the 7 Components of Inclusive and Equitable Learning Communities framework. We have adopted some specific curricula and programs to support explicitly teaching these important social emotional learning skills aligned with the [CASEL framework](#).

School Connect (HS Curriculum)

- o School-Connect seeks to foster academic engagement, enhance social and emotional competencies, reduce risk behaviors, and facilitate supportive relationships within high school communities. Our ultimate goal is to prepare adolescents for adulthood both personally and professionally.

Second Step (MS and PS Curriculum)

Second Step

Social-Emotional Regulation

Problem-Solving

Decision-Making

Impulse Control

Primary School Teachers

Middle School Wellness Teachers



Training for Staff

All West Linn-Wilsonville District all employees are required to complete annual training within the first 2 months of each school year. Each fall our team of counselors undertake a review of the suicide prevention plan with their staff.

Additionally, all district employees must acknowledge and agree to operate according to all Board Policies, many of which hold a direct or indirect connection to the safety of our students, staff, and facilities.

Category	Training	Frequency
All staff	<ul style="list-style-type: none"> • Basic overview for identifying and referring warning signs to the School Counselor at all school levels • QPR: Question Persuade, Refer. District and community-wide suicide prevention education is made available to all staff. This training comprises a 2 hour instructor-led session. The district's goal is to train as many staff as possible. Training is provided in both English and Spanish • Suicide Response Training for all High School Staff 	<ul style="list-style-type: none"> • Annually • Throughout the year • Annually
Social Workers, School Counselors, School Psychologists	Applied Suicide Intervention Skills (ASIST) Staff learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive.	<ul style="list-style-type: none"> • 2-day intensive session
Additional training offered to MS and HS staff	Responding to Mental Health Needs of LGBTQ students.	<i>Periodically</i>

Training for Parents and the Community

The West Linn-Wilsonville Social Workers Team is a critical bridge between schools, home, and community to support student's positive mental health, academic success and well-being by providing services to individuals, school personnel and families. Some of the services that our team provides includes:

- District level professional development on mental health
- Caregiver education and informational nights on mental health
- District and community-wide suicide prevention education using Question, Persuade, Refer (QPR)
- Consulting with school teams using a strengths-based, biopsychosocial perspective of students and families to address needs in the areas of prevention, intervention or connection to services to remove barriers and increase support for students.
- Building relationships with community partners supporting mental health
- Connecting students and families with community resources
- Supporting teams in building re-entry plans for students who would benefit from mental health support, family outreach, community connections or individual support.
- Partnering with students and families to reach their goals of positive well-being.

Additional Training and Support Services provided for parents and the community include:

- QPR: Virtual sessions currently offered for the community (English and Spanish). Live sessions will be resumed in future.
- Webinar: Anxiety 101 for CHILD and TEEN
- Webinar: Creating Family Wellness at Home
- Creating CALM “Creating Calm, Connection and Resilience for our Children”

INTERVENTION

We take all signs of suicidal talk, symptoms, or ideation seriously. All staff are instructed to share concerns about potential suicidal warning signs **immediately** with the School Counselor, Social Worker, or other ASIST trained staff to help assess the risk of the situation.

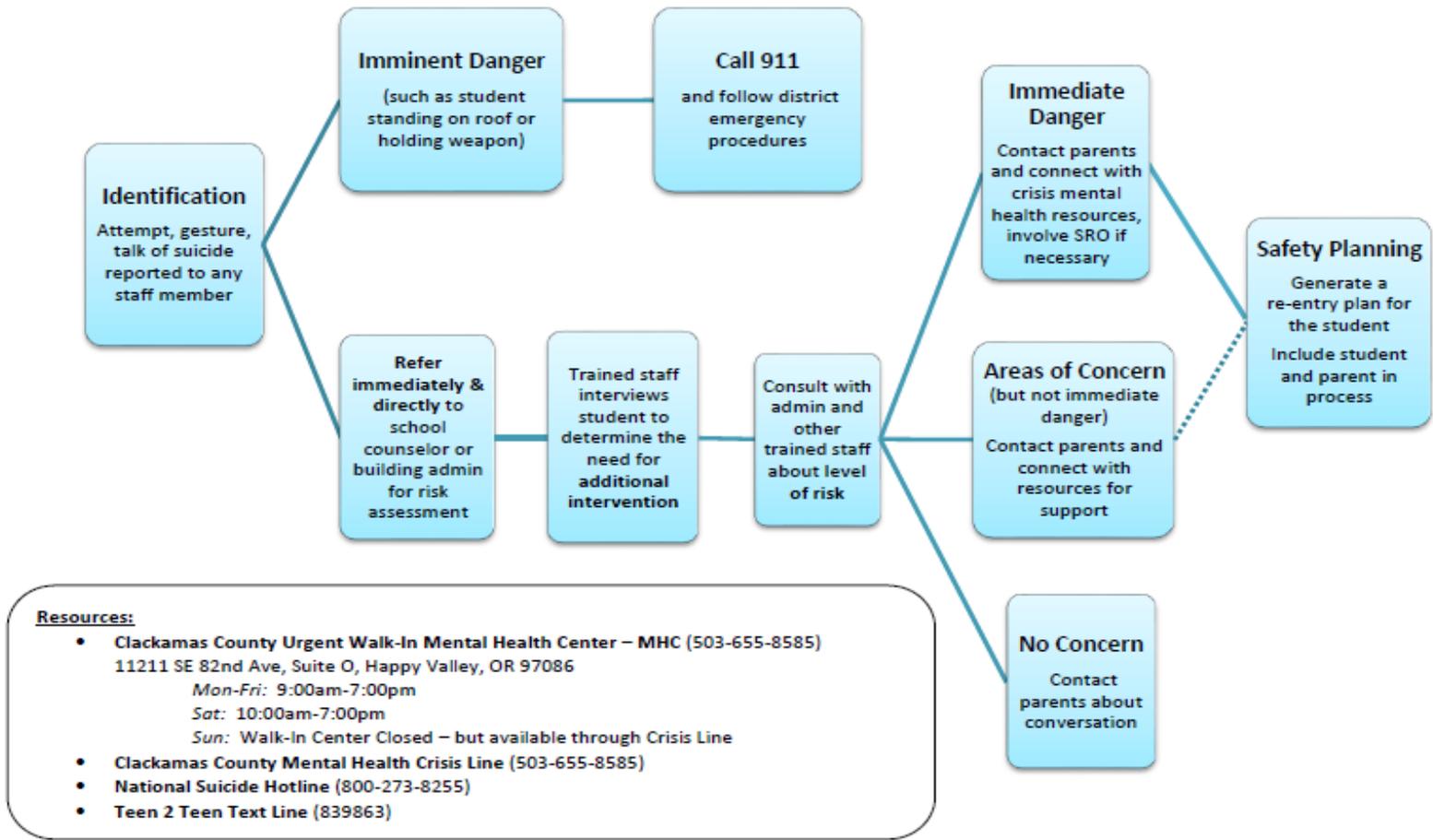
In addition, information and contact numbers are made available to all students and staff in multiple ways to access the Clackamas County Crisis Line, SafeOregon, Lines for Life, and other emergency resources.

The ASIST Trained staff member should use the [WLWV Suicide Risk Assessment Form](#) to document their conversation with the student of concern, factors contributing to potential suicide risk, and what follow-up actions were taken.

Below is the flow chart for suicide risk assessment in person schooling, followed by the suicide risk assessment process for students in distance learning.

SUICIDE RISK ASSESSMENT PROCESS

Chart 1 - In person



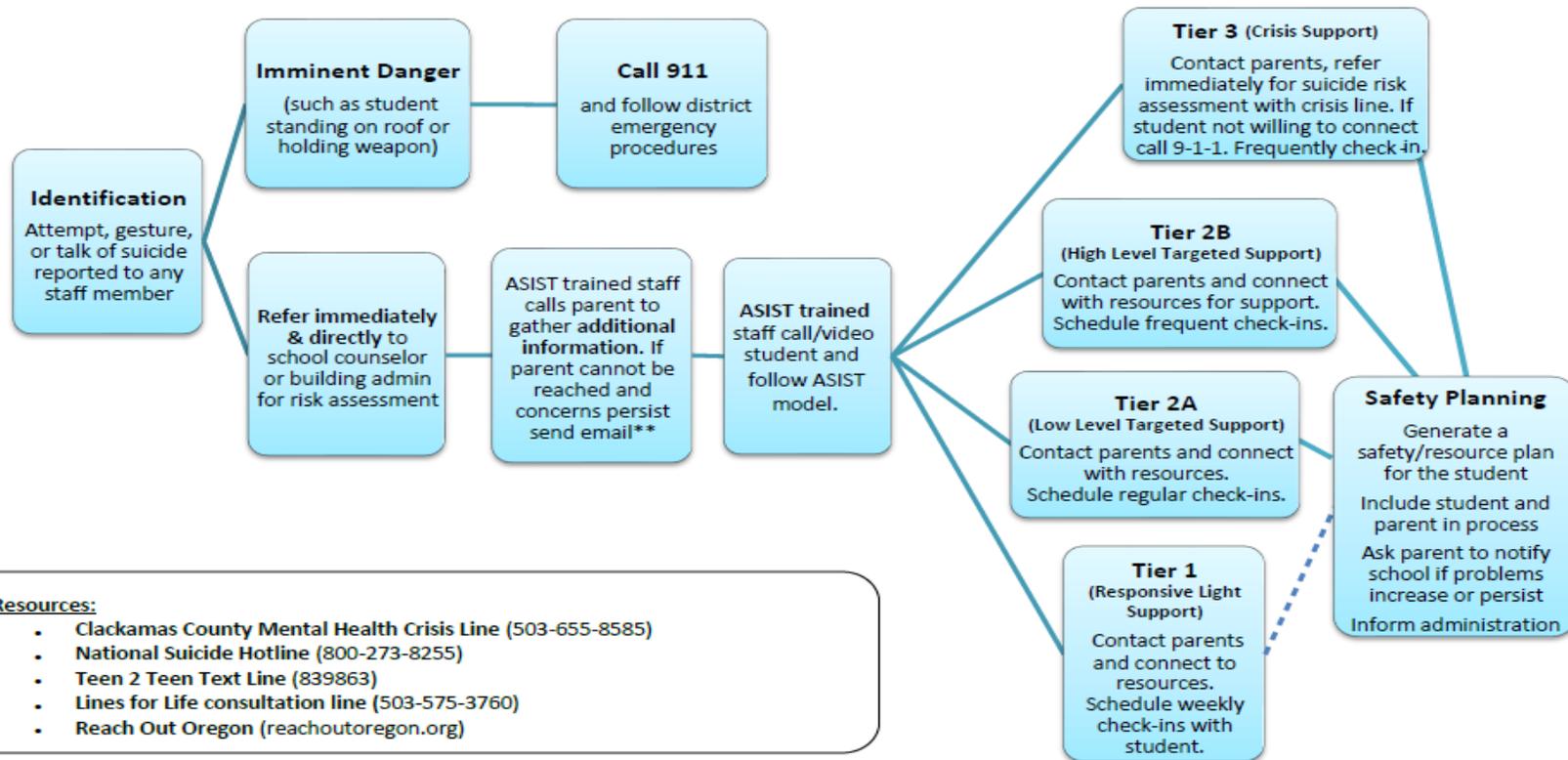
- Resources:**
- Clackamas County Urgent Walk-In Mental Health Center – MHC (503-655-8585)
11211 SE 82nd Ave, Suite O, Happy Valley, OR 97086
Mon-Fri: 9:00am-7:00pm
Sat: 10:00am-7:00pm
Sun: Walk-In Center Closed – but available through Crisis Line
 - Clackamas County Mental Health Crisis Line (503-655-8585)
 - National Suicide Hotline (800-273-8255)
 - Teen 2 Teen Text Line (839863)

**If documentation is determined necessary to keep in file for student safety, place in health file*

Chart 2 - Distance Learning



Suicide Risk Assessment Process – During Distance Learning – 2020-2021 West Linn-Wilsonville School District



**If documentation is determined necessary to keep in file for student safety, place in health file.*

***If parents cannot be reached send an email stating: "A concern about your child's mental health and suicide risk came forward to us. We were unable to reach you by phone, so in the interest of safety, we will be reaching out to your child to make sure they are safe. We will call you by phone and/or send you a follow-up email after we have spoken with your child."*

Students At Higher Risk For Suicide

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

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. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

Youth Who Engage in Self-Harm or Have Attempted Suicide

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 youth experiencing homelessness, 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 and experiences. One study found that more than half of runaway and homeless youth experience suicidal ideation.

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 [ih.gov/suicideprevention](https://www.ih.gov/suicideprevention).

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 are treated, shunned, abused, or neglected, in concert 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.

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”.

Any document developed or used for the purpose keeping a student safe due to a potential suicide risk must be placed in the student’s health file in an envelope labeled “Confidential”.

POSTVENTION (RESPONSE MEASURES)

Re-Entry Supports (After a suicide attempt)

To support the student's safe and successful re-entry to school, the School Counselor should:

1. Organize a small team meeting with the student and family.
2. Consider the key factors listed in article below
3. The plan should then be documented on the [WLWV Re-entry Planning Form](#).

“Issues and Options Surrounding a Student’s Return to School Following a Suicide-related Absence”

From 2009 Hazelden Foundation Article

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and enabling school personnel to provide assistance. Although necessary for effective assistance, it is often difficult to obtain information on the student's condition. If possible, secure a signed release from parents / guardians to communicate with the student's therapist/counselor. Meeting with parents about their child prior to his or her return to school is vital to making decisions concerning needed supports and the student's schedule.

Any number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some school staff, the family, the mental health professional, and the student will express concerns. The more common issues are listed in this document.

1. Issue: Social and peer relations

Options:

- Place the student in a school-based support group, peer helpers program, or buddy system.
- Arrange for a transfer to another school if indicated.
- Be sensitive to the need for confidentiality and how to restrict gossip.

2. Issue: Transition from the hospital setting

Options:

- Visit the student in the hospital or at home to begin the re-entry process with

permission from the parents/guardians.

- Consult with the student to discuss what support he or she feels is needed to make a more successful transition. Discuss what information faculty may need to facilitate a smooth re-entry.
- Request permission to attend the treatment planning meetings and the hospital discharge conference.
- Arrange for the student to work on school assignments while in the hospital.
- Include the therapist/counselor in the school re-entry planning meeting.

3. Issue: Academic concerns on return to school

Options:

- Ask the student about his or her academic concerns and discuss potential options.
- Arrange tutoring from peers or teachers.
- Modify the schedule and adjust the course load to relieve stress.
- Allow makeup work to be adjusted and extended without penalty.
- Monitor the student's progress.

4. Issue: Medication

Options:

- Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- Notify teachers if significant side effects are anticipated.
- Follow the policy of having the school nurse monitor and dispense all medication taken by the student at school.

5. Issue: Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)

Options:

- Schedule a family conference with designated school personnel or home-school coordinator to address concerns.
- Include parents in the re-entry planning meeting.
- Reinforce the fact that the information the school needs to assist the student is limited to facilitating optimal school adjustment and performance, and does not include personal details of emotional distress.
- Refer the family to an outside community agency or private practitioners for family counseling services.
- Include information about community agencies with a sliding fee scale.

6. Issue: Behavior and attendance problems

Options:

- Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- Discuss concerns and options with the student.
- Consult with the discipline administrator.
- Request daily attendance reports from the attendance office.
- Schedule home visits or regular parent conferences to review attendance and discipline records.
- Arrange for counseling for the student.
- Place the student on a sign-in/sign-out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

7. Issue: Ongoing support*

Options:

- Assign a school liaison to meet regularly with the student at established times. Try to assign someone who already has a relationship with the student. Talk to the student about his or her adjustment.
- Maintain contact with the therapist and parents.
- Ask the student to check in with the school counselor daily/weekly.
- Utilize established support systems, student assistance teams, support groups, friends, clubs, and organizations.
- Schedule follow-up sessions with the school psychologist or home-school coordinator.
- Provide information to families regarding available community resources when school is not in session.

Use the WLWV Re-Entry Safety Planning Form to document the plan to support the student's safe and successful transition back into school.

Postvention Processes (After a death by suicide)

Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology).

The WLWV School District has clear guidance for postvention to help students as they rebuild resiliency and coping skills after a suicide concern or attempt. Our postvention supports and plans include:

The WLWV School District follows a Flight Team model in which trained counselors, social workers, and school psychologists deploy to a school in order to set up the systems needed to support students, families, and staff following a crisis or other traumatic event.

Our Flight Team has specific procedures related to our communication, activities and support following a completed suicide. The team’s objective is to assist the school community in achieving stability and returning to normalcy as soon as possible.

The WLWV School District receives support from community partners and provides aid for other school districts in Clackamas County as requested. Partners include Youth Era and the Trauma Intervention Program (TIP) with support from Clackamas County.

Our school district responds appropriately according to our Flight Team procedures and using “After a Suicide : A Toolkit for Schools”. With the support of Clackamas County, we have also had staff trained in the CONNECT Program.

Postvention Process Review Request

To request the district to review the actions of a school response to suicidal risk, a request may be submitted in writing through to the District Student Services Office or through the WLWV District Complaint Form.

APPENDICES

Appendix 1: Programs and Resources

The following support and crisis information is available on our District website. Some of these resource details are also available on the back of all WLWV student ID cards (Clackamas County Crisis Line, SafeOregon).

Crisis and Support Resources

[Clackamas County Crisis and Support Line](#) (503) 655-8585

The Crisis and Support Line phone number is available 24/7. This number is not just a crisis line; the staff there can provide support to anyone who might be worried or anxious about what is going on. Multilingual service.

[Latinx Go Team](#) (971) 254-0198

They offer tips on how to reduce stress. They also connect with community resources such as food, rent and utility assistance programs, counseling, etc. They also offer information on how to protect yourself from the virus and how to talk to your kids about COVID-19.

[Military Helpline](#) (888) 457-4838 **Text: MIL1 to 839863**

Free, confidential 24/7 support to service members, veterans and their families. Answered by veterans and others trained in military culture.

[Racial Equity Support Line-Lines for Life](#) (503) 575-3764

The Racial Equity Support Line is a service led and staffed by people with lived experience of racism. They offer support to those who are feeling the emotional impacts of racist violence and microaggressions, as well as the emotional impacts of immigration struggles and other cross-cultural issues.

[Reach Out Oregon](#) 1-833-REACH-OR (732-2467)

A place to connect with caregivers of children with emotional, behavioral and mental health challenges. Open for phone calls or online chat Monday through Friday from 12:00-7:00 pm except holidays.

[A Safe Place Family Justice Center](#) 24/7 Crisis Line: 503-654-2288

Confidential text: (503) 461-2888 (M-F 9:30am-4pm) 503-655-8600

Free services for anyone experiencing or fleeing a domestic violence or sexual violence relationship. Some services offered are: intimate partner support groups, sexual assault support groups, art healing workshops for children, healthy relationship groups for middle schoolers identifying as female, parenting classes and protection orders. Also gives access to Clackamas Women's Services which gives access to a shelter.

Safe + Strong Helpline

503-655-8585

The Safe + Strong Helpline is an emotional support and resource referral line that can assist anyone who is struggling and seeking support. Callers do not have to be in a crisis to contact this line. Help is free and available 24/7. Language interpreters are available.

Senior Loneliness Line

503-200-1633

Support for seniors in the community who are feeling lonely and having difficulty connecting.

Strong Hearts Native Helpline

1-877-209-1266

Culturally appropriate domestic violence and dating violence help for Native Americans, available every day from 5:00am-8:00pm. Offers peer support and advocacy, information and education about domestic violence and dating violence, personalized safety planning, crisis intervention, referrals to Native or Tribal-based domestic violence service providers.

Youth Specific Supports

Native Youth Crisis Line (Through You Are Not Alone Network- YANAN)

1-877-209-1266

Supports specifically for Native Youth including but not limited to a crisis line, Elder's Wisdom and connection to other resources.

[Q Space](#)

Online discussion groups for LGBTQ+ teens ages 13 to 19. It is live based chat with no video or audio. Conversations are facilitated by trained staff. Chats last up to 1.5 hours and are offered various times/days and sometimes have topics. Click on "join an upcoming group" on the website to see your options. Website also has lists of other groups, websites and information for LGBTQ+ students and parents.

[The Trevor Project](#)

866-488-7386

Text: START to 678678

National organization offering support including but not limited to suicide prevention for LGBTQ youth and their friends. Offers online international peer-to-peer community. Texting service, phone line and instant messages on the website open 24/7.

[Youth Era](#)

971-334-9295

Services youth of all ages who identify as needing/wanting mental health supports. Virtual drop-in centers weekdays 3:00pm-6:00pm on Discord. Drop-in centers will include multiple chat options, video game competitions, cooking classes, mindfulness exercises, watch movies and other activities. Virtual one-on-one peer support. Streaming peer support on Twitch Monday through Friday 10:00am-1:00pm and 6:00pm-10:00pm. Student Support group on Zoom Thursdays from 5:00pm-6:00pm. Support group for parents under the age of 25 on Tuesdays from 5:00pm-6:00pm. LGBTQ+ Empowerment Group on Zoom Wednesdays from 3:45pm-5:15 pm for ages 13-25 with a chance to win a \$25 gift card each week. Supports youth engaged in their services who are food-insecure with food deliveries. Services in English and Spanish.

[Oregon YouthLine](#)

Call: 877-968-8491

Text: teen2teen to 839863

Chat: www.oregonyouthline.org

Free, confidential teen-to-teen crisis and helpline. No problem is too big or too small. Teen available from 4pm-10pm, adults are available by phone all other times.

Appendix 2: Responding to Anxious Behaviors – Avoiding Escalations

This checklist below was generated by West Linn-Wilsonville teachers during the Inclusive & Equitable Classrooms workshop on April 10, 2018

- Proximity – Be aware of how close you are
- Approach the student from the side
- Get down on their level rather than standing over their desk

- Avoid power struggles
- Listen first – What is the student saying with their words & body language?
- Use a soft voice
- Remain calm - Think about what zone you (the adult) are in before engaging with the student

- Provide an entry point for the student to begin their work
- Provide visual or written directions (for academic work and behavior expectations)
 - Can be as simple as a sticky note with 3 steps
- Provide direct assistance on academic work
- Split the task into smaller segments – celebrate small successes
 - Checklist – let the student celebrate small accomplishments by crossing off the list
- Accept approximations (of behavior and academic work)

- Ask short questions: “It looks like you are stuck. Can I help you get started?”
- Give short directions
- Walk away and give the student time to calm themselves down and follow directions:
 - “I’ll be back in ____ minutes to see how you are doing.”

- Work to understand the student’s perspective
- Paraphrasing feels validating: “I understand you are feeling ____”

- Be encouraging – Complement what the student is doing well
- Talk about times when the student has been successful in the past
- Model desired behavior

- Provide positive reinforcement
- Offer a preferred activity in an “If...Then...” statement (with a visual)

- Provide space/time for calm breathing/yoga/physical movement during transition times between activities
- If student shows signs of being tired, acknowledge that
- Provide limited choices: “Do you want to do ____ or ____?”
- Remind the student you won’t ask them to do something you know they can’t do

- Show the student that you are interested in them as a person
- Find a topic to connect with the student that is not related to the current task or behavior
- Ask open-ended questions

- Connect the student with a supportive peer
- Minimize distractions from peers and environment
- Read the room – are there triggers or antecedents that may be increasing the student’s escalation?

Appendix 3: Clackamas County Support Script

MYTHS ABOUT SUICIDE

Myth: Talking about suicide will lead to or encourage suicide.

Fact: There is widespread stigma associated with suicide and as a result, many people are afraid to talk about it. Talking about suicide not only reduces the stigma, but also allows individuals to seek help, rethink their options and share their story with others. We all need to talk more about suicide.

Myth: Suicide only affects individuals with a mental health condition.

Fact: Many individuals with mental illness are not affected by suicidal thoughts and not all people who attempt or die by suicide suffer with a mental illness. Other life stressors (e.g., trauma, relationship problems, persecution, eviction, crisis) are also associated with suicidal thoughts and behavior.

Source: www.nami.org

HELPING INDIVIDUALS IN MENTAL HEALTH DISTRESS

In the course of your day, you may come across an individual who expresses suicidal thoughts, thoughts of death, or a sense that they cannot go on living. In these situations, there are some concrete steps you can take to help the person get the help they may need.

Supportive things to say if you think something's wrong:

*Have you been worried or feeling anxious lately?
Do you ever think about suicide?
Are you feeling hopeless?
How are you handling that? Getting support?*

Follow-up questions when the issues are a problem for the individual:

Do you have a counselor or therapist? Some common clinics in our area are run by Lifeworks NW, Cascadia, Western Psychological, Lake Oswego Counseling, and Clackamas County Health Centers. Ask the individual if you can help them contact their provider to schedule a virtual appointment (or even a phone call).

Do you want help connecting to a counselor today? If so, it is best to call the Crisis Line with the individual present. This way you'll be able to provide a warm hand-off and we can help determine next steps.

To help ease the situation in the moment:

Thank you for letting me know. Even if you feel hopeless, there is hope. There are places that can actually assist and there are effective therapy approaches. It's important that you let me know about your thoughts today, and I'm going to support you in connecting to some help.

The Clackamas County Urgent Mental Health Walk-in Center is currently closed to the public but the Crisis and Support Line is staffed by trained clinicians who are able to respond to people in many types of crisis. Our response may include anything from helping someone navigate services in general to coordinating a crisis phone assessment.

- 24-hour phone crisis intervention - **503-655-8585**
- Phone screening and referral to appropriate provider(s)
- Referral to telephone peer support services
- Mental health assessment on the phone
- Information about updates and changes throughout the system of care

Can you make a phone call today? Call us anytime to discuss how we can help. Encourage individuals to make the call (or make the call with them) even if they don't feel like they're "in crisis." Please explain that we aren't just a mental health crisis line. We are here to field questions, help solve problems, and also provide clinical services at a distance when necessary.

Healthy Families. Strong Communities.

Urgent Mental Health Walk-in Center - 11211 SE 82nd Avenue, Suite O, Happy Valley, OR 97086
Phone (503) 722-6200 - Fax (503) 722-6545 - Crisis Line (503) 655-8585
www.clackamas.us/behavioral

Appendix 4: WLWV Suicide Risk Assessment Form



Suicide Risk Assessment Form
West Linn-Wilsonville School District

Student Name: _____ School: _____

Person Completing this Form: _____ Date: _____

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<p>Does the student say they are thinking about suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, stop here and notify parents about this conversation</p>	<p>How will the student keep safe if they continue to have suicidal thoughts?</p> <p>For how long do they think they can keep safe?</p>	
<p>Is the student experiencing emotional pain that feels unbearable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What does the student identify as Risk Factors that increase emotional distress?</p> <p>What does the student identify as things that ease the pain?</p>	
<p>Does the student say they have a plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the student have the means to carry out the plan? (ex. gun, rope, pills) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Ask the student to describe their plan.</p> <p>Discuss with the student ways to stay safe (supervision, removing access to the weapons, etc.).</p>	
<p>Has the student made previous attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the student engaged in non-lethal self-harm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What details of previous attempts or self-harm (time, place, means) can help the student protect themselves against future attempts?</p> <p>What survival skills helped them in the previous attempt(s)?</p>	



Suicide Risk Assessment Form
West Linn-Wilsonville School District

<p>Is the student using alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Use of alcohol or drugs decreases inhibitions and can increase risk</p>	
<p>Does the student feel alone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the student have trusted adults to talk to? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does the student have a support system or resources they can turn to when feeling alone?</p> <p>If there is a lack of resources, help link the student to resources</p> <ul style="list-style-type: none"> • <i>informal</i>: family, friends, coach, mentor, youth leader • <i>formal</i>: mental health professional, doctor 	
<p>What protective factors does the student have?</p>	<p>Friends Activities/Sports School Success Job Plans for Future Caring Family Pets Faith Community Counselor Hobbies Predictability Mentor Opportunities to Contribute Coping Skills & Emotional Self-Regulation</p>	
<p>Is the student receiving mental health care? <input type="checkbox"/> Yes, currently <input type="checkbox"/> Not currently, but previously <input type="checkbox"/> No, never</p>	<p>Connect <u>student</u> to current mental health provider.</p> <p>Help them find a new mental health provider if necessary (connect with parent)</p>	



Suicide Risk Assessment Form
West Linn-Wilsonville School District

Consultation Following Student Interview

School Staff	Contact Date/Time	Recommendations
Counselor		
Administrator Notified		
ASIST Trained Staff		
Other		
Agency	Person Contacted – Date/Time	Recommendations

Possible Agency Contacts: Suicide Prevention Lifeline, County Crisis Line, Clackamas County Crisis Mental Health Center (MHC), DHS, Police/SRO, Doctor, Private Mental Health Provider

Parent Contact		
Name of Parent/Guardian:	Date of Contact:	<input type="checkbox"/> Parent/Guardian could not be reached Follow-up action:
Was Parent/Guardian aware of suicidal thoughts/plans? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian perception of suicide risk:	Action by Parent/Guardian:

Next Steps		
Student released to:	Staff members to inform:	<input type="checkbox"/> Refer to District Student Support & Outreach Specialist
<input type="checkbox"/> Provide self-care information to student	<input type="checkbox"/> Scheduled check-ins with supportive staff	<input type="checkbox"/> Refer for Special Education evaluation
<input type="checkbox"/> Help connect student with support group	<input type="checkbox"/> Help connect student with positive activities	<input type="checkbox"/> Follow up with outside mental health provider
Other:		

Appendix 5: WLWV Re-Entry Safety Plan for a Student at risk for self-harm



Re-Entry Safety Plan for a Student At-Risk for Self-Harm
West Linn-Wilsonville School District

Student Name: _____ School: _____ Date: _____

Plan Manager: _____ will review the status of this plan on (date) _____

	Actions/Details	Who/When
<p>What will we do to keep me safe?</p> <p>(in school, at home, in the community)</p> <ul style="list-style-type: none"> • Student • School staff • Family • Mental Health Provider <p>How will I eliminate the means to hurt myself?</p>		
<p>Safety Contacts</p> <p>Who are three trusted adults I can contact when I feel unsafe?</p> <p>(parent, relative, teacher, counselor, youth leader, therapist, hotline)</p>		<p>1</p> <p>2</p> <p>3</p>
<p>Coping Strategies</p> <p>What can I do when I feel unsafe?</p> <p>What can I do to ease the pain?</p> <p>What coping skills do I need to learn? Who will teach them?</p>		



Re-Entry Safety Plan for a Student At-Risk for Self-Harm
 West Linn-Wilsonville School District

	Actions/Details	Who/When
<p>Positive Activities</p> <p>What can I do to help me feel better?</p> <p>(music, art, exercise, reading, talking, journaling, time with pets, friends, helping others)</p>		
<p>Drug and Alcohol Use</p> <p>What supports do I need to stay safe regarding drug/alcohol use?</p>		
<p>Other Safety Concerns</p> <p>What supports do I need to stay safe regarding other safety concerns?</p> <p>(relationship issues, domestic violence, eating disorders, recent suicides in the community, other unsafe behavior)</p>		
<p>Resources</p> <p><i>Suicide Hotline:</i> 1-800-273-TALK</p> <p><i>Clackamas County Hotline:</i> 503-655-8585</p> <p>oregonyouthline.org</p> <p><i>Text teen2teen:</i> 839863</p>	<p>Contact information for therapist or other trusted adults:</p>	

REFERENCES

Adi's Act: <https://olis.leg.state.or.us/liz/2019R1/Downloads/CommitteeMeetingDocument/193309>

<https://olis.leg.state.or.us/liz/2019R1/Measures/Overview/SB52>

Oregon Health Authority Youth Suicide Information:

<https://www.oregon.gov/oha/ERD/Pages/NewCDCDataShowsSuicideLeadingCauseDeathAmongOregonYouth2018.aspx>

SPRC Creating Culturally and Linguistically Competent Suicide Prevention Materials:

<https://www.sprc.org/resources-programs/creating-linguistically-culturally-competent-suicide-prevention-materials>