A Tale of Two Portlands: Implementing Comprehensive School Suicide Protocols in Oregon and Maine

Liz Thorne and Jessica Lawrence: Cairn Guidance
Sheila Nelson: Maine Centers for Disease Control & Prevention
Agenda

• Introductions
• Objectives
• Overview of efforts to build school protocols in Maine and Oregon
• Successes and Lessons Learned
• Bringing it home: Connecting to the Whole School, Whole Community, Whole Child Model
Objectives

By the end of this session you will be able to:

• Compare evidence-based school suicide protocols.

• Explain challenges to school suicide prevention efforts and strategies to overcome challenges.

• Identify action steps and key resources to develop comprehensive school suicide prevention protocols in your community.
Garrett Lee Smith Youth Suicide Prevention grantee (funded in 2013).

Goals:

• Increase identification, screening, and referral.
• Support Maine LD 609, requiring suicide prevention training for all school personnel.
• Ensure schools and youth-serving agencies can effectively and appropriately manage students at risk of suicide.
## Building Caring Connections in Maine

### School Protocol Rubric

Date of review: ___________________________  Name of Reviewer: ___________________________

SBHC affiliate: ___________________________  Name of School/s: ___________________________

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<thead>
<tr>
<th>Protocols</th>
<th>Yes</th>
<th>Partial</th>
<th>No</th>
<th>N/A</th>
<th>Note</th>
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<tr>
<td>1. Is there a written protocol for suicide prevention?</td>
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<td>2. Is there a written protocol for suicide intervention?</td>
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<td>3. Does it outline steps to take in the event of an attempt on school grounds?</td>
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<td>4. Does it outline steps to take in the event of an attempt OFF school grounds?</td>
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<td>5. Is there a written protocol for suicide postvention?</td>
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### Staff training

6. All staff to receive basic suicide prevention awareness

7. Appropriate staff to receive Gatekeeper training

8. All trainings to be renewed every 5 years or sooner

9. New staff to receive training within 6 months of hire
Capacity Building

• Directed to schools with school based health centers.
• Intensive training on use of the Columbia Suicide Severity Rating Scale (C-SSRS) for School Based Health Center staff.
• Increase the number of trained Gatekeepers within school settings.
• Specific training and technical assistance on protocol and policy development.
Maranacook Community Schools RSU #38
Elementary School Suicide Prevention Protocol 2015/2016

If a school employee is concerned that a student is suicidal, whether from student conversation or by observing risk factors or warning signs, the employee must:

- IMMEDIATELY contact the school counselor, school nurse or school principal by phone or in person.
- Do not leave the student alone. Be calm and reassuring.

The school counselor, school nurse or school principal will immediately assess the student’s risk for suicide.

If it is determined that the student is suicidal, the school counselor, school nurse or school principal will call Crisis & Counseling to request a crisis assessment.

The parent, guardian, or other emergency contact will be notified by the school counselor, school nurse or school principal.

The school counselor, school nurse and school principal will collaborate on the situation whenever possible.

**SCHOOL COUNSELORS**
MES/RES: Becky Vining (207) 441-1087. WES/MtWES: Tara Wicks (207) 931-5093

**SCHOOL NURSES**
MES/RES: Jada Clark (207) 432-2842. MES/WES/MtWES: Angela Palmer (207) 441-5463

**SCHOOL PRINCIPALS**
MES/MtWES: Janet Delmar (207) 446-5564. RES/WES: Jeff Boston (207) 620-4604
Building School Systems: Oregon

- Funded by Oregon Public Health Division, through Garrett Lee Smith Grant (funded in 2016)

Goals
- Provide direct technical assistance to communities to strengthen school suicide protocols.
- Develop a protocol development toolkit for use in Oregon schools.
Process

• Adapted Protocol Assessment developed in Maine.

• Provided a range of individualized TA options to county, district, school staff.
  • Protocol review and feedback.
  • Facilitated assessment, prioritization, work plan and material development.

• Developed and adapted resources, templates and sample language to support each component of the assessment.

• Gathered example protocols and stories of success from across the state.
# What’s in the Toolkit?

## Table of Contents

- Introduction to the Toolkit ................................................................. 3
- What is in the Toolkit? ........................................................................... 5
- **A. Comprehensive School Protocol Inventory** .................................. 6
- **B. Evidence-based Trainings and Programs available/being piloted in Oregon** ................................................................. 13
- **C. Sample Suicide Intervention Process (Adapted from Washington County School District Template)** ................................................. 16
- **D. Sample Suicide Screening Form (Adapted from Washington County’s School District Template)** ....................................................... 20
- **E. Safety Plan Sample (Adapted from Washington County School District Template)** ................................................................. 25
- **F. Guidelines for Making Effective Referrals** ..................................... 30
- **G. Referral and Follow-up Sample Form** ............................................. 35
- **H. Parental Involvement form samples** ............................................. 37
- **I. Re-Entry Procedures after a Suicide Attempt:** ............................... 40
- **J. School Intervention Flowchart (adapted from Maine NAMI)** ............. 42
- **K. Postvention Procedures and SB 561** .............................................. 43
- **L. School Postvention Flowchart (from Maine NAMI)** ......................... 46
- **M. Sample Death Notification Statement for Parents** ......................... 47
- **N. Stories of Success in Oregon** ....................................................... 49
- **O. Resources** .................................................................................... 52
- **P. Appendices** .................................................................................. 53
Portland Public Schools example flowchart
Successes and Lessons Learned
Successes

• Increase use of evidence based tools to identify, screen and refer youth at risk of suicide.

• Develop clear protocols/flow charts with clear triage points and responsibilities.

• Facilitate a flexible process that met communities where they were. Modifiable samples, templates and checklists vs. full scale model policies/protocols.
Lessons Learned (Maine)

• In-person trainings often inaccessible for staff teams (self-paced learning and resources more helpful).
• Need to move schools beyond Crisis Response Plans, and focus on appropriate responses for students at low, moderate, and high suicide risk.
• Ensure that responsibility and accountability are built into policies.
Lessons Learned (Oregon)

• Lack of capacity at school district level to dedicate staff time to protocol development.

• Partnership is crucial. What can community partners (i.e. county mental health) do to support schools?

• Have to meet schools/district where they are.

• Leverage what schools already have to do (i.e. statute, requirements).
Connecting Suicide Prevention to Larger Education Priorities
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)
Resources

- Maine’s protocol toolkit:

- Oregon’s protocol toolkit: *tbd*

- National Suicide Prevention Lifeline: suicidepreventionlifeline.org

- Suicide Prevention Resource Center (SPRC) www.sprc.org

- Centers for Disease Control and Prevention: Injury and Violence Prevention

- SAMSHA Preventing Suicide: A Toolkit for Schools

- SPRC After a Suicide, A Toolkit for Schools

- Trevor Project: Model School Policy
Questions?
Thank you!

Liz Thorne, MPH: Liz@cairnguidance.com
503.593.2840

Jess Lawrence, MS: jess@cairnguidance.com
503.784.2932

Sheila Nelson: sheila.nelson@maine.gov
207.287.3856