



rootedschool
vancouver

Supporting School-Based Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response

Modeled from the 2022 OSPI MODEL DISTRICT TEMPLATE for Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response and ESD112's School-Based Suicide Prevention Protocol.

Table of Contents

Attributions	3
Revised Code of Washington (RCW) 28A.320.127	4
District Requirements And Guidelines	5
definitions and terms	5
Shared Leadership and Infrastructure	8
Data-Based Decision Making	11
Prevention	12
Training - Staff	12
Curriculum - Students	13
Community Resources	13
Accessibility	14
Universal Screeners	14
Intervention	16
Suicide Risk Assessment Process	17
Supervision	18
C-SSRS screening tool	18
Screening interpretation	18
Student safety plan	19
Parent/Guardian Notification	20
Re-Engagement Plan	21
Post-response/ Postvention: What Should a School Do?	23
Other Related Procedures	25
RCW 28A.320.127 Compliance Checklist	27
Regional Crisis Lines	29
Resources	31

Attributions

This document has been created in partnership with the Behavioral Health Navigator - ESD 112 Regional School Safety Center (<https://www.esd112.org/safety-center/behavioral-health/>), the Behavioral Health Navigators at each of Washington's Educational Service Districts, Forefront Suicide Prevention, OSPI, UW SMART Center, and other contributors – thank you for your commitment to prevention, intervention, and response in Washington state.

Adapted from:

- [2022 OSPI MODEL DISTRICT TEMPLATE](#) for Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response
- [ESD112 BHN's](#) School-Based Suicide Prevention Protocol
- [NEWESD101 Student Support](#)
- [Forefront Suicide Prevention's Crisis Plan Template and Checklist](#)

Revised Code of Washington (RCW) 28A.320.127

The [Revised Code of Washington \(RCW\) 28A.320.127](#) requires that all K–12 school districts adopt a plan to screen, recognize, and respond to indicators of social, emotional, behavioral, and mental health (SEBMH) such as, but not limited to, sexual abuse, substance use, violence, or youth suicide.

Plan for recognition, screening, and response to emotional or behavioral distress in students, including possible sexual abuse.

- Beginning in the 2014-15 school year, each school district must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, youth suicide, and sexual abuse. The school district must annually provide the plan to all district staff.
- At a minimum the plan must address:
 - Identification of training opportunities in recognition, screening, and referral that may be available for staff;
 - How to use the expertise of district staff who have been trained in recognition, screening, and referral;
 - How staff should respond to suspicions, concerns, or warning signs of emotional or behavioral distress in students;
 - Identification and development of partnerships with community organizations and agencies for referral of students to health, mental health, substance abuse, and social support services, including development of at least one memorandum of understanding between the district and such an entity in the community or region;
 - Protocols and procedures for communication with parents and guardians, including the notification requirements under RCW [28A.320.160](#);
 - How staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others;
 - How the district will provide support to students and staff after an incident of violence, youth suicide, or allegations of sexual abuse;
 - How staff should respond when allegations of sexual contact or abuse are made against a staff member, a volunteer, or a parent, guardian, or family member of the student, including how staff should interact with parents, law enforcement, and child protective services; and
 - How the district will provide to certificated and classified staff the training on the obligation to report physical abuse or sexual misconduct required under RCW [28A.400.317](#).
- The plan under this section may be a separate plan or a component of another district plan or policy, such as the harassment, intimidation, and bullying prevention policy under RCW [28A.300.2851](#) or the comprehensive safe school plan required under RCW [28A.320.125](#).

District Requirements and Guidelines

All K–12 school districts must adopt a plan to screen, recognize, and respond to indicators of social, emotional, behavioral, and mental health (SEBMH) such as, but not limited to, sexual abuse, substance use, violence, or youth suicide. This legal requirement guides districts to:

- 1) Involve all school personnel in supporting students SEBMH;
- 2) Recognize students at-risk, based on screening results or warning signs, and respond appropriately;
- 3) Review districts' capacity to respond to SEBMH needs with school and community resources;
- 4) Identify one or more indicators of SEBMH to measure (i.e. emotional or behavioral distress; exposure to trauma, abuse, or neglect; resilience; risk of violence; risk of suicide; substance use);
- 5) Identify the student population(s) the district plans to screen.

A district's plan may be a separate plan or a component of another district plan or policy, such as the harassment, intimidation, and bullying prevention policy under RCW [28A.300.2851](#) or the comprehensive safe school plan required under RCW [28A.320.125](#).

Definitions and Terms

Common language and shared understanding of terms are foundational to the success of the SEBMH screening process. The following are referenced frequently throughout this document:

- Interconnected Systems Framework (ISF)
- Mental Health (MH)
- Multi-Tiered Systems of Support (MTSS)
- Positive Behavioral Interventions and Supports (PBIS)
- Social, Emotional, Behavioral, Mental Health (SEBMH)
- Social-Emotional Learning (SEL)

PURPOSE:

The purpose of this protocol is to provide a guide to school districts outlining school comprehensive prevention procedures, it also offers guidelines to school-level teams in the recognition, screening and response for emotional and behavioral distress (or SEBMH indicators).

1. School staff are considered essential to creating communities of care and connectedness for our students, and are often considered “gatekeepers” in prevention efforts.
2. Expertise is not required for caring staff to assist students in crisis.
3. Research has shown that students who feel connected to their communities and can identify trusted adults are more resilient.
4. All school community members (adults and students) need to know that a protocol exists to prevent, intervene or respond to crisis.
5. All school community members should feel confident that help is available if/when they raise concerns.

6. Comprehensive prevention requires preparation and a team-based approach.
7. Schools should utilize evidence- and research- based practices to screen, intervene, and respond to social emotional and behavioral distress.

RATIONALE:

K–12 districts should already be familiar with the screening process in the contexts of dyslexia, hearing, and vision. In the context of vision, school nurses or trained adults may administer screening to a focused group (by grade) or indicated students (recognized signs of vision deficits). If the results reflect that a student may need further support, then school personnel notify the parent/guardian to recommend further assessment by a physician or optometrist and refer for services beyond the scope of education (glasses or contacts). The school may also implement supports such as preferred seating at the front of the classroom or printed copies of handouts and presentations.

In the context of SEBMH, districts may administer screening tools (such as those in Appendix C) to be completed by students, parents/guardians, and/or school staff, to assess emotional or behavioral indicators. Districts may choose to screen universally, select a focused group, or indicated individuals. If results indicate that a student may be at-risk of or experiencing distress, then school personnel may notify the parent/guardian and recommend further assessment by a physician or MH specialist and refer for services beyond the scope of education (individual or family therapy, mental health treatment). The school may also implement supports such as check-ins or mentoring with staff, classroom breaks to cope with distress, or creation of safe spaces. The screening process serves to identify students at risk of or experiencing MH conditions, and to provide schools with the opportunity to respond with appropriate referrals and evidence-based interventions

UNIVERSAL V. FOCUSED SCREENING

Districts may plan screening to be universal, focused, or indicated.

- Universal—All students at all schools
- Focused—Select groups by classroom, grade, or special program status
- Indicated—Individual factors
 - a. For example: exposure to trauma, history of substance use

FORMAL V. INFORMAL SCREENING

- A formal screening tool is typically a structured set of criteria (checklist, questionnaires, rating scales) with standard scoring.
- Informal screening is typically less structured and may consist of open-ended interviews and/or observations.

RECOGNITION, REFERRAL, AND RESPONSE

Upon recognizing that a student is at risk of or experiencing SEBMH concerns (whether by results from screening, or signs of emotional or behavioral distress) schools may notify the parent/guardian and refer the student for school-based services or to community services. If a student is an imminent danger to self or others (indicators of self-harm, suicidal ideation, or act of violence) schools must immediately respond with appropriate assessment and referral. Select examples of referral/response mechanisms include:

- Check-ins or mentoring with school personnel
- Individual meetings with students/families
- Referral to community organizations for health, MH, and/or social services
- Referral to school personnel (counselor, nurse, psychologist, social worker)
- Small group interventions for students

When referring families to community organizations, it is recommended that districts establish effective referral pathways with clear procedures for managing referrals that allow for exchange and sharing of information.

ETHICAL AND LEGAL CONSIDERATIONS

Screening must be completed in a manner consistent with federal and state laws. The process may raise ethical or legal concerns around communication, confidentiality, and family/student rights. Consider:

- Confidentiality and storage of documents and screening results, and who will access the information
- District capacity to follow-up with all students identified to be at-risk or in need of response
- District response if students are identified to be of imminent risk of harm to themselves or others

Shared Leadership and Infrastructure

TEAM-DRIVEN SHARED LEADERSHIP REQUIREMENTS:

- Identify the district leadership team responsible for this plan
- Identify how to use expertise of staff trained in recognition, screening, and referral

DISTRICT LEADERSHIP TEAM

The following District Leadership team has been identified as responsible for adopting and leading this plan. Please identify the existing team and/or new multidisciplinary team and relevant team leadership:

<i>Responsible District Level Team: Rooted School Vancouver Leadership Team</i>		
<i>Name</i>	<i>Position/Title</i>	<i>Notes on any Expertise</i>
<i>Dr. Jamila Singleton</i>	<i>Executive Director</i>	<i>Plan owner and final escalation. Administrator of record on every suicide-risk and threat response; Civil Rights Coordinator; crisis communications to families, the Board, and media.</i>
<i>Heather Ross</i>	<i>SPED Coach & MTSS Coordinator</i>	<i>Leads MTSS (bi-weekly MTSS Leadership, Kid Talk) and Tier 2–3 response; IEP/504 case management; coordinates ESD 112 providers (nurse, school psychologist); partners on behavior plans and crisis response.</i>

Jessica Murchison	Director of CTE & Student Success	Holds the former Student Success Coach portfolio: 9th-grade success and on-track, advisory, attendance intervention, and restorative first response. Leads threat assessment, with the SPED Coach on follow-up supports.
Dr. Sarah Yee	Director of Operations & Community	Title IX Coordinator; emergency drills, safety walkthroughs, and environmental scans; nurse and vendor contracts; family engagement and partnership logistics (MOUs); attendance data and truancy filing.
Logan Froerer	Academic Dean	Tier 1 instruction and classroom routines; professional learning calendar (including SEBMH trainings); academic recovery in re-engagement plans after a crisis.

DEPARTMENTAL APPROVAL

The following District Departments must be involved in approving and implementing this plan. Please identify the departments and relevant team leadership:

Department	Department Lead	Position/Title
Executive Leadership	Dr. Jamila Singleton	Executive Director
Special Education & MTSS	Heather Ross	SPED Coach & MTSS Coordinator
Student Success & CTE	Jessica Murchison	Director of CTE & Student Success
Operations & Community (safety, health services, Title IX)	Dr. Sarah Yee	Director of Operations & Community
Academics & Professional Learning	Logan Froerer	Academic Dean
Board of Directors (annual adoption)	Board Chair	RSV Board of Directors

DISTRICT CAPACITY & EXPERTISE

What are the ESA roles and FTE capacity present in the district?

☒ School Behavior Analyst: [0 FTE]	☒ School Counselor: [0 FTE]	☒ School Nurse: [.2 FTE — ESD 112, Ingrid Christensen]
☒ School Social Worker: [0 FTE]	☒ School Psychologist: [.2 FTE — ESD 112 contract; confirm FTE]	☒ Other: [Contracted LCSW (RAAP), as needed]

In what ways is the district utilizing the expertise of ESAs and staff trained in screening, recognition, referral, and topics related to SEBMH?

	Admin	School Behavior Analyst	School Counselor	School Nurse	School Social Worker	School Psychologist	Other ESA Role
Administer general and/or supplemental SEBMH assessments	☒	☐	☐	☐	☐	☒	☐
Case management	☒	☐	☐	☐	☐	☐	☐
Facilitate communication between student, family, school, and outside providers	☒	☐	☐	☒	☐	☐	☒
Facilitate referral to community services	☒	☐	☐	☐	☐	☐	☒
Consult and collaborate with colleagues	☒	☐	☐	☒	☐	☒	☒
Counseling and therapy (individual and/or group) with evidence-based practices	☐	☐	☐	☐	☐	☐	☒
Crisis Assessment, Intervention, and Postvention	☒	☐	☐	☐	☐	☐	☐
Child abuse (emotional, physical, psychological, sexual) or neglect	☒	☐	☐	☒	☐	☐	☐
Postvention after crisis or emergency	☒	☐	☐	☐	☐	☐	☐
Suicide screening	☒	☐	☐	☐	☐	☐	☐
Threat assessment	☒	☐	☐	☐	☐	☐	☐
Develop and Implement 504 and Individual Education Programs (IEP)	☒	☐	☐	☒	☐	☒	☐
Develop Behavior Intervention Plans (BIP) and related documents	☒	☐	☐	☐	☐	☒	☐
Facilitate classroom lessons for students	☒	☐	☐	☐	☐	☐	☐

Facilitate campus-wide activities for students	☒	☐	☐	☐	☐	☐	☐
Facilitate or participate in individual student-focused team meetings (504, IEP, discipline)	☒	☐	☐	☒	☐	☒	☐
Facilitate training and professional learning in areas related to SEBMH	☒	☐	☐	☐	☐	☐	☒
Receive and process SEBMH referrals	☒	☐	☐	☐	☐	☐	☐
Additional notes on ESA Roles:		RSV has no school counselor, social worker, or behavior analyst on staff. The "Administrator" column is the Leadership Team: Heather Ross (SPED Coach & MTSS Coordinator) carries MTSS, Tier 2–3, and IEP/504 work; Jessica Murchison (Director of CTE & Student Success) carries student success, restorative first response, and attendance intervention; Dr. Singleton is administrator of record for suicide-risk and threat responses. School nurse and school psychologist are contracted through ESD 112. "Other ESA Role" = contracted LCSW (RAAP) for counseling and referral. Checkmarks reflect current role assignments — confirm against ESD 112 contract scope.					

DESIGNATED SCHOOL SCREENERS

The School Screener is willing to do this work and has been appropriately trained. Each building should have a minimum of two School Screeners at all times. In addition to an administrator, suggested School Screener staff includes, but is not limited to: nurses, counselors, and student assistance professionals. Expertise is not required for caring staff to assist students in crisis. 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. The following personnel have been designated as school screeners.

Name	Position/Title	Location	Email
<i>Dr. Jamila Singleton</i>	<i>Executive Director</i>	<i>RSV campus</i>	<i>jsingleton@rootedschoolvancouver.org</i>
<i>Heather Ross</i>	<i>SPED Coach & MTSS Coordinator</i>	<i>RSV campus</i>	<i>hross@rootedschoolvancouver.org</i>
<i>Jessica Murchison</i>	<i>Director of CTE & Student Success</i>	<i>RSV campus</i>	<i>jmurchison@rootedschoolvancouver.org</i>
<i>Logan Froerer</i>	<i>Academic Dean</i>	<i>RSV campus</i>	<i>lfroerer@rootedschoolvancouver.org</i>

ENVIRONMENTAL SCANS

Environmental scans are an important part of comprehensive prevention and infrastructure. In order to ensure all school buildings are safe from unnecessary risk during a SEBMH crisis, it is important that schools and districts conduct regular environmental scans of their buildings. This can include lethal means safety for suicide risk (i.e. medicine in nurse's office is properly locked, there are no chemicals around, etc.),

These scans are often conducted as a part of a district or school level safety walk. Dr. Sarah Yee, Director of Operations & Community, will conduct an environmental scan of the building quarterly (September, December, March, June) and will write a brief report that will be sent to the Executive Director. In the event that Dr. Yee does find something of concern in the school building, the Director of Operations & Community will be in charge of resolving the issue within five school days, notifying the Executive Director of anything that cannot be resolved in that window.

Environmental Scan Checklist				
Item	Safe? Yes or No	Date Last Checked	How has this item been secured?	Notes
Meds in Nurses Office				Confirm storage with the ESD 112 school nurse (Ingrid Christensen); include naloxone and emergency medications.
Rooftop Access				
Cleaning Supplies Storage				
Science Lab				

**Please fill out this Environmental Scan Checklist to help keep track of regular environmental scans. Please adapt and edit as it applies to your specific school and/or district.*

Data Based Decision Making

○ What are the existing data sources?

- The Washington State [Healthy Youth Survey](#) (HYS)
- [Incoming 9th grade survey](#)
- [Intake survey](#)
- Student information system (Skyward) and academic history
- Supported Schools behavior and support logs
- Office discipline referrals (ODRs)
- CHSS Comprehensive Skills Screener (advisory, fall and January)
- NWEA MAP Growth; attendance and credit data

○ How can existing data sources be utilized?

- ☒ Identify indicators for the district to prioritize for screening

- ☒ Utilize multiple data sources to inform decisions to selecting students for screening
- ☒ Other: Reviewed together in bi-weekly MTSS Leadership (Kid Talk) and the Monday LT: Students meeting to set the Tier 2 list.

Prevention

TRAININGS (STAFF)

Rooted School Vancouver will provide regular training for staff and faculty around SEBMH. RCW requires the following training standards are met for all educators.

- ☐ [RCW 28A.410.270](#), Washington professional educator standards board—Performance standards—Certification levels—Teacher effectiveness evaluations—Requirements for professional certificate and residency teaching certificate—Demonstration of educator preparation programs' outcomes (as amended by 2021 c 197)
- ☐ [RCW 28A.410.035](#), Qualifications—Coursework on issues of abuse; sexual abuse and exploitation of a minor; and emotional or behavioral distress in students, including possible substance abuse, violence, and youth suicide
- ☐ [RCW 28A.410.273](#), Washington professional educator standards board—Social-emotional learning
- ☒ [RCW 28A.400.317](#), Physical abuse or sexual misconduct by school employees—Duty to report—Training
- ☐ [RCW 28A.410.226](#), Washington professional educator standards board—Training program on youth suicide screening—Certificates for school nurses, social workers, psychologists, and counselors—Adoption of standards
- ☐ [RCW 28A.310.515](#), School safety and security staff—Training program—Guidelines for on-the-job and check-in training
- ☐ [RCW 28A.415.445](#), Professional learning days—Mental health topics—Cultural competency, diversity, equity, and inclusion
- ☒ Other: De-escalation and behavior logging (Sept 23, 2026 Wednesday PL, led by the SPED Coach)

Rooted School Vancouver will train staff and faculty on:

Name of Training	SEBMH Topic	Frequency of offering (i.e. annually, bi-annually, quarterly, etc.)
 Anxiety Session (The Climb)	Mental Health Supports & Anxiety	Annually — August PD week; refreshed as needed
https://www.acorncourses.org/courses/suicide-prevention (free)	This course is approved for 3 continuing education (CE) hours. To earn CE hours, you will need to complete 1) all required course activities and 2) the course evaluation survey. A certificate of attendance will be made available on the Student Dashboard upon course completion.	3 hours · Annually — all staff,
https://reapusa.org/youth-save/	Suicide Assessment In Various Environments) is a virtual training designed to empower school staff and community-based providers to effectively assess and intervene with youth and young adults experiencing thoughts of suicide. Youth SAVE is a program of REAP.	2.5-day training · Designated School Screeners; initial, then refresher as offered

Child abuse & neglect / mandatory reporting (Vector Solutions)	Duty to report physical abuse or sexual misconduct (RCW 26A.400.317)	Annually — all staff, due Sept 1
C-SSRS interactive training module	Suicide risk screening with the Columbia Suicide Severity Rating Scale	Annually — Designated School Screeners

Throughout the school year faculty and staff will also be offered the following: Sept 16, 2026 — UDL and MTSS universal scaffolds; Sept 23, 2026 — Response Day (de-escalation and logging, where the log goes, MTSS clarity); Oct 9, 2026 in-service — suicide prevention; bi-weekly MTSS Leadership and Kid Talk for the support team.

SUICIDE PREVENTION CURRICULUM/ PROGRAMS FOR STUDENTS

As part of a comprehensive approach, Rooted School Vancouver will provide students with age-appropriate suicide prevention education and programming. Students in grades 9–12 participate in Signs of Suicide (SOS), delivered through advisory, which teaches how to recognize warning signs and seek help for themselves or others. Year-round, advisory and Tier 1 skill-building reinforce emotional regulation and coping skills.

Rooted School Vancouver will provide suicide prevention for students:

Name of Curriculum/ Program	Grade Level	Frequency
Signs of Suicide (Mindwise/River)	9–12	Annually, fall semester (advisory)

COMMUNITY BASED RESOURCES

State law requires school districts to identify and partner with health, MH, substance use, and social support services agencies; districts additionally must have one MOU with such a community organization or entity. Rooted School Vancouver utilizes the following national, state, and community-specific resources that can assist students and their families with behavioral health and related concerns. *Please list as many places as you can, the more the better.

Organization/ Practitioner Name	Contact information	Address	Website	MOU in Place? (Y/N)	Links and/or referral pathways on District Website? (Y/N)
Family Solutions	Tracy Arney tarney@family-solutions.net Jennifer Maxa 360) 921-0539				

	jmaxa@family-solutions.net				
Dr. Dempsey	P:503-799-1298				
REAP/Deshawn Williams	P: 503.616.2042		http://www.raapcounseling.com/		
Ashford Weston M.S.Ed, LPC, CADC I Chief Counselor Weston Counseling and Wellness LLC		333 NE Russell St, Suite 201			

The community resource list will be updated annually. Heather Ross (SPED Coach & MTSS Coordinator), with Dr. Sarah Yee for partner MOUs, will be responsible for updating the community resource list for the 2026–2027 school year. The next update of the list will be on 08/2027.

RESOURCE LIST ACCESSIBILITY

The list of community-based resources will be housed on the Staff Hub and the family resources page of the RSV website so that students, families, and staff can easily access the community resource list at any time.

Our district shares resources in the following ways:

Resource:	Shared via (web, intranet, mailer, family communications, ID cards)	Resources Updated:
Community resource list (this plan)	Staff Hub (intranet); family handbook	Annually, August
Crisis lines: 988 and Clark County crisis line 1-800-626-8137	ParentSquare family communications; advisory; posted in the Wellness Room	Annually, August, and after any partner change

CULTURALLY RESPONSIVE, EQUITABLE ACCESS

The following resources, translation services, and/or staff members have been identified as being able to support families and students with diverse linguistic and cultural backgrounds. **Add rows to this table so all relevant school staff are included. (Note – if you do not have staff in the building that can support students with diverse linguistic and cultural needs please include other resources/external support persons who can assist students and families.)*

Name	Position/Title/Or ganization	Contact Information	Website	Additional Languages (if any)	Notes on any Expertise

Deshawn Williams	RAAP/ LCSW	P: 503.616.2042			Licensed Clinical Socialworker
Dr. Sarah Yee	Director of Operations & Community, RSV	syee@rootedschoolvancouver.org			Leads family and community engagement; point person for connecting families to resources.
ParentSquare	RSV family communication platform		parentsquare.com	Auto-translates messages into families' home languages	Used for all family notifications.

SCREENING: UNIVERSAL

Addressing the social, emotional, behavioral, and mental health (SEBMH) strengths and needs of youth, begins with early detection. Universal SEBMH screening refers to the systematic and proactive assessment of social, emotional, and/or behavioral strength and risk indicators among all or a majority of students within a given educational setting (e.g., class, grade band, school, district) (SMART Center, 2025).

[UW SMART Center Portal](#)- Online Resource and Technical Assistance Library

SCREENING: FAMILY ENGAGEMENT AND CONSENT

Before the screening process, legal guardian(s) must consent, either actively (in writing) or passively (notice with an option to decline). The [Protection of Pupil Rights Amendment \(PPRA\)](#) protects the rights of students participating in “protected information surveys,” including those concerning mental or psychological problems of the student or student’s family. Appendix E and Appendix F are sample consent forms.

How will the district communicate with parents/guardians about planning and implementing the screening process?

- ☒ Add information to annual enrollment notifications
- ☐ Add information to newsletters and/or websites
- ☒ Direct communication with parents/guardians (e.g., email, letter, phone call) — via ParentSquare
- ☐ “One-Pager” handout
- ☐ Other:

How will parents/guardians consent to screening?

District Protocol:

- ☐ Active Consent

☐ Passive Consent
Decision needed before the CHSS
screener runs in advisory: Executive
Director with the SPED Coach.

CONFIDENTIALITY

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is an 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 approach is in compliance with the spirit of FERPA and HIPAA and is known as “minimum necessary disclosure.” For more information regarding mandatory reporting, please review the Department of Children, Youth and Families (DCYF’s) [training resources](#)¹.

PRIVACY, PROTECTED INFORMATION, HIPAA AND FERPA

The Family Educational Rights and Privacy Act (FERPA) protects students’ education records and personally identifiable information (PII). If school districts partner with medical or mental health organizations, there are additional considerations regarding health records which are protected by the Health Insurance Portability and Accountability Act (HIPAA). Prior parental consent is required before sharing education records or PII.

Districts and community partners may enter MOUs to address sharing students’ records while still maintaining their rights to confidentiality, to and create policies for how documents will be sent and stored, and how partners will communicate relevant information.

Outside partners providing services like mental health or primary care who are working in schools with students are bound by the Health Insurance Portability and Accountability Act (HIPAA). Both school staff and outside partners working in schools are mandatory reporters.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information indicating the student is an 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 approach is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.”

FOR MORE INFORMATION ON THIS TOPIC, SEE THE US DEPARTMENT OF EDUCATION (US DOE) [JOINT GUIDANCE ON THE APPLICATION OF FERPA AND HIPAA TO STUDENT HEALTH RECORDS](#)

Intervention

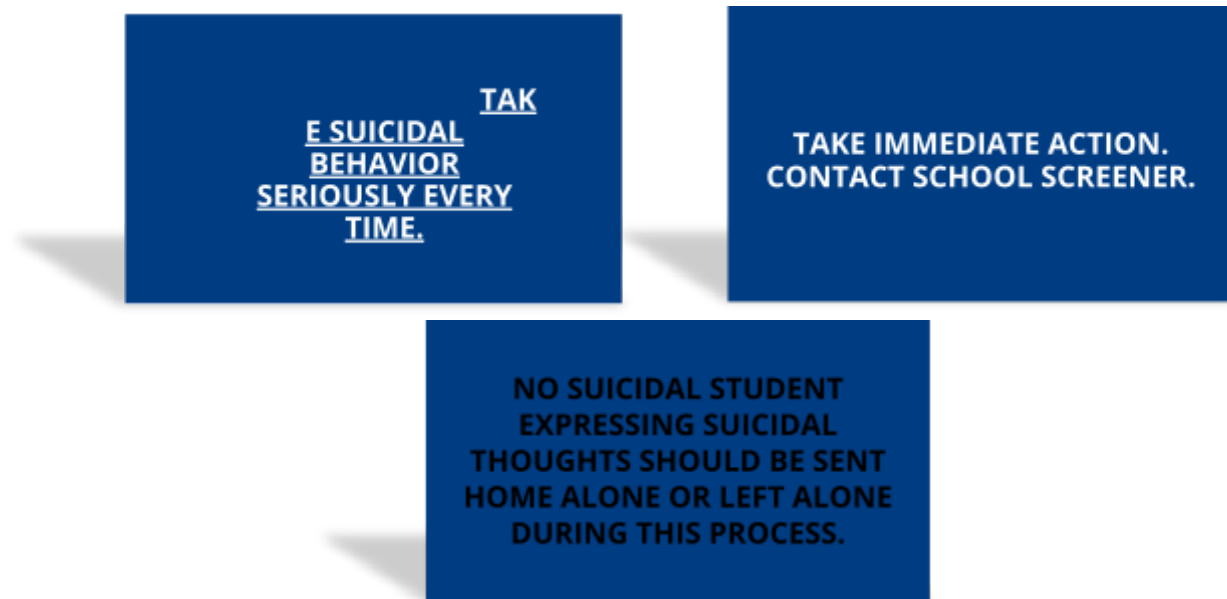
RESPONDING TO SUICIDAL IDEATION & EMOTIONAL DISTRESS

The risk of suicide is raised when anyone identifies a student as potentially suicidal because they have directly or indirectly expressed suicidal thoughts (ideations) or demonstrated other clues or warning signs. Any school

¹ <https://www.dcyf.wa.gov/safety/mandated-reporter>

employee who has knowledge of this information must report it immediately and directly to a School Screener so that the student of concern receives appropriate attention. A suicide risk screening will need to be completed for every student expressing thoughts of suicide.

If imminent danger exists, phone 911 and follow your district's emergency procedures. This is especially important if the student of concern has skipped school altogether or left the campus.



A Suicide Risk Screening is conducted by a School Screener when risk of suicide is identified. The School Screener interviews the student and completes the Columbia Suicide Severity Rating Scale (C-SSRS).

“No current known risk” occurs when a student answers “No” to all C-SSRS (screener) questions. A Level 1 Response is required when a student answers “Yes” to any of questions 1, 2, & 3. A Level 2 Response is required when a student answers “Yes” to any of questions 4, 5, & 6.

Note: Permission to see a licensed mental health provider requires parental permission unless the student is 13 years of age or older. The school district will follow the Re-Engagement Plan to prepare for the student’s return to school.

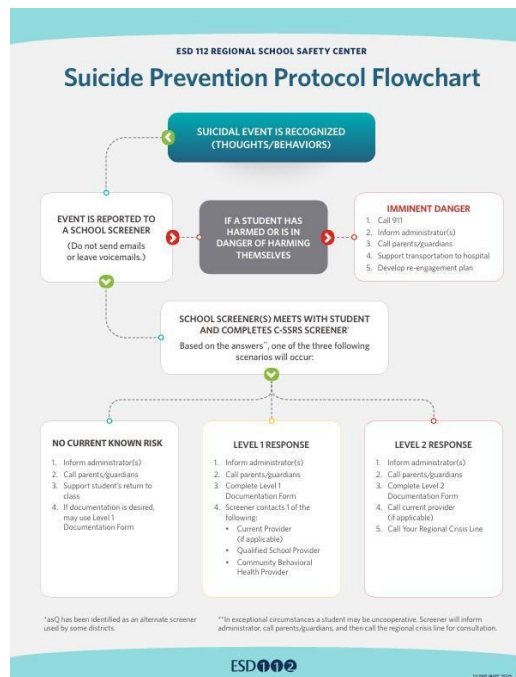


Figure: Sample Suicide Prevention Protocol Flowchart (see [link](#))

Suicide Risk Assessment Process

- Risk Is Identified:** A concern for risk of suicide is brought to the attention of the School Screener by a staff member, the student's peers, or the student. Contact the School Administrator, and then the School Screener.

Immediate Concern: If the student is in possession of lethal means (such as guns, weapons, knives, medications), secure the area and prevent other students from accessing this area. If the student has harmed themselves or is in danger of harming themselves or others, call 911 immediately. Follow your district's emergency medical procedures to ensure the safety of all staff and students.

- Use Supervision:** A school staff person must stay with the student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student. If possible, this should be the person who identified the student at risk. All efforts should be taken to avoid leaving the student alone or sending them home before completing the assessment.

Columbia Suicide Severity Rating Scale (C-SSRS): Screener		Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you <u>actually had</u> 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 these thoughts of killing yourself, as opposed to you have the thoughts but you <u>definitely would not</u> act on them?		High Risk
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?		High Risk
Always Ask Question 6		Lifetime Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk

Any YES to 1, 2 or 3 requires a Level 1 response:
Assessment from a qualified mental health provider.

Any YES to 4, 5 or 6 requires a Level 2 response:
Assessment from regional crisis line.

**DON'T LEAVE THE PERSON ALONE.
STAY WITH THEM UNTIL THEY ARE IN
THE CARE OF PROFESSIONAL HELP**

Figure: C-SSRS Screener (see [link](#))

- **Use the Columbia Suicide Severity Rating Scale (C-SSRS):** [C-SSRS screener here](#) Read the C-SSRS questions exactly as they are written to ensure the validity of the tool. There are many evidence-based suicide risk screening and assessment tools available. We chose the C-SSRS because it is an evidence-based tool that is simple and effective. This protocol uses the shorter "Screener" version of the C-SSRS. Longer versions of the C-SSRS and other helpful documents are available at <http://cssrs.columbia.edu/>.

Recommended Training: [CSSRS interactive training module](#)²

- **Interpret Suicide Risk Screening Form Results:**
 - If the answer is "no" to all questions 1-6, there is "no current known risk". Next steps are:
 - Inform administrator(s)
 - Call parents/guardians
 - Support student's return to class
 - If the answer is "yes" to any questions 1, 2 & 3 and "no" to all questions 4, 5 & 6, there is a **Level 1 Response needed**. See [Level 1 Documentation Form](#) for next steps.
 - If the answer is "yes" to any questions 1, 2, & 3, and "yes" to any questions 4, 5 & 6, there is a **Level 2 Response needed**. See [Level 2 Documentation Form](#) for next steps.

² <https://practiceinnovations.org/resources/scorm/cssrs>

Level 1 C-SSRS Documentation Form

Use this form if "yes" to any questions 1, 2 & 3 and "no" to all questions 4, 5 & 6.

C-SSRS RESULTS: 1. ☐ Yes ☐ No 2. ☐ Yes ☐ No 3. ☐ Yes ☐ No 4. ☐ Yes ☐ No 5. ☐ Yes ☐ No 6. ☐ Yes ☐ No

1. COLLECT STUDENT INFORMATION

DATE OF INITIAL CONTACT	STUDENT NAME	NAME OF SCHOOL SCR-HNH
DATE OF BIRTH	AGE	GRADE
	GENDER	STUDENT I.D. NUMBER
PARENT/GUARDIAN NAME(S)	BEST CONTACT NUMBER	
ADDITIONAL CONTACT NAME(S)	BEST CONTACT NUMBER	
STUDENT LANGUAGE	PARENT/GUARDIAN LANGUAGE	NAME OF INTERPRETER

2. COLLECT REFERRAL INFORMATION

☐ STUDENT SELF-REFERRED
 ☐ SCHOOL STAFF
 ☐ PARENT
 ☐ FRIEND
 ☐ OTHER

WHAT INFORMATION WAS SHARED THAT RAISES THE CONCERN ABOUT SUICIDE RISK?

3. NOTIFY ADMINISTRATOR

NAME OF NOTIFIED ADMINISTRATOR

DATE NOTIFIED

4. CONTACT PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN CONTACTED	DATE/TIME OF CONTACT	PARENT/GUARDIAN CONTACTED BY SCR-HNH
OTHER STUDENT HEALTH CONCERN/MEDICATIONS?		
PARENT/GUARDIAN PERCEPTION OF SUICIDAL RISK:		

WAS PARENT/GUARDIAN AWARE OF SUICIDAL THOUGHTS/PLANS? ☐ YES ☐ NO
 DOES STUDENT HAVE A MENTAL HEALTH THERAPIST OR COUNSELLOR? ☐ YES ☐ NO

esd112.org/safetycenter

Figure: Level 1 Documentation Form
(see [link](#))

Level 2 C-SSRS Documentation Form

Use this form if "yes" to any questions 1, 2 & 3 and "yes" to any questions 4, 5 & 6.

C-SSRS RESULTS: 1. ☐ Yes ☐ No 2. ☐ Yes ☐ No 3. ☐ Yes ☐ No 4. ☐ Yes ☐ No 5. ☐ Yes ☐ No 6. ☐ Yes ☐ No

1. COLLECT STUDENT INFORMATION

DATE OF INITIAL CONTACT	STUDENT NAME	NAME OF SCHOOL SCR-HNH
DATE OF BIRTH	AGE	GRADE
	GENDER	STUDENT I.D. NUMBER
PARENT/GUARDIAN NAME(S)	BEST CONTACT NUMBER	
ADDITIONAL CONTACT NAME(S)	BEST CONTACT NUMBER	
STUDENT LANGUAGE	PARENT/GUARDIAN LANGUAGE	NAME OF INTERPRETER

2. COLLECT REFERRAL INFORMATION

☐ STUDENT SELF-REFERRED
 ☐ SCHOOL STAFF
 ☐ PARENT
 ☐ FRIEND
 ☐ OTHER

WHAT INFORMATION WAS SHARED THAT RAISES THE CONCERN ABOUT SUICIDE RISK?

3. NOTIFY ADMINISTRATOR

NAME OF NOTIFIED ADMINISTRATOR

DATE NOTIFIED

4. CONTACT PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN CONTACTED	DATE/TIME OF CONTACT	PARENT/GUARDIAN CONTACTED BY SCR-HNH
OTHER STUDENT HEALTH CONCERN/MEDICATIONS?		
PARENT/GUARDIAN PERCEPTION OF SUICIDAL RISK:		

WAS PARENT/GUARDIAN AWARE OF SUICIDAL THOUGHTS/PLANS? ☐ YES ☐ NO
 DOES STUDENT HAVE A MENTAL HEALTH THERAPIST OR COUNSELLOR? ☐ YES ☐ NO

esd112.org/safetycenter

Figure: Level 2 Documentation Form
(see [link](#))

5. Student Safety Plan Created:

- In accordance to district policy, complete a Safety Plan with the student and guardian. Refer to ** section of this handbook for more information.
- [Sample Safety Plan](#)
- [Elementary sample safety plan](#)

 **My Safety Plan** NAME: _____
 DATES: _____

Sometimes life can get pretty difficult - to the point where you may not care about things that used to matter. Remember, you are not alone. There are resources and people who want to help. Using these action steps can help keep you safe and more in charge of your emotional wellbeing. One step at a time, starting now.

Step 1 - Recognizing Warning Signs

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Step 2 - Using Internal Coping Strategies

Form adapted from Steadyhead Brown (2003). Safetyplans are
 outline part of a comprehensive crisis response prevention plan.
 Rev 7-27-20



Step 4 - Contacting Family/Friends Who Can Help

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Step 5 - Turning to Professionals & Resources

Name	Phone
More Resources for Teens	Browse, Call, Text, Chat
24-hr Suicide Lifeline	1-800-273-8255
24-hr Crisis Text Line	Text "HEAL" to 741 741
24-hr Crisis Connection	1-866-427-4747
SafePlace - Find shelter	Text "Safe" to 4HELP
Sexual Assault Hotline	1-800-656-HOPE
Teen Line	Text "TEEN" to 039863
Teen Link - Call in 6-10 pm	1-866-933-6549
Travis Project - LGBTQ	Text "START" to 678678
Trans Lifeline	1-877-565-8860
211- Other resources	Call or go online

Step 6 - Keeping My Personal Space Safe

I let trusted adults help monitor my personal space
 I let trusted adults know about any harmful items
 I am keeping my personal environment safe

SAFETY PLAN

I KNOW I AM
 TRIGGERED WHEN:

WAYS THAT CAN HELP TO
 KEEP MYSELF BUSY

OTHER HELPFUL RESOURCES:

WHAT COPING SKILLS
 CAN I USE?

WHO CAN I CALL FOR HELP?

I HAVE STRENGTHS TO
 HELP ME GET BY

Figure: My Safety Plan from UW
 (see [link](#))

Figure: Elementary Safety Plan, source unknown
 (see [link](#))

6. Notify Guardians and Mental Health Providers: Parents/ Guardians should always be notified when there are concerns for risk of suicide. Notify guardians of all steps taken and provide them with the following resources. Ask guardians to sign a Release of Information ([sample ROI](#)) if the student participates in any mental health services to also connect with providers on an as needed basis. Refer to the next section for Parent/Guardian notification procedures and resources.

[Sample Parent/ Guardian notification](#)

[Tips for keeping child safe for parents](#)

- If a student discloses thoughts of suicide and/or if the School Screener has reason to believe there is current risk of suicide, the School Screener will request that parent/guardian come to school to participate in the process.
- If a student denies having thoughts of suicide and the School Screener does not have reason to believe there is current risk of suicide, the Screener will still notify parent/guardian to share concerns.
- The Parent/Guardian Letter and Student Resource Document should be reviewed with and provided to parents/guardians in writing.
- If all attempts to reach the student's parent/guardian are unsuccessful and contact cannot be made, call DCYF at (855) 420-5888 or 1-866-"ENDHARM". Use 911 if the risk of self-harm is imminent. Per RCW [26.44.030](#), schools are mandatory reporters for abuse or neglect.
- If a guardian is nonresponsive or refuses to assist, School Screener (as required by mandatory reporting law) must inform DCYF regarding a potential neglectful situation. Document the date, time, and the

parent/guardian's response.

- **Exceptions to Parent/ Guardian Notification: Abuse or Neglect:** If there is reasonable cause to suspect parental abuse or neglect, the School Screener must make a report of suspected abuse or neglect to DCYF at (855) 420-5888 or 1-866-“ENDHARM”.
- **Student request to withhold from parents/ guardians:** The school staff can ask questions to determine if there is parental abuse or neglect. If there is no indication that abuse or neglect is involved, compassionately disclose that the parents/guardians must be involved.

7. Re-Engagement Plan, if warranted. (Optional for Level 1, required for Level 2)

A student who has experienced a mental health emergency is at great risk for another in the period following the crisis. Therefore, it is of vital importance to closely monitor the student's re-engagement into school and to maintain close contact with parents/guardians and mental health professionals.

While the student is away from school:

- Request the parent/guardian (or youth 13+) sign a Release of Information (ROI) from provider.
- Ask the student what may be shared with teachers and staff.
- Inform the student's teachers and appropriate school personnel regarding the number of potential days of absence and expected date of the student's return.
- Request teachers provide the student with assignments during the absence.

When the student returns to school, the School Screener, or an appropriate designee will:

- Meet with the student to complete a Student Support & Safety Plan.
- Maintain regular check-ins with the student. If the student has a positive relationship with another trusted staff member, that staff member can be a part of this ongoing contact.
- Continue to follow up with the student's health provider if a ROI is in place.
- Keep confidential information regarding services on a need-to-know basis.

Example re-engagement plans:

[ESD112 sample re-engagement](#)

[Sample Student Re-Entry Plan](#)

[Forefront re-entry plan](#)

[Sample Re-Entry Conference Form 105](#)

Post-Response: What Should a School Do?

POST-RESPONSE FOR CRITICAL INCIDENTS

Districts should follow the same trauma-informed principles in the event of accidents, threats, natural disasters, or community trauma - to stabilize the environment, support emotional recovery, and restore a sense of safety. This includes providing access to counseling, facilitating clear communication, and coordinating with relevant services to meet the needs of students, staff, and families.

POST-RESPONSE FOR ALLEGATIONS OF ABUSE/ VIOLENCE

In accordance with RCW 26.44 and RCW 26A.320.127, districts are reminded to apply the same trauma-informed principles used in crisis response to support students and staff impacted by allegations of abuse or violence. This includes ensuring safety, providing timely communication, and connecting individuals to appropriate mental health and social services. Staff should follow established protocols for mandatory reporting and collaborate with law enforcement and child protective services as required.)

POSTVENTION (POST-RESPONSE FOLLOWING A DEATH BY SUICIDE)

Adapted from [Forefront Suicide Prevention/ OSPi](#)

The grief associated with a death by suicide can be quite overwhelming. When a school community experiences a loss by suicide the effects can be felt on various levels. Using protocols that follow model guidance and knowing where to turn for help is critical. Suicide is often sudden and unexpected, leaving loss survivors unprepared and looking for answers as to why this person took their life. This guide includes information, directions, and resources to help prepare and support you as you navigate this territory. In a perfect world:

- school resources would be in place before a crisis occurs
- community partners would be identified and trained
- postvention procedures would be reviewed regularly
- the school and/or district crisis team would have practiced responding to postvention situations

Postvention refers to activities that promote healing while also managing and containing the impact of the loss. Some schools will want to plan postvention activities where community members who have been personally affected by a recent suicide come together to ask questions, learn more about recognizing and preventing suicide and know where to turn for additional support. The primary goals of postvention are to help individuals as they begin to navigate the initial grieving process. When conducted using model guidance, this level of awareness, education and connection to others can help to reduce the likelihood of future suicides. It is

important to remember that postvention activities are open to any individual who feels they have been impacted and not only those who were close to the person who died by suicide.

What is Suicide Postvention? An organized response in the aftermath of a suicide attempt or death that:

- Provides opportunities to start healing from the grief and distress of suicide loss
- Recognizes that suicide can present a unique form of trauma exposure
- Ensures that individuals/families who have experienced a suicide and/or suicide attempt are offered support and a path to recovery
- Almost all the principles of suicide postvention apply to traumatic deaths under any circumstance

Why are Postvention Protocols Necessary?

Postvention provides:

- Space for grieving
- Care for those experiencing loss
- Identification and protection for others at risk
- Postvention protocols ensure consistency in response, no matter the cause of death, and should codify procedure in school policy

What is a school's role in postvention?

1. Maintain structure and order of the school routine
2. Manage reactions to the death with developmentally appropriate and supportive interventions
3. Provide support and resources to the school community in order to recognize and minimize suicide contagion risk
4. Collaborate with the many groups that may eventually be involved, such as students, staff, parents/guardians, community, media, law enforcement, etc.

5. It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide. **Know your resources.**

What should schools do?

1. Identify staff that will take the lead in the event of a suicide attempt or completion.

2. Identified staff should meet annually to establish roles and responsibilities in the event that there is an attempt or completion.
3. Communicate with appropriate community partners for assistance and resources to address the immediate needs of students, staff and parents/guardians.
4. Mobilize school crisis team, i.e. School Mobilization Assistance Response Teams ([SMART program](#)³). Teams consist of district staff and community members who respond to schools during a traumatic event to provide support to students and staff.
5. Be aware that persons may still be traumatized months after an event. Refresh staff on prevention protocols and be responsive to signs of risk. [OSPI Postvention - Recovery](#)⁴
6. Identified staff should review and discuss best practice resources:
 - a) [UW Forefront's Postvention Guide](#)
 - b) [After a Suicide Toolkit for Schools](#)
 - c) [OSPI Suicide Postvention Guide for Schools in Washington State](#) | [Presentation slides](#)
 - d) [UW Forefront's Postvention Resources for Schools](#)
 - e) [OSPI Youth Suicide Prevention, Intervention, & Postvention](#)
 - f) [Survivors of Suicide Loss](#)

Other related procedures

ABUSE, NEGLECT, OR SEXUAL MISCONDUCT

Any type of abuse, neglect, or sexual misconduct involving a student will be reported to the Department of Child, Youth and Family (DCYF) and law enforcement, when necessary. Abuse, Neglect, or Sexual Misconduct involving a staff member will be handled through human resources and law enforcement, when necessary. See board policy 5011, 5253, 3421, 3205

SUBSTANCE USE indicators

THREATS

Remember that experiences of social emotional behavioral distress can exist with and without threats to self, others, or self/others. Sometimes threats also exist with active suicide risk. If concerns exist around a threat and/or if a Threat Assessment is needed, contact your building administrator. The following personnel have been designated as members of our threat assessment team. **Add rows to this table so all relevant school staff are included.*

3

4

Name	Position/Title	Location	Office Number	Phone Number	Email
Dr. Jamila Singleton	Executive Director (administrator of record)	RSV campus			jsingleton@rootedschoolvancouver.org
Jessica Murchison	Director of CTE & Student Success (assessment lead)	RSV campus			jmurchison@rootedschoolvancouver.org
Heather Ross	SPED Coach & MTSS Coordinator (follow-up supports)	RSV campus			hross@rootedschoolvancouver.org
Dr. Sarah Yee	Director of Operations & Community (safety, family and law-enforcement logistics)	RSV campus			syee@rootedschoolvancouver.org

Our threat assessment protocol exists here: [ESD112 TA protocol](#)

RCW 28A.320.127 Compliance Checklist

	Compliance Item	Relevant Notes
☐	Adopt the Model District Template to screen SEBMH indicators such as, but not limited to: • Emotional or behavioral distress • Sexual abuse • Substance use • Suicide risk • Violence	RSV adapted the 2022 OSPI Model District Template and ESD 112 protocol (this plan).
☐	Annually provide this school's Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response Plan to all staff	A copy of this plan will be distributed to all school faculty and staff members via email and the Staff Hub. A hard copy of this plan will be housed in the main office. Dr. Sarah Yee, Director of Operations & Community, will be responsible for housing the plan for the 2026–2027 school year; Dr. Yee can be contacted at syee@rootedschoolvancouver.org for requests related to obtaining a copy of this plan. This plan will be updated on an annual basis. This plan was last updated on 09/2026 by Dr. Jamila Singleton, Executive Director. The next update of this plan will take place on 08/2027.
☐	Identify community partners for health, mental health, substance use, and social support services	See section: Community Engagement & Participation
☐	At minimum one Memoranda of Understanding (MOU) with such agency or organization	See section: Community Engagement & Participation. Confirm which partner holds RSV's MOU.
☐	Identify how to use expertise of staff trained in screening, referral, and response	See sections regarding District Capacity & Expertise
☐	Identify plan for postvention after an incident of violence, report of sexual abuse, or suicide	See section: Postvention and Other Related Procedures
☐	Identify required staff training on duty to report physical abuse or sexual misconduct	See section: Other Related Procedures
☐	Identify supplemental staff training in areas related to SEBMH	See section: Prevention
☐	Procedure for crisis response if a student is imminent danger to self or others	See section: Suicide Risk Assessment Process
☐	Procedure for staff to recognize and respond to concerns or warning signs of SEBMH distress	See section: Suicide Risk Assessment Process
☐	Procedure for staff to respond to reports of sexual contact by staff, volunteer, or family member	 3421 Policy - Child Abuse and Neglect  3421P - Child Abuse and Neglect

☐	Protocols for staff interaction child protective services, parents/guardians, law enforcement	4310 Policy LEA Relationship with Law Enforc...
☐	Protocols for guardian notification after allegation of sexual misconduct	3205 Sex-Based Discrimination Prohibited 3205P Sex-Based Discrimination Prohibited

Regional Crisis Lines

Crisis lines are available to **ALL** Washingtonians, regardless of insurance status or income level, **24 hours a day, 7 days a week, 365 days a year.**

COUNTY	ESD	PHONE #
Adams	101 & 123	1-877-266-1818
Asotin	123	1-888-544-9986
Benton	123	1-888-544-9986
Chelan	171	1-800-852-2923
Clallam	114	1-888-910-0416
Clark	112	1-800-626-8137
Columbia	123	1-888-544-9986
Cowlitz	112	1-800-803-8833
Douglas	171	1-800-852-2923
Ferry	101	1-877-266-1818
Franklin	123	1-888-544-9986
Garfield	123	1-888-544-9986
Grant	105 & 171	1-800-852-2923
Grays Harbor	113	1-800-803-8833
Island	189	1-800-584-3578
Jefferson	114	1-888-910-0416
King	121	1-866-427-4747
Kitsap	114	1-888-910-0416
Kittitas	105	1-888-544-9986
Klickitat	105 & 112	1-800-626-8137

COUNTY	ESD	PHONE #
Lewis	113	1-800-803-8833
Lincoln	101	1-877-266-1818
Mason	113	1-800-270-0041
Okanogan	171	1-800-852-2923
Pacific	112 & 113	1-800-803-8833
Pend Oreille	101	1-877-266-1818
Pierce	121	1-800-576-7764
San Juan	189	1-800-584-3578
Skagit	189	1-800-584-3578
Skamania	112	1-800-626-8137
Snohomish	189	1-800-584-3578
Spokane	101	1-877-266-1818
Stevens	101	1-877-266-1818
Thurston	113	1-800-270-0041
Wahkiakum	112	1-800-803-8833
Walla Walla	123	1-888-544-9986
Whatcom	189	1-800-584-3578
Whitman	101	1-888-544-9986
Yakima	105	1-888-544-9986

Quick Reference

Warning Signs of Suicide

This is not a definitive list

Ideation – Thoughts of Suicide
Suicide Plans
Unbearable Pain
Displaying Signs of Depression
Making Final

Risk Factors for Suicide

This is not a definitive list

Previous Attempt
Exposure to Suicide Abuse
Social Isolation
Depression, Anxiety, Agitation
Access to Lethal Means
Perceived Major Troubles

5 Steps to Help a Suicidal Student

Take all suicidal behavior seriously

Establish relationship. Express your concern about what you are seeing in their behavior.

Ask the question, “Are you thinking about suicide?”

If “Yes,” then do not leave the student alone.

Offer a comforting response such as, “Thanks for telling me. I am here to help.”

Escort the student to a School Screener. Tell an administrator.

**NATIONAL SUICIDE
LIFELINE**

1-800-273-8255 or “988”

CRISIS TEXT HOTLINE

“HEAL” to 741-741

**TREVOR PROJECT
LIFELINE LGBTQ**

1-866-488-7386

Resources



Website for the Columbia C-SSRS tool used in this protocol.

<https://cssrs.columbia.edu>



National Suicide Prevention Lifeline with resources.

<https://fbhwa.org/programs/crisis-response/24-7-regional-behavioral-health-crisis-line>



Free mental health referral service.

<https://www.seattlechildrens.org/clinics/washington-mental-health-referral-service/>



Information and support to LGBTQ young people 24/7.

<https://www.thetrevorproject.org/>



Free or low-cost health coverage (Medicare).

<https://www.hca.wa.gov/>



Find a health care plan.

<https://www.wahealthplanfinder.org/>



Washington mental health crisis lines. 24/7/365 assistance for all Washingtonians.

<https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines>



<https://www.esd112.org/safety-center/smart>



<https://www.esd112.org/safety-center>