



# Suicide Prevention Plan

## Serendipity Center

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## Serendipity's Mission:

To provide the best environment for our students to heal and become educated, productive community members.



## CONFIDENTIALITY

### FERPA

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

### FAMILY NOTIFICATION

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Families will be notified as soon as possible of suicidal ideation. Students may disclose suicidal ideation to any staff member that they consider to be trusted adult. Every Serendipity staff is required to notify that child's clinical case manager immediately after the disclosure. The clinical case manager will follow up with both the student and their family in a timely manner.

## MENTAL HEALTH PROMOTION VIA OUR FOUR PILLAR MODEL

### SERENDIPITY'S FOUR PILLAR MODEL

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Serendipity is a therapeutic school founded on the following four pillars:



### DAILY SOCIAL EMOTIONAL LEARNING (SEL)

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Mental health education and wellness are promoted via daily social emotional learning lessons on topics such as emotion identification, self-esteem, conflict resolution, and coping strategies.

Serendipity provides special programming via our Gender & Sexuality Alliance (GSA) and our Black Student Union (BSU) to support all students at Serendipity.

### CLINICAL CASE MANAGEMENT

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Each child is assigned a clinical case manager who coordinates care for each child to ensure that all students are getting the mental health services they need to be successful. They provide direct care and consultation with staff to ensure that we are all trained to support students with sometimes complex mental health needs.

Each child's clinical case manager will be the primary liaison between home and school.

Serendipity has a crisis line for mental health emergencies where a clinical case manager can be reached after hours by calling **503-683-7200**.

## PREVENTION

### STUDENT CURRICULUM

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Serendipity uses Glencoe *Health* and *Teen Health* to teach lessons on suicide prevention in collaboration with our clinical case managers. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders.

### STAFF TRAINING

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Each child's case manager is trained in Assessment and Managing Suicide Risk (ASMR) which is designed to be used by mental health professionals in school settings. ASMR training targets understanding of suicide, how to formulate risk, and how to prevent and respond to support all students.

Serendipity staff receive annual suicide prevention training which targets warning signs, risk factors, and protective factors. This training also explains our procedures to follow when a student makes a statement or gesture of suicidal nature to ensure timely staff notification to assess and plan to support student needs.

## WARNING SIGNS, RISK, & PROTECTIVE FACTORS

### WARNING SIGNS AND RISK FACTORS

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#### Warning Signs

- Talking about wanting to die or kill themselves
- Preoccupation with death
- Talking about feeling hopeless or self-hate
- Showing rage or talking about seeking revenge
- Direct or in direct communication about attempts
- Talking about feeling trapped or in unbearable pain

- Researching ways to kill themselves
- Giving away possessions
- Self-harm or thoughts of self-harm

### Risk Factors

- Recent or prior attempts or gestures
- Recent changes in appetite, behavior, or sleep
- Getting in trouble at school
- Conflict with others (family or friends)
- Substance abuse
- Behavioral issues
- Recent loss or change (i.e. suicide, death, divorce, changing home placement)
- Family history of suicidal behavior
- End of a relationship
- Friend's suicidal ideation or attempt
- Knowing someone who has died by suicide
- Bullying others or experiencing bullying
- Extreme mood swings
- Current and past trauma
- Crisis within the last 2 weeks
- Identity based oppression
- Social Isolation
- Lack of access to mental health care

## PROTECTIVE FACTORS

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### Protective Factors

- Engages in effective mental health care
- Restricted access to means to kill self
- Stable living environment
- Willing and able to access support from a reliable adult
- Life skills (including problem-solving skills and coping skills ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Positive school or community experiences
- Ability to look toward the future
- Resiliency
- High frustration tolerance
- Ability to emotionally regulate
- Cultural, spiritual or personal beliefs that discourage suicide
- Does well in school
- Well connected to others (family, school, friends)
- Part of close community
- Has responsibility for others

## INTERVENTION

### SUICIDE INTERVENTION PROTOCOL & FLOWCHART

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If a student exhibits suicidal ideation or gestures, the staff member will write an incident report and notify the clinical case manager immediately. If the student's clinical case manager is unavailable, staff will notify another clinician immediately. The case manager will follow up with the student and family to assess the threat of harm. The case manager will document their follow up in the incident report.

Staff becomes aware of a student's suicidal ideation or gestures

Staff notifies clinical case manager immediately

Clinical case manager screens risk and informs family. Additional Suicide Risk Assessment used when unable to determine risk using the screener

Clinical case manager collaborates with student and student's team to make a plan

Clinical case manager communicates plan to student and relevant staff, family, and outside provider(s)

### SUICIDE RISK ASSESSMENT AND COPING PLAN

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A case manager will complete a risk assessment and safety plan as needed if the suicide screener and report is not sufficient to assess risk. Please see the appendix for example of the Suicide Risk Assessment and Coping Plan.

## RE-ENTRY PLAN

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A case manager will coordinate with Serendipity staff to ensure that the student is integrated into the school community.

## POSTVENTION

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Managers, leadership team members, and case managers will follow Serendipity's Crisis & Tragedy Policy & Procedures to ensure that Serendipity students, families, and staff get the support they need to respond to a loss.

## SCHOOL REVIEW PROCEDURE

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Please contact Serendipity's compliance manager or any manager to review Serendipity's adherence to our Suicide Prevention Plan.

## RESOURCES WITHIN SERENDIPITY

## SERENDIPITY MENTAL HEALTH EMERGENCY CONTACT

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Please contact **503-683-7200** should your child be experiencing a mental health emergency.

## STUDENT & FAMILY HANDBOOK INFORMATION

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Health and well-being of all students is of utmost importance. Serendipity's board of directors has adopted this suicide prevention policy which will help to support all students through the following steps:

- Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders.



- Each student’s clinical case manager will support students in crisis and refer students and their families to appropriate resources.
- When an incident happens that involves suicidal ideation, a clinician will complete a suicide screener and may complete a suicide risk assessment to evaluate the risk.
- Students and families will have access to county and national resources that they can contact for additional support.

## COUNTY & NATIONAL RESOURCES

### COUNTY RESOURCES

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Clackamas County	503-655-8585
Multnomah County	503-988-4888
Washington County	503-291-9111
Clark County	360-696-9560

### NATIONAL RESOURCES

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National Suicide Prevention Lifeline	1-800-273-8255
Nacional de Prevención del Suicidio	1-888-628-9454
The Trevor Project (LGBTQIA+)	1-866-488-7386 or text START to 6786678
NAMI	Text NAMI to 741741
Crisis Text Line	Text HOME to 741741
988 Suicide & Crisis Lifeline	Call or text 988

## APPENDIX

Suicide Risk Assessment & Plan

Student Coping Plan



## Suicide Risk Assessment & Planning

Student Name: Case Manager Name: Assessment Start Date: Assessment Completion Date: <input type="checkbox"/> Incident report attached	Who reported the concern? <input type="checkbox"/> Clinician (case manager, treatment director, art therapist) <input type="checkbox"/> Program Staff <input type="checkbox"/> Student <input type="checkbox"/> Peer <input type="checkbox"/> Family member <input type="checkbox"/> Other
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What information did the person share that raised concern about suicide risk?

### Caregiver(s)/Guardian Contact

Contact Attempts (date, time, left voicemail)

### Family Interview

Name of caregiver(s)/guardian contacted:

Date contacted:

- Family was aware of student's thoughts or plans
- Family was unaware of student's thoughts or plan
- Student has access to potential means to execute the plan
- Student has access to potential weapons or other lethal means
- Potential weapons inaccessible to child in the home
- Potential weapons inaccessible in the community

Summary of family's perception of threat

## Risk & Protective Factors

### What warning signs or risk factors are present?

#### Expression

- Expression of wanting to die, of being gone or of death in any manner in their
  - Writing
  - Verbal
  - Drawing
  - Social Media
- Preoccupation with death
- Feelings of hopelessness or self-hate
- Showing rage or talking about seeking revenge
- Direct or indirect communication of attempts
- Talking about feeling trapped or in unbearable pain
- Recent or prior attempts or gestures
- Looking up ways to kill themselves like searching online

#### Behavior

- Recent changes in appetite, behavior, sleep
- Substance abuse
- Giving away possessions
- Getting in trouble at school
- Self-harm or thoughts of self-harm
- Behavioral issues

#### Family

- Recent loss or change (i.e. suicide, death, divorce, changing home placement)
- Family history of suicidal behavior
- Conflict with family

#### Friends

- End of a relationship
- Friend's suicidal ideation or attempt
- Knowing someone who has died by suicide, particularly a family member
- Conflict with friends
- Bullying others or experiencing bullying

#### Mental health

- Extreme mood swings
- Current or past trauma
- Crisis within the last 2 weeks
- Identity based oppression
- Social isolation
- Lack of access to mental health care
- Other signs:

### What protective factors are present?

- Engages in effective mental health care
- Restricted access to means to kill self
- Stable living environment
- Willing and able to access support from a reliable adult
- Life skills (including problem-solving skills and coping skills ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Positive school or community experiences
- Ability to look forward to the future

- Resiliency
- High frustration tolerance
- Ability to emotionally regulate
- Cultural, personal or religious beliefs that discourage suicide
- Does well in school
- Well connected to others (family, school, friends)
- Part of close community
- Has responsibility for others

### Clinical Summary

### Clinician Assessment of Risk

Low risk

Medium Risk

High Risk

## Planning

- Serendipity services are adequate to address incident
- Continue with current student plan
- Revised BSP
- Increased monitoring
- Increased check ins or behavioral coaching with clinical case manager
- Inform community therapist and/or provider
- Student coping plan
- Provided family with resource materials and phone numbers
- Provided student with resource materials and phone numbers
- Called Project Respond
- Called mental health crisis line
- Called 911

### Caregiver(s)/Guardian Action Plan

- Will transport child to community based health or mental health services
- Mental Health evaluation appointment date
- Need additional support

If threat indicates harm with the use of a weapon, initiate search protocol procedure

- Weapon not indicated
- Search Form completed and shared with Intervention
- Search not recommended because \_\_\_\_\_
- Notify district representative and transportation if plan involves a weapon
- Student already on search

## Communication

- |  |  |
|--|--|
| <input type="checkbox"/> Caregiver(s)/Guardian               | <input type="checkbox"/> School Administrator          |
| <input type="checkbox"/> Student                             | <input type="checkbox"/> Treatment Director            |
| <input type="checkbox"/> Community Therapist and/or Provider | <input type="checkbox"/> Tier I Coach & Supervisor     |
| <input type="checkbox"/> Classroom Teacher                   | <input type="checkbox"/> Special Education Coordinator |
| <input type="checkbox"/> Classroom Staff                     | <input type="checkbox"/> Speech & Language Pathologist |
| <input type="checkbox"/> Specials Teachers                   | <input type="checkbox"/> Art Therapist                 |
| <input type="checkbox"/> Intervention                        |  |

## Review

- Reviewed assessment with team on: \_\_\_\_\_



## Student Coping Plan

Student Name:

Date:

Warning signs that I am not safe

Things I can do to keep myself safe

Trusted adult(s) I can talk to outside school, how to access them, and how to start that conversation

Trusted adults I can talk to during school and how I can access them

Things that make me feel better

Next step(s)

## Suicide Prevention Resources Contact Information

### Serendipity Resource

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Serendipity Mental Health Emergency      503-683-7200

### County Resources

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Clackamas County      503-655-8585  
Multnomah County      503-988-4888  
Washington County      503-291-9111  
Clark County      360-696-9560

### National Resources

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National Suicide Prevention Lifeline      1-800-273-8255  
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