

Board of Directors Meeting
School District 4J, Lane County
Hybrid Meeting (virtual and
in-person)
200 North Monroe Street
Eugene, Oregon 97402
Wednesday, April 17, 2024

NOTICE: The Board Work Session will be open to the public to attend in person, via live broadcast on KRVM 1280-AM and 98.7 FM, on the internet at <https://icecast.4j.lane.edu/board> and via Zoom Webinar at <https://4j-lane-edu.zoom.us/j/91225128314>, Webinar ID 912 2512 8314

The board will not hear public testimony during the work session.

**5:15 PM
Board Work Session**

- I. Call Work Session to Order
- II. Roll Call
- III. **Item for Information**
 - 1. Receive Report on Office of Student Wellbeing 2
Presenter: Dr. Kerry Frazee, Prevention Services Administrator
Rituparna Roy, Licensed Master Social Worker (LMSW), Special
Projects Manager, Prevention Services, Student Wellbeing
75 Minutes
- IV. Adjourn Work Session

THIS MEETING WILL BE BROADCAST OVER KRVM-AM (1280)

INFORMATION FOR THE DEAF AND HARD OF HEARING:
Closed Captioning is available during Board meetings through a zoom live feed
which is also displayed at in-person meetings.



WORK SESSION

Date of Meeting: April 17, 2024

Title: Office of Student Wellbeing

Presenters: Dr. Kerry Frazee, Prevention Services Administrator; Rituparna Roy, LMSW, Special Projects Manager, Prevention Services, Student Wellbeing

Background:

Dr. Frazee and members of her team will provide an overview of the work of the Office of Student Wellbeing. This will include an overview of the education, prevention, and postvention services their team provides to support student mental health, suicide prevention, and suicide response.

The Office of Student Wellbeing, prevention services has been working diligently over the past year in collaboration with community partners such as Lane County Mental Health and national programs such as the JED Foundation to review existing offerings and identify ways in which we can enhance and strengthen the mental health resources available to students and families in Eugene 4J.



EUGENE SCHOOL DISTRICT 4J
STUDENT WELL-BEING

SCHOOL BOARD WORK SESSION: APRIL 17, 2024



AGENDA

- CARE & CONNECTION: INTRODUCTIONS
- OFFICE OF STUDENT WELL-BEING OVERVIEW
- WALK-THROUGH: 4J SUICIDE PREVENTION
- PROMOTING MENTAL HEALTH & WELL-BEING IN 4J
- OPTIMISTIC CLOSURE





CARE & CONNECTION: INTRODUCTIONS



OFFICE OF STUDENT WELL-BEING OVERVIEW



EUGENE SCHOOL DISTRICT 4J VISION & MISSION

VISION: EVERY STUDENT CONNECTED TO COMMUNITY
AND EMPOWERED TO SUCCEED

MISSION: COMMITMENT TO PROVIDING ALL STUDENTS
WITH MEANINGFUL LEARNING OPPORTUNITIES DESIGNED TO HELP
EACH INDIVIDUAL ACHIEVE HIS OR HER FULL ACADEMIC AND SOCIAL POTENTIAL.



EUGENE SCHOOL DISTRICT 4J FOCUSED OUTCOMES

ENGAGED COMMUNITY:

TIMELY COMMUNICATIONS AND MEANINGFUL ENGAGEMENT.

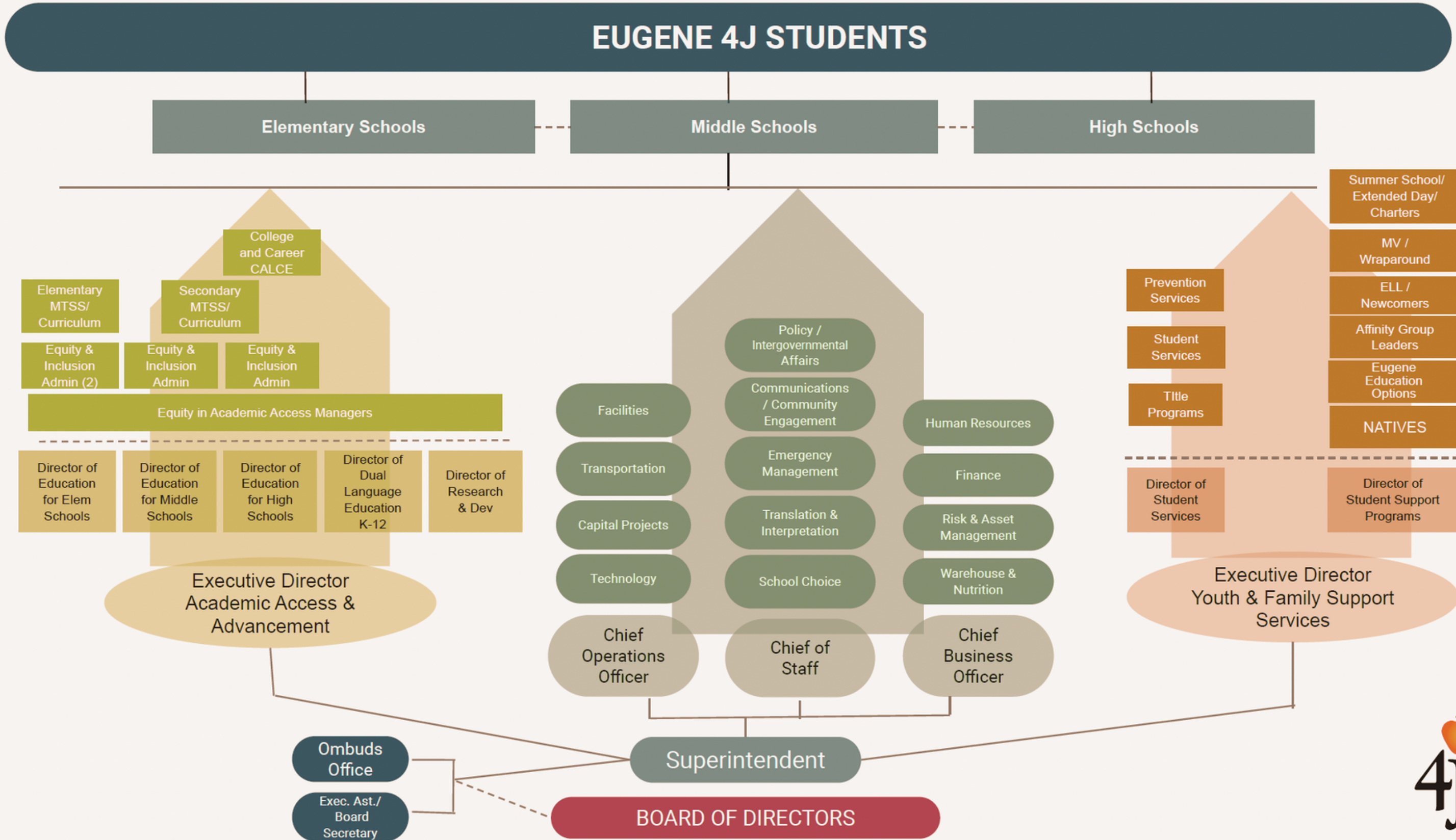
EQUITY ADVANCED:

A COORDINATED FOCUS ON EQUITABLE ACCESS AND ADVANCEMENT FOR ALL
WITH AN AMPLIFIED FOCUS ON THE DESIRES OF THOSE WHO HAVE BEEN
HISTORICALLY UNDERSERVED.

WELL-ROUNDED EDUCATION:

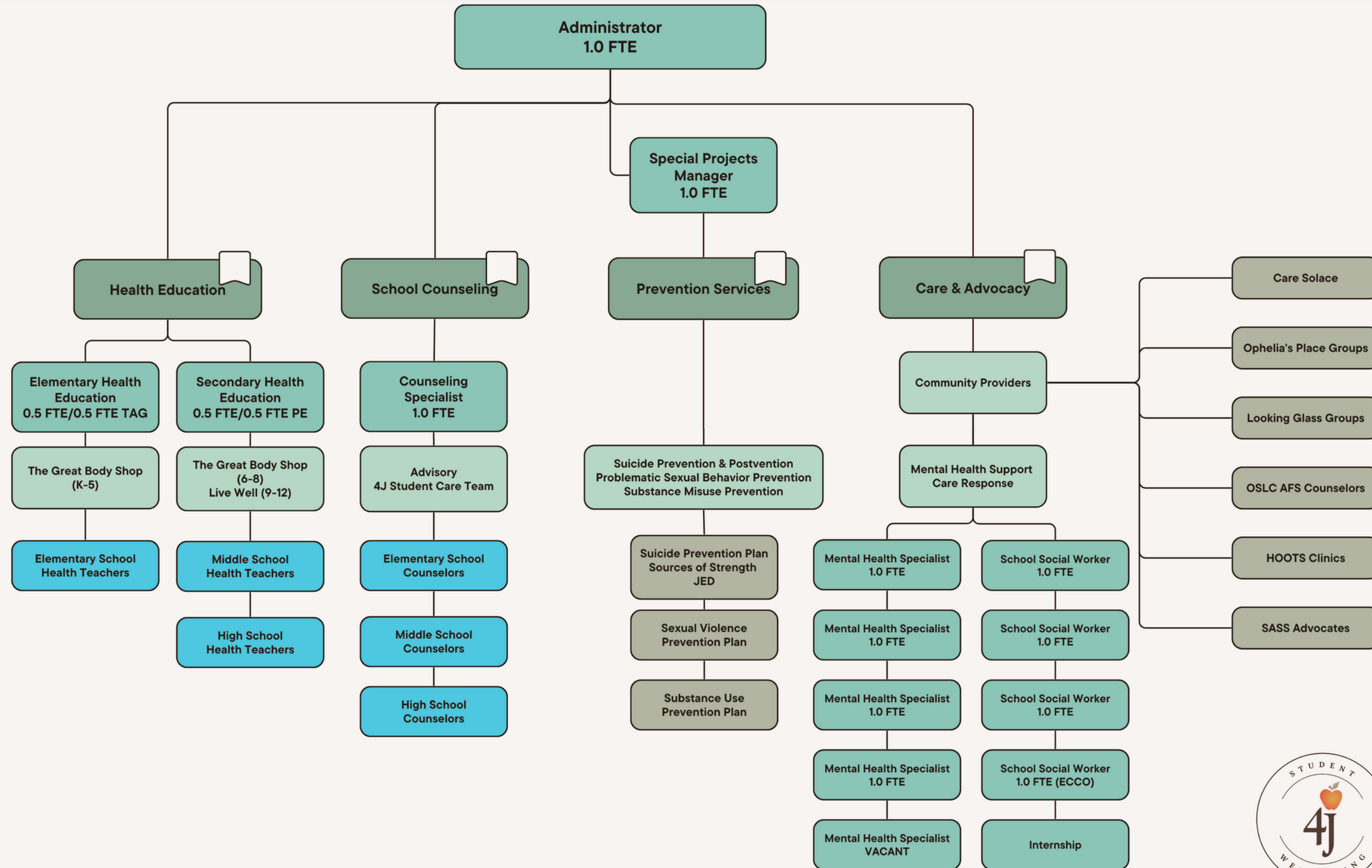
SAFETY AND WELL-BEING FOR STUDENTS AND STAFF.

2023 RE-ORGANIZATION



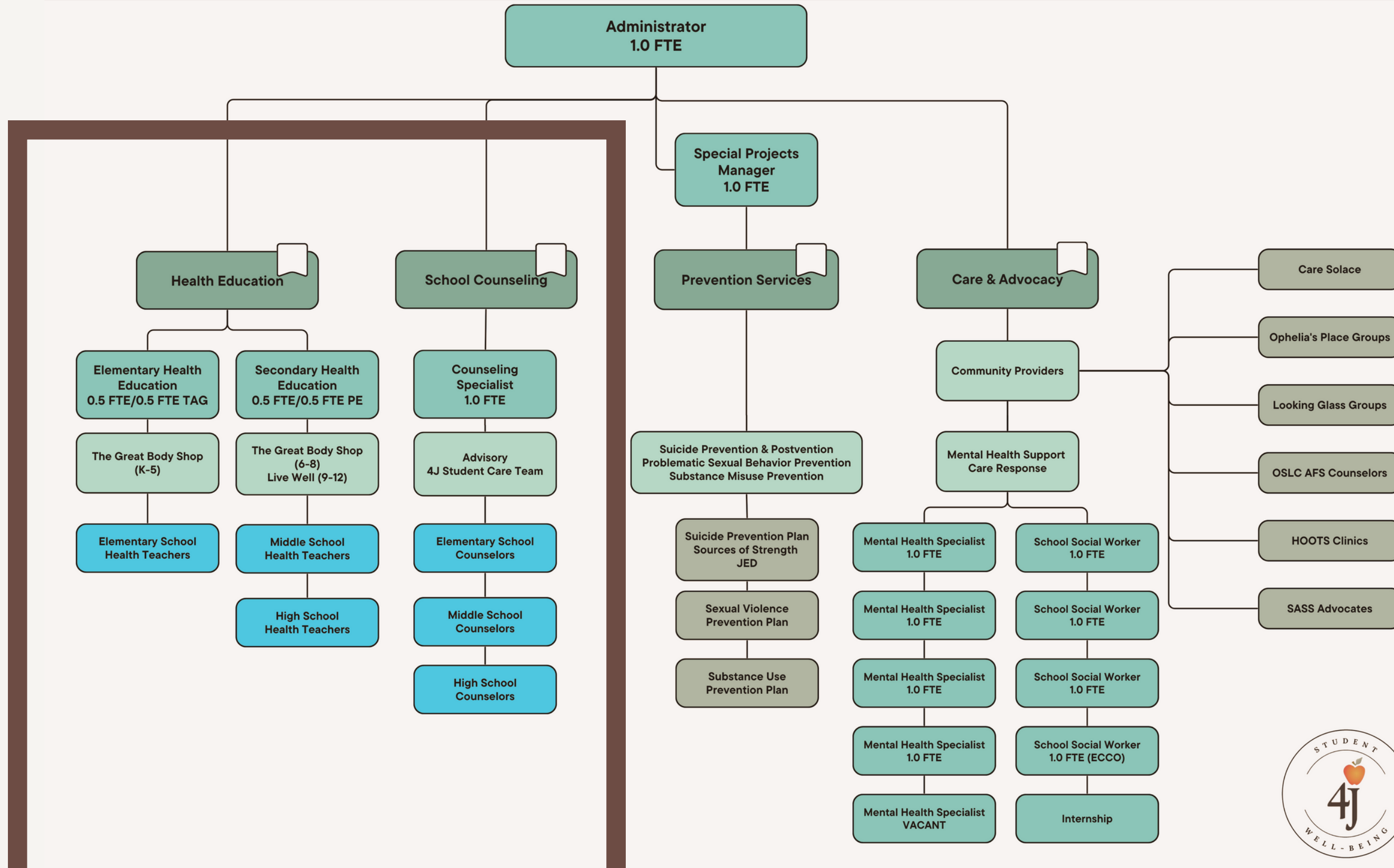


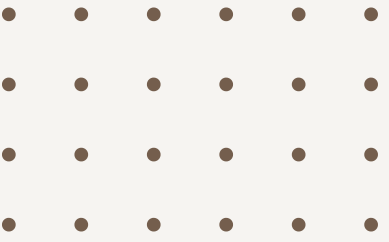
OFFICE OF STUDENT WELL-BEING



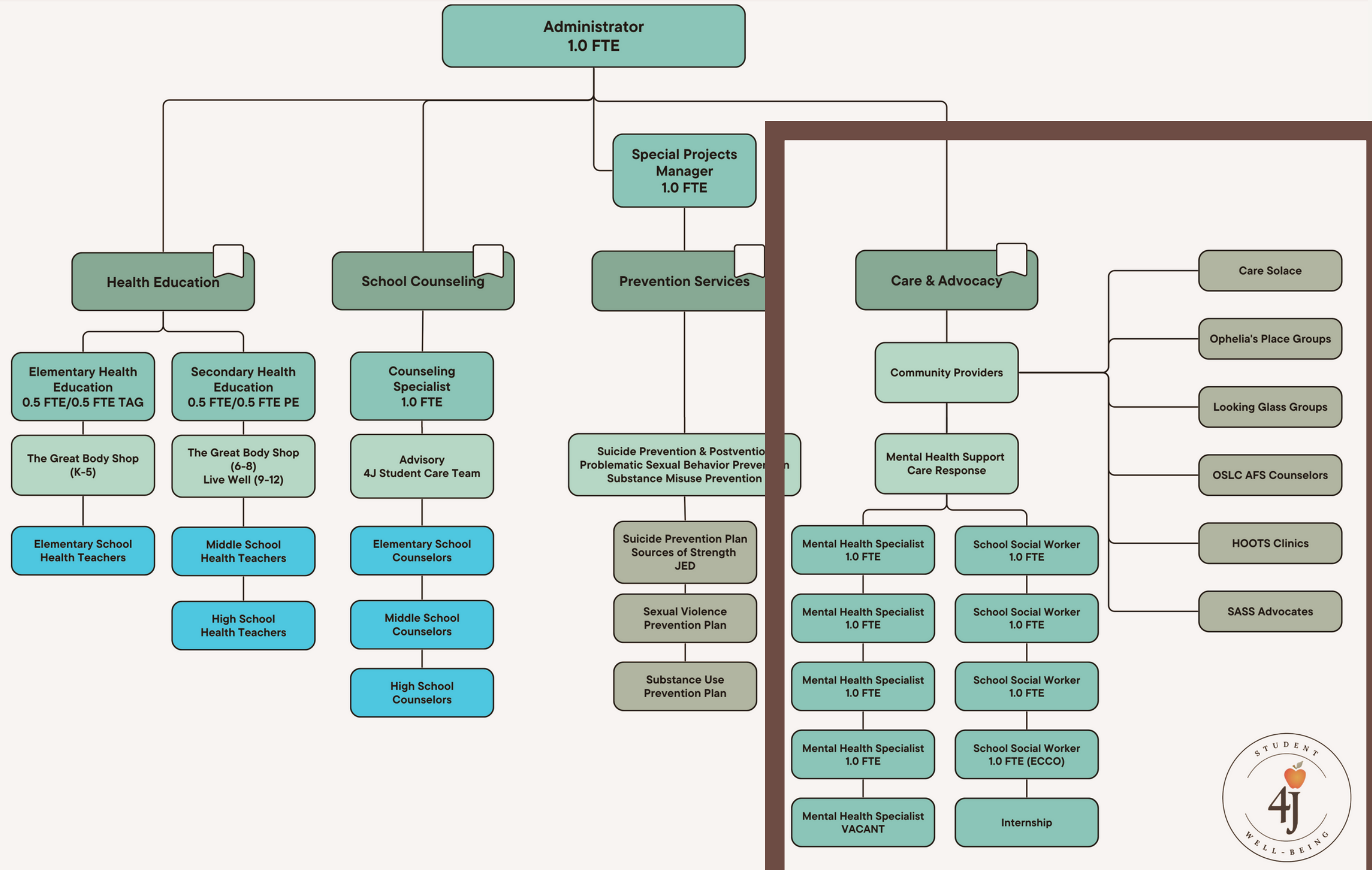


OFFICE OF STUDENT WELL-BEING



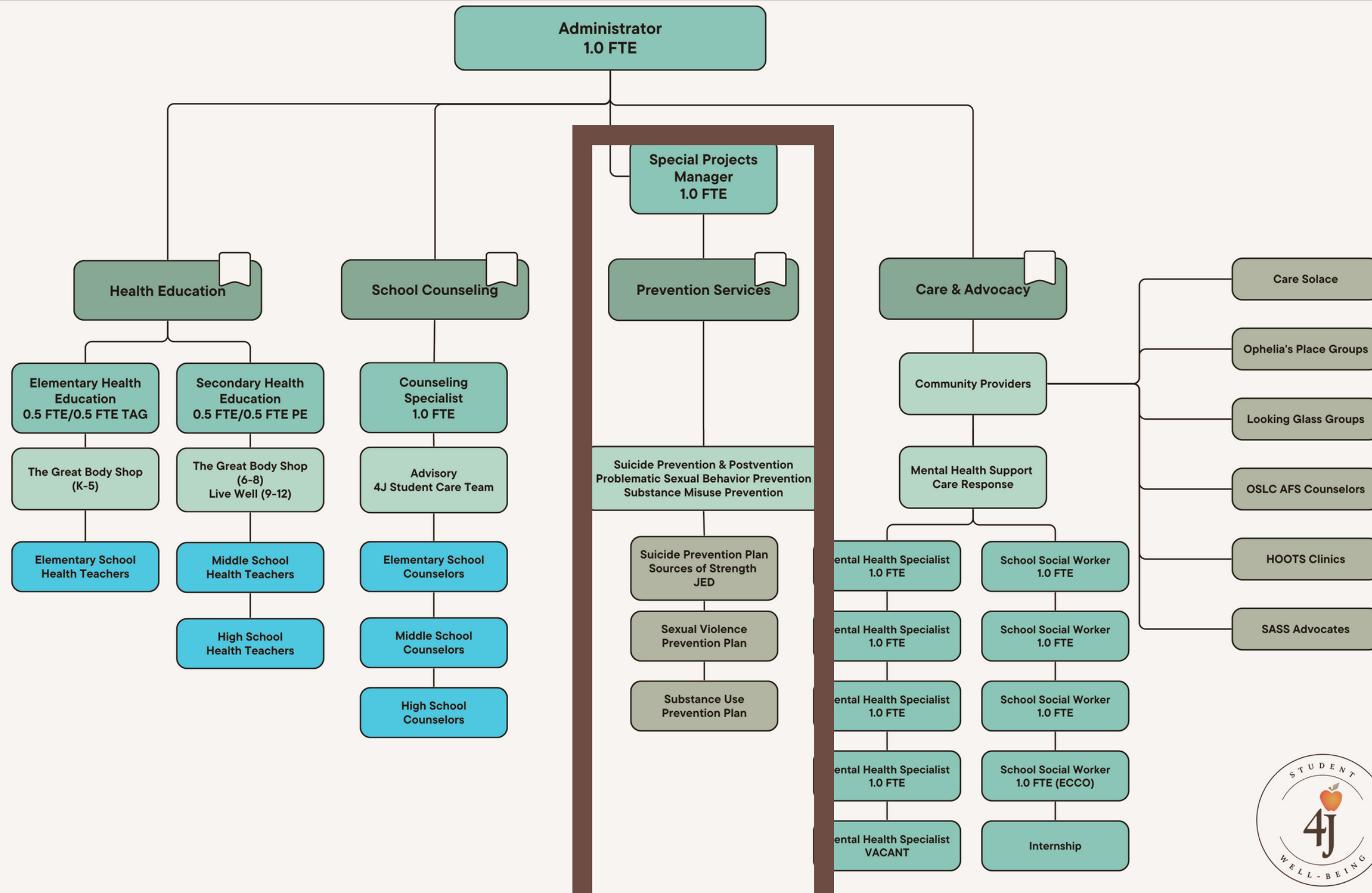


OFFICE OF STUDENT WELL-BEING





OFFICE OF STUDENT WELL-BEING





WALK THROUGH: 4J SUICIDE PREVENTION



WHAT IS PREVENTION?



EUGENE SCHOOL DISTRICT 4J PREVENTION SERVICES

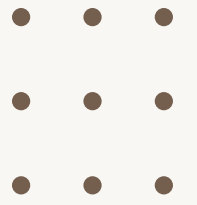
PREVENTION SERVICES ARE DEDICATED TO PROMOTING MENTAL AND BEHAVIORAL HEALTH AND REMOVING BARRIERS TO STUDENT SUCCESS. THE PROMOTION OF THE SOCIAL, EMOTIONAL, AND PHYSICAL WELL-BEING OF EVERY STUDENT IN THE DISTRICT IS AT THE HEART OF OUR EFFORTS. OUR GOAL IS TO PROVIDE STUDENTS WITH THE KNOWLEDGE AND SKILLS THEY NEED TO MAINTAIN THEIR MENTAL HEALTH AND MAKE HEALTHY DECISIONS WHILE ALSO FOSTERING A SAFE, SUPPORTIVE, AND INCLUSIVE LEARNING ENVIRONMENT.



EUGENE SCHOOL DISTRICT 4J PREVENTION SERVICES

VISION: OUR VISION IS FOR EVERY STUDENT IN OUR DISTRICT TO HAVE KNOWLEDGE, SKILLS, AND ACCESS TO THE RESOURCES THEY NEED TO LEARN AND LEAD HAPPY, HEALTHY LIVES.

MISSION: OUR MISSION IS TO PROVIDE EVIDENCE-BASED PREVENTION SERVICES AND MENTAL HEALTH SUPPORTS IN ORDER TO IMPROVE THE WELL-BEING OF ALL STUDENTS IN OUR DISTRICT. WITH AN ADDITIONAL FOCUS ON TRAUMA-INFORMED EDUCATION, HARM-REDUCTION, CARE, AND ADVOCACY FOR THOSE WHO MAY BE AT RISK, WE AIM TO CREATE A SAFE, SUPPORTIVE, AND INCLUSIVE LEARNING ENVIRONMENT, EMPOWERING STUDENTS TO MAKE HEALTHY CHOICES.



WHY TALK ABOUT SUICIDE?



LEADING CAUSE OF DEATH 2021

YOUTH AGES 10-14



- 1. Accidents
- 2. Suicide
- 3. Cancer



LEADING CAUSE OF DEATH 2021

YOUTH AGES 15-19



- 1. Motor Vehicle Accidents
- 2. Homicide
- 3. Suicide



RISK FACTORS FOR SUICIDE

- Previous Suicide Attempt
- Mental illness/substance use
- Relationship problems
- Social isolation
- Family/social history of attempts
- Distress at school
- Traumatic history (PTSD)
 - Abuse by adult
- Oppression & Prejudice²¹
 - LGBTQIA+
 - Coming out
 - Transitioning
- Bullying
- Gender norms



**Thwarted
Belongingness**
"I am alone"

**Perceived
Burdensomeness**
"I am a burden"

Capability for Suicide
"I am not afraid to die"

**Death by Suicide or
Near Lethal Suicide
Attempt**





SUICIDE PREVENTION PLAN

4j.lane.edu/suicidepreventionplan

WHAT YOU NEED TO KNOW

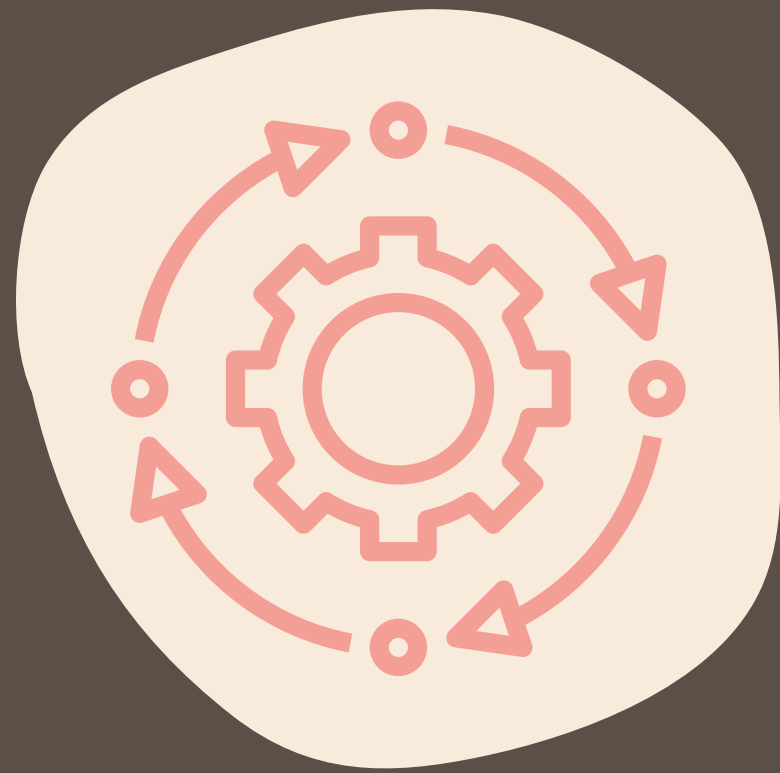


SENATE BILL 52



DOCUMENTATION

ADI'S ACT - SENATE BILL 52



PROCESSES
AND PROCEDURES



PROCEDURE
FOR REVIEW



IDENTIFY RESPONSIBLE
SCHOOL PERSONNEL



ADDRESS HIGH-RISK
COMMUNICATION

ADI'S ACT - SENATE BILL 52



TRAINING &
MATERIALS



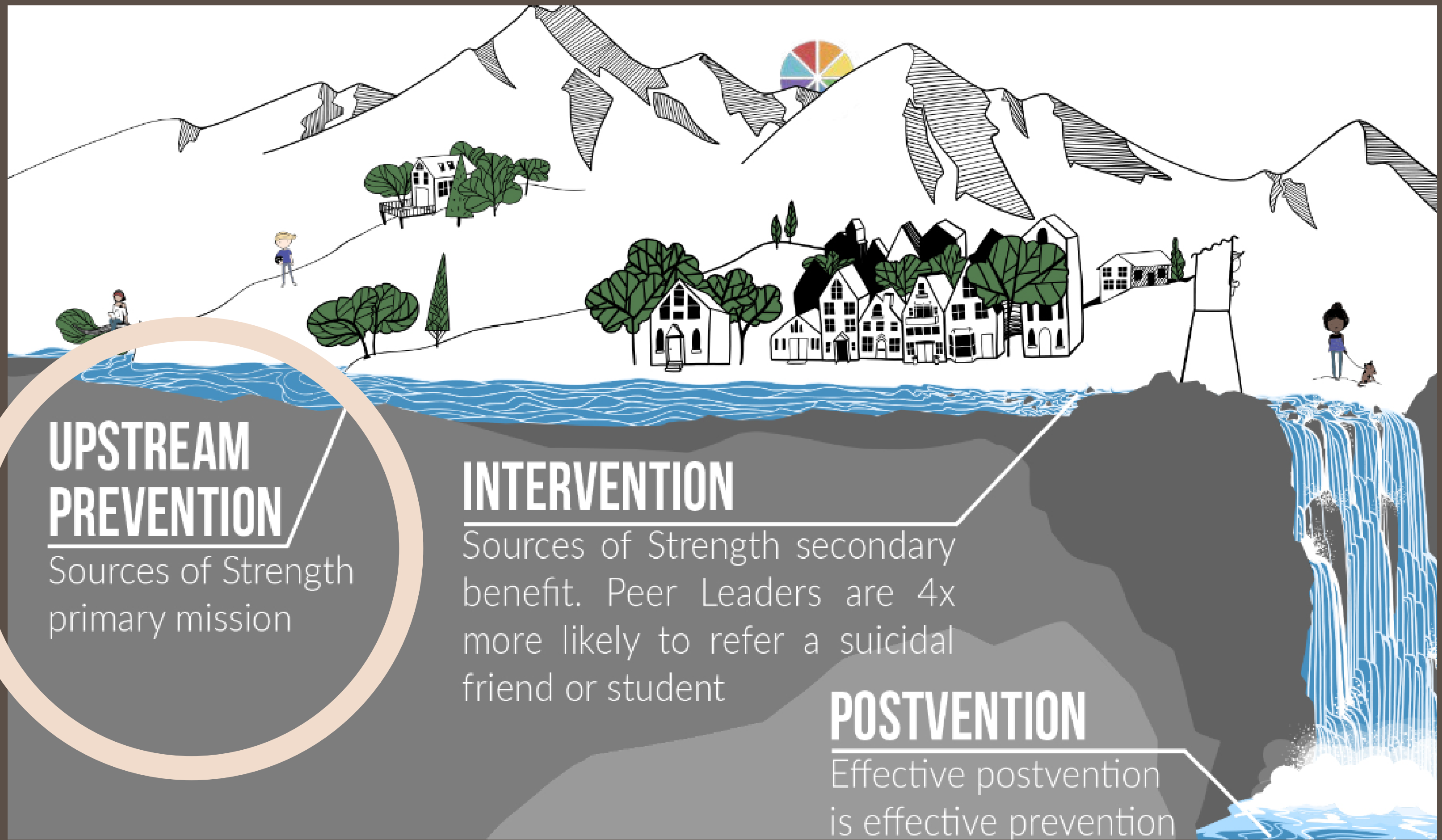
EMPLOYEES ACT
WITHIN LICENSE



CONSULT WITH
COMMUNITY PARTNERS



QUICK NAVIGATION
GUIDE



UPSTREAM PREVENTION

Sources of Strength
primary mission

INTERVENTION

Sources of Strength secondary
benefit. Peer Leaders are 4x
more likely to refer a suicidal
friend or student

POSTVENTION

Effective postvention
is effective prevention

Sources of Strength Model

COMMUNITY OF STRENGTH

DIVERSE
INCLUSIVE
COLLABORATIVE

(ADULT ADVISORS + PEER LEADERS) X

STRATEGIC MESSAGING
CAMPAIGNS

= POSITIVE CULTURAL
CHANGE



CARING, CONNECTED,
AND POSITIVE



INFLUENCE WITHIN THEIR
SOCIAL GROUP

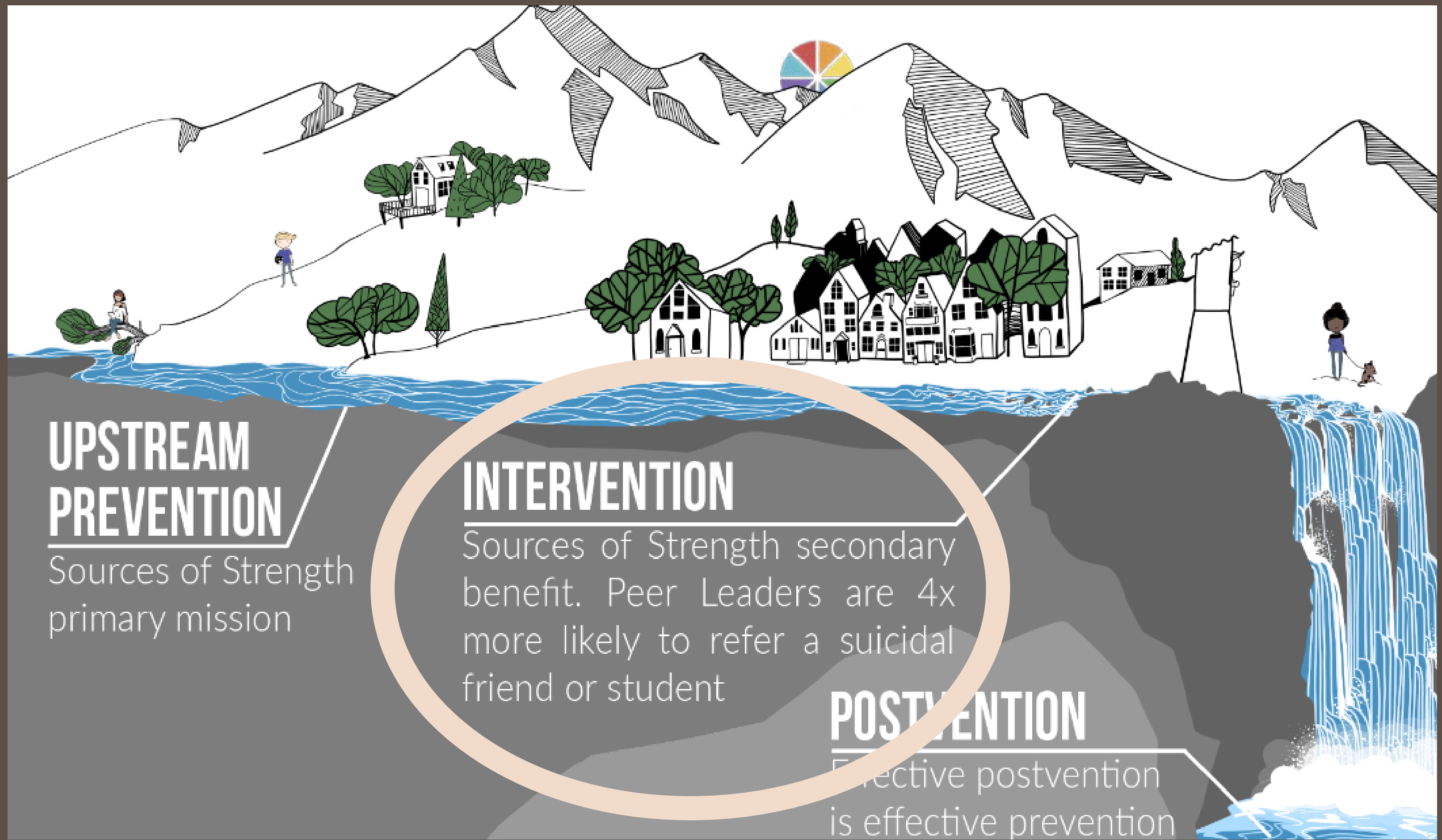


ENGAGE, INTERACT,
AND APPLY



POSITIVE SOCIAL NORMING





UPSTREAM PREVENTION

Sources of Strength primary mission

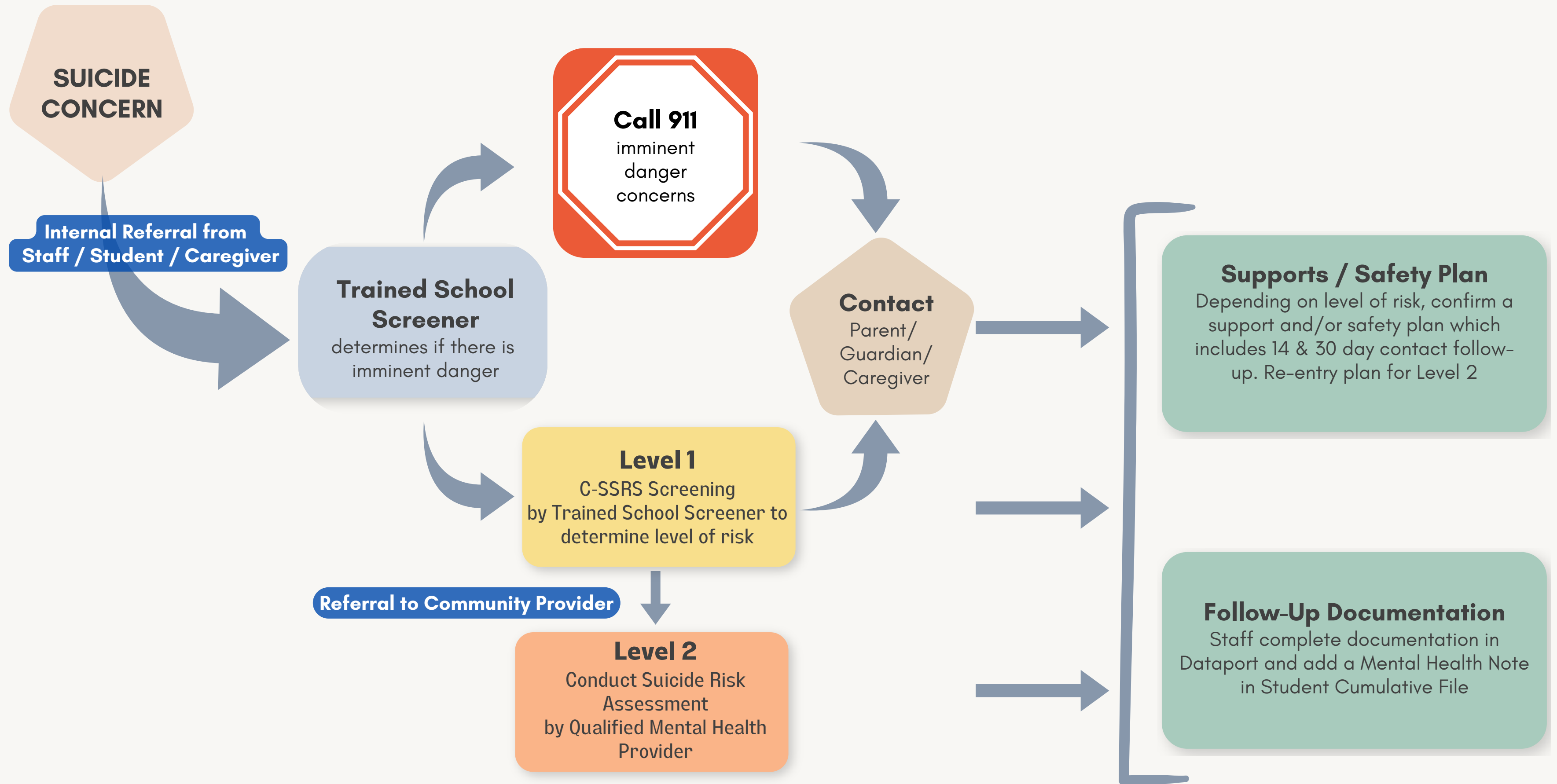
INTERVENTION

Sources of Strength secondary benefit. Peer Leaders are 4x more likely to refer a suicidal friend or student

POSTVENTION

Effective postvention is effective prevention

SUICIDE INTERVENTION PROCESS





Securly uses AI to identify students at risk. It identifies potential safety concerns, such as cyberbullying, depression, suicide, violence, and threats to self and others. Once identified, it provides real-time alerts when concerning online behavior is detected allowing our schools to act and support.

Notification

TO: Building Administrator(s), School Counselor(s)
CC: Level Directors, Prevention Services, School Safety

SCHOOL HOURS

Appropriate counselor or admin responsible for response.

AFTER SCHOOL HOURS

Building administrator responsible for response.

24 HOUR RESPONSE

Required to respond within 24 hours of alert.

*Protocols are still being established for weekends & breaks.

Action

CONFIRM RECEIPT

Reply all to confirm receipt and plan for action.

02

ACTION

Appropriate counselor or admin check-in with student(s) and follow standard response protocols.

04

01

ALERT

Building Admin & Counselor(s) receive an alert via email.

03

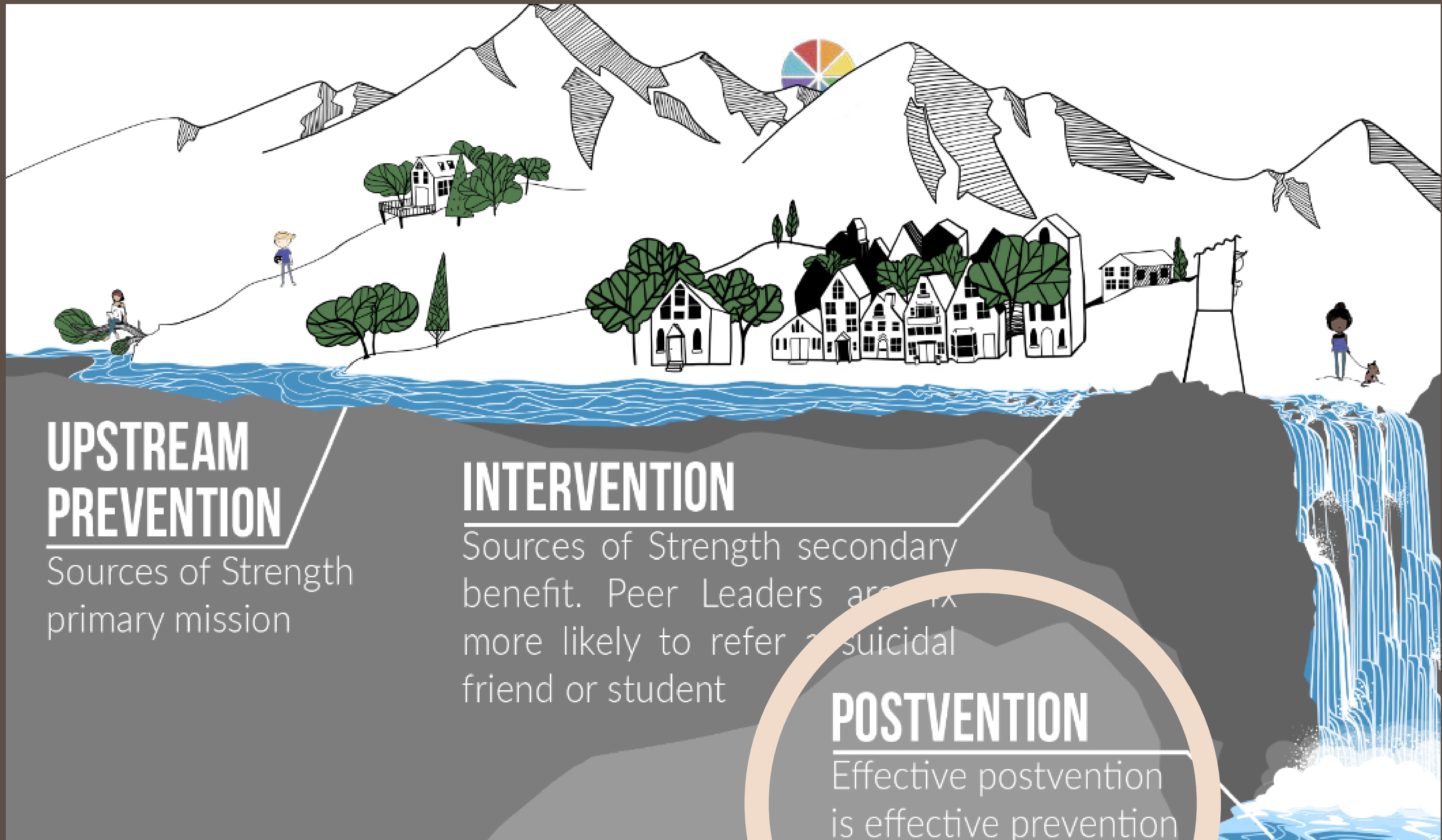
STUDENT LOOK-UP

Use email address within alert to identify student(s) of concern in Synergy.

05

RESOLVE

Reply all with action taken and resolution or next steps.



UPSTREAM PREVENTION

Sources of Strength
primary mission

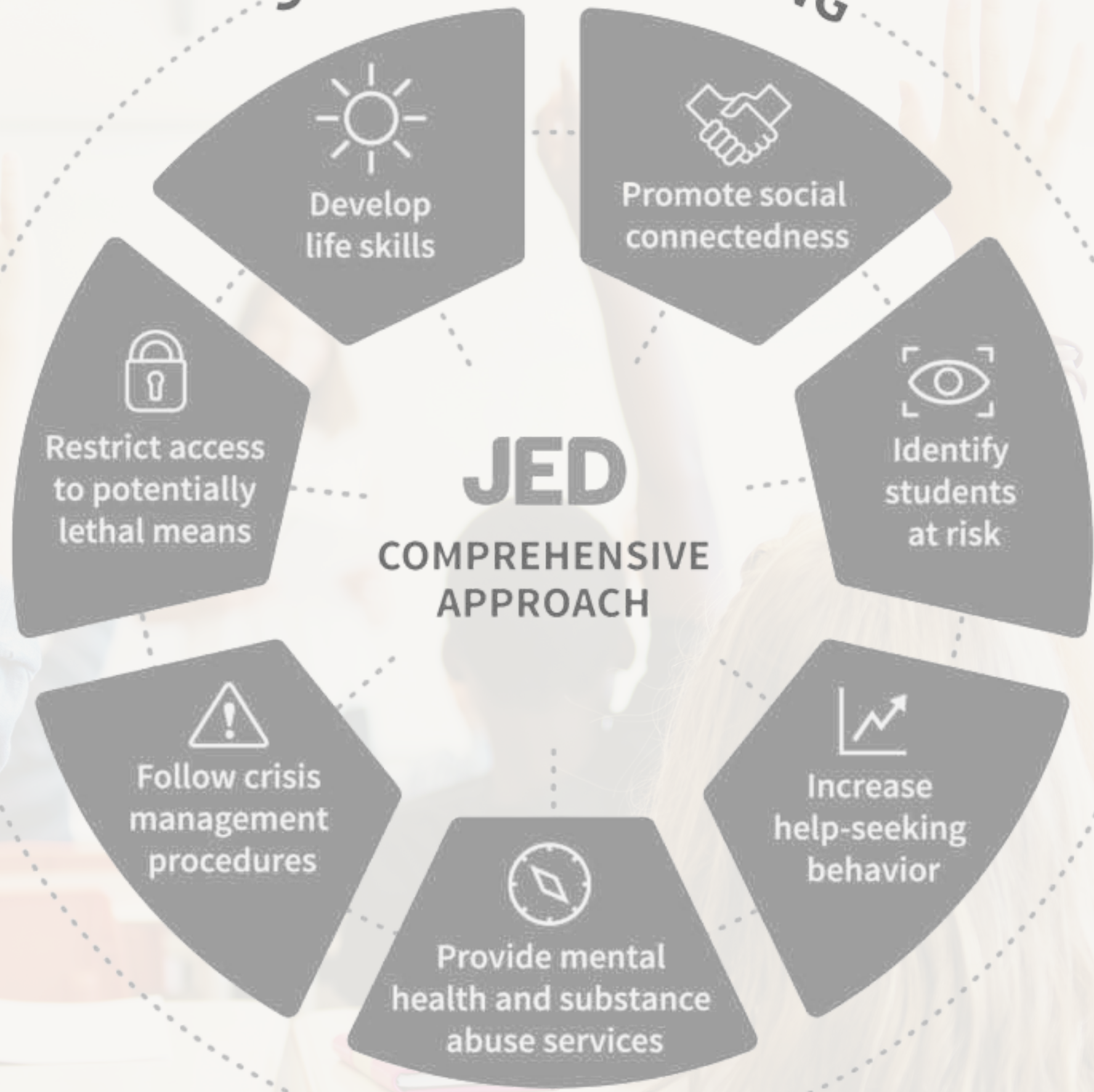
INTERVENTION

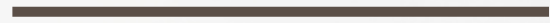
Sources of Strength secondary
benefit. Peer Leaders are 10x
more likely to refer a suicidal
friend or student

POSTVENTION

Effective postvention
is effective prevention

STRATEGIC PLANNING

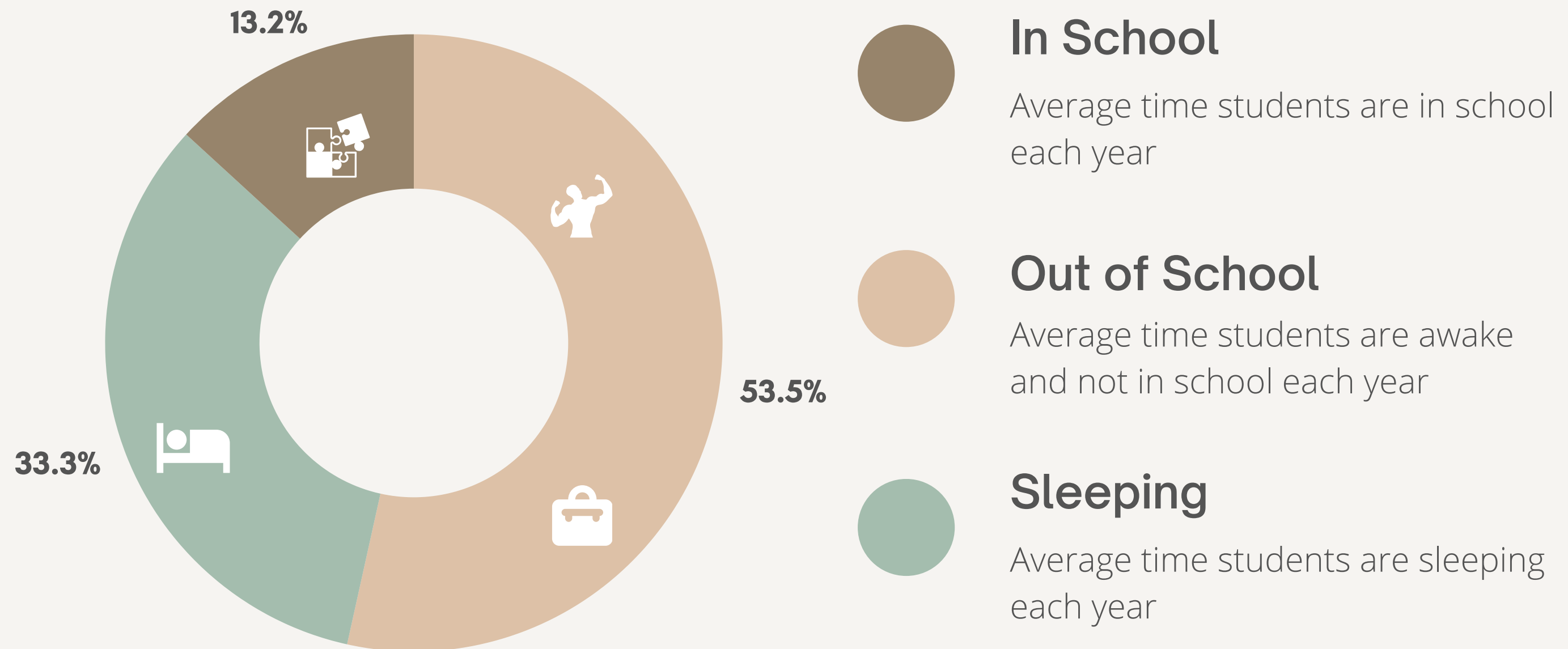




PROMOTING MENTAL HEALTH & WELL-BEING IN 4J

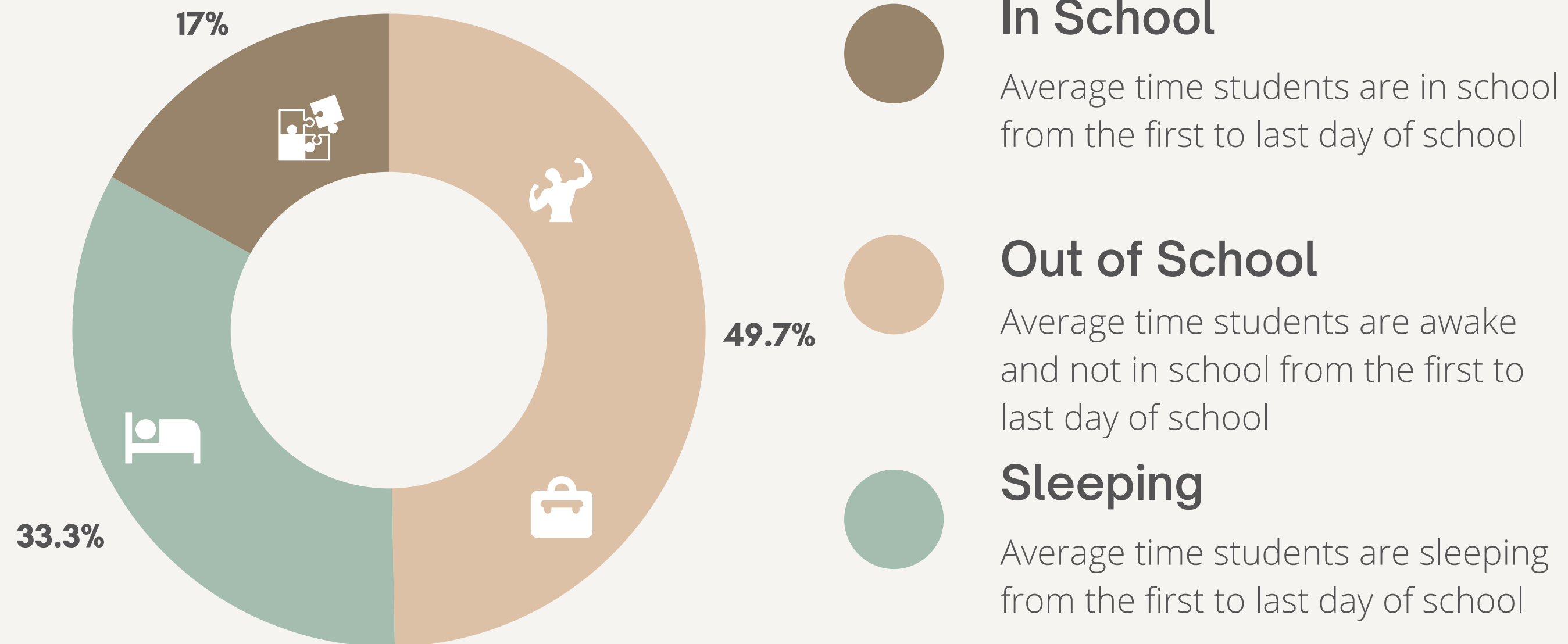


ANNUAL: TIME IN SCHOOL





SCHOOL YEAR: TIME IN SCHOOL



SOME OF OUR AMAZING PARTNERS



38



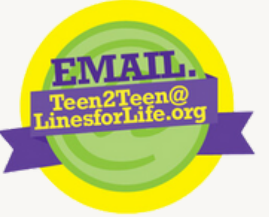
The Jed Foundation



EUGENE POLICE DEPARTMENT



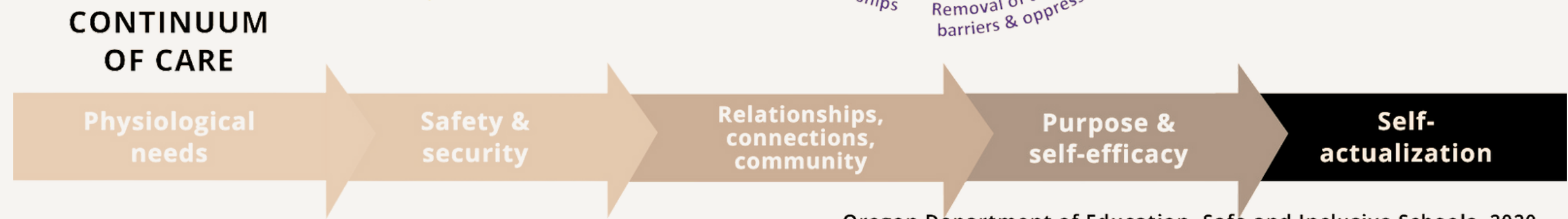
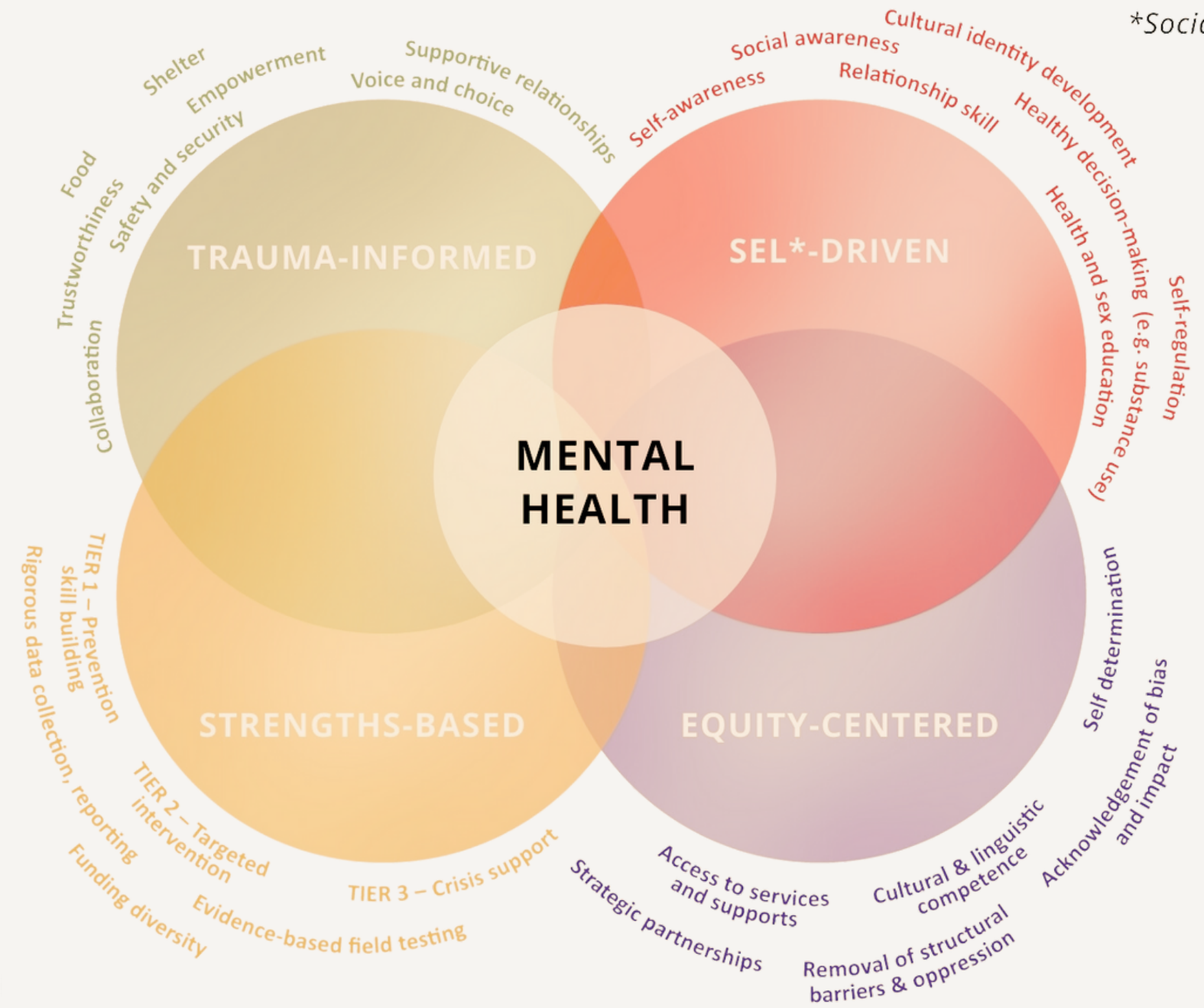
Need help? Get in touch with us. Choose a method below.



Integrated Model of Mental Health

Mental health emphasizes strengths, resilience, and enhancing social-emotional abilities

*Social-emotional learning



Oregon Department of Education, Safe and Inclusive Schools, 2020



STRATEGIC PLANNING

Following CDC guidance to prevent mental health problems and promote positive behavioral and mental health of students.

Strategies & Approaches:

Increase Student's Mental Health Literacy

- Deliver classroom-based mental health education curricula
- Use peer-led modeling programs

Promote Mindfulness

- Deliver classroom-based mindfulness education
- Dedicate time for students to independently practice mindfulness
- Offer small group mindfulness activities

Promote Social, Emotional, and Behavioral Learning

- Provide classroom instruction focused on building social skills and emotional development
- Offer targeted education focused on teaching social skills and emotional development





STRATEGIC PLANNING

Following CDC guidance to prevent mental health problems and promote positive behavioral and mental health of students.

Strategies & Approaches Continued:

Enhance Connectedness Among Students, Staff, and Families

- Provide relationship-building programs

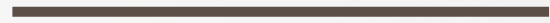
Provide Psychosocial Skills Training and Cognitive Behavioral Interventions

- Promote acceptance and commitment to change
- Provide cognitive behavioral interventions
- Engage students in coping skills training groups

Support Staff Well-Being

- Offer mindfulness-based training programs
- Provide therapeutic resources

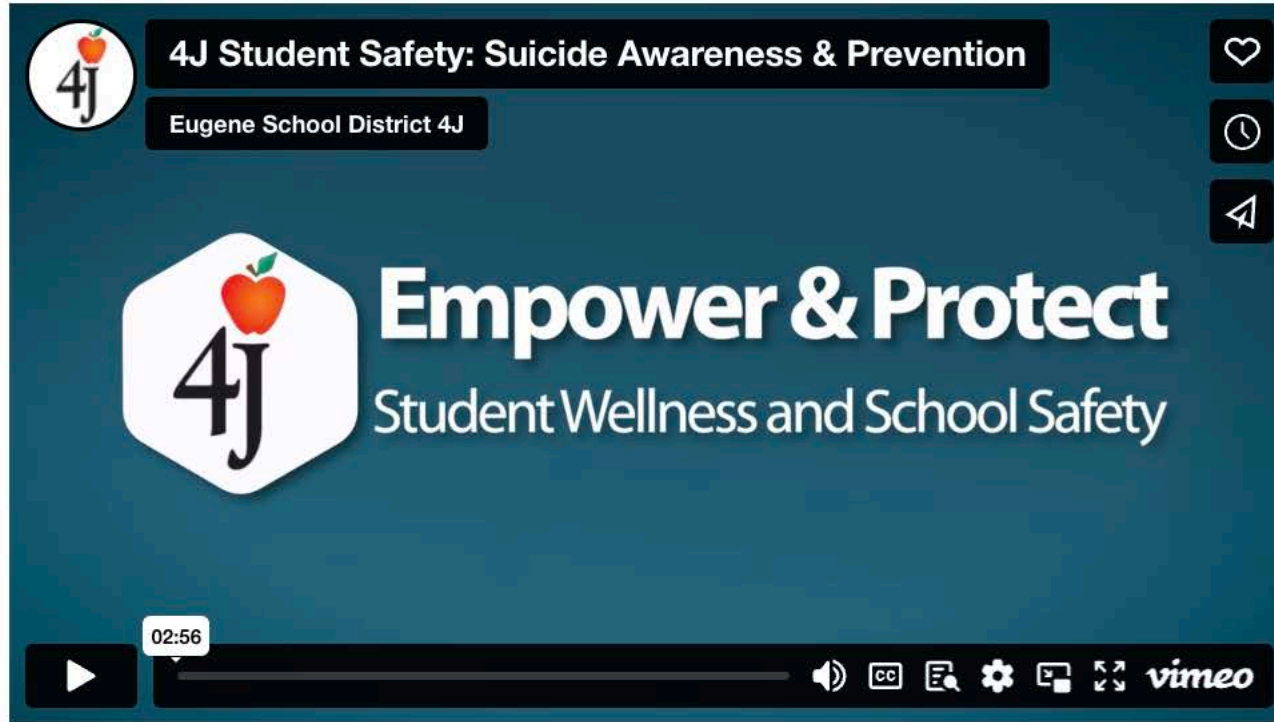




OPTIMISTIC CLOSURE



Suicide Prevention Plans and Procedures



[4J Student Safety: Suicide Awareness & Prevention](#) from [Eugene School District 4J](#) on [Vimeo](#).



[Suicide Prevention Plan and Procedures 2023-2024](#)



[Plan y Procedimientos de Prevencion del Suicidio 2023-2024](#)



[Student Well-Being](#)

[Erin's Law: Sexual Abuse Prevention](#)

[Internet Safety Tips](#)

[Mental Health Care Coordination Service](#)

[Mental Health Resources](#)

[Suicide Prevention and Intervention in Eugene 4J](#)

[Suicide Prevention Plans and Procedures](#)

[Suicide Prevention Resources](#)

SUICIDE PREVENTION PLAN AND PROCEDURES



2023-2024

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INTRODUCTION

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and entire school community. In 2019, the Oregon legislature passed Senate Bill 52, also known as “[Adi’s Act](#)”, which requires school districts to develop and implement a comprehensive student suicide prevention plan.

PURPOSE

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with a crisis on any given day. An average student in Oregon spends less than 15% of their year in school, which is why school can be an important source of support and stability for students and community members when a crisis occurs in their community. Accordingly, this guide is intended to help school staff understand their role and to provide accessible and effective tools.

EUGENE SCHOOL DISTRICT 4J:

- Recognizes that physical and mental health underpin all learning. Physical and mental well-being are integral components of student outcomes throughout primary and secondary education and beyond graduation.
- Further recognizes that suicide is a leading cause of death among young people aged 10–24 in Oregon.
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- Acknowledges the school’s role in providing a culture and environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience.
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components.
- Will publish its policy and plan on the district website and will revisit and refine the plan as needed.

REVIEW

This plan is a living document and will be reviewed each year by district administration with direction and oversight from Prevention Services within the Office of Student Well-Being.

DEFINITIONS

AT-RISK

Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. A student who is defined as high-risk for suicide 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.

CRISIS RESPONSE TEAM

The 4J Crisis Response Team is composed of staff within School Safety & Emergency Management and Youth & Family Support Services (e.g., campus safety monitors, care & advocacy specialists, school counselors, school psychologists, etc.), who work in collaboration with school administrators to address crisis preparedness, intervention, response, and recovery.

LETHAL MEANS

Lethal means safety is an evidence-based suicide prevention practice that involves making a suicide attempt method less available or more difficult to access immediately, therefore less likely to cause a fatal suicide attempt. Putting time and space between someone experiencing suicidal thoughts and their access to lethal means reduces the risk of harm and can save lives. In the United States, the most common and most lethal method of attempting is by firearms.

MENTAL HEALTH

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Compromised mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home, school, and social environments in addition to early childhood adversity or trauma, physical health, and genes.

PARENT

As used in this plan, the term parent means a parent of a student and includes a natural parent, a legal guardian, or an individual authorized in writing to act as a parent in the absence of a parent or a guardian.

RISK ASSESSMENT

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff, referred in this document as a trained **School Screener** (e.g., school counselor, school nurse, school psychologist, school social worker, mental health specialist, high school athletic trainer, student success coordinator, or school administrator). The [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#) is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, levels of hopelessness and helplessness, mental health status, and other relevant risk factors.

RISK FACTORS FOR SUICIDE

Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, and/or social factors in the individual, family, and environment (see section below — *Groups at Increased Risk for Suicidal Behavior*).

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 for injury to oneself. Self-harm behaviors 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 increase the long-term risk of a future suicide attempt or accidental suicide.

SUICIDE

Death caused by self-directed injurious behavior with intent to die as a result of the behavior.

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, injuries, or no injuries. A mixture of unresolved mindset, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

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 will be taken seriously.

SUICIDE CONTAGION

The process by which suicidal behavior or a death by suicide influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. A 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 a death by suicide. 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 healthy postvention effort can act as prevention and save lives.

QUICK FACTS — WHAT SCHOOLS NEED TO KNOW

Quick Reminders

- Take suicidal thoughts, suggestions, and behavior seriously EVERY time.**
- Take IMMEDIATE action!**
- Contact the School Screener and building administrator to inform them of the situation.**
- NO student expressing suicidal thoughts should be sent home alone or left alone during the screening process.**
- The student MUST be supervised by a trusted adult.**
- If there is a reason to believe a student has thoughts of suicide, do NOT send the student home to an empty house.**

- School staff are frequently considered the first line of contact with potentially suicidal students. Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are, however,

responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.

- ❑ All school personnel need to know that they are required to refer at-risk students to trained professionals; the burden of responsibility does not rest solely with the individual “on the scene.”
- ❑ **Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.**
- ❑ School personnel, parents/legal guardians and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having trusted supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- ❑ Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

CONFIDENTIALITY

School employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing student information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information.

If at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA.

LANE COUNTY COMMUNITY PARTNERS IN HIGH SCHOOLS

Eugene School District 4J recognizes and affirms the significance of psychological safety in learning, and acknowledges that there is an increased demand for student mental health support beyond the current capacity of the district. To address this pressing concern, the district has established strategic partnerships with community providers to ensure students have access to appropriate and effective mental health resources.

In the event that a student is referred to or schedules an appointment with one of the district's partners, parents or legal guardians can expect the following procedures to be followed:

- Referrals: Students who are 14 years or older can initiate a self-referral for mental health support, or a referral can be made by a trained School Screener.
- Appointment Attendance: The community partner will arrange a scheduled meeting time

with the student and send an appointment pass issued by the school to ensure the student's attendance.

- Return to Class: Upon completion of the appointment, the student will be expected to return to class or proceed to their next scheduled class.
- Suicidality Intervention: If a student discloses thoughts of suicidality during the appointment, the community partner will conduct a C-SSRS and follow their respective agency protocol, each of which are outlined below.

Currently, we are contracted with the following agencies providing additional mental health support in our high schools. Please click on the embedded links to download a copy of the visual process each agency follows for suicide intervention.

- Oregon Social Learning Center Developments — Adolescent & Family Services (AFS)
 - Website | (541) 284-7560 (OSLC) | 541-284-7560 (Centro Latino Americano)
 - [Suicide Intervention Flowchart PDF](#)
- White Bird — Helping Out Our Teens in Schools (HOOTS)
 - Website | 541-342-8255
 - [Suicide Intervention Flowchart PDF](#)
- Sexual Assault Support Services (SASS)
 - Website | 541-343-7227 | 1-844-404-7700
 - [Suicide Intervention Flowchart PDF](#)

Eugene School District 4J values the well-being and success of its students and is committed to providing them with comprehensive and effective mental health support that ultimately enables student learning. These procedures have been established to ensure that students can access critical resources with ease and in a timely and appropriate manner.

GROUPS AT INCREASED RISK FOR SUICIDAL BEHAVIOR

ALSO TERMED OPPORTUNITY YOUTH

Eugene School District 4J acknowledges the needs of these groups and plans to work actively to create and increase affinity groups and use restorative practices to better serve all students.

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 elevated among 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.

RACIAL AND ETHNIC 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. 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**
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, familism, 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 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. For example, 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.

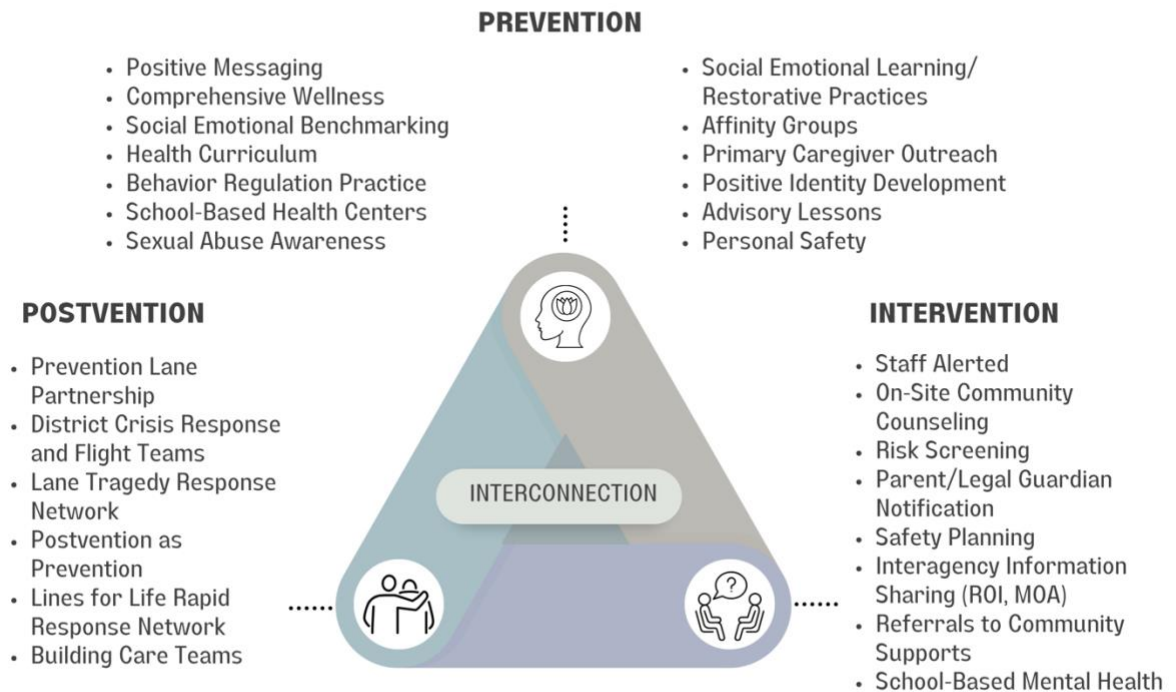
COMPREHENSIVE SUICIDE PREVENTION PLAN COMPONENTS

Eugene School District 4J takes a multifaceted strategic approach to preventing suicide. It includes specific components implemented in a particular sequence: prevention, intervention, and postvention (PIP). Although each section has important independent elements, prevention efforts work best, just like 4J students, when connected or interconnected. This plan will outline each of the three components and 4J's commitment to each one of them. 4J is dedicated to developing a suicide prevention program using a culturally competent approach that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

Diagram 1: Prevention, Intervention, and Postvention Interconnection



Prevention, Intervention, and Postvention Interconnection



PREVENTION PROCEDURES

Eugene School District 4J takes intentional steps to create a school culture that encourages positive coping skills by building protective factors, while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The district has adopted the staff and student training programs set forth below:

STAFF TRAINING AND EDUCATION

Suicide prevention activities are best conducted in the context of other prevention efforts, such as health and wellness curriculum, sexual violence prevention, substance misuse and abuse prevention, unhoused youth support, wraparound services, social-emotional learning, trauma-informed education, disability identification and services, and supports for underrepresented populations (e.g., positive identity development, affinity groups, etc.). Prevention efforts are best characterized as being part of a multi-tiered system of support (MTSS), where universal practices across domains are employed, increasingly intensive training and supports are engaged, and screening and intervention outcomes are evaluated.

Diagram 2: Staff Training and Education

STAFF TRAINING AND EDUCATION

Program	Recommended	Time	Provider
QPR Question, Persuade, Refer Training	All student facing staff	1.5 hours	QPR Institute + 4J Prevention Services
C-SSRS Columbia Suicide Severity Rating Scale to gauge risk and response level needed during a potential suicidal engagement.	Identified school screeners	30 minutes	The Columbia Lighthouse Project
ASIST Applied Suicide Intervention Skills Training	Identified school screeners	16 hours	Lane ESD + 4J Prevention Services
Sources of Strength Secondary level peer-based suicide prevention program	Peers and adult facilitators	4-6 hours for Adult Advisors	Matchstick Consulting + Lane ESD
Connect Postvention Training around the planned response after a suicide to identify protective factors and reduce risk of those impacted.	Identified school screeners	6 hours	OHA + Lane County Public Health
Youth Suicide: Awareness, Prevention, and Postvention Training around the the signs of suicide, prevention, intervention, referral, and resources.	All staff	1 hour	4J Vector Solutions

STUDENT TRAINING AND EDUCATION

All students within Eugene School District 4J will receive direct instruction on social emotional learning, mental health, and well-being promotion using restorative practices.

Diagram 3: School Programs and Curriculum

SCHOOL PROGRAMS

	K-5	6-8	9-12
PROGRAMS & CURRICULUM			
Social/Emotional Learning curriculum (SEL) including regulating emotions.	✓	✓	✓
Mental health as a part of physical health and health education.	✓	✓	✓
Well-being, community, and strength-building (protective factors) embedded throughout classes, such as advisory.	✓	✓	✓
Sources of Strength club/classes.	✗	✓	✓
Additional curriculum supplied: Oregon Department of Education and the Oregon Health Authority recommend Sources of Strength Elementary curriculum. 4J is assessing this curriculum to see if these recommendations can be adopted for implementation.	✓	✗	✗
DIGITAL DEVICE PROGRAM			
Securely – Student safety device screening software program to detect high risk searches on school issued devices	✓	✓	✓

INTERVENTION PROCEDURES

The risk of suicide is raised when any peer, teacher, caregiver, or school employee identifies someone as potentially suicidal because s/he/they has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat **reports** this information immediately and directly to a trained School Screener (school counselor, school nurse, school psychologist, school social worker, mental health specialist, high school athletic trainer, student success coordinator, or administrator) and school administrator so that the student of concern receives appropriate attention. A suicide risk screening will need to be completed for every student expressing comments and/or thoughts of suicide. Every effort should be made to conduct a screening the same day staff members are made aware of the risk for suicide.

If imminent danger exists, call 911 immediately. This is especially important if the student of concern is not in class or left the campus and a suicide plan is discovered. All threats of self-harm must be taken seriously.

Diagram 4: Trained School Screeners

ONLY TRAINED SCHOOL STAFF MEMBERS MAY ACT AS SCHOOL SCREENERS WHO PERFORM LEVEL 1 SUICIDE RESPONSE PROTOCOLS AND SAFETY PLANNING. TRAINED SCREENERS IN YOUR SCHOOL CAN BE:



*IF YOU ARE UNCERTAIN WHO THE SPECIFIC TRAINED SCREENERS ARE IN YOUR BUILDING ASK YOUR BUILDING ADMINISTRATOR.

SCREENING PROCESS

If imminent danger to the student is present (e.g., a suicide attempt is in progress or the student is having an acute mental health crisis), the trained School Screener or other staff member is to call 911. If the student is not in immediate danger but a concern about suicide risk exists (e.g., drawings, direct or indirect statements, behaviors, etc.), the trained School Screener initiates the screening process.

- Suicide screening is conducted by a school-employed provider trained in screening (school counselor, school psychologist, school social worker, mental health specialist, athletic trainer or school nurse), or a school administrator.
- The trained School Screener conducts a Level 1 interview of the student using the Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool.
- After the assessment, the trained School Screener will consult with another trained School Screener or Lines for Life (Student Suicide Assessment Line, 503-575-3760, line is open Monday–Friday, 8:30AM–4:30PM for Remote Suicide Risk Assessment and Safety Planning (RSRASP) support) to determine if a Level 2 Suicide Assessment is appropriate. Sharing decision-making with another professional is best practice. The outcome of the consultation will be one of the following:

When a Level 2 suicide assessment **is NOT** warranted:

- Inform the parent or legal guardian the same day that a screening was conducted and why. Parents are a critical part of the student’s care team and possess information that the school may not have access to.

- If low risk, schedule follow-up meetings with the student 14 and 30 days after the comments or ideation, and the person doing the follow up is determined. If necessary, create a Support Plan with the student (and parent or legal guardian, if possible) by the end of the next school day.
- If moderate risk, schedule follow-up meetings and create a Safety Plan with the student (and parent or legal guardian, if possible) by the end of the next school day. Schedule a minimum of two follow-up meetings — 14 days and 30 days after the screening.

When a Level 2 external assessment **IS** warranted.

- After consultation, if concern about suicidal ideation is sufficiently high, the trained School Screener will contact and assist the student’s parent or legal guardian and refer the student to an in-depth suicide assessment by an external licensed and qualified Mental Health Professional. A Level 2 assessment of students aged 13 or under will require parental consent.
- A School Safety Plan should be developed and updated upon the student’s return to school prior to or the morning of re-entry. Schedule a minimum of two follow-up meetings — 14 days and 30 days after the screening.

***Follow-up dates of 14 and 30 days after assessed risk are minimum scheduled contacts. It should be understood that Student Support and Student Safety Plans may include daily, bi-weekly, or weekly follow-up meetings with the student.**

DOCUMENTATION

- Document when the parents or legal guardians were notified. (If applicable, document contacts with ODHS).
- The trained School Screener will complete district documentation in the [Dataport](#) district documentation system.
- The trained School Screener will make a copy of the Mental Health Alert Form to place in the student’s cumulative file.

SCREENING PROCESS FOR EUGENE ONLINE ACADEMY

The trained School Screener will:

- Retrieve the parent or legal guardian’s contact information and determine the student’s location.
- Contact the parent or legal guardian and notify them of the need for screening.
- Retrieve student’s contact information and confirm their exact physical location.
- Contact the student and obtain assent to conduct the Level 1 risk assessment.
- Contact the parent or legal guardian if a student could not be contacted or refused assent.
 - Call 988 Mobile Rapid Response
 - Contact Eugene Police Department to deploy CAHOOTS or Lane County Sheriff’s Office for a well-check if previous methods to contact the student fail.
 - Call 911 if there is a direct and imminent suicide threat.
 - Call 911 if the student terminates the remote assessment without reason or warning.
- Conduct a Level 1 suicide risk assessment interview using the C-SSRS. Determine student risk level.
- The trained School Screener will consult with another trained School Screener or Lines for Life to determine if a Level 2 Suicide Assessment is appropriate. Sharing decision-making

with another professional is best practice. The outcome of the consultation will be one of the following:

- Level 2 Assessment is not warranted. A School Support Plan is completed by the end of the next school day.
- Level 2 Assessment is warranted.
- Communicate risk assessment results to parents or legal guardians, and conduct a post C-SSRS parent or guardian interview, if possible.
- Determine updated risk level, if including results from the parent or legal guardian interview.
- Notify the school administrator of the results of the Level 1 screening and/or Level 2 referral.
- Provide parents or legal guardians with school and community crisis intervention resources.
- Complete 4J district documentation process.
 - Dataport
 - Mental Health Alert Form in student cumulative file

PROCESS FOLLOWING SUICIDE ATTEMPT OR ACUTE MENTAL HEALTH

The trained School Screener will:

- Collaborate with parents and legal guardians, if possible, to select interventions and develop a school support or safety plan as needed.
- Provide parents and legal guardians with school and community crisis intervention resources.
- Schedule minimum follow up meetings 14 days after and 30 days after comments, ideation and/or attempt. Designate a trained School Screener or administrator to serve as the school point person for follow up communication and ongoing support/safety plan organization.

DEVELOPING A SCHOOL SUPPORT/SAFETY PLAN

After every suicide screening, the trained School Screener consults with another mental health professional or administrator to determine if a School Support/Safety Plan is necessary and schedules follow up meetings.

The **School Support Plan** provides a structure for intentional support, designates the responsibilities of each person, and includes a review date to ensure follow-through and coordinated decision making. A designated staff member will serve as the school point person for follow-up communication with parents, legal guardians, and community providers for students who have been screened for suicide.

The **School Safety Plan** provides a more extensive structure for support, designated responsibilities of each person, supervision, and a review date to ensure follow-through and coordinated decision making. A designated staff member will serve as the school point person for follow-up communication with parents, legal guardians, and community providers for students who are moderate to high risk or who have attempted suicide. If the child is transitioning after a hospital stay, a re-entry meeting to develop a plan should take place prior to re-entry.

DEVELOPING A RE-ENTRY PLAN

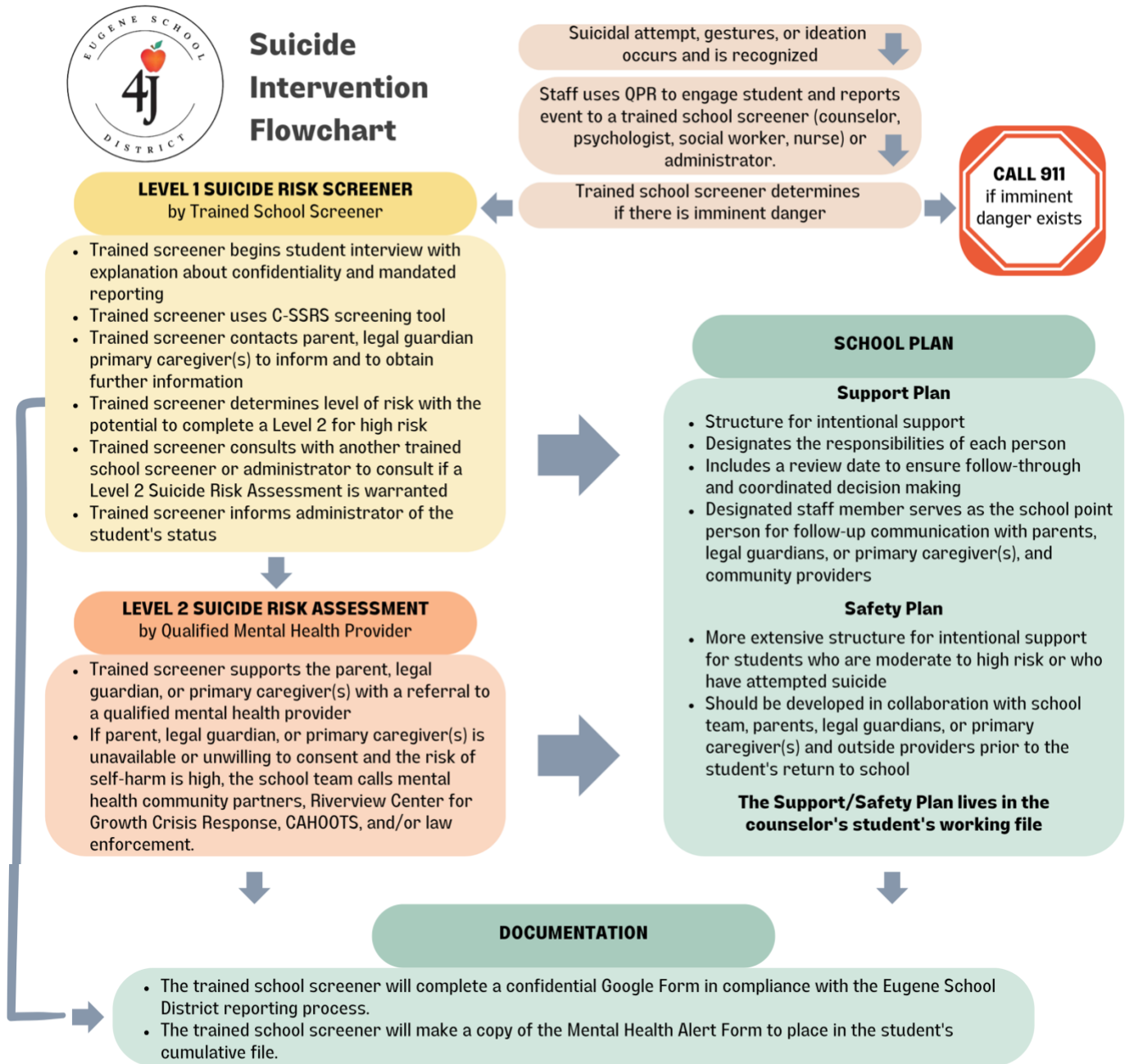
The re-entry process occurs after a student has been hospitalized for an attempt or has been out of school for a mental health crisis. Students who have made a suicide attempt are at a higher risk of re-attempting within the following 90 days, unless the parents and school staff work together utilizing evidence-based prevention protocols. It is important for the student to be monitored by parents or guardians, mental health professionals, and designated school professionals in order to establish a support system. To create a safety net, it is critical to connect the student, parents or legal guardians, mental health team, and school counselor to share pertinent information.

The Re-Entry Meeting and/or School Safety Plan is scheduled by the designated trained School Screener with the student, parent or legal guardian, nurse (if necessary) and administrator. If additional support is needed to complete the Safety Plan, district support staff may be available to help (e.g., Special Projects Manager for Prevention Services, Care & Advocacy, SPED Student Case Manager, etc.).

A re-entry meeting should occur when students are returning to school following a suicide attempt, even if the school did not complete a suicide screening. This is a best-practice approach contributing to student safety.

The School Safety Plan should be completed upon the student's return to school (prior to attending classes).

Diagram 5: Suicide Intervention Flowchart



NOTIFYING PARENTS AND OTHERS

Parents must always be notified when there appears to be any risk of self-harm.

- Whenever a student has directly or indirectly expressed suicidal thoughts or demonstrated other warning signs, **the student's parent is to be informed the same day**. Such notice shall be made by the trained School Screener.
- If the student discloses thoughts of suicide or if the trained School Screener has reason to believe there is a current risk for suicide, the trained School Screener will request that a parent/legal guardian come to school to discuss the screening results and will help develop the Safety Plan, usually in collaboration with the parent or legal guardian and student. This can be completed over the phone, or via zoom, though it is not preferred.
- If the student denies experiencing thoughts of suicide and the trained School Screener does not have reason to believe there is a current risk of suicide, it is still 4J policy that the trained School Screener notify the parent to share that a screening was conducted and why.
- If a student is in crisis and the trained School Screener has exhausted all methods to reach the parent or legal guardian (including Emergency contacts and sibling's schools), call The Riverview Center for Growth Crisis Response Program 888-989-9990 or Lines for Life 503-575-3760 to consult regarding next steps. It may be necessary, after consultation, to contact the Oregon Department of Human Services (Child Protective Services) 541-349-4444, 855-503-7233, or local law enforcement at 911 if the risk of self-harm may be imminent.

EXCEPTION — ABUSE OR NEGLECT

Parents and legal guardians need to know about a student's suicidal ideation unless the trained School Screener, after conferring with the school administrator, reasonably believes that child abuse or neglect would result from disclosure and would place the student at an imminent increased risk of harm. In such a case, the trained School Screener or other staff person must make a report to the Child Welfare Hotline through the Oregon Department of Human Services at 855-503-7233 or Eugene Police Department. The trained School Screener will also review with the student that they will be communicating with essential staff members in order to keep them safe.

If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the trained School Screener can ask questions to determine if parental abuse or neglect is suspected. If there is no indication that abuse or neglect is suspected, compassionately disclose that the parent needs to be involved.

PRIVACY

Privacy is of utmost importance and every effort will be made to respect the confidentiality of the student while attending to the safety needs of the student and the school building. The student and parent should be informed of the limited information sharing that the district requires:

For safety reasons, the school building administrator will be notified of every suicide ideation or attempt and district documentation protocols will be followed.

Depending on the School Support/Safety Plan, specific school staff may receive certain information about concerns as part of a plan to maintain safety and provide support to the student. The student and parent are invited to help develop this plan.

A mental health alert sheet will be kept in the cumulative file with contact information for the counselor and risk management/school safety and prevention services departments.

POSTVENTION PROCEDURES: AFTER A DEATH OCCURS

Postvention means any compassionate, honest, and effective “post-intervention” activities conducted after a suicide. Postvention seeks to reduce the risk of imitations or contagion, supports the needs of those bereaved by a suicide, provides safety messaging to students, families, and the community, and supports the mental health of the entire school community. Appropriate postvention activities serve to enhance future prevention efforts and save lives. Postvention includes procedures and practices addressing immediate, intermediate, and long-term response planning. Postvention also involves active crisis response strategies that strive to treat the loss in similar ways to that of other sudden deaths within the school community and to return the school environment to its normal routine as soon as possible while providing grief support.

It includes addressing communication with staff, students, families, and outside providers, identifying other potentially at-risk students, and sharing evidence-based guidance regarding other difficult issues, such as memorialization. Postvention includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents and legal guardians, community, media, law enforcement, etc. In Oregon, postvention is specifically defined under OAR 309-027-0200(8). Eugene School District 4J works in collaboration with Lines for Life, the Oregon Health Authority, and Lane County Public Health per Senate Bills [561](#), [485](#), and [918](#).

Diagram 7: Postvention Goals and Cautions



POSTVENTION RESPONSE PROCEDURES

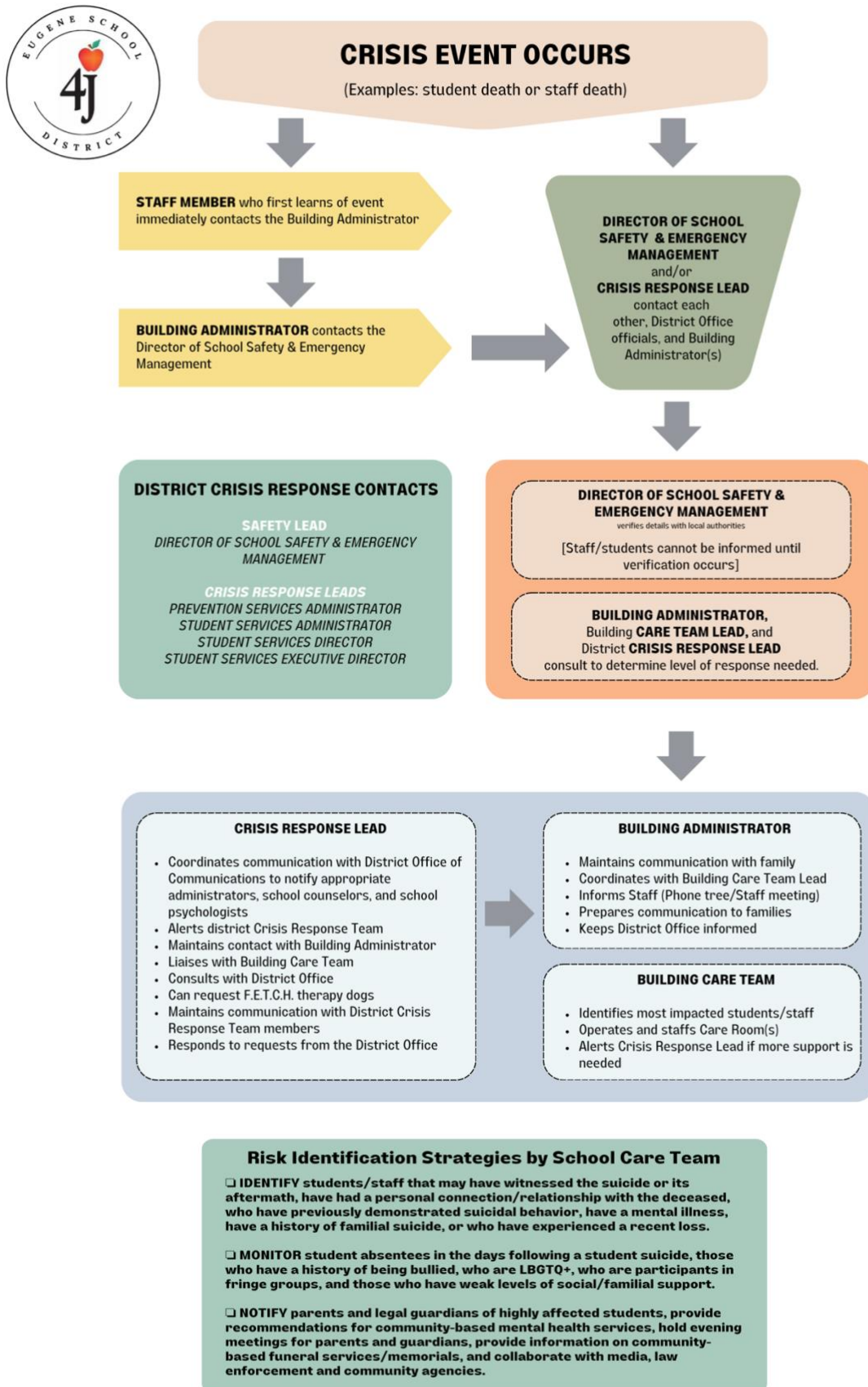
- Principal or administrator notified of suspected or known student death by suicide. Principal/Administrator notifies the Director of School Safety & Emergency Management.
- Director of School Safety & Emergency Management or designated personnel confirms the cause of death.
- Director of School Safety & Emergency Management notifies the Superintendent, Chief of Staff, District Crisis Response Lead, and Special Projects Manager for Prevention Services of confirmed death.
- Special Projects Manager for Prevention Services notifies Lane County Public Health (LCPH) as a courtesy. LCPH will then notify Lines for Life Suicide Rapid Response Team if the needs exceed the capacity of the school.
- District Crisis Response Team Lead and/or Special Projects Manager for Prevention Services contacts building Principal/Administrator to estimate level of response resources required and determines what information is to be shared.
- Principal or administrator communicates with the family to offer condolences and determines their wishes for communication about the death.
- Director of School Safety & Emergency Management notifies level directors.
- Superintendent’s office communication staff prepare all statements for impacted school staff, students, families, and media.
- The Principal/Administrator mobilizes the Building Care Team, asks for district Crisis Response Team if needed, and prepares for possible substitute teachers. The Principal/Administrator meets with the Special Projects Manager for Prevention Services

(and the District Crisis Response Lead as necessary) to assign the following responsibilities:

- Identify potentially at-risk students and staff (e.g., those knowledgeable about or connected to the deceased.)
- Create scripts for teachers to use from provided templates (Internal Google Site) and provide script and a Single Overriding Communication Objective (SOCO) for building secretaries and others with high communication positions.
- Gather Care Room Box and set up a Care Room.
- Gather input on concerns from teachers and staff.
- Maintain contact with the School Administrator and the Director of School Safety & Emergency Management throughout the process.
- The Principal/Administrator holds all-staff or stand-up meeting as soon as possible and distributes scripts and other resources for teachers to use.
- Building staff, as directed by the administrator, notify students, and distribute any needed notifications or resource handouts.
- The Principal/Administrator crafts and sends a message (using provided templates on Internal Google Site) to parents and others in the school community.
- The Special Projects Manager for Prevention Services monitors media information, including social media.
- The Principal/Administrator holds end-of-day meeting with the Crisis Response Team, provides communication with staff, and determines any follow-up resources or coordination needed.
- The Principal/Administrator communicates needs for follow up to the District Crisis Response Lead.
 - The Special Projects Manager for Prevention Services documents the date of death and will send notifications to school administration of one year anniversary to promote awareness and sensitivity to students and staff potentially impacted.

Diagram 8: Suicide Postvention Crisis Response Communication Pathway

Suicide Postvention Crisis Response Communication Pathway



COMMITMENT TO STAFF, STUDENTS, AND FAMILIES

Eugene School District 4J strongly values interpersonal connection and aims to encourage personal growth in a diverse community where ALL students recognize their worth and feel they belong. In this community, barriers are removed and resources for growth and resilience are provided, in hopes students are inspired to use their gifts in service to one another. Eugene 4J strives to be culturally responsive by recognizing the inherent dignity of its staff, students, and the broader community it serves. In Eugene School District 4J, we believe we are lifelong learners; therefore, this Suicide Prevention Plan will remain a living document to ensure best-practices in suicide prevention and mental health support.

REVIEW AND FEEDBACK PROCESS

Eugene School District 4J believes in lifelong learning. Rooted in this belief, a procedure has been created for a student, parents, and/or legal guardians to request the school district review the actions that a school takes when responding to a suicidal risk. Any parent, or legal guardian, with concerns about the district's actions with regard to suicide prevention and response may contact the Special Projects Manager for Prevention Services to discuss such concerns. A person wishing to make a formal complaint may do so following the district's [complaint process](#).

Special Projects Manager for Prevention Services

Rituparna Roy (she/her)
Email: roy_r@4j.lane.edu

ACKNOWLEDGEMENTS AND RESOURCES

This document was created in 2021 by Angi Meyer, and adapted from the following sources in collaboration with the Eugene School District 4J Mental Health Work Group:

*Center for Disease Control (CDC) Suicide
Lane County Public Health
Lane Educational Service District
Lines for Life
National Association of School
Psychologists (NASP)
National Institute of Mental Health (NAMI)
Oregon Department of Education (ODE)*

*Oregon Health Authority (OHA)
Prevention Resource Center
The Ross Center
Research Gate
Substance Use and Mental Health Services
Administration (SAMHSA)
The Trevor Project
Willamette Educational Service District*

*Last Date Reviewed: October 2023

COMMUNITY RESOURCES LINK

Community Resources Link

4J Community Suicide Prevention Contacts and Resources

FORMS AND CHECKLISTS

WARNING SIGNS FOR SUICIDE

There is no definitive list of warning signs of suicide.

Ideation — <i>Thoughts of Suicide</i>	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 <i>It is important that this question is asked directly and it is not asked in a roundabout way.</i>	"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 Trained Screener	Trained Screener: School Counselors, School Psychologists, School Nurses, and Principals

SUICIDAL BEHAVIOR RISK AND PROTECTIVE FACTORS

RISK FACTORS	PROTECTIVE FACTORS
<ul style="list-style-type: none"> ● 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.) 	<ul style="list-style-type: none"> ● 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) <p>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.</p>

SUICIDE RISK FACTORS AND WARNING SIGNS CHECKLIST

Risk Factors

Mental illness	Local suicide cluster
Substance use disorder	Lack of social support and sense of isolation
Hopelessness	Asking for help is associated with stigma
Impulsive/aggressive tendencies	Lack of healthcare
Trauma or abuse history	Exposure to a suicide death
Major physical or chronic illness	Non-suicidal self-injury
Previous suicide attempt	Cultural/religious beliefs that suicide is an acceptable solution to coping challenges
Family history of suicide	Other:
Recent loss of relationship	
Access to lethal means	

Warning Signs

Talks about wanting to die/kill self	Acts anxious, agitated, or reckless
Looks for ways to kill self	Sleeps too little or too much
Reports feeling hopeless	Withdraws or reports feeling isolated
Reports feeling having no purpose	Shows rage or talks about seeking revenge
Reports feeling trapped	Displays extreme mood swings
Reports feeling in unbearable pain	Other:
Talks about being a burden	
Increasing use of alcohol or drugs	

NASP (2020)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

SUICIDE IDEATION DEFINITIONS AND PROMPTS			
Ask questions that are bolded and <u>underlined</u>.		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.			
<u>Have you been thinking about how you might do this?</u> <i>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."</i>			
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>			
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> <i>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.</i>		YES	NO
If YES, ask: <u>Was this within the past three months?</u>			

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)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) FOR CHILD (6–11 YEARS OLD)

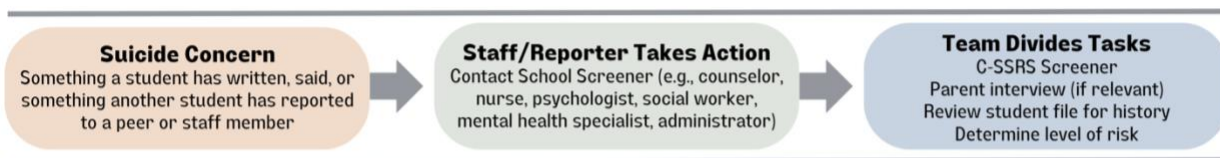
SUICIDE IDEATION DEFINITIONS AND PROMPTS	PAST MONTH
Ask questions 1 and 2.	
1. Have you wished that you could go to sleep and never wake up or that you were dead?	
2. Have you thought about killing yourself?	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	
3. Did you think about ways you could kill yourself?	
4. Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something. Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?	
5. Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?	
Always ask question 6	
6. Have you <u>EVER</u> tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself? If YES, was this in the past 3 months?	
<i>Examples: took pills, tried to shoot yourself, cut yourself or hang yourself, 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, wrote, or sent a goodbye message, did research on the internet about killing yourself, or got what you needed to kill yourself, etc.</i>	

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

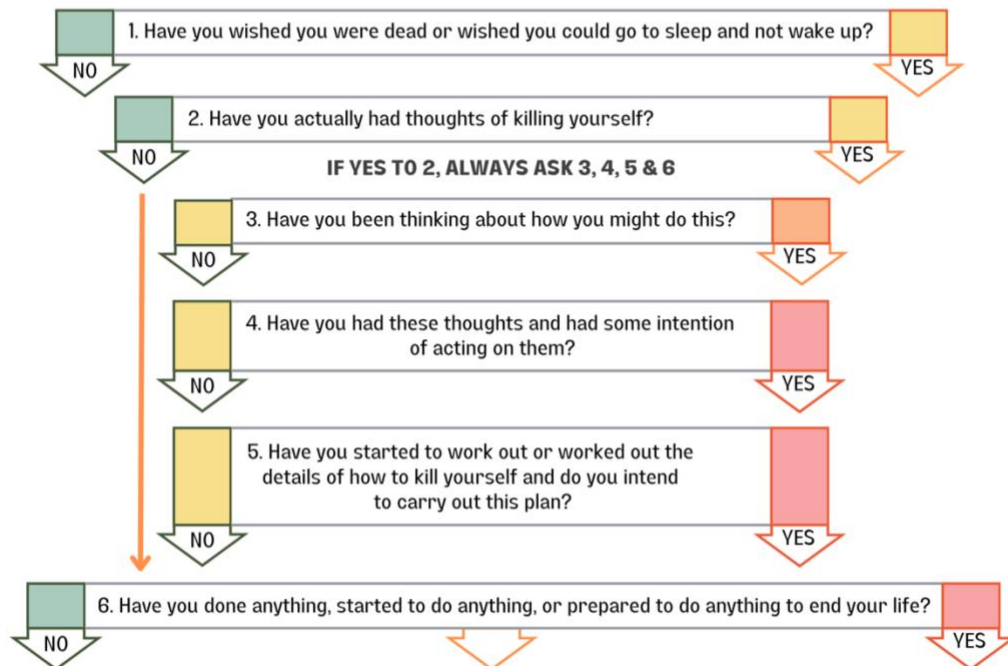
Moderate Risk (i.e., prior attempt, thoughts of and plan for behavior or no resources, but no time frame for behavior)

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

Eugene 4J Suicide Intervention Flowchart



ALWAYS ASK QUESTIONS 1, 2 AND 6



NO: 1, 2 & 6

SOME concern: No immediate plan; does not want to die; wants things to change; hopeful. Discuss other behavior(s) of concern or report.

As soon as possible:

- Call parent
- Document
- Follow-up interventions, services as needed
- Notify building administrator

YES: 2 | YES/NO: 3 | NO: 4, 5 & 6

MODERATE RISK: ambivalent about dying; pessimistic, vague/negative future plans; no specific plans but thoughts of wanting to die; sometimes feels like life isn't worth living.

By end of day:

- Notify building administrator
- Call parent or emergency contact if parent unreachable
- Document
- Discuss current services or new referral
- Provide community resources

Next steps:

- Attempt to get ROI for outside provider(s)
- Develop Safety/Support Plan
- Document & share Safety/Support Plan

YES: 2 | YES: 4, 5 or 6

HIGH RISK: at immediate risk of dying by suicide.

- Do not leave student alone
- Notify building administrator
- Call crisis hotline or 911 if imminent danger exists
- Call parent or emergency contact if parent unreachable
- Direct parent/emergency contact to take student to ER or call crisis response
- If no parent response, call SRO or DHS for immediate support
- Provide resources
- Document

POST C-SSRS PRIMARY CAREGIVER INTERVIEW (OPTIONAL)

Has your child displayed abrupt behavior changes?
What is your child's current support system?
Is there a history of mental illness?
Is there a history of recent losses, trauma, or bullying?
Has your child ever tried to harm themselves before?
Have they ever attempted to kill themselves before?

NASP (2020)

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 lethal means
	Provided 24/7 resource numbers
	Made immediate treatment referrals
	Mobilized prosocial support system
	Connected with school/community resources
	Arranged transportation
	Called ODHS

Suicide Prevention

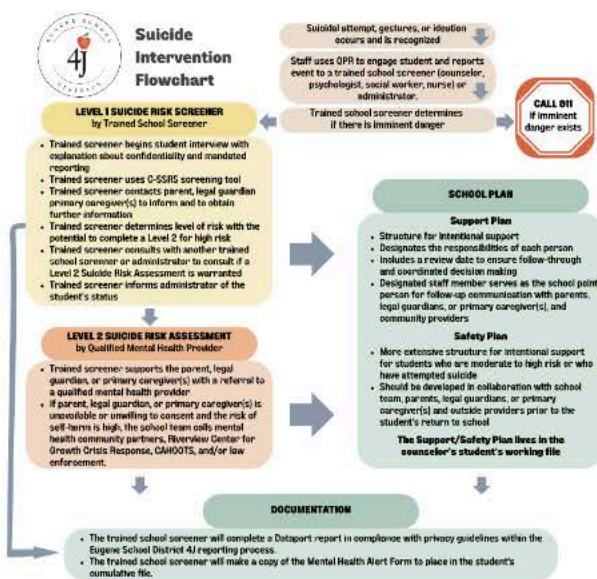
Ritu Roy (she/her)

Special Projects Manager for Prevention Services

Suicide Prevention Plan and Procedures

Email: roy_r@4j.lane.edu

Work cell: 541-393-7715



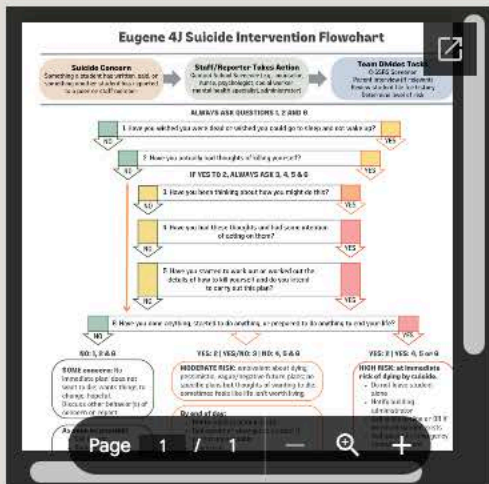
Suicide Intervention Flowchart

- Level 1: Suicide Risk Screener (in school)
- Level 2: Suicide Risk Assessment (referral out of school)
- School Plan Process
- Documentation Expectations

Steps for the 4J Screening and Documentation Process:

- A student is referred to you or you have determined the need for a mental health screening of a student.
- Complete a C-SSRS screening using the guidance provided.
 - File the C-SSRS in the student's working file in the school counselor's office.
- Contact the primary caregiver and/or DHS to communicate the screening results. Gather information using the primary caregiver interview guide (if needed) to include in your assessment.
- Complete the Dataport District Documentation **EVERY TIME** you do a C-SSRS screening regardless of risk level. This includes scheduling follow up check ins at a minimum of 14 days and 30 days after the initial screening.
- Complete the Mental Health Alert form and have it filed in the student's Cumulative folder.

Step One: Screen Student of Concern



C-SSRS Flowchart
(4J Process)

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Ask questions that are bolded and underlined.

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?**

Legend: Low Risk (Yellow), Moderate Risk (Orange), High Risk (Red)

C-SSRS Screener English
(Counselor File - Make a Copy)

COLUMBIA-ESCALA DE SEVERIDAD SUICIDA (C-SSRS)
Versión pantalla - Reciente

Permisión las preguntas que están en negrilla.

Permisión las preguntas 1 y 2

- 1) **¿Ha deseado estar muerto(a) o poder dormirse y no despertar?**
- 2) **¿Ha tenido realmente la idea de suicidarse?**

Si la respuesta es "SI" a la pregunta 2, formule las preguntas 3, 4, 5, y 6. Si la respuesta es "NO" continúe a la pregunta 6.

- 3) **¿Ha pensado en cómo llevarse a cabo?**
- 4) **¿Ha tenido estas ideas y en cierto grado la intención de llevarse a cabo?**
- 5) **¿Ha comenzado a elaborar o ha elaborado los detalles sobre cómo suicidarse?**
- 6) **¿Alguna vez ha hecho algo así, comenzado a hacer algo o se ha preparado para hacer algo para terminar su vida?**

Si la respuesta es "NO", termine: ¿Fue esto en los últimos 3 meses?

Legend: Low Risk (Yellow), Moderate Risk (Orange), High Risk (Red)

C-SSRS Screener Spanish
(Archivo del Consejero - Hacer una Copia)

Columbia Suicide Severity Rating Scale (C-SSRS) - Screener - Recent - Child

PAS MON

questions 1 and 2.

Have you wished that you could go to sleep and never wake up or that you were dead?

Have you thought about killing yourself?

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

- 3) Did you think about ways you could kill yourself?
- 4) Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something. Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?
- 5) Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?

Always ask question 6

Have you EVER tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself?

If YES, was this in the past 3 months?

Examples: took pills, tried to shoot yourself, cut yourself or hang yourself, 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, wrote, or sent a goodbye message, did research on the Internet about killing yourself, or got what you needed to kill yourself, etc.

C-SSRS Child Screener
(Ages 6-11)

EMBRACE YOUR FRIENDS

See Reverse for Questions that Can Save a Life

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 about killing yourself?

If YES to 2, answer questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.

3) Have you thought about how you might do this?

4) Have you had any intention of acting on it?

C-SSRS Card for Teens
(Resource)

ASK YOUR KIDS

CARE FOR YOUR KIDS

Page 1 / 2

C-SSRS Card for Parents
(Resource)

Step Two: Contact Primary Caregiver and/or DHS

Eugene School District 4J

Consentimiento para Liberar o Intercambiar Información del estudiante

Propósito: La Ley de Privacidad y Derechos Educativos de la Familia de 1974 (FERPA por sus siglas en inglés) requiere el consentimiento por escrito de un padre o estudiante elegible mayor de 18 años que autorice la divulgación de información del registro educativo del estudiante a otras personas o agencias.

INFORMACIÓN DEL ESTUDIANTE		
Estudiante	Fecha de nacimiento (mm/dd/aa)	#ID de 4J
Escuela		Grado

PERSONA/PROVEEDOR AUTORIZADO PARA DIVULGAR O INTERCAMBIAR INFORMACIÓN

Como Padre Tutor o Estudiante Adulto (seleccione uno), autorizo la divulgación e intercambio de información.

SPANISH

Consentimiento para Liberar Información del Estudiante

Eugene School District 4J

Consent to Release or Exchange Student Information

Purpose: The Family Education Rights and Privacy Act of 1974 (FERPA) requires written consent of a parent or eligible student aged 18 or older authorizing the disclosure of information from the student's educational record to other persons or agencies.

STUDENT INFORMATION		
Student	DOB	4J ID#
School		Grade

PERSON/PROVIDER AUTHORIZED FOR RELEASE OR EXCHANGE OF INFORMATION

As Parent Guardian or Adult Student (select one), I authorize the release and exchange of confidential

ENGLISH

Parent/Guardian/Adult Student Consent to Release Information

Dataport

(Confidential Screening Documentation)

Follow these directions if this is your first time logging into Dataport:

- Click re-set password (this will prompt you to set up your new account)
- Once you have your password set up, return to the login screen.
- Make sure you enter your username as your name **WITHOUT** @4j.lane.edu
- You will then be able to complete your documentation.

Dataport

Instruction Guide:

- In the top right corner click on the "Suicide Intervention" tab.
- Click on the "Create New Suicide Intervention Report" button.
- Step 1: Input the School and Student Name / ID into the pop-up if it does not auto populate.
- Step 2: In filling out the form, please ensure you do the following:
 - Under the SRA Team, the person filling out the report should put their name as the first entry, followed by the Building Admin team (Principal and Support Staff as applicable).
- Step 3: Required files to upload:
 - Always attach a Safety Plan created and if there isn't one, please note why there is not one.
 - Attach Reentry Plan if applicable.
 - If you don't yet have these, "Save and Email" the form for now, noting that you can edit the form at a later date to upload the relevant files.
- Step 5: Click "**Save and Email**" to complete documentation. Note: "Save Draft" is inconsistently saving.

Additional Documentation

Mental Health Alert Form 80

Add this form to the Student's Cumulative File

The screenshot shows the top portion of a web form for Eugene School District 4J. The header includes the district logo and name: "Eugene School District 4J" with the tagline "Equity. Excellence. Innovation." Below this is the title "STUDENT WELLBEING RECORD(S) ON FILE". There are two input fields for "Student Name" and "Student ID#". A "RECORD" button with a green checkmark icon is visible, along with a "Date Submitted" field. At the bottom, there is a blue document icon and the text "SS Record(s) on File Cum Form".

Safety & Re-Entry Plans

[4J Safety and Re-Entry Plan - All Levels \(required upload to Dataport\)](#)

Click on the above link to make a copy of the safety plan to use in your school.

[Youth SAVE Safety Plan \(MS and HS students\)](#)

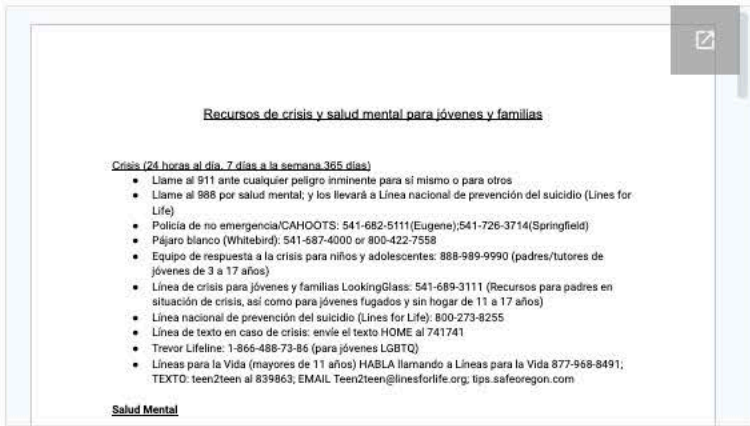
Click on the above link to make a copy of the safety plan to share with students to make their plan.

[Young Kids Safety Plan \(Lane County\)](#)

Click on the above link to make a copy of the safety plan to fill out together with student and caregiver.

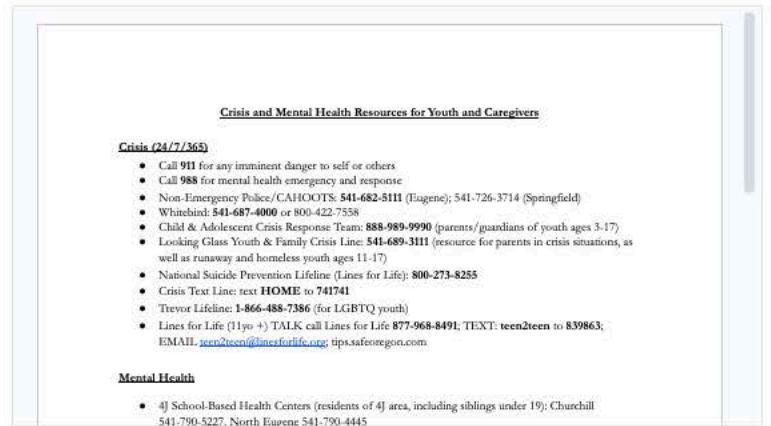
[Provider Safety Plan \(Youth SAVE\)](#)

Click on the above link to make a copy of the safety plan to use **for your records** at school.



SPANISH

Parent/Guardian Crisis Resource Sheet



ENGLISH

Parent/Guardian Crisis Resource Sheet



Firearms and Suicide

Safe Storage - All 4J school buildings have lock-boxes and corresponding locks for families to use.



FREE Training for Communities and Healthcare The Columbia Lighthouse Project

If you are using the C-SSRS for research and clinical trials please see our distinct requirements for training. Training is not required and you do not need any mental health experience to use the Columbia Protocol, however, training is helpful and some options to access training follow. Options for Training on the Columbia tools The ... Continued



C-SSRS Online Module Training

Please click on the Columbia Lighthouse Project image to access the full list of training options and tools to learn how to implement the C-SSRS.

The Online Module Training is an interactive way to learn how to implement the C-SSRS in different situations via lecture, slides, question prompts, role-plays and tips for various scenarios.

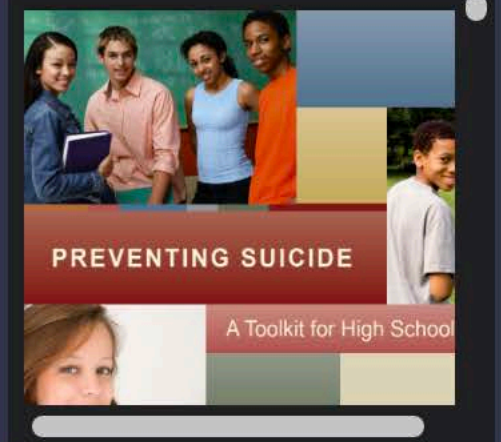
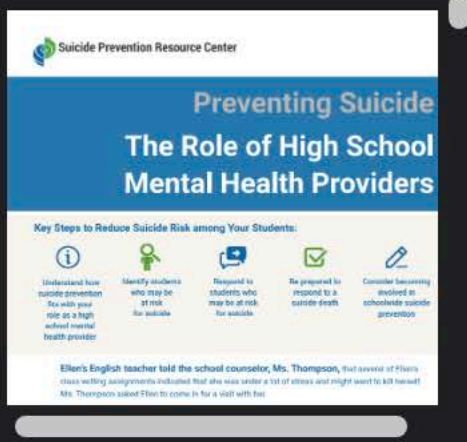
Suicide Safety Planning Intervention Video Walkthrough

These are demonstration videos briefly illustrating essential aspects of the Safety Planning Intervention which break-down:

1. Understanding Warning Signs & Risky Behaviors
2. Affirming Coping Skills & Strategies
3. Inviting In Trusted Humans / Building a Support Network
4. Reducing Access to Lethal Means & Unsafe Environments
5. Follow-Up on Safety Plan



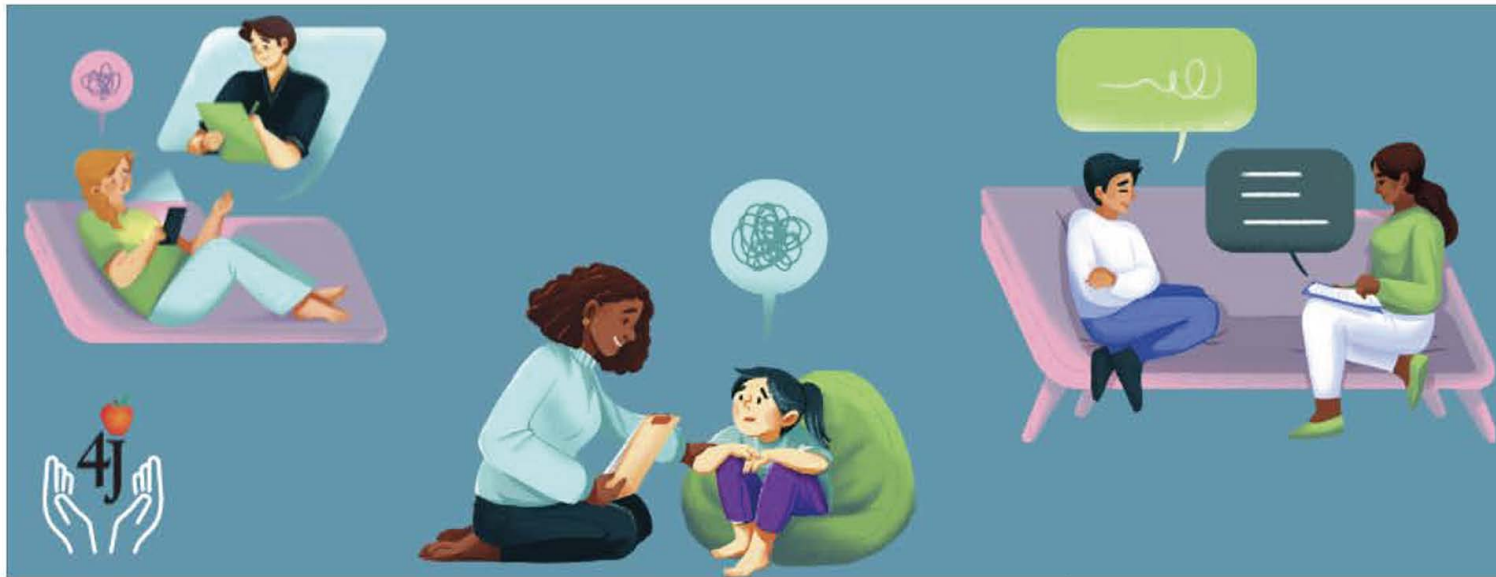
Brief interventions for managing suicidal crises



Sources of Strength

A best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength reaches beyond its original

Mental Health Resources



Información en español

It's OK to ask for help! In 4J, we are ramping up our efforts to remove the stigma, silence and secrecy that surrounds help-seeking behavior by adding mental health staff and providing mental health care coordination and trainings to staff and families. On this webpage, you will find 4J-based and community mental health resources for students, families and staff.

For more information, contact Dr. Kerry Frazee, Prevention Services Administrator, frazee_k@4j.lane.edu

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Resources

[Printable list of community mental health resources](#)

I'm in crisis and need help right now:

- Call **911**
- **National Suicide Prevention Lifeline**: Call **988**
- **Lane County Youth Crisis Response Program (Riverview Center for Growth)**: Call **888-989-9990**
- **CAHOOTS**
- **White Bird**
- **Trevor Lifeline**: A national 24-hour, toll-free, confidential suicide hotline for LGBTQ youth: Call, text, and chat **866-488-7386**
- **Crisis Text line**: Text **HOME to 741741** from anywhere in the United States, anytime, about any type of crisis. A live, trained Crisis Text Line Crisis Counselor receives the text and responds, all from our secure online platform. The volunteer Crisis Counselor will help you move from a hot moment to a cool moment.
- **YouthLine Lines for Life**: A chat-line for students. Teens are available to help daily from 4:00 p.m. – 10:00 p.m. 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.
- **Looking Glass Regional Crisis Center** for DHS involved youth: Call **541-743-2611**
- **Lines for Life** Racial Equity Support: Call **503-575-3764** (Weekdays, 10:00 a.m. – 7:00 p.m.)

I need to report a concern:

- **Safe Oregon**: 24/7 statewide school safety tip line, is here for you; for all students and the whole community. Confidentially or anonymously report student safety concerns (suicidal ideation/thoughts, cyberbullying, child abuse, drug/alcohol abuse, etc.) and SafeOregon will pass this information to school personnel. Information may be shared with law enforcement when necessary for safety

Safe Oregon [video](#) for students.

I need a mental health counselor:

- [School Counselor](#): Many students struggle at times. If your child needs support for mental health, talk to your school counselor or another trusted adult at your school.
- [Community Counselor](#)
- Care Solace ([4J video](#)): A confidential care coordination service that can help you find mental health care and substance use and misuse treatment options matched to your needs. Care Solace's team is available 24/7/365 and can support you in any language. Visit [Care Solace Eugene](#) or call **888-515-0595** at any time. 4J is providing students, staff and their families free access to Care Solace.

I would like suicide intervention training:

- Association of Oregon Community Mental Health Programs (AOCMHP) training opportunities:
 - [Contact Information](#)
 - [ASIST Trainings](#)
- Other:
 - [4J Suicide Prevention Plan and Procedures](#)
 - [Suicide Prevention Resources](#)
 - [Restricting access in the home to lethal means of self-harm](#)

Additional Resources

- [Parent Place](#) (Parent support, engagement, and education)
- [JED Foundation Mental Health Resources and Videos](#)
- Grief support
 - [Courageous Kids](#)
 - [Douggy Center](#)
- [Ophelia's Place](#) (Support for girls and families)
- [SASS](#) (Sexual Assault Support Services)
- [Youth ERA](#) (14+ drop in center and support)
- [Relief Nursery](#) (Support for younger children and families, including therapeutic services)
- Looking Glass [Resources for Unhoused Youth](#)

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4J Parent Information Sessions

- Teen Substance Use and Coping ([event recording](#) | [slide presentation](#))
- Youth Self-Harm and Cutting ([event recording](#) | [slide presentation](#))
- Navigating Grief and Suicide ([event recording](#))

Community Resources

- [Parenting Now](#)
- [Wellness affinity groups](#)
- [National Alliance on Mental Illness \(NAMI\) Lane County](#)
- [Relief Nursery Community Resource Guide](#)
- [Food for Lane County](#)
- [Sources of Strength](#)

Staff Resources

- [4J EAP](#)
- [Educator Wellness Series from Northwest MHTTC](#)
- [Trauma Stewardship](#)
- [Trauma Healing Project Workforce Wellness Resource Library](#)

¡Está bien pedir ayuda! En el 4J estamos intensificando nuestros esfuerzos para eliminar el estigma, el silencio y el secreto que rodea el comportamiento de búsqueda de ayuda mediante la incorporación de personal de salud mental y la coordinación y capacitación de atención de salud mental para el personal y las familias. En esta página web, encontrará recursos de salud mental para estudiantes, familias y personal, basados en el 4J y en la comunidad.

Para obtener más información, comuníquese con Dra. Kerry Frazee, administradora de servicios de prevención, en frazee_k@4j.lane.edu

Recursos Haga clic en el enlace para navegar a esa sección:

Necesito ayuda ahora:

- Llame al **911**
- [Línea Nacional de Prevención del Suicidio](#): Llame al **988**
- [Programa de Respuesta a Crisis Juvenil del Condado de Lane \(Centro Riverview Para el Crecimiento\)](#): Llame al **888-989-9990**
- [CAHOOTS](#)
- [White Bird](#)
- [Trevor Lifeline](#): Una línea nacional las 24 horas, llamada gratis y confidencial de apoyo contra el suicidio de jóvenes LGBTQ. Llame, textee o chatee al **866-488-7386**
- [Línea de crisis por texto](#): Textee **HOME al 741741** desde cualquier lugar de los Estados Unidos y a cualquier hora, sobre cualquier tipo de crisis. Esta línea de Texto de Crisis en vivo está capacitada para responder a crisis recibidas y contestadas por texto, todo desde nuestra plataforma segura en línea. El Consejero de Crisis voluntario le ayudará a pasar de un momento abrumante a un momento calmado.
- [Youthline Lines for Life](#): Una línea de chat para estudiantes. Los adolescentes están disponibles para ayudar todos los días de 4:00 a 10:00 p. m., hora del Pacífico, a través de llamadas, mensajes de texto, chat o correo electrónico (los adultos están disponibles por teléfono en cualquier otro momento). YouthLine es una línea de ayuda y crisis gratuita y confidencial de adolescente a adolescente. Ningún problema es demasiado grande o demasiado pequeño.
- [Centro Regional de Crisis Looking Glass](#) para jóvenes involucrados en el DHS: Llame al **503-575-3764**
- Otros [recursos para la prevención del suicidio](#)

Necesito reportar una preocupación:

- [Oregón seguro](#): SafeOregon es la línea de consejos de seguridad escolar en todo el estado las 24 horas, los 7 días de la semana que está aquí para usted; para todos los estudiantes y toda la comunidad. Reporte de manera confidencial o anónima sus preocupaciones de seguridad de los estudiantes (pistas de: intenciones suicidas, acoso cibernético, abuso infantil, abuso de drogas/alcohol, etc.) y SafeOregon pasará esta información al personal de la escuela. La información se puede compartir con la policía cuando sea necesario para la seguridad.

[Video](#) de Safe Oregon para estudiantes.

Necesito un consejero de salud mental:

- [Consejero escolar](#): Muchos estudiantes sufren a veces. Si su hijo necesita apoyo para la salud mental, hable con su consejero escolar u otro adulto de confianza en su escuela.
- [Consejeros comunitarios](#)
- [Care Solace \(video del 4J\)](#): Es un servicio de coordinación de atención confidencial que puede ayudarlo a encontrar opciones de tratamiento de atención de salud mental y abuso de sustancias que se ajusten a sus necesidades. El equipo de Care Solace está disponible las 24 horas del día, los 7 días de la semana, los 365 días del año y puede ayudarlo en cualquier idioma. Visite [Care Solace Eugene](#) o llame al **888-515-0595** en cualquier momento. El 4J brinda a los estudiantes, el personal y sus familias acceso gratuito a Care Solace.

Me gustaría recibir capacitación sobre intervención suicida:

- Asociación de Programas Comunitarios de Salud Mental de Oregon (AOCMHP) oportunidades de capacitación:
 - [Información del contacto](#)
 - [ASIST](#)
- Otras:
 - [Plan y procedimientos de prevención del suicidio del 4J](#)
 - [Recursos para la prevención](#)
 - [Restricción del acceso en el hogar de medios letales de autolesión](#)

Necesito recursos de verano:

- Apoyo de duelo
 - [Niños valientes](#)
 - [Dougy Center](#)
- [Ophelia's Place](#) (Apoyo para niñas y familias)
- [SASS](#) (Servicios de apoyo de agresión sexual)
- [ERA para jóvenes](#) (Centro de acogida y apoyo para 14+)
- [Guardería de alivio](#) (Apoyo para familias con niños pequeños y también servicios terapéuticos)
- Looking Glass [Recursos para jóvenes sin vivienda](#)

Campamentos y actividades

- [HONEY Club cultural](#) (grupo de verano para jóvenes multirraciales y multiétnicos en el área de Eugene/Springfield)
- [Eugene YMCA](#) (múltiples ofertas de campamentos de verano para niños desde preescolar hasta adolescentes)
- [Boys and Girls Club](#) (campamentos de verano: \$25/semana)
- [Willamalane Park y Distrito de recreación](#): Varios campamentos disponibles para muchas edades e intereses
- [Recreación de Eugene](#): Varios campamentos disponibles para muchas edades, intereses y habilidades
- [Campamentos diurnos de 4-H del condado de Lane](#) (grados K-8)
- [Eventos de verano para adolescentes en la biblioteca pública de Eugene](#) (generalmente de 13 a 19 años)
- [Teen Tuesdays at Springfield Public Library](#) (mayores de 12 años)
- [Arc Families Connected](#): Conexión familiar para familias que crían a un niño con una discapacidad intelectual o de desarrollo
- [Eugene Science Center](#): Campamentos de ciencia de verano para estudiantes de 1.º a 8.º grado
- [Deportes para niños](#): Campamentos disponibles para niños de 18 meses a 8.º grado
- [Naturaleza cercana](#): Campamentos de medio día y día completo disponibles todo el verano

Recursos adicionales

- **Sesiones de Información para Padres de 4J:**
 - Uso de sustancias en adolescentes y afrontamiento ([grabación de eventos](#) | [presentación de diapositivas](#))
 - Autolesiones y cortes en los jóvenes ([grabación del evento](#) | [presentación de diapositivas](#))
 - Navegando el duelo y el suicidio ([grabación del evento](#))
- **Recursos Comunitarios**
 - [Parenting Now](#)
 - [Grupos de afinidad de bienestar](#)
 - [Alianza Nacional sobre Enfermedades Mentales \(NAMI\)](#)
 - [Guardería de alivio / Guía de Recursos Comunitarios – español](#)⁸⁶
 - [Comida para el condado de Lane](#)
 - [Sources of Strength](#)

Recursos para el personal

- [4J EAP](#)
- [Educadores compasivos del Condado de Lane](#)
- [Trauma Stewardship](#)
- [Trauma Healing Project Workforce Wellness Resource Library](#)
- [Conjunto de herramientas para la Salud Mental en las escuelas de Oregon](#)