



ZERO SUICIDES AT SCHOOL:
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)
FOR SUICIDE PREVENTION

UNIVERSAL, SELECTIVE, AND TARGETED INTERVENTIONS

LINCOLN HIGH SCHOOL, PORTLAND, OR
PORTLAND PUBLIC SCHOOLS

1

Confederation of Oregon School Administrators

Friday, October 4, 2019

Presenters

- Peyton Chapman, Principal
- Jim Hanson, School Psychologist
- Rodrigo George, Lincoln Parent and Advocate
- Jim Peerenboom, Student Dean, Drama Teacher
- Ken Weinberg, PE & Mindfulness Teacher, Health/PE PLC
- Jiwon Lim, Student Mental Health Advocacy & Awareness Club
- Amy Ruona, Portland Public Schools, Student Success and Health

LEARNING OBJECTIVES:

- Describe the roles of Whole Child Model (WSCC) stakeholders who form the basis for a school-based prevention team that provides comprehensive school-based suicide prevention
- Outline the strategies needed to embed suicide prevention efforts within State of Oregon law and school-district-level initiatives including Adi's Act and MTSS
- Know the tools and know where to go to obtain the tools needed for suicide prevention in schools.

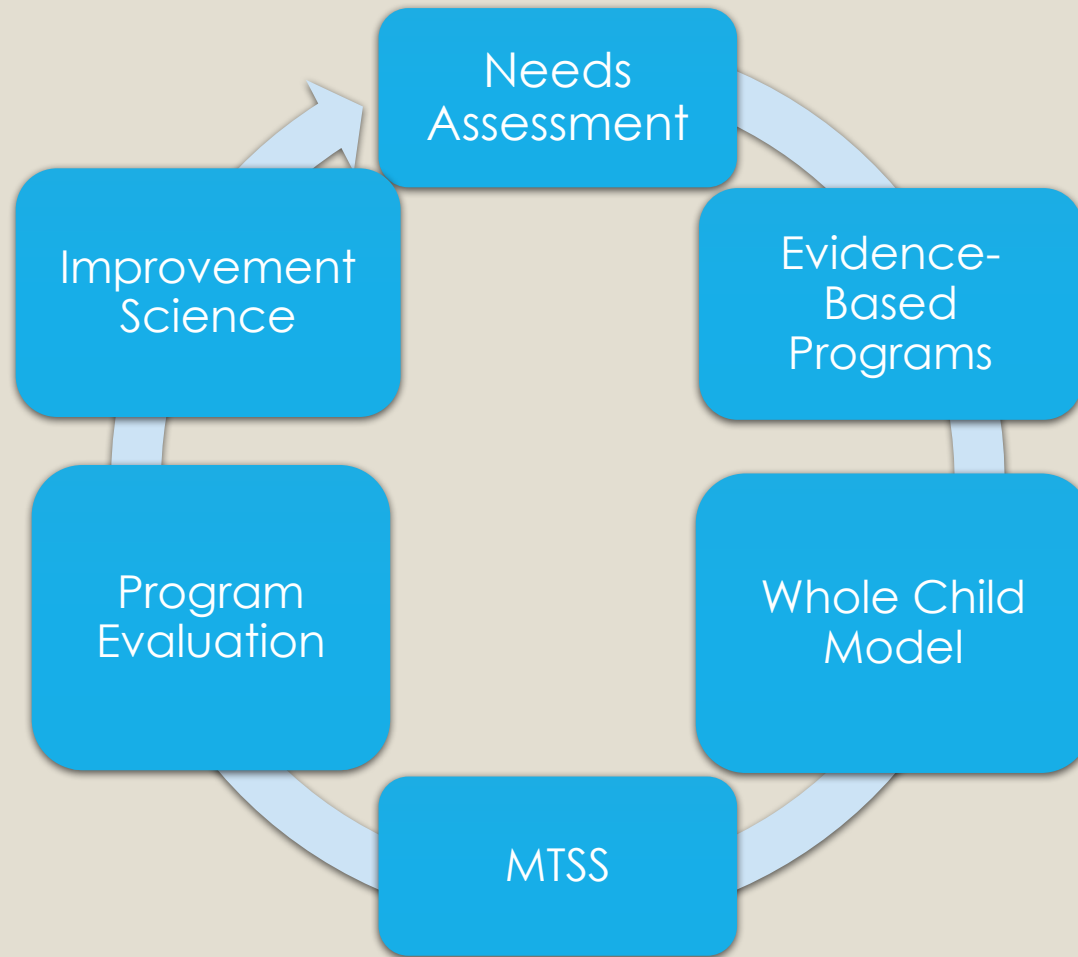
Lincoln High School



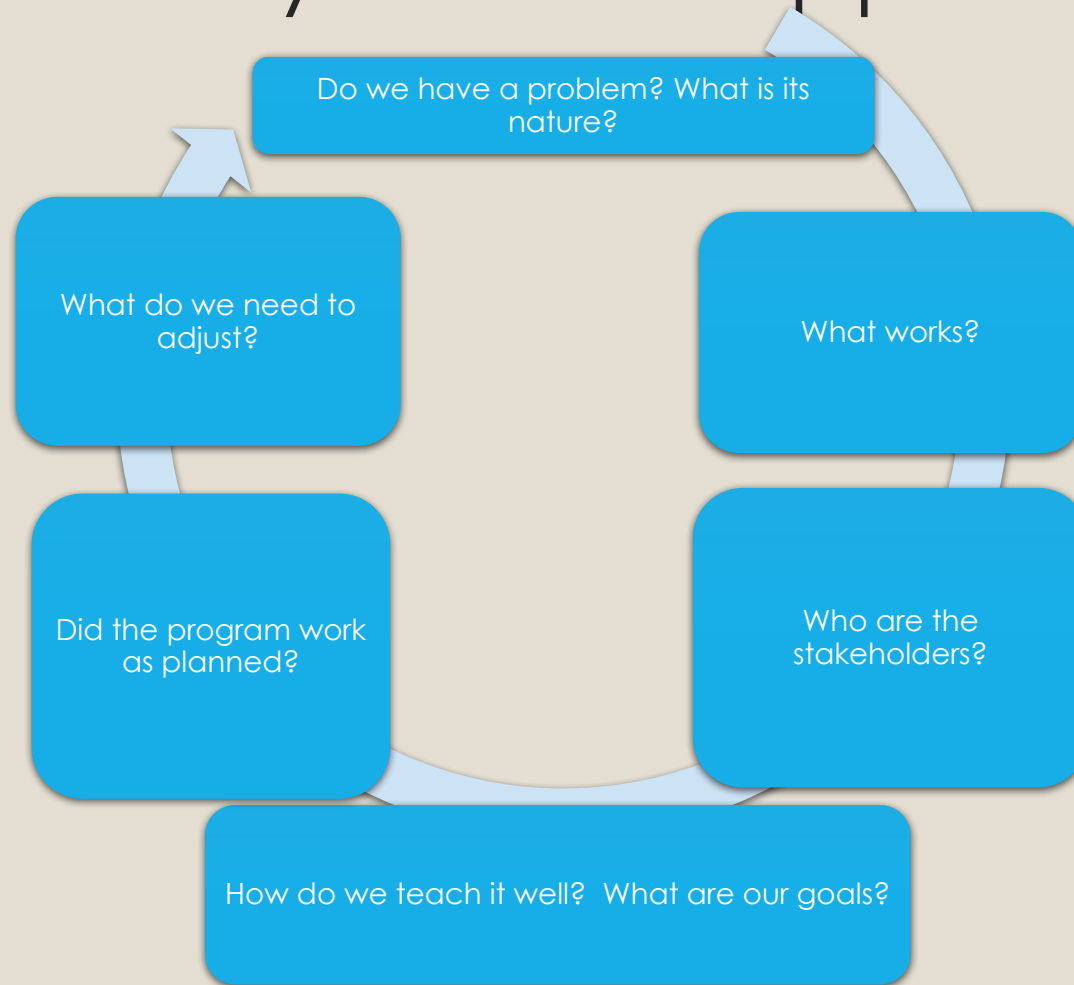
Lincoln High School

- 1700 students
- Mostly middle to high socio-economic status
- 100 Best High Schools in United States
- Suicide was leading cause of death until 2008
- High stress and anxiety (OHTS 2019: 18.2% of students considered suicide in last twelve months; 33.3% have emotional or mental health care needs that are not met.)
- About 40 parent meetings/year for cutting, serious suicidal ideation or attempt (record year: 57)

Multi-tiered System of Supports (MTSS)



Multi-tiered system of supports (MTSS)



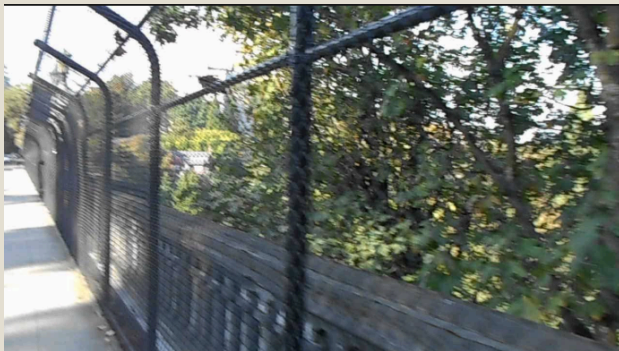
Needs assessments:

CONCLUSION: Lincoln High School has a pervasive problem with suicide Behavior

- Oregon Healthy Teens Surveys (Odd Years)
- Oregon School Wellness Survey (Even Years)
- Youth Risk Behavior Survey (New)
- Whole School Mental Health Screening Questions
- Suicide Screenings through School Counselors
- Attempts at School and Completions at Home (1999-2007)

Do we have a problem? What is it's nature?

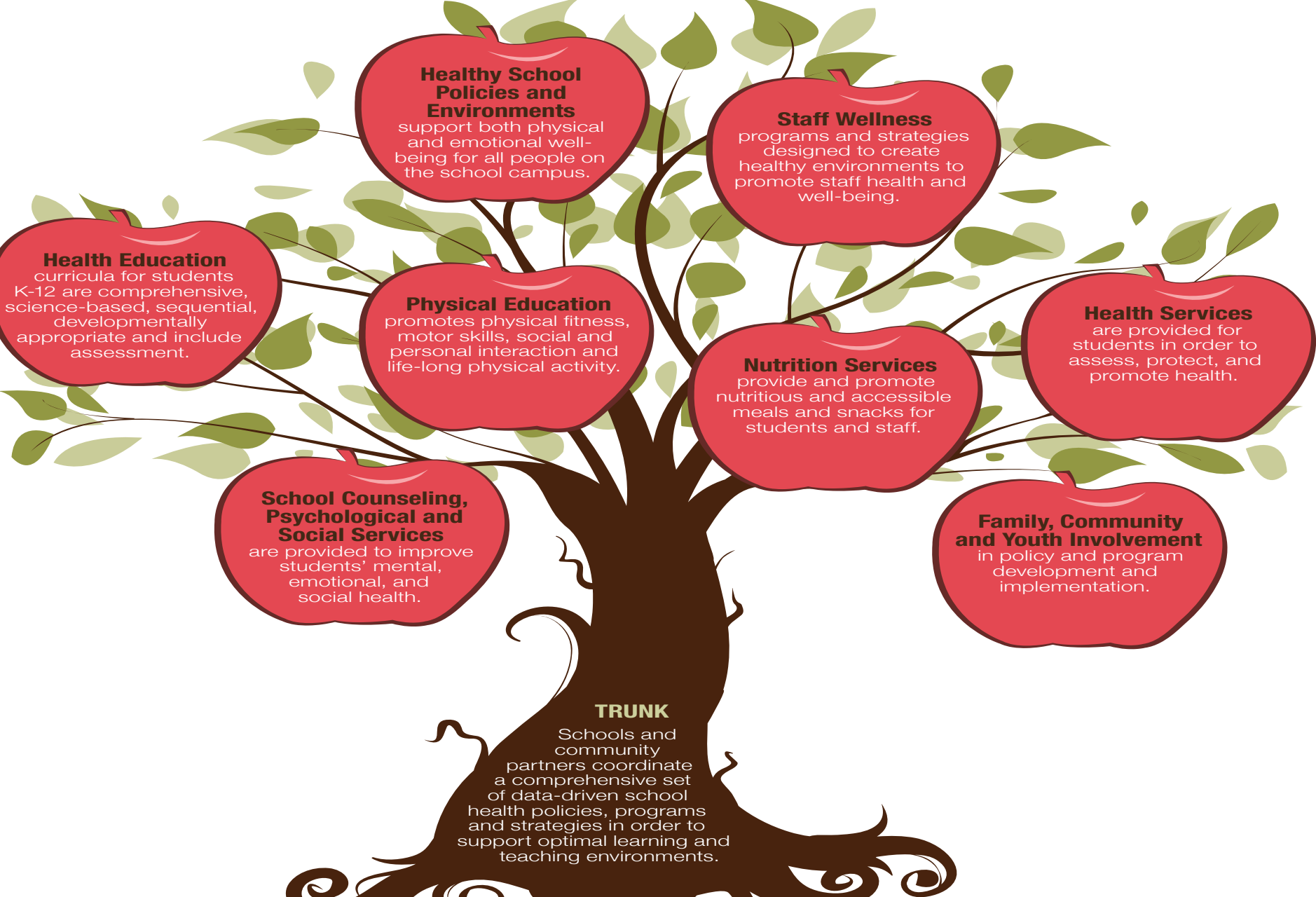
A constant reminder: Vista Bridge AKA Suicide Bridge



WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD



Who are the stakeholders?



Who are the stakeholders?

Why the Whole Child Model?

- Know and use resources of the group (e.g., health teachers and students who are often forgotten)
- Coordinate efforts and avoids initiative duplication
- Save time, money, energy
- Increase communication among stakeholders (LSAC, PTSA, SIT, teachers, community, etc.)
- Infuse trauma-informed, culturally responsive practices

Who are the stakeholders?

Cardinal Families Health Action Network (CF-HAN)



- Initiated adoption of RESPONSE High School Based Suicide Awareness Program
- Four "Parent to Parent" Courageous Conversations per year on health and mental health topics (e.g., RESPONSE Suicide Awareness, "Marijuana and the Teen Brain," "Supporting Transgender and Gender Diverse Students," "Eating Disorders," "Compassionate Communication," "Deconstructing Rape Culture")
- Funds student health and mental health projects (e.g., student resources website, student-led anti-bullying program, research into school dance drug and alcohol issues, SAFER sexual consent training, etc.)
- Funds teacher and team training (Collaborative Problem-Solving, yoga mats, Mindfulness, Comprehensive School-Based Dialectical Behavioral Therapy, etc.)
- Publishes family pledges to keep houses supervised and safe: star in school directory

Who are the stakeholders?

Selecting Research-Based Interventions

- NREPP: National Registry of Evidence Based Programs and Practices (now Evidence-Based Practices Resource Center, no research summaries)
- CASEL “safe and sound”
- www.interventioncentral.org
- What Works Clearinghouse
- National Associations' Best Practices lists/books/reviews
- Specific Peer Reviewed Programs
- Your Choices?

What works?

2007-2008 School Year Search for Programs

- Columbia Teen Screen
- Signs of Suicide (SOS)
- RESPONSE High School Based Suicide Awareness Program
 - Columbia Care
 - Jill Hollingsworth
 - Multnomah Educational Service District

What works?

RESPONSE

RESPONSE is a recognized Best Practice listed with the Suicide Prevention Resource Center (SPRC) and American Foundation for Suicide Prevention's (AFSP) Best Practice Registry at:

www.sprc.org/featured_resources/bpr/PDF/RESPONSE_FactSheet.pdf

RESPONSE is based on current research on effective school-based suicide prevention programs (Kalafat 2003, Lazear & Ketal 2003, Miller & DuPaul 1996, Poland & Lieberman 2002)

RESPONSE High School Based Suicide Awareness Program

- RESPONSE is a comprehensive high school-based program that increases awareness about suicide among:
 - high school staff (2 hours a year)
 - Students (4 days per year in health classes or other classes)
 - Parents (2 hours per year)
- All of the program components are designed to heighten sensitivity to depression and suicide risk
- “Heroes” in the program are those who get their friends help
- Changes the culture of silence

How do we teach it well?

What RESPONSE Teaches

- Signs of depression and suicidal ideation
- Protective factors against suicide
- Myths about suicide
- Reasons people may not seek help
- 5 simple steps you can take if you suspect that a person is suicidal
- Talking with a person who is demonstrating signs of suicide
- Building-level suicide prevention contacts
- Aligned with Applied Suicide Intervention Skills Training (ASIST)

How do we teach it well?

What is Applied Suicide Intervention Skills Training (ASIST)?

ASIST is a two-day interactive workshop in suicide first-aid. ASIST teaches participants to recognize when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—ASIST can be learned and used by anyone. A school must have two ASIST trained staff members to use RESPONSE.

How do we teach it well?

Lincoln High School Early Adoption (from 2008)

- **Health teachers** provide one week + of RESPONSE instruction to health class students
- The **school psychologist** provides training to all staff every two years and to new staff every year. Coaches have their own training.
- The Cardinal Families **Health Action Network** sponsor a RESPONSE training at a parent Courageous Conversation every one to two years
- Every Lincoln **school counselor, nurse, psychologist, and vice-principal** has or will have received ASIST Training and can serve as suicide prevention contacts

How do we teach it well?

Response in the Classroom



How do we teach it well?

RESPONSE Alignment to Oregon's Health Class Standards

Day 1 Slide 1

Over the next few days, we are going to be talking about depression and suicide. We will be talking directly and openly about suicide, so if any of the information I present makes you uncomfortable or brings up emotions that are difficult as a result of your own life experiences, there are a variety of ways to communicate that to me and other trusted adults in our building. For example, the school counselor is aware that we are doing this program, as is the school nurse and school psychologist. We are all available to listen and discuss any discomfort you may have during this unit, or at any time during our health class together.

Slide 2

*Today, we have 3 learning objectives. You will be able to:
Explain key concepts of mental & emotional health including depression and suicide (HE.1.12.46);*

Explain the key concepts of suicide prevention including signs and symptoms of suicidal thoughts (HE.1.12.47); and

Review national, state and local data to show the importance of this issue.

How do we teach it well?

Five Steps to Help a Student

1. Establish rapport. Building relationships with students so they feel that they can go to a trusted adult.
2. Discretely, but directly, ask the question: “Are you thinking about suicide?”
3. If “yes,” then do not leave this person alone.
4. Offer some comforting things to say. See examples below.
5. Contact or take the student to the suicide contact/ASIST-trained adult or counselor at your school. Inform administrator.

From Lincoln's Suicide Prevention Program Evaluation: 2018-2019

- 400 health class students were trained. Students learned the warning signs of suicide, how and when to ask the question, "Are you thinking about suicide?"
- Students learned building-level and community-based resource to help someone considering suicide, and they learned how to assist fellow students in access those supports.
- For all staff members, school psychologist presented the RESPONSE High School Based Suicide Awareness training. Two-thirds of teachers reported having used the skills since learning them. Coaches will be trained again next year.
- Parent presentation was also conducted.

How do we teach it well?

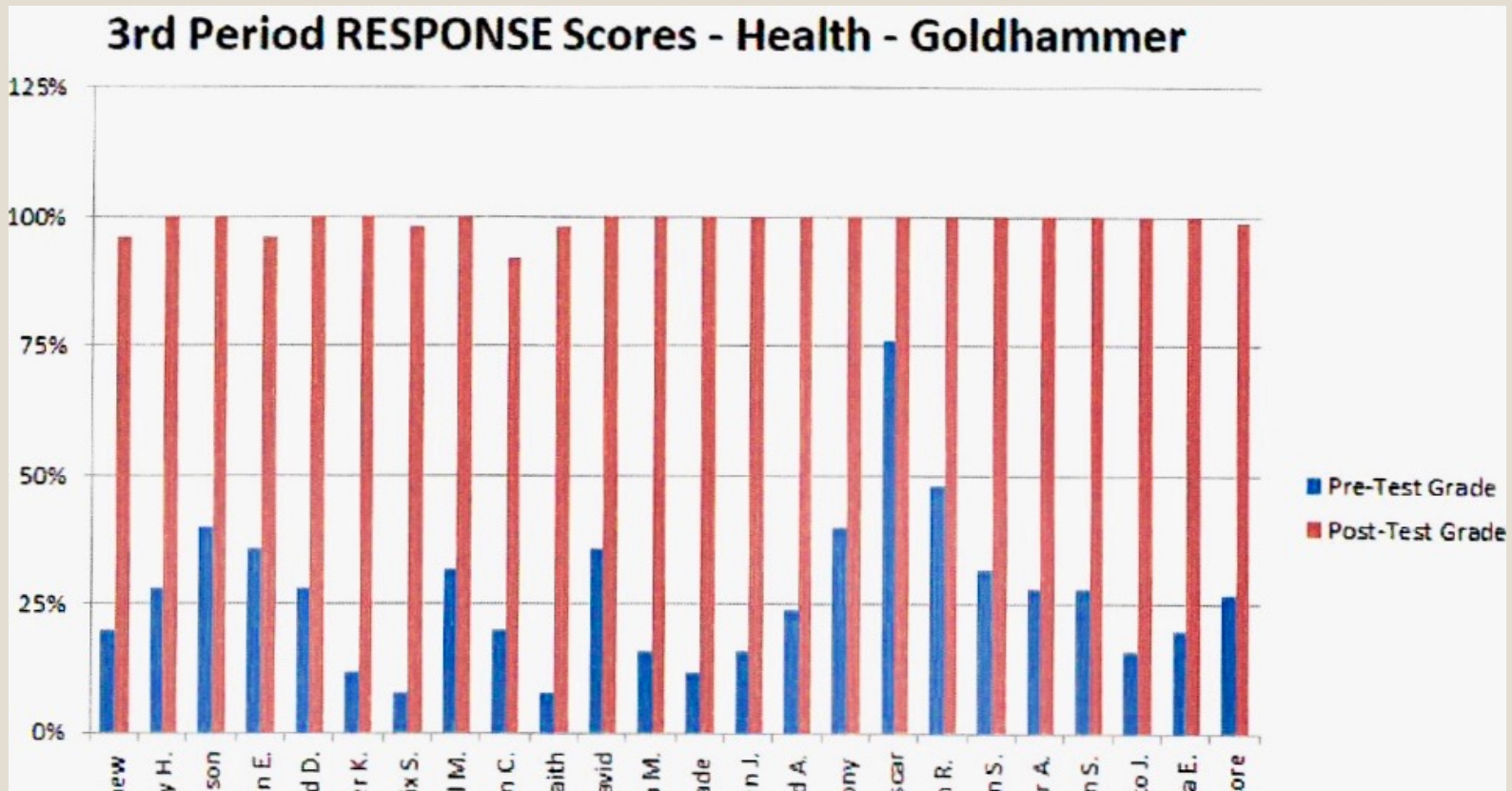
From Program Evaluation Classroom Results 2018-2019

Immediate Outcomes:

- On the RESPONSE pretest, 74 students in Dr. Goldhammer's health courses scored an average of 22.5%. They scored an average of 97.2% on the post-test, after the curriculum had been delivered.
- Of students who took the post-test, 100% achieved mastery of the material with a score of 80% or above.
- This indicates that all students Dr. Goldhammer taught met the learning targets for the RESPONSE program.

Did the program work as planned?

From Program Evaluation Classroom Results 2018-2019



Did the program work as planned?

From Lincoln's Suicide Prevention Program Evaluation 2018-2019

Intermediate Outcomes:

- School counselors completed 92 suicide screenings.
- The school counselors, psychologist, and nurse met with the families of 45 students who had serious suicidal ideation, were hospitalized, attempted suicide, or who had cut on themselves repeatedly (a sustained pattern of self-harm). School- and community-based interventions included:
- Lincoln had its eleventh year without a student suicide.

Did the program work as planned?

Lincoln High School Sustained Programs (2008-2019)

- Mr. Hanson and Ms. Paasch (school nurse) trained other Oregon school teams with OHA and Oregon Youth Suicide Prevention Intervention and Prevention specialists.
- Mr. Hanson served twice on the Oregon Youth Suicide Prevention Five-Year Plan. He provided feedback for the second edition of RESPONSE.
- Mr. Hanson, Mr. Pruitt, and Dr. Goldhammer (health teacher) revised the staff RESPONSE presentation to more closely address the intersection of race and suicide prevention; they shared this information for the third edition of RESPONSE.
- Mr. Hanson became an ASIST trainer to sustain RESPONSE in Portland Public Schools.
- Lincoln chosen by ODE as one of the model schools for suicide prevention.

What do we need to adjust?

What Are Students Doing?

- Speaking up
- Creating Action
- Supporting each other

What do we need to adjust?

Mental Education and Research Club and Student Leadership Wellness Club

- Mental Education and Research
- Resource list and website
- Future Goals
- More community projects
- Informational events
- Create new and strengthen current support systems
- Leaders: Bella Bravo, Jiwon Lim, Joey Mock
- lincolnmeat@gmail.com
- Student Leadership
- December 11th health fair with MEAR participation, 3 speakers, and 50 vendors
- “Trivory” app linking to MEAR webpage
- Mental health wall and resources
- Sources of Strength
- Communication with administration

What do we need to adjust?

WHAT MESSAGES ARE WE TRYING TO SPREAD TO OUR PEERS?

- To be informed
- To know your resources
- To reach out and help others reach out
- To think before you speak
- To be open minded

What do we need to adjust?

What Else?

Suicide Prevention and Intervention in Schools

- Multi-Tiered System of Supports (MTSS)
- RESPONSE and other suicide prevention programs are “Tier I” or Universal Programs that all students receive
- Other Tier I universal programs include student-led anti-bullying, character traits education, teacher training in collaborative problem solving and restorative justice, etc.
- Tier II and Tier III evidence-based programs are for students at risk or identified with mental health, behavioral, and/or social-emotional challenges

Lincoln High School Student Supports

Social/Behavioral Supports

Evidence-Based Supports for Social Emotional Learning and Attendance

Academic Supports

Supports for Academic and On-Time Graduation

Tier Three

Dialectical Behavioral Therapy
Social Thinking Curriculum
Mental Health Counselors
Suicide/Threat Screening
Safety Plan*

Tier Three

504 Accommodation Plans
Special Education Study Skills,
Reading, Math Classes
AVID After Hours

TIER 3

Intensive Interventions

5%

Tier Two

Drug/Alcohol Prevention
Functional Behavioral Analysis
Student Engagement Coach
Mindfulness Classes*
Yoga Classes
Restorative Justice
ACT Therapy

Tier Two

Peer Advocates/Mentors/Tutors
English Language Learning
Credit Recovery Options
Double Block Academics
Essential Skills Support Classes
Academic Study Centers

TIER 2

Targeted Interventions

15%

Tier One

RESPONSE Suicide Prevention
Student/Staff Anti-Bullying*
STEPS-A
Student Diversity Clubs*
School Nurse*
Health Class Curricula*
Collaborative Problem Solving
GO CARDS Character Traits

Tier One

Trauma-Informed Classrooms
Parent/Teacher Conferences
FLEX, Synergy
Student Manual/Planner
Counseling Resources
Library/Cafeteria/Tutoring Center
AVID & FLI Classes

TIER 1

Universal Access

100%

All SEL interventions are listed in NREPP as evidence-based programs or have been identified as Best Practices by major professional organizations

**Research-based methodology; LHS effectiveness studies available upon request*

Health Education Standards

- Alcohol, tobacco, and other drugs
- Prevent and control disease
- Protect the environment
- Healthful nutrition
- Mental, social and emotional health
- Physical activity
- Sexual health
- Violence (including bullying) and suicide prevention



School Nurse

There is a significant relationship between school nurse availability and student emotional and physical well-being and educational success.

- Suicide Assessments/ASIST trained**
- DBT Trained**
- Collaborative Problem Solving Trained
- Anxiety reduction trained**
- Safety Plan contact**
- Threat Assessment trained**
- **Approx. 60% of students who sought nurse services had a mental/emotional health need**
- 87% of students returned to class vs. went home after health room visits 2018/19**



Mary Johnson, RN,
MN

Collaborative Problem Solving

- Challenging behavior is a byproduct of lagging cognitive skills in the global domains of flexibility, executive functions, using language, social skills, and emotional regulation
- Mindset: kids do well if they can. If they can't, it's up to us to find out why
- Relationship-based, trauma-informed, evidence-based
- Teachers sponsored by LHS Parent Health Action Network for voluntary two-day training.
- 16 Trained; 4 Advanced Level Training

Trauma-Informed Schools

- Teacher training in trauma-informed classroom practices
- 321 Insight Program
- ACES, Regulation, Resiliency, The Crisis Cycle, Teacher Skills, Self-Care
- How to support all students with trauma-informed teaching and discipline
- Introduction at fall opening training days for all staff
- Four additional units in PLC times

Freshman Leadership & Inquiry

- Freshman connections and community building
- Orientation to Lincoln's academic systems
- Study habits and study supports
- Introductions to Lincoln and community support programs (anti-bullying, SAFER sexual consent awareness, counseling services, STEPS-A social-emotional learning, mindfulness, etc.)
- Cardinal mentor connections and role models

Matt Reed, Program Coordinator

Student-Led Anti-Bullying

In groups of four, Leadership Team students present in each 9th grade FLI class

30 research article literature review last year

Data to determine if Lincoln program was effective:

- Participatory action research

- Health class surveys

- Discipline referrals

- Oregon Healthy Teens Survey

- Successful Schools Survey

In 11 years, twice as many students speak up

Bullying cut in half



Skills Training for Emotional Problem Solving (STEPS-A)

- AVID and FLI Classes (13 teachers, 2 teacher leads, and school psychologist)
- 18 student lessons in Social Emotional Learning
- Evidence-based, trauma-informed skills from Dialectical Behavioral Therapy
- Parent classes every month
- Pre-post testing, authentic practice and assessment

Cardinal Mentors

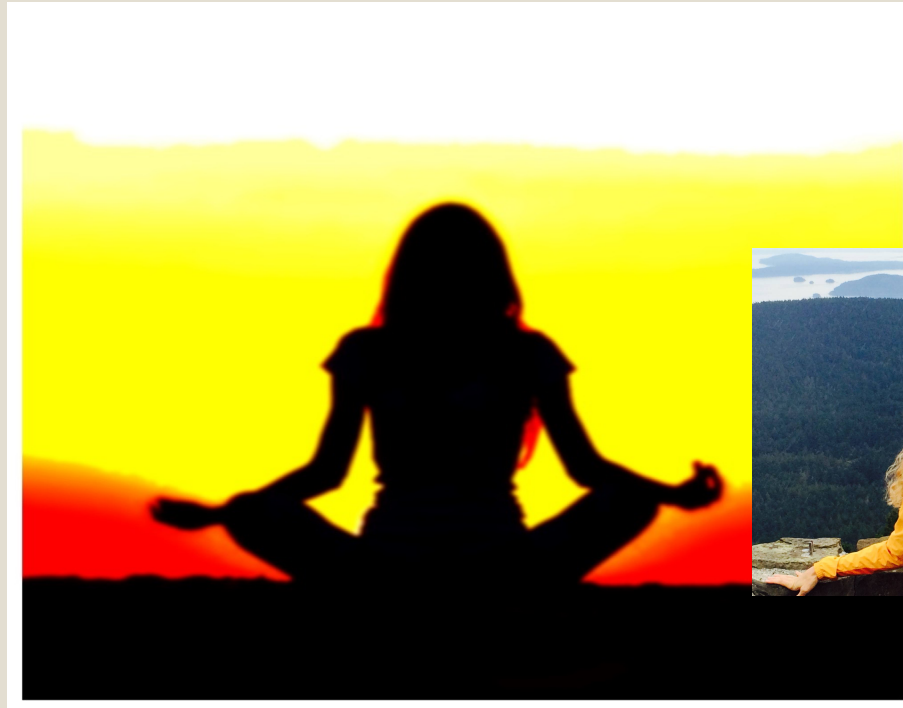


Seniors and juniors volunteer to serve as mentors for freshman or new, incoming students

New Students Club lunch No one eats alone

Mentors participate in training and activities throughout the year

Mindfulness & Yoga Classes



Mindfulness Classes

- Julie O'Neill, LHS Teacher
- Sarah Rarick, Peace in Schools

Yoga
-Erin Burke

Supporting Social-Emotional

Drug & Alcohol Prevention

- Student-led coalition (LINC Club) with 25 student leaders meets weekly to focus on changing culture, teaching freshman, and holding each other accountable
- Courageous Conversations through Health Action Network
- Assemblies, health fairs, single-issue initiatives
- Drop in lunch information and support sessions through School Social Worker



Restorative Justice

- In lieu of traditional discipline procedures
- Reduces suspensions and expulsions for students with trauma and disproportionate discipline with traditionally underserved students
- Teaches skills for resolving conflicts
- Facilitated conversations between people involved
- How amends are to be made and a relationship restored
- Class meeting if entire class is involved
- Follow ups scheduled to determine effectiveness, adjustments

Yale Science of Well Being Course

- Free online course through Yale University
- 8 weeks of research-based skills for authentic happiness
- Application of the skills and written reflections required
- Combats the “more is more” attitude with informed science
- Delivery is in IB Diploma Workshop classes
- IB students an identified at risk group for mental health and suicide
- Supplementary recommended books available for checkout from one of Lincoln’s libraries.

Student Unions/Diversity Clubs

- Black Student Union, Brothers & Sisters of Color
- Latino Student Union (MEChA)
- Pacific Islander and Asian Student Unions
- Native American Student Union
- Multi-racial Student Union
- Jewish Student Union
- Neuroatypical Student Union
- SAFER for sexual assault prevention
- Gender & Sexuality Alliance
- Mental Health Club

James McGee
Vice Principal



Tier Two



Student
Engagement
Coach
for
Attendance

Michelle Hardaway

- Identify students whose attendance is “chronic” (<90%) or severe” (<80%)
- Identify obstacles to attendance
- Strategies and goals for improving attendance
- Other school and community resources for help
- Meet with students weekly or bi-monthly
- Review and monitor attendance plan; update parents and teachers
- Celebrate success for improved attendance; create plan for independence

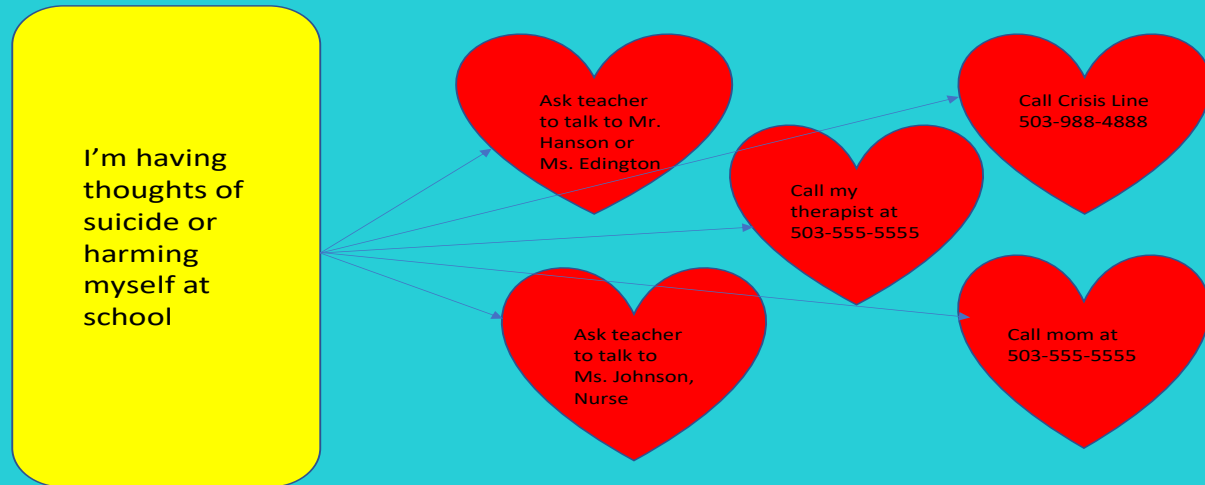
Tier Two

Functional Behavioral Assessment Behavior Support Plan

- Interview and observation
- Identifies student triggers, behavior, consequences
- Changes the learning environment to prevent behavior
- Teaches specific skills
- Monitors a student's improved skill use

Behavior Support Plan

Who I Can Talk To About Suicide Ideas



504 Accommodation Plans

- Identifies students' educational and/or physical disabilities (e.g., ADHD, cerebral palsy, mental health issues, dyslexia, etc.)
- Accommodations required by disability for equity of access to education
- May include extra time on tests or assignments, access to counseling center for coaching in SEL skills, etc.
- Case management by school counselors
- Building 504 Coordinator: Maude Lamont, VP

Special Education



Scott
Fitzpatrick



Linda
Edington

Alicia Denney, Teacher
Kate Lopez, Speech Pathologist
Jim Hanson, School Psychologist

- Case management of students with Individualized Education Programs (IEP)
- Study Skills Classes
- Academic Classes
- Social Emotional Classes (Comprehensive School-Based Dialectical Behavioral Therapy; stepped down 2 students/year from special school)
- Social Thinking Classes (for students with Autism Spectrum Disorders)
- Transition to College or Work
- Collaboration with general education teachers
- Advocacy for resources and supports

Mental Health Community Partners (On Site)

- Western Psychological Services (Tier Three & DBT)
 - Pacific University (ACT Therapy: 9 week CBT classes)
 - Portland DBT Institute
 - School Social Worker
-
- Judy Herzberg
 - School Social Worker
 - DBT Trained



Suicide and Threat Screening

If a student is suspected of harming themselves or others, school counselors and school psychologist have been trained in:

- Suicide screening
- Threat screening

Threat screenings involve entire administrative and counseling teams
More in-depth assessment and community resources available when needed

Safety Plans

- Serious suicidal ideas or behaviors
- 19 teacher referrals last year; 27 student referrals
- 45 Child Find meetings last year
- Parent, student, counselor, school psychologist, nurse, and then administrator and/or SPED teacher if needed
- 15 Safety Plans
- Distributed to teachers affected
- No suicides in eleven years; recent suicide of Lincoln alumnus

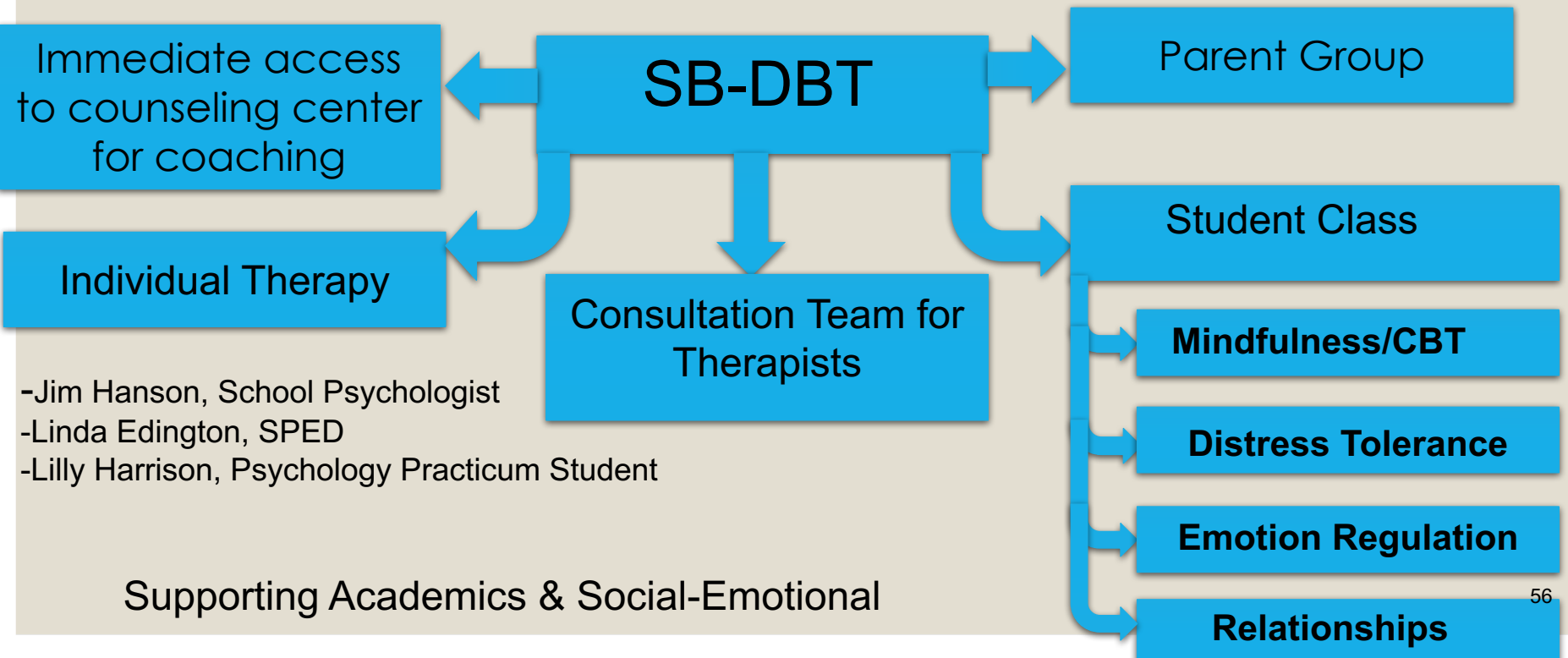
Graduating students

- Problem: when students leave Lincoln, they leave our community's safety net. Problem: no adequate systemic delivery options for RESPONSE review, etc. for seniors
- Planned interventions based on research:
 - All college recruiters visiting Lincoln must show students the map location as well as photos of the inside and outside of their college's health and mental health clinics
 - School counselors encouraging seniors to research same information as a part of their college application process or workplace plans
 - Parents and students encouraged to visit the mental health clinics as a regular part of their college or workplace visits

Comprehensive School-Based Dialectical Behavioral Therapy



- Eleven years of implementation and research at Lincoln
- Significant reductions in students' anxiety, depression, internalizing disorders, relationship problems
- Significant increases in anger control and G.P.A (.52 to .66)
- Results equally or more effective for students of color

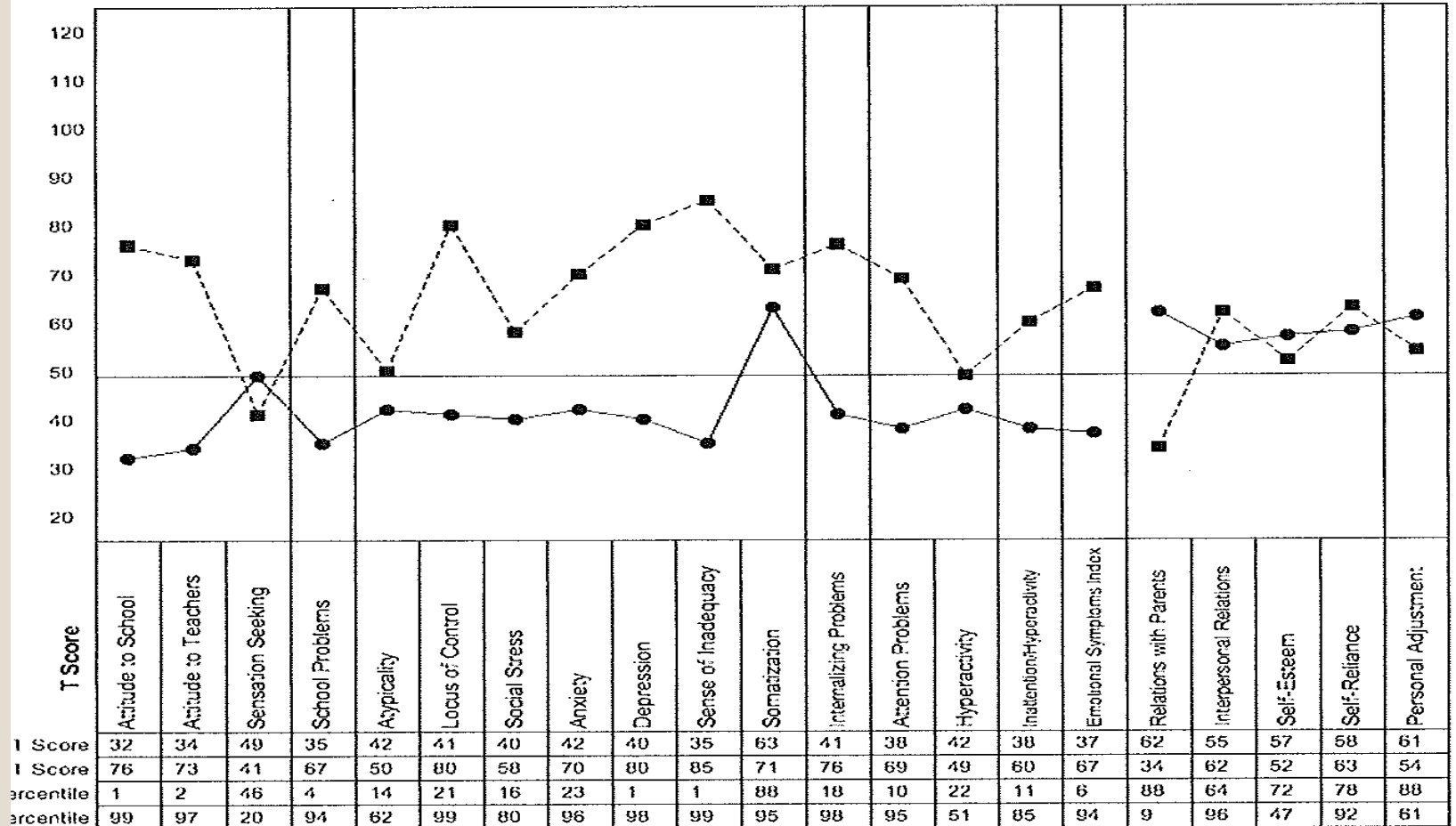


-Jim Hanson, School Psychologist
-Linda Edington, SPED
-Lilly Harrison, Psychology Practicum Student

Supporting Academics & Social-Emotional

Example of BASC-3 SRP

SRP Progress T-Score Profile



Students' Voices from CSB-DBT

- “This group rocked. I learned a lot and you were pretty tough on me. You know that, right?”
- “All those chain analyses. They laid it all right out, like, ‘Girl, this is your life.’ It helped me quit smoking and I’m not cutting on myself anymore.”
- “Now I like myself. After group ended, a relationship failed. I did ‘accepting myself rehab’ and it worked.”
- “The Mindfulness skill allowed me to heighten my awareness of my limits. I’m more aware of when I’m overworked, or over emotional and I know what triggers the overload.”
- “My experience here with DBT has been truly life changing. I’ve developed skills that will help me the rest of my life.”

PPS DBT Trained Personnel & 2 CSB-DBT Programs in Beaverton SD

Location	Title	Orientation	Individual	Teens	Team, Parent Individual Class				
Portland Public Schools DIALECTICAL BEHAVIORAL THERAPY BASE TRAINING (SIX DAYS)									
Cleveland and Wilson	Psychologist	11/13	10/14	4/14	Ready to Go				
Cleveland	Counselor	11/13	11/12	3/13	Ready to Go				
Lincoln	Psychologist	5/08	12/08	Beaumont	Psychologist	11/13			
Dart at Benson	Psychologist	11/13		Astor & Laurelhurst	Psychologist	11/13		4/14	
Roseway Heights	Psychologist	11/13, 11/15	10/15	Franklin	Psychologist	11/13		4/14	
Jefferson	Psychologist	11/13	2/15	Lincoln	Counselor		11/15		Full Fidelity
Lincoln	Counselor	11/13	10/14	Wilson	SPED Teacher	11/13			
Lincoln	Nurse	5/08	12/08	Lincoln	Counselor	11/13	10/14	4/14	Full Fidelity
Lincoln	Vice Principal			Rigler and Chapman	Psychologist	11/13			
				Arleta	Psychologist	11/13			
				West Sylvan	Psychologist	11/13			
				Vestal	Psychologist	11/13	3/15	4/14	Ready to Go
				?	Psychologist	7/15			

Program Evaluations

Summarizes effectiveness yearly for:

- Student-Led Anti-Bullying
- Character Traits, SWPBIS
- STEPS-A
- Suicide Prevention
- Collaborative Problem Solving
- Drug and Alcohol
- Student Unions
- Comprehensive School-Based Dialectical Behavioral Therapy
- ACT Therapy
- Social Work Services

View on LHS Counseling Center Page under
"School Psychologists Corner"

Did the program work as planned? What do we need to adjust? What is the problem?

Hire School Psychologists as School-Based Mental Health Providers

- **Evidenced-based group and individual mental health services**
- **Threat and suicide risk assessment and safety plan consultation**
- **Best practice staff, student and parent suicide prevention training**
- **Staff training in trauma-informed classrooms and interventions**
- **Full engagement in school climate work**
- **Selection and sustainable implementation of effective evidence-based programs within an MTSS, based on the identified needs of students and capacities of staff**
- **Program evaluations to determine if your MTSS SEL programs are effective**
- **Communication of SEL program evaluation results to key stakeholders**
- **Functional behavioral analyses and consultation on behavior support plans for students in general education as well as special education**
- **Continued consultation within SIT/MTSS to improve students' academic achievement as well as their social, emotional and behavioral skills, thus addressing the whole child**
- **Consultation to SIT team to identify effective, culturally appropriate interventions for students**
- **Determine developmentally appropriate student goals, and measure progress**
- **Consultation in effective counseling for diverse students based upon students' stage of racial, cultural, and sexual/gender identity development**

Advantages of Hiring School Psychologists with your SIA Applications

- Can participate in SIT and other meetings without requiring a signed Release of Information (ROI) form from a parent
- Have access to school records without an ROI and give immediate feedback to administration, counselors, teachers, and parents
- Good prior knowledge of the school's systems, culture and sense of fit for which evidence-based ;prevention programs and tiered interventions will work best
- General education academic consultation and mental health services including FBA/BSP and mental health counseling

OSPA Toolkit:

<http://bit.ly/OSPAtoolkit>

- Current examples of school psychologists working on each MTSS tier
- List of NASP approved training programs in Western USA to recruit from
- NASP Practice Model showing the basic practitioner competencies demanded by NASP-approved school psychology training programs
- Crosswalk of Student Success Act and school psychologist skill set
- Model professional evaluation rubric for school psychologists working at NASP recommended ratios

Why Every Oregon School deserves to have a School Nurse:

Keeping students **healthy, safe, in school, and ready to learn** are a top priority for both healthcare and education systems

Oregon **ranks in the bottom** of the US with a nurse: student ratio of 1:5481. The American Academy of Pediatrics recommends a “**nurse for every school**”.

When there is a school nurse present an **administrator gains nearly an hour per day** and **teachers an extra 20 minutes** a day to focus on education.

School nurses report spending over a **1/3 of their time addressing mental health** needs. Often the school nurse is the student's 1st mental health contact because they present in the health room with somatic complaints (headaches, stomachaches, fatigue...).

School nurses are trained in **suicide assessments and anxiety reduction techniques**

School nurses promote **health equity**-connecting students and families to mental and physical/behavioral healthcare services, financial resources, shelter, food, and health promotion.

Reduced absenteeism is an outcome measure that validates the role of the school nurse. Nurses provide personalized outreach as they target and address the physical, social, and mental health barriers to students' connection to school.

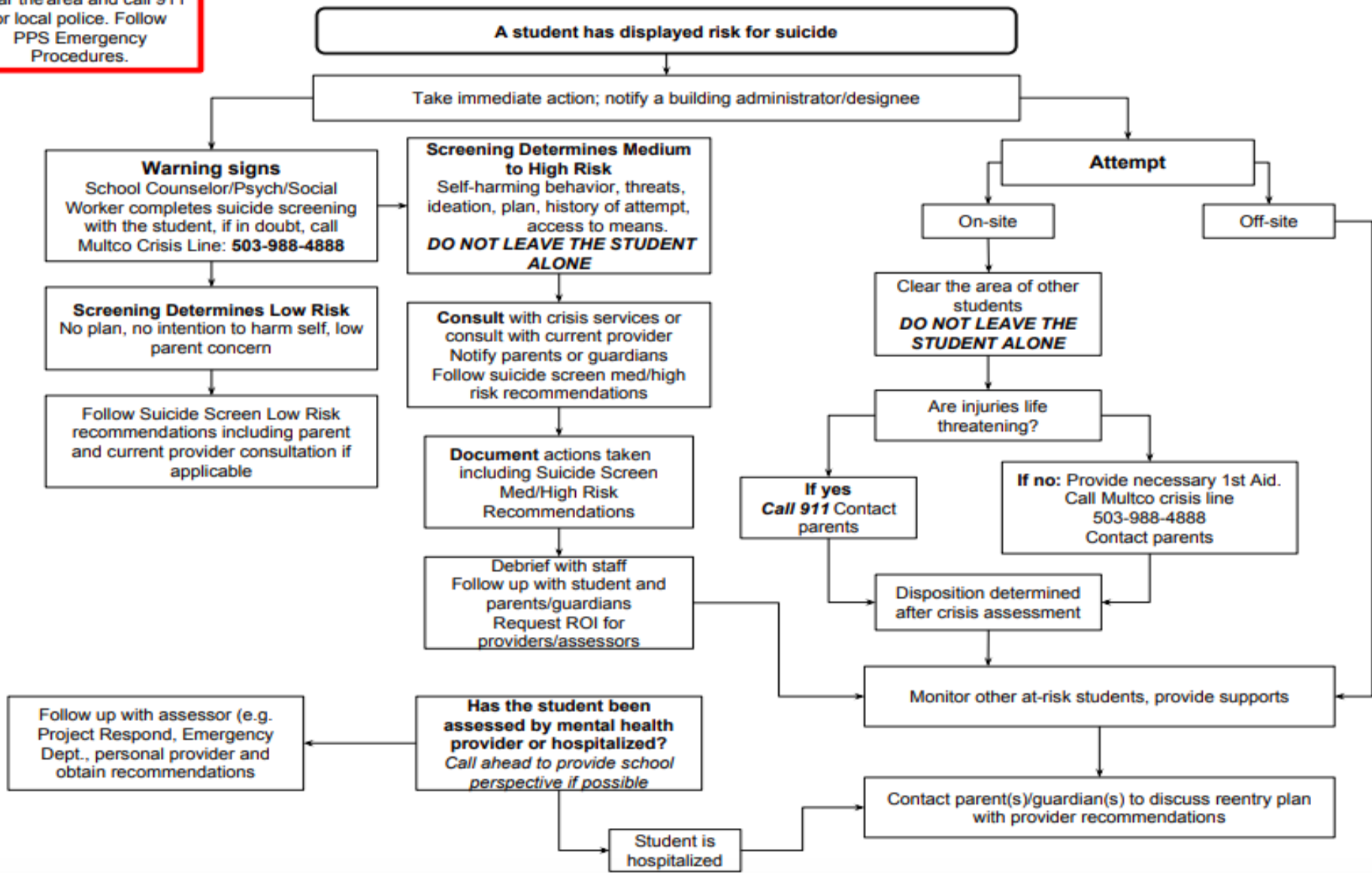
School nurses are **part of the school team**: school nurses can participate in student improvement teams, 504 planning, safety plans, IEPs, threat assessment teams, suicide assessments, access school records, and partner with teachers and multi-disciplinary teams

PPS District Level Initiatives & Supports

- Suicide Prevention Protocol Flowchart
- Suicide Screening Form
- School/Hospital Communication including transition conversation guidelines
- Child Find” meetings (counselor & school psychologist, nurse) for students returning from hospitalization
- Coordination with Community Programs

Portland Public Schools Suicide Intervention Protocol Flow

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





Suicide Screening

The purpose of this form is for identified school personnel to document concerns about students and plan for supportive action steps. Student Services is the office of record for these documents.

Today's Date: [Click here to enter text.](#)

1. IDENTIFYING STUDENT INFORMATION

Student Name: [Click here to enter text.](#) PPS ID#: [Click here to enter text.](#)
 School: [Click here to enter text.](#) Grade: [Click here to enter text.](#) Birth Date: [Click here to enter text.](#) Age: [Click here to enter text.](#)
 Student Address: [Click here to enter text.](#)
 Student Phone/Email: [Click here to enter text.](#)
 Parent/Guardian Name/s, Phone/Email: [Click here to enter text.](#)
 Parent/Guardian Name/s, Phone/Email: [Click here to enter text.](#)
 Has the student ever been identified for SPED services? Yes No If yes, please describe: [Click here to enter text.](#)
 Does the student have a current IEP or 504 Plan? Yes No If yes, please describe: [Click here to enter text.](#)
 Does the student have any medical problems or disabilities? Yes No If yes, please describe: [Click here to enter text.](#)
 Is the student taking any medication? Yes No If yes, please list: [Click here to enter text.](#)
 Student's ethnicity: [Click here to enter text.](#) Parent/Guardian preferred language: [Click here to enter text.](#) Interpreter needed? Yes No

2. CONCERN: Any student of concern should be discussed in a school interdisciplinary team (e.g. SIT, SST)

Person(s) who reported concern name: [Click here to enter text.](#) Phone: [Click here to enter text.](#)
 Relationship of concerned person: Self Administrator Counselor Teacher Parent/Guardian Peer Other
 What information raises concern? [Click here to enter text.](#)

3. STUDENT INTERVIEW

Does student exhibit any of the following warning signs? (Check all boxes that apply):			
<input type="checkbox"/> Written statements, poetry, stories, electronic media about suicide	<input type="checkbox"/> Substance Abuse/Mental Health Issues		
<input type="checkbox"/> Recent loss/crisis	<input type="checkbox"/> Trauma affected		
<input type="checkbox"/> Withdrawal from others	<input type="checkbox"/> Discipline problems		
<input type="checkbox"/> Preoccupation with death	<input type="checkbox"/> Conflict with others (friends/family)		
<input type="checkbox"/> Feelings of hopelessness	<input type="checkbox"/> Experiencing bullying		
<input type="checkbox"/> Giving away possessions	<input type="checkbox"/> Other signs:		
<input type="checkbox"/> Current psychological/emotional pain			
	Yes	No	Explanation
Does the student admit to thinking about suicide?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Does the student admit to thinking about harming others?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Does the student admit to having a plan?	<input type="checkbox"/>	<input type="checkbox"/>	How, where, when? Access? Click here to enter text.
Is the method available to carry out the plan?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Is there intent to act on the plan?			
Is there a family history of suicide?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Has the student been exposed to suicide by others?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Has the student been recently discharged from psychiatric care?	<input type="checkbox"/>	<input type="checkbox"/>	Date: Click here to enter text. Provider: Click here to enter text.
Does the student have a support system?	<input type="checkbox"/>	<input type="checkbox"/>	Family Members: Click here to enter text. Peers: Click here to enter text. Other: Click here to enter text.
Protective Factors: Click here to enter text.			

RECORD RETENTION:
 Scan: studentservices@pps.net Original: School counselor/psychologist working file Copy: Mental Health Provider (if appropriate) Copy: MESD School Nurse
 Please remember to note on the Student Services Record on File (SSRF) in the cumulative file that a screening form was completed.
 MUST include a signed [PPS Permission to Release or Exchange Information](#) form in order to share info with providers outside of PPS.

4. PARENT/GUARDIAN INTERVIEW

Name of parent/guardian contacted: Click here to enter text.			
	Yes	No	Explanation
Was the parent/guardian aware of the concern?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
What is the parent/guardian's perspective regarding the concerns identified above? Click here to enter text.			
What is the parent/guardian's level of concern on a scale of 1 (low) to 5 (high)?		Please check: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Does the parent/guardian want to pursue ongoing mental health services for the student?	<input type="checkbox"/>	<input type="checkbox"/>	Already in service? Click here to enter text.
Required Information: Is the student insured? Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	State type of Insurance: (Kaiser, Oregon Health Plan, Other) Click here to enter text. Insurance ID#: Click here to enter text. If no, contact your MESD school nurse
Other protective factors: Click here to enter text.			

ADDITIONAL COMMENTS: [Click here to enter text.](#)

5. SCREENER INFORMATION

Screener's name: [Click here to enter text.](#) Position: [Click here to enter text.](#) Contact info: [Click here to enter text.](#)
 Work phone: [Click here to enter text.](#) After hours phone: [Click here to enter text.](#)
 Consulted with: [Click here to enter text.](#) at the school

6. CREATING ACTION PLANS

Required Actions to be Taken for ALL Students Screened

- Inform Building Administrator
- Contact Parent/Guardian
- Consult with team
- Plan for school counselor/psych/nurse to follow-up with student

Notes on facilitators/times/specific interventions: [Click here to enter text.](#)

- Inform Relevant School Staff of Follow-up Actions

Optional Actions to be Considered for Students Screened

- Student Safety Plan (if concerns about student safety)
- Special Education Child Find/School Psychologist Referral
Date of Follow-Up Meeting for Child Find Meeting with School Team or if held simultaneously, date of the 60 day follow up for Child Find: [Click here to enter text.](#)
- Assist family in connecting with mental health services
- If student already seeing qualified mental health professional connect with current provider
Therapist Name/Contact information: [Click here to enter text.](#)
- Obtain Release of Information in order to contact provider
- Refer to Student Support Team/Student Intervention Team/Tier Two Intervention
 - Check and Connect/Check In Check Out
 - School Support Group
 - Other Tier Two Intervention: [Click here to enter text.](#)

If Screening Reveals Low Level Concerns

- Release back to class after parent/guardian/provider support plan verified and school follow-up plan established
- Provide student/family resource materials (e.g. teen pocket directory) and phone numbers:
Crisis Line 503.988.4888; Trevor Project for LGBTQ youth 866.488.7386

Additional Suggested Resources: [Click here to enter text.](#)

RECORD RETENTION:

Scan: studentservices@pps.net Original: School counselor/psychologist working file Copy: Mental Health Provider (if appropriate) Copy: MESD School Nurse
 Please remember to note on the Student Services Record on File (SSRF) in the cumulative file that a screening form was completed.

MUST include a signed PPS Permission to Release or Exchange Information form in order to share info with providers outside of PPS.

If Screening Reveals Medium Level Concerns

- School staff will check back with student Check back date: [Click here to enter text.](#)
- Mental Health Assessment Appointment, Release of Information
Name/Contact info of QMHP (Qualified Mental Health Professional): [Click here to enter text.](#)
- Date of Request: [Click here to enter text.](#)
- Date of Assessment: [Click here to enter text.](#)
- Date of Follow up School Team Meeting to discuss mental health recommendations: [Click here to enter text.](#)

SCREENING REVEALS HIGH LEVEL CONCERNS

- Call 911 if immediate danger
 - Contact Multnomah County Crisis Line/Project Respond 503.988.4888
 - Or
 - Contact student's current mental health provider if they are readily available and you have a release.
- Date and Notes: [Click here to enter text.](#)

REMEMBER
Metro Crisis Line **(503.988.4888)**
can always be a helpful thought partner
any time you do a screening!

RECORD RETENTION:

Scan: studentservices@pps.net Original: School counselor/psychologist working file Copy: Mental Health Provider (if appropriate) Copy: MESD School Nurse
Please remember to note on the Student Services Record on file (SSRF) in the cumulative file that a screening form was completed.

MUST include a signed [PPS Permission to Release or Exchange Information](#) form in order to share info with providers outside of PPS.

Coordination with Hospitals (ED'S and Psych Units)

Emergency Department

- Coach school staff to call ahead to the Emergency Department - school perspective must be shared
- Family receives a “supporting a loved one in crisis” booklet

Psych Units

- Partnership between our 2 psychiatric hospital school teachers and PPS
- Family is asked to sign a release for school/hospital coordination- 80% completion rate

Coordination with Community Programs

- School based mental health partners in over 60% of our school programs.
- Monthly meetings with supervisors of community based mental health programs and community crisis response teams
- Scripting for school staff to use when sharing information with community mental health partners particularly when advocating for a higher level of care
- Systems interpretation for school staff and mental health

Rapid Response Team

Rapid Response Team Roles & Responsibilities

Roles	Responsibilities
Program Administrator	Oversees program
Teacher on Special Assignment (1.0)	Coordinates RRT cases
School Psychologist (.6)	Provides FBA/BSP consultation & support
Qualified Mental Health Professional (.5)	Supports school staff wellness & school collaboration with community services
Student Success Advocate (1.0)	Supports Therapeutic Intervention Coaches
Therapeutic Intervention Coach (6.0)	Provides temporary student support to stabilize high risk situations and behavior plan implementation.

PPS STAFF TRAINED IN: ASIST, RESPONSE, YMHFA, and QPR

- Over 90% of our high school counselors, school psychologists, and social workers have been trained in ASIST.
- This school year: 3 Youth Mental Health First Aid Trainings district-wide for any interested staff.
- Continue to work on RESPONSE staff training tracking efforts and other evidence-based programs
- Working with PPS Athletic Director to offer QPR to all coaches
- PPS-wide Anxiety Toolbox Training on April 8



INDIVIDUAL STUDENT SAFETY PLAN

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

Date:

Student Name:	DOB:	Synergy ID:	School:	Grade:
Special Education Eligible? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Casemanager:			
504 Eligible? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Casemanager:			

Contact Information

Parent/Guardian:		
Cell Phone:	Home Phone:	Other:
Emergency Contact:	Phone:	

Places Student May Be if Missing During School Hours

On School Grounds:	
Off School Grounds:	

Medical Information

Physician:	Phone:
Diagnoses:	
Medications:	
Allergies/Special Considerations:	

Description of Specific Unsafe Behaviors (why student requires a safety plan)

--

CRISIS RESPONSE PLAN

What to do if student exhibits above described behavior	Who will do what/backup staff

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work

BEHAVIOR SUPPORTS

What will staff, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	Who / Back-up person?
How will plan be monitored?	Who/Back-up person?
How will decision be made to terminate the plan?	Who/Back-up person?

Current Agencies or Outside Professionals Involved

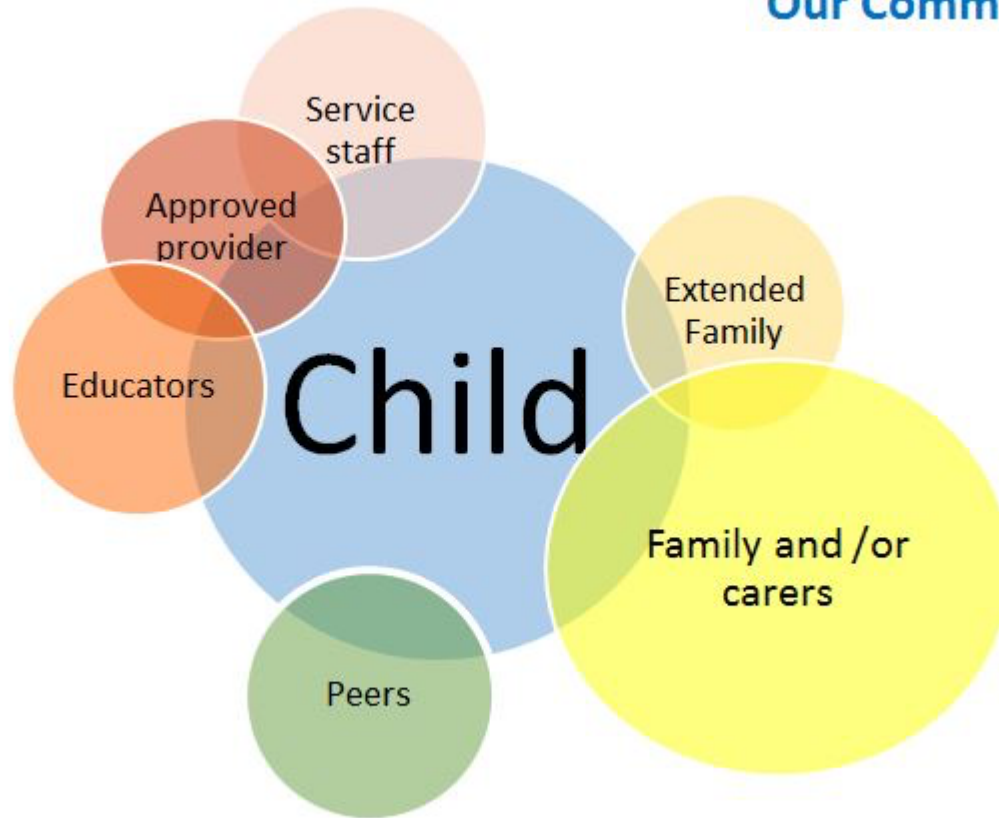
Name	Agency	Phone
1.		
2.		
3.		
4.		

Student Safety Team Members

Name/Signature	Title	Date
1.		
2.		
3.		
4.		
5.	Principal	
6.	Safety Plan Coordinator	

Next Review Date: (approximately two weeks from initiation of plan or last review date)

Our Community



Contacts

- jimhanson@pps.net (503) 916-6087 School Psychologist
- peytonc@pps.net (971) 347-7433 Principal
- cardinalfamilieshan@gmail.com Health Action Network
- kweinber@pps.net (503) 916-5200 Mindfulness
- tgoldhammer@pps.net (503) 916-5200 Health Curriculum
- lincolnmear@gmail.com Student Mental Health Club
- aruona@pps.net (503) 916-3349 PPS Success & Health

Suicide prevention involves all school stakeholders. The ACSD Whole School, Whole Community, Whole Child model identifies these stakeholders

Community members, parents, health teachers, safety and climate committees, nurse and counseling staff, teachers, and students all have a role in learning skills and keeping each other safe. For example, a parent from our Cardinal Family Health Action Network and the school psychologist were the leads in searching for a "best practice" suicide prevention program. They presented three options to the Whole Child team, and the Whole Child team chose **RESPONSE: A High School Based Suicide Awareness Program**. This program was later adopted by the State of Oregon for all high schools.

Suicide prevention doesn't stand alone as a universal program. Positive school climate and creating a safe school environment are as important as suicide prevention programs.

Lincoln has had a research-informed, student-led anti-bullying program for the last eleven years. Lincoln pioneered Oregon's first gender-inclusive, multi-stall high school restroom that reduces stress for transgender and gender-creative students and teaches respect for diversity to all students. Our student unions and clubs teach leadership skills and support a diversity of learners. Lincoln is engaged in a community-based process of defining, teaching, and recognizing positive character traits. Administrators may use effective restorative justice practices that teach the skills of taking responsibility and repairing mistakes within a community instead of using punishment alone (which teaches no skills). Health teachers teach students a wide variety of health and mental health skills from social-emotional learning, nutrition and exercise, and sexual health, to the rules for sexual consent. School nurses provide health and mental health interventions. Teachers build positive relationships with students. Lincoln teachers have high expectations, use effective teaching strategies, and build trauma-sensitive and culturally relevant classrooms. All of these universal programs work synergistically to support all students, not only those at risk for depression and suicide.

Suicide prevention involves all "tiers" of a Multi-Tiered System of Supports (MTSS)

At Lincoln, we teach all students, staff and parents suicide prevention skills-how to recognize risk factors and how to get students at risk immediate help. This is UNIVERSAL prevention, or a "Tier One" prevention program. At Tier Two, for students that might be at risk, Lincoln has Mindfulness and Yoga classes. Anyone can take these classes, and we encourage students who need additional support to enroll. Reconnecting Youth class is another evidence-based program for mental health and school connection. Using Functional Behavioral Assessments provides in-depth assessment that leads to design and implementation of appropriate environmental supports along with recommendations for student skills instruction. Finally, at Tier Three, for those students who have identified mental health needs, Lincoln has safety plans, mental health counseling, and Dialectical Behavioral Therapy.

Having an effective Student Information/Support Team (SIT) whose processes are well defined, and whose members communicate well with each other is important

Some schools have many resources but little internal communication. Sometimes, team members aren't aware that a student may be accessing a program, nor do they have a way to coordinate school services. At Lincoln, our SIT meets weekly. It brings together administrators, school counselors, the school nurse, the school psychologist, the attendance engagement coach, and at times the school resource officer, program leads, school social worker, or WPS therapist. This SIT team functions as the mechanism by which students are nominated and may access all MTSS supports. The SIT helps us know if these programs are effective for a student or if the approach must be changed or refined.

Group assessments for school-wide health and mental health issues are critical for school climate and counseling teams

Lincoln uses the Oregon Healthy Teens Survey (OHTS) and the Oregon School Wellness Survey (OSWS) to gather data regarding students' attitudes and behaviors on a wide variety of health and mental health issues. The school team uses the data from these surveys to assess needs for specific evidence-based programs that match the needs of their students. For example, Lincoln used OHTS data to bring in Dialectal Behavioral Therapy. We are designing ninth grade homeroom classes that will teach strategies for dealing with stress and anxiety. OHTS and OSWS data provide a wonderful supplement to the data that the school district provides.

Effective suicide prevention includes universal individual screening

Lincoln has district permission to use universal individual screening because we have follow-up supports in place. At Lincoln, we use two questions on the yearly college and career survey that all students take. The questions are quite general: "Adversity, health issues, personal problems and stress can challenge all of us. Are there issues that you are dealing with which might impact your academic success? If so, would you like to talk to your school counselor about them?" School counselors follow up and consult with members of the Student Information Team (administrator, nurse, psychologist, etc.).

Effective suicide prevention includes using research-based suicide screening for students at risk

A school must have "Tier Two" follow-up screenings for students that self-refer or are referred by friends or teachers to a school counselor, nurse, or psychologist. PPS Student Services and Special Education departments have a defined suicide screening process. They are continuing to revise its effectiveness and use. These Tier Two screenings include contacting parents and consulting with administration and the school nurse and/or school psychologist.

It takes a team to prevent suicide

If a student has attempted suicide or been admitted to a hospital for serious suicidal ideation, then the family, school counselor, school nurse, and school psychologist meet to discuss what community-based and school-based supports are necessary. An administrator is informed and can help provide resources and support. If a safety plan is developed, the student's specific teachers know. They can then provide accommodations, know what approaches are effective, and alert support staff if a student is not in class or engages in their identified warning signs of distress.

Effective partnerships between schools and community-based services are critical

Lincoln staff gives information to parents and students about current resources in the community. With parent and student written permission, school mental health providers consult with community-based providers to coordinate student support. In Portland, area hospitals and treatment centers work well with public schools. Many institutions ask for and receive permission to consult with schools when a student is admitted for psychiatric care. This consultation helps insure that kids' needs are not ignored as they make the transitions from hospitalization or intensive outpatient services back to school. Lincoln works with Project Respond (Multnomah County Crisis Line and Response) and with law enforcement in critical situations. In addition to coordination with outside agencies, Lincoln has partnered with Western Psychological Services and Portland DBT Institute to provide mental health therapy in our school counseling center.

Knowing and using evidence-based, effective, and sustainable programs is key. One-shot, short-term approaches such as special assemblies, classroom speakers, or field days can provide good information, but they are usually ineffective

At Lincoln, when we want to use our limited staff resources, we ask: how do we know that there's a problem, and what evidence-based intervention is worthy of our efforts to implement and sustain it? It is also important that Lincoln's support staff continue their professional development about suicide. Our staff works with local, state, and national organizations that support suicide prevention. For example, two Lincoln staff attended last month's Lines for Life annual statewide conference in Clackamas. Our former school nurse has trained other school teams on RESPONSE. Our school psychologist is an ASIST trainer, a contributor to the second and third editions of RESPONSE, and served twice on the development of Oregon Youth Suicide Prevention Initiative's Five-Year Plan.

Yearly evaluation is necessary to determine the effectiveness of all social and emotional programs

At Lincoln, we use the principles of implementation research to know: 1) how an evidence-based program meets our students' and staff's needs; 2) how to sustain that program for the long-term; 3) how the program can be implemented with fidelity; and 4) how can we evaluate the program for effectiveness with our students. At Lincoln, all of our social and emotional programs are evaluated yearly for effectiveness and this data is shared with our district and with our Lincoln community. Information is available at <https://www.pps.net/Page/6853>

The role of the school principal is key. The principal sets the tone for the entire school

Many administrators are afraid of addressing topics like mental health and suicide, yet these issues don't go away when they are ignored. They get worse. A principal must have the courage to talk about tough issues. In the end, it is up to the principal to know the social and emotional needs of their students, to support the Whole Child model, and to find staff that will work together to conduct needs assessments, do screenings, implement effective programs, and evaluate results.