October 2020

School Safety and Prevention System Draft Guidance

SECTION 36 OF THE STUDENT SUCCESS ACT AND SENATE BILL 52, ADI'S ACT

OREGON DEPARTMENT OF EDUCATION

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Oregon Health Authority

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1. School Safety and Prevention System (SSPS) Overview

Background

For decades, school safety policies and practices in Oregon and across the U.S. for addressing increasing numbers of student behavioral safety concerns, mental health crises, and school culture and climate challenges have developed predominantly from a public safety model. Despite their desired intent to protect students, these law enforcement-led strategies have led to exclusionary disciplinary policies that feed the School-to-Prison pipeline. These approaches also serve to magnify the behavioral and mental health crises and immense public health challenges that communities continue to face. Further, these practices disproportionately impact BIPOC (Black, Indigenous, and People of Color) and tribal communities/members/students, the LGBTQ2SIA+ (lesbian, gay, bisexual, transgender/non-binary, queer/questioning, two-spirit, intersex, asexual, and the myriad other ways to describe gender identities) youth, youth in out-of-home settings, youth with disabilities, and historically and currently underserved youth.

Student and school community-driven dialogue on systemic inequities, suicide prevention organization and advocates, and The Oregon Task Force on School Safety have helped envision and create a new statewide system centered on equity, racial equity, and access to mental health services. Established through Section 36 of the SSA (ORS 339.341; OAR 581-029-0001) and Senate Bill 52, Adi's Act (ORS 339.343 OAR 581-022-2510), the School Safety and Prevention System (SSPS) provides an integrative approach for aligning school safety, public education and health systems.

SSPS System Definition

The SSPS is an integrated set of policies and practices designed to enact Section 36 of the Student Success Act and Senate Bill 52, Adi's Act. Developed through a process of public support and community engagement, SSPS provides a comprehensive school safety and prevention model that centers on equity, racial equity, and access to mental health services. The SSPS model (see pg. 3 graphic) envisions school safety as access to culturally responsive mental health services and supports and SSPS as a prevention system fostering learning environments where all students thrive because they belong. The model integrates public health systems through partnership with the Oregon Health Authority (OHA), and interfaces with public education systems through partnership with Education Service Districts (ESDs). The SSPS will provide a continuum of supports ranging from safety-based crisis intervention to curriculum-based universal prevention programs. These supports include equity and racial equity-centered, evidence-based, trauma-informed, and strengths-focused suicide prevention efforts, behavioral safety assessment, access to the SafeOregon Tip Line, and positive school culture and climate (including bullying, cyberbullying, harassment, and intimidation prevention, social-emotional (SEL) learning) supports to promote mental health and well-being in school districts statewide.

In partnership with OHA, the Oregon Department of Education (ODE) will coordinate the implementation of SSPS through the development of 16 new positions statewide. Regionally based in ESDs statewide, 11 School Safety and Prevention Specialist positions (cross-trained in behavioral safety

**Oregon School Safety and Prevention System (SSPS) Model**

assessment, suicide prevention, and school culture and climate supports) will collaborate with 5 School Suicide Prevention and Wellness (4 coordinators, 1 program manager)positions to develop regional teams supporting the system. These teams will develop ESDs as hubs for a regional network of mental health, public service and safety agencies, and community-based organizations to address student behavioral and mental health crises through a multidisciplinary and multicultural lens. These coordinators will also support school districts in developing Student Suicide Prevention Plans (Senate Bill 52) in alignment with ODE's **Integrated Model of Mental and Emotional Health** (IMMEH: see p. 4 for SSPS professional development framework).

Oregon's Integrated Model of Mental and Emotional Health

The Oregon Department of Education recognizes that mental, emotional and physical health are the cornerstones of education. The IMMEH (see figure below) centers mental and emotional health as the confluence of racial equity, trauma-informed, and SEL principles and practices delivered within a strengths-based multi-tiered system of support. In alignment with this model, ESD-based teams will offer safety planning, resources and technical support to districts to enable them to build safe, inclusive and healthy school climates. This work will also include supporting school districts with equity and racial equity-centered safety planning resources for implementing the All Students Belong (OAR 581-022-

2312) rule, which prohibits the use or display of hate symbols, including the Confederate flag, and the noose—two of the most recognizable hate symbols in the U.S.
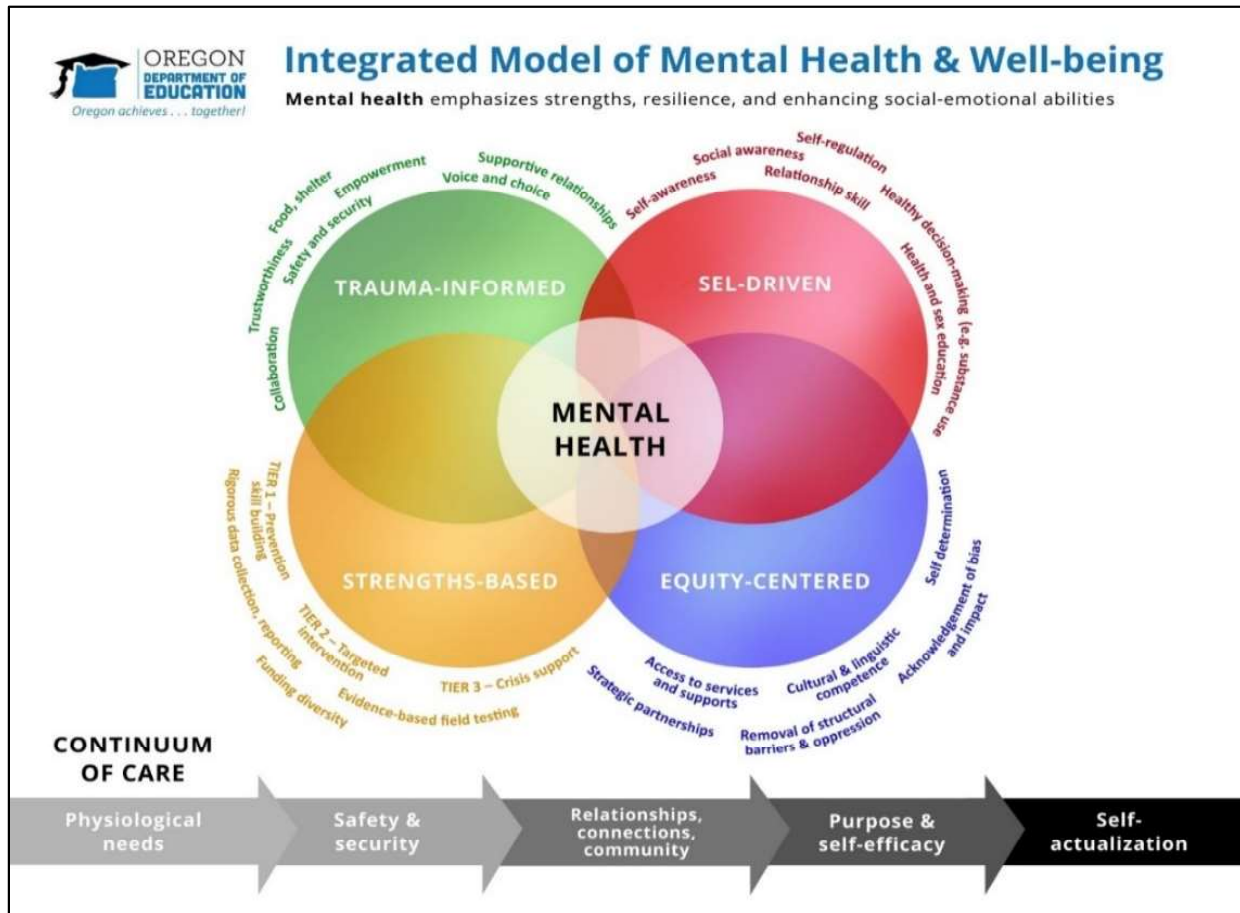
Decision-making Tools

Student and school community engagement, voice and choice are central to ensuring that the policies, practices, procedures and systems that are created in accordance with Section 36 of the SSA and Senate Bill 52 are responsive to the needs of Oregonians. This process will require skilled facilitation, and the use of tools that translate the vision of communities into tangible and sustainable systems. It is essential that engagement sessions embedded within this guidance lead to the development of policies and practices that result in equitable access to services, and guarantee that all students will receive bias free, fair and equitable treatment.

The **Decision Tools for SY2020-21** resource (see Appendix A) provides school district leaders and administrators, teachers, counselors and mental health professionals, SSPS Specialists, School Suicide Prevention and Wellness Coordinators (SSPWs), equity directors, advisory groups, and all involved in the decision-making process with a clear roadmap for decision-making. The document provides several tools including a *Decision Tree*, *Deepening Questions*, and a *Consultancy Protoc*ol that provide

facilitators, leaders, and stakeholders with concrete resources that can improve the quality of decision-making, which ensuring that all voices are given equal weight and influence. It is recommended that this resource be used on a continuous basis during the development, evaluation, and refinement of the policies, practices and implementation strategies for each of the systems listed below.

Guidance and Implementation, 2020-21

This draft Guidance provides information regarding how to implement the SSPS requirements during 2020-2021. It includes responses to many of the questions and concerns raised by education, public health, service, and community-based organizations during the 2019-2020 administrative rulemaking process (OAR 581-029-0001; OAR 581-022-2510). The Guidance is intended to aid school districts and Education Service Districts (ESD) in their development of regional SSPS, and the engagement of SSPS partners, ESD-based School Safety and Prevention Specialists (SSPS Prevention Specialists), School Suicide Prevention and Wellness Coordinators (SSPW), and to provide an accessible resource to school communities. Additional materials in support of the implementation of Senate Bill 52 (SB 52), Adi's Act, will be provided to school districts in Fall 2020 including sample SB 52 plans and a SB 52 template plan (November) and a SB 52 communications toolkit (December).

ODE will release Formal Guidance documents in February of 2021, incorporating additional implementation feedback from SSPS School and Community Advisories.

We anticipate that school communities will face unprecedented challenges and uncertainties in the 2020-2021 school year. To address these challenges, the SSPS development process will include the creation of a coalition-driven system that engages school and community partners, with the specific intent of understanding school community needs. This will allow for the coordination of effective, responsive strategies that address the underlying causes of student safety crises, and include targeted intervention efforts to reduce risk, increase safety and provide effective crisis support.

2. Regional SSPS Development

1a. Statewide SSPS Steering Structure:

The SSPS Steering Structure is rooted in the values of equity and racial equity-centered stakeholder engagement. The framework utilizes community advisory groups to obtain input from, and maintain communication with, historically and currently underserved students, school systems and service-providing representatives (see table) . ESD-based teams and specialists will be required to engage constituent school districts, student voice, affinity groups, service-providing agencies, and community-based organizations through a variety of means including steering teams, advisories, and focus groups during the SSPS system development phase.

SSPS Advisory Structure
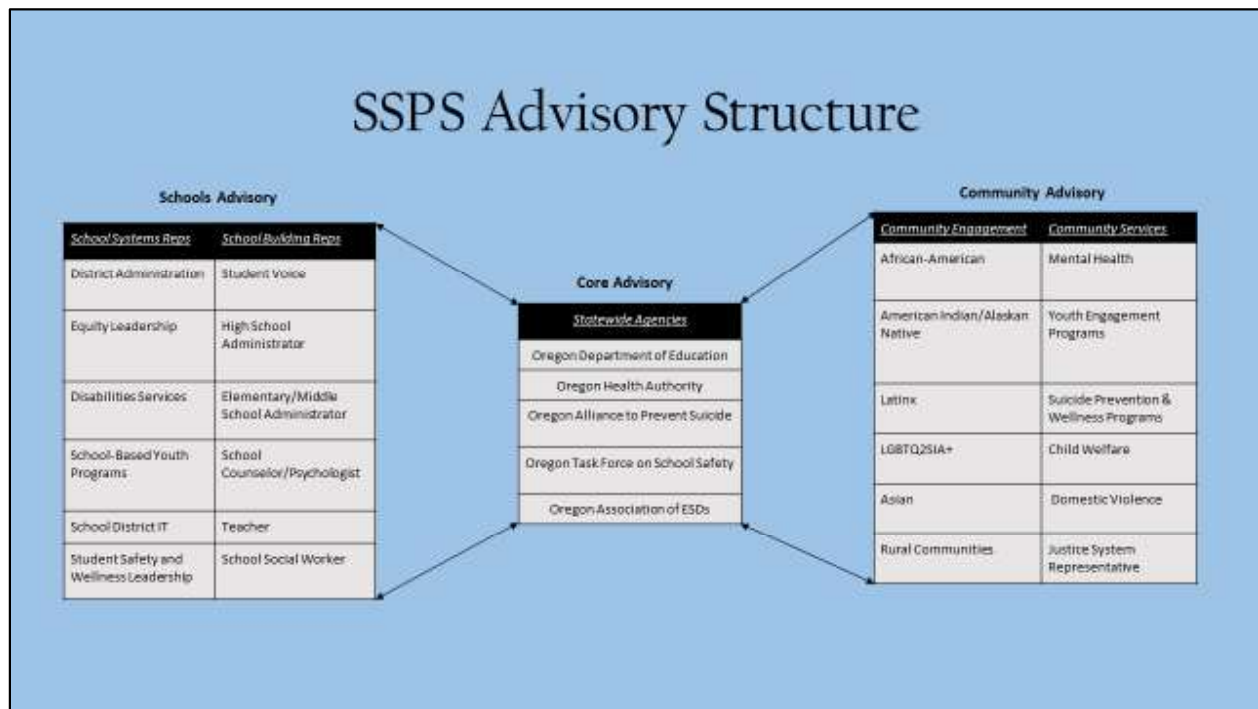
1b. Regional SSPS Development Guidance:

Required:

- As established in (ORS 339.341) and (OAR 581-029-0001), School Safety and Prevention Specialists (SSPS Prevention Specialists) will consider input from, share information, and consult with representatives as required in OAR 581-029-0001 (2) to develop the SSPS, including specific and intentional focus on prevention, countering profiling, and enhancing the use of a racial equity lens.
- In coordination with ODE, SSPS Prevention Specialists will engage with education stakeholders, community partners, and Tribal governments to develop the SSPS. SSPS Prevention Specialists will use the Decision Tools for SY2020-21, and apply the Oregon Equity Lens (OAR 581-018-0010) to develop and implement the SSPS in a manner designed to result in fewer disproportionate and more equitable outcomes for historically and currently underserved students and youth. This will include but not be limited to the meaningful engagement and inclusion of the voices and choices of students and youth of color, youth identifying as LGBTQIA2S+, youth with disabilities, youth who are emergent bilinguals, youth bereaved by suicide, youth with mental illness or substance abuse disorders, and youth navigating poverty, homelessness, and foster care.

Recommended:

- Engage in a process of stakeholder engagement to develop a regional SSPS model that includes student, district, school building-based, community-based organization, and community mental/behavioral health and service provider input through coordinated steering/implementation teams and committees, advisories, and focus groups.
- SSPS Prevention Specialists will coordinate meetings with ESD, school district, and participating agency and community-based organization leadership and staff to emphasize the value of the equity-driven work and appreciation for staffing commitments made.
- ESDs, especially in areas with access to smaller number of supporting partner organizations, should consider flexible arrangements with partner agencies. While single agency or organization representatives provide the benefit of consistency, a flexible arrangement with a partner agency—such as a rotating list of representatives and case-by-case consultation options—offers a viable and sustainable approach. Smaller team sizes—while maintaining the multidisciplinary approach—can also effectively and efficiently connect schools and families with expertise and resources.

3. Regional School Safety and Prevention Specialists

The School Safety and Prevention Specialist (SSPS Prevention Specialist) works collaboratively with ODE and the designated ESD to provide equity and racial equity-centered training and technical assistance to school districts for the development, implementation, and maintenance of the statewide SSPS. The Prevention Specialist position will involve three (3) sets of interrelated roles and responsibilities: Community engagement (SSPS System stakeholders and Tribal governments), Equity-based SSPS System development (regional model and administrative processes), and technical Assistance (training and consultation).

Required:

- Per ORS 339.341, SSPS Prevention Specialists will: a) Serve regions of this state, b) are cross-trained in (behavioral) safety assessments and in the prevention of youth suicide, of acts of bullying, intimidation or harassment and acts of cyberbullying, and c) provide or facilitate training, the development of programs and plans, the coordination of local teams and the provision of ongoing consultation to regional partners, school districts, and education service districts.
- SSPS Specialists will support students, school districts, and school communities by using the term behavioral safety assessment instead of "threat assessment" as the term is used in ORS 339.341 and its usage is supported by community-engaged dialogue in OAR 581-029-0001. This change in language specifically considers the stigmatizing impact of the term "threat" on students of color, students with disabilities, students at risk of suicidal behavior, and students and school families in general involved in behavioral safety assessment processes.
- In coordination with ODE, SSPS Prevention Specialists will develop a training plan for SSPS (established in OAR 581-029-0001) that includes the Oregon Equity Lens, safety assessment, suicide prevention (prevention, intervention, and activities that reduce risk and promote healing

after a suicide, or postvention) and school culture and climate (including bullying, cyberbullying, harassment, and intimidation prevention as well as social-emotional learning) to provide services across three tiers including universal, selected, and targeted supports.
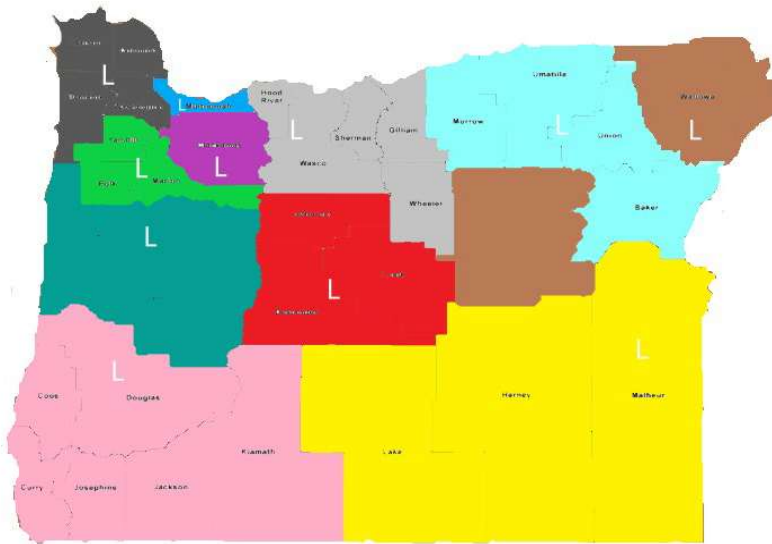
SSPS ESD Hubs

Northwest Regional
Multnomah
Willamette
Clackamas
Linn-Benton-Lincoln
Douglas
Columbia Gorge (serving North Central ESD)
High Desert
Malheur
Intermountain
Wallowa and Grant ESD

- SSPS Prevention Specialists will also promote access to the SafeOregon Tip Line with ESD-based teams and constituent school districts.
- As provided in OAR 581-029-0001, SSPS Prevention Specialists will ensure the prioritization of equity and racial equity in developing multidisciplinary safety assessment teams designed to prevent targeted violence. SSPS Prevention Specialists will complete ODE equity and racial equity training, engage and represent historically and currently underserved students, and incorporate evidence-based and field-tested best practices.
- Per Grant Agreement terms, SSPS Prevention Specialists will collect SSPS system survey data, deliver Quarterly Reports (behavioral safety assessment number, demographic, and outcome data and system resource and referral data), and SSPS system satisfaction survey data. The data collection processes and forms are under development for implementation.

Recommended:

- In coordination with ODE and local SSPS System stakeholders, SSPS Prevention Specialists should participate in planning the development of a multidisciplinary model, team, and set of administrative processes designed to provide regularly scheduled behavioral safety assessments alongside trainings and resource referrals for suicide prevention, positive school culture and climate, and SafeOregon Tip Line promotion.
- When feasible, SSPS Prevention Specialists should facilitate access to these trainings for ESD-based team participants and engage the perspectives, resources, and educational opportunities

made through partnerships with public agencies and community-based organizations to further SSPS training and professional development.
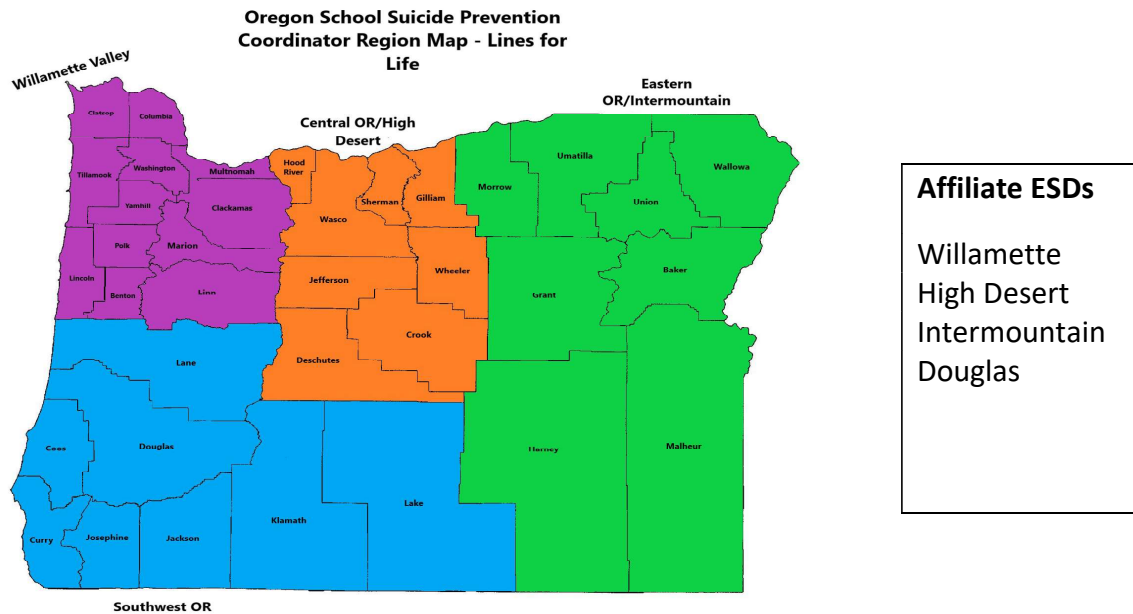
- As determined by school districts and in the absence of School Resource Officer (SRO) contracts, ODE recommends considering staff trained in Restorative Justice (trauma-informed) might effectively serve in the stead of SROs on school-based (Level 1) behavioral safety assessment teams.

- ESD-based SSPS teams should prioritize the representation of communities of color and historically and currently underserved students. Consultation through behavioral safety assessment teams can inform school district decisions on student suspensions, expulsions, re-engagement plans, and the development of prevention-based resources for school communities.

- School district protocols for behavioral safety assessment and suicide prevention should remain separate from one another. Some behavioral safety assessments may involve student suicide risk. For that reason, SSPS Prevention Specialists will be cross-trained in suicide prevention and School Suicide Prevention and Wellness Coordinators (Section 3) will participate in ESD-based Safety Assessment teams. However, a vast majority of cases involving student suicide risk do not pose safety concerns for others. Therefore, students presenting only with concern for suicide risk should not be involved in school district and ESD behavioral safety assessment processes.

- ESD-based SSPS teams should engage family systems-focused public agencies and community-based organizations through the system development process. These organizations include county branches of Department of Human Services (DHS; Child Welfare), child abuse, domestic violence, and adult peer service agencies.

- SSPS Prevention Specialists should develop SSPS administrative agreements and processes**.** Administrative Agreements should include interagency information-sharing agreements, safety assessment team staffing commitments, and SSPS System policies and workflow processes designed to connect and root ESD-based teams with participating school districts, schools, area service providers, and school communities.

- SSPS Prevention Specialists should develop administrative processes clarifying crisis response and prevention education roles and responsibilities in coordination with SSPS System partners, designated ESDs, school districts, public service agencies, and community-based organizations.

- Specialists should provide SSPS System training and consultation as requested by school districts upon the completion of corresponding certification requirements.

- SSPS Prevention Specialists should also provide individual and team-based consultation to school districts through calls and in-person meetings where applicable to assist in the assessment of behavioral safety concerns and in the facilitation of resource referrals.

- SSPS Prevention Specialists and team are asked to make use of the **Decision Tools for SY2020-21** to support community engagement and decision-making during all stages of this process.

4. School Suicide Prevention and Wellness Program Coordinators

Through collaboration with the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA), contracted School Suicide Prevention and Wellness Coordinators (SSPWs) will provide technical assistance for the implementation of Senate Bill 52 (Adi's Act), which requires school districts statewide develop comprehensive Student Suicide Prevention plans. SSPW Coordinators will employ the Oregon Equity Lens and engage with education stakeholders, BIPOC (Black, Indigenous, and People of Color) and tribal communities/members/students, LGBTQ2SIA+ youth, youth with disabilities, youth who are emergent bilinguals, youth bereaved by suicide, youth with mental illness or substance abuse disorders, as well as youth navigating poverty and out-of-home settings. This engagement will recognize the historical trauma experienced by students from minority groups and communities of color, and SSPW Coordinators will collaborate with school districts to develop suicide prevention trainings and resources addressing gaps in equitable access to mental health supports and services.

Required:

- SSPWs will provide technical assistance to school districts to design, implement, and/or improve Senate Bill 52 (Adi's Act) Student Suicide Prevention Plans through evidence-based, equity and racial-equity centered training (ORS 339.343 OAR 581-022-2510).
- SSPWs will support the cross-training of ESD-based SSPS Prevention Specialists in suicide prevention, intervention, and postvention as established in Section 36 of SSA (ORS 339.343).
- SSPWs will participate in weekly ESD-based School Safety and Prevention Team meetings and monthly SSPS statewide meetings.

Oregon School Suicide Prevention Coordinator Region Map - Lines for Life

Affiliate ESDs

Willamette
High Desert
Intermountain
Douglas

Recommended:

- School districts should utilize Mini-Grants provided through OHA to support Senate Bill 52 training needs.
- SSPWs should provide resource referrals to increase access to equitable, trauma-informed, strengths-based, social emotional learning and racial equity-centered, multi-tiered mental and behavioral health services and training.
- SSPWs should serve as a communication hub between the Big Six suicide prevention statewide coordinators and school districts. Communicate regularly with the SSPS Prevention Specialists within assigned region (4 regions including Eastern Oregon, Central Oregon/High Desert, Southwest Oregon, and the Willamette Valley).
- SSPWs should connect schools, faculty, and staff to community resources and activities for promoting mental and emotional wellness and suicide prevention.
- SSPWs should support education programming on suicide prevention, including peer-to peer outreach and engagement efforts, where applicable.
- SSPWs should collaborate with the Oregon Alliance to Prevent Suicide, including the Schools Committee, to identify and offer support to school districts that do not have a publicly posted suicide prevention, intervention, and postvention plan (Senate Bill 52).
- SSPWs should support the collecting and reporting of data as determined by the SSPS and work collaboratively with the University of Oregon Suicide Prevention Lab and OHA to evaluate programming.
- SSPWs should utilize the **Decision Tools for SY2020-21** in their facilitation and engagement efforts.

5. Senate Bill 52 (Adi's Act)

Senate Bill 52 (SB 52), also known as Adi's Act (ORS 339.343 OAR 581-022-2510), requires that every school district adopts a Student Suicide Prevention plan (K-12) by July 1, 2020. Each school district school board shall adopt a policy requiring a Student Suicide Prevention plan, and SB 52 plans must be made available annually to students and the school district community.

The administrative rule implementing SB 52 (OAR 581-022-2510) is part of Division 22 Standards for Public Elementary and Secondary Schools. School district superintendents are required to report their compliance with all Division 22 standards as part of the annual Division 22 assurances process. The Division 22 assurances is an annual report and is due in the fall of the next school year. While having a plan is required for this school year, it is our hope and goal that these plans continuously improve over time.

Comprehensive school district Student Suicide Prevention Plans compliant with SB 52 provide procedural planning, equity and racial equity-centered supports, and a staff training process that includes when and how students and families will be referred to appropriate mental health and crisis services. Adi's Act operates alongside the Student Success Act to ensure supports for students including LGBTQ2SIA+ (lesbian, gay, bisexual, transgender/non-binary, queer/questioning, two-spirit, intersex, asexual, and the myriad other ways to describe gender identities) youth, BIPOC (Black, Indigenous, and People of Color) and tribal communities/members/students, youth in out-of-home settings, youth with disabilities, and historically and currently underserved youth.

 The Oregon Department of Education (ODE) and Oregon Health Authority (OHA) are providing this Draft SB52 Guidance to assist school districts in developing suicide prevention, intervention and postvention plans. The Oregon Alliance to Prevent Suicide and additional stakeholders provided input into these guidelines. Under each section of the Draft Guidance, there is information to help districts understand SB 52 requirements, as well as recommendations and resources to assist with the writing of each component of the plan.

Sections 5A-5F of this Guidance set forth the required elements of a school district SB 52 Plan (6 sections). The final section, 5g (7), is not required but highly recommended. Section 7 allows school districts to include additional elements that are not required, but may be important to that particular school community.

The Guidance lists requirements, resources and recommendation for SB 52 implementation. A school district may adopt any plan that complies with the requirements listed in ORS 339.343 and OAR 581-022-2510. School districts will also be provided with a SB 52 Template Plan and Sample Plans in November 2020 and a Communications Toolkit in December 2020.

Adi's Act implementation is part of a broader collaborative project between ODE and OHA to develop the statewide School Safety and Prevention System (SSPS, Section 36 of the Student Success Act, ORS 339.341; OAR 581-029-0001; and SB 52).   ODE is leading implementation of SSPS in 2020-21 with an equity and racial equity lens based on legislative intent expressed through Section 36 of the Student Success Act (ORS 339.341) and Senate Bill 52, Adi's Act (ORS 339.343), as well as prioritizing community-

based engagement and consistent with the administrative rulemaking process (OAR 581-029-0001; OAR 581-022-2510). The system includes equity and racial equity-centered student suicide prevention, behavioral safety assessment, and school culture and climate (including bullying, cyberbullying, harassment, and intimidation) prevention supports to school districts statewide.

5a. Develop a Comprehensive Plan

School districts will develop comprehensive plans that include procedures related to student suicide prevention, intervention, and postvention. The intent of developing comprehensive plans is for school districts to develop student suicide prevention as a continuum of resources and supports—from equity and racial equity-centered universal training to crisis intervention including referrals to local mental health providers. School districts should use SB 52 plans to develop a coordinated staff training, risk identification, and intervention approach to student suicide prevention.

Required:
- ORS 339.343(3)(a) states plans must include procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide (postvention).

Recommended:
- School districts should use the **Decision Tools for 2020-21** to guide in all forms of school community engagement, facilitation and decision-making.
- Districts should utilize the resources provided through ODE, OSBA, and Lines for Life to develop and implement comprehensive plans centered on trauma-informed, social emotional learning, racial equity, and strengths-focused, evidenced-based or field-tested multi-tiered prevention and intervention programs.
- Liaisons are available through ODE, OHA, Lines for Life, and Oregon Alliance to Prevent Suicide, to assist in coordinating these efforts, including developing staff training, response, and procedural plans, and utilizing the Big Six suicide prevention training programs (see training recommendations, Addendum A).
- The School Suicide Prevention and Wellness Program at Lines for Life offers mini-grant funds (up to $1500/district, see Section 5e for more information). Districts should use these funds for staff stipends, substitute teacher pay, suicide prevention curriculum, and other needs identified by the school district to support the creation or improvement of their suicide prevention, intervention and postvention plans or activities.

5b. Integrate Methods and Supports that Address Higher Risk Needs and are Culturally and Linguistically Responsive

To meet requirements in ORS 339.343 and OAR 581-022-2510, school district SB 52 plans must also include methods for addressing higher risk needs and supports that are culturally and linguistically responsive. The intent is to develop SB 52 plans that address situational student trauma, such as that experienced by students facing bereavement by suicide, or living in out-of-home settings (ORS 339.343

[3(d)]. School District SB 52 plans will also integrate direction on engaging students of color and LGBTQ2SIA+ students on suicide prevention while providing information on culturally and linguistically responsive trainings and mental health supports for Black, Native American, LGBTQ2SIA+, Latinx, and Asian students (OAR 581-022-2510).

School districts should use existing equity and racial equity leadership, resources, and support programs, and seek support from ODE, OHA, and ESD liaisons in their efforts to integrate methods for addressing trauma-based higher risk student needs and culturally and linguistically responsive supports in SB 52 plans.

Required:
- ORS 339.343(3)(d) and OAR 581-022-2510(3)(b) requires that districts develop and implement methods to address the needs of students who are at risk for suicide and suicidal ideation, and provide culturally and linguistically responsive resources and supports.
- School districts will include methods and supports for youth bereaved by suicide, youth with disabilities, youth with mental illness or substance abuse disorders, youth experiencing homelessness, those in foster care, those identifying as lesbian, gay, bisexual, transgender, queer, and/or having other minority gender identities and sexual orientations, and American Indian/Alaskan Native, Black/African American, Latinx, and Asian youths.

Recommended:
- School districts should engage the voices of students and youths, district equity directors, community-based organizations, school families, area mental health service providers and local community health workers in developing culturally and linguistically responsive suicide prevention and response methods and supports, and embed these resources along with appropriate referral information, into suicide prevention and student wellness training and resources.
- School districts should use the **Decision Tools for SY2020-21** during each phase of school community engagement and decision-making.

5c. Identify School Officials Responsible

School districts must develop a system of accountability that details schools' responses to reports of suicide risk. This includes identifying school officials responsible for responding to reports of suicide risk, and providing a procedure for reviewing each school's response. School districts should use this plan to develop and improve coordinated systems of staff training, risk identification, and response procedures.

Required:
- ORS 339.343(3)(b) provides for the identification of the school officials responsible for responding to reports of suicidal risk.
- ORS 339.343(3)(c) requires a procedure by which a person may request a school district to review the actions of a school in responding to suicidal risk.

- ORS 339.343(5)(a) state that Student Suicide Prevention Plans must be written to ensure that a school employee acts only within the authorization and scope and the employee's credentials or licenses.

Recommended:
- School districts should develop plans that identify the person(s) responsible for responding to reports of suicide risk, including identifying position, and contact information for each school.

5d. Provide Reentry Procedures

To meet requirements in OAR 581-022-2510 (3)(c), school district SB 52 plans also require procedures for student reentry into the school environment following a hospitalization or behavioral health crisis (as defined in ORS 441.053). The intent is to coordinate student safety and support planning following behavioral health crises. School districts should engage local area providers in this effort, and develop written agreements with these entities to facilitate information sharing and coordinate re-entry into learning environments.

Required:
- OAR 581-022-2510 (3)(c) requires procedures for reentry into school environment following a hospitalization or behavioral health crisis.

Recommended:
- School districts should enter into written agreements with each hospital within their geographical area where students are likely to receive services to ensure that appropriate persons within the district be notified if a student has been seen in the emergency department, or has been treated as an inpatient for a behavioral health crisis so that the school may help provide a safe transition back to school for the student.
- School districts should consult sample School Reentry Procedures including sample school district MOUs (memorandum of understanding), transition protocols, and support plans in developing SB 52 plans.

5e. Develop Staff Training and Referral Plan

School districts will develop staff training plans including referral information for local mental health providers. The intent is to train school district staff in identifying suicide risk, and in responding with appropriate referrals to mental health services as needed.

Required:
- ORS 339.343(3)(e)(A)(B) and OAR 581-022-2510 (3)(d) state that Student Suicide Prevention Plans include a designated staff training process. School districts will provide training to

designated staff in evidence-based suicide prevention programs, and offer materials on when and how to refer youth and their families to appropriate mental health services.

Recommended:
- School districts should make use of OHA-sponsored mini-grants for the Big Six suicide prevention trainings (from section 5a). These mini-grants have made training available at low or no cost to school districts, covering:
  - A portion of implementation costs for some trainings
  - Purchasing curriculum (those listed here or other evidence-based curriculum)
  - A portion of implementation costs for building suicide prevention plans
  - Stipends for district staff to create or improve suicide prevention plans
  - Substitute teacher pay for attending training
  - Other costs identified by the district
- School districts should contact Kahae Rikeman at Lines for Life (KahaeR@linesforlife.org) to access these mini-grant funds.
- School districts should coordinate with their Local Mental Health Authority (Association of Oregon Community Mental Health Programs), community-based mental/behavioral health and social service providers, and school district counseling networks to align procedures and protocols for identifying suicidal risk and making appropriate service referrals.
- For districts with limited proximity to mental health services, schools should consider using the Student Suicide Assessment Line (SSAL) available through Lines for Life. The resource gives districts access to a master's level, trained mental health specialist to assist in screening students for suicide risk and to provide referrals to appropriate services.

5f. Communicate Plan to School Community

School districts will communicate and make publicly available, Senate Bill 52 plans per ORS 339.343 (5)(A)(B). The intent is to increase school community knowledge regarding student suicide risk and prevention resources and to increase school district accountability for systematically responding to these risks through well-defined processes. School districts should communicate to their communities via written materials and public forums when possible.

Required:
- ORS 339.343 (5)(A)(B) states that Suicide Prevention Programs be made available annually to the community of the school district, including students of the school district, parents and guardians of students of the school district, and employees and volunteers of the school district.
- Plans will also be readily available at the school district office and on the school district website, if applicable.

Recommended:

October 2020

- ODE should communicate their referral plans and procedures for addressing and supporting students at risk for suicide annually during staff gatherings and/or in professional development meetings.
- School districts should include equity and racial equity-centered suicide prevention resources in Student Handbooks.

5g. Engage School Community Networks (Optional)

Recommended:
- School districts should create ongoing and intentional processes and procedures for listening to, recognizing, and responding to the perspectives of students, community mental health providers, community-based organizations, and local suicide prevention coalitions, and ensure that culturally and linguistically responsive trainings are available for parents, guardians, and school communities.
- Districts should engage school community networks and resources in developing Student Safety Plans.

6. School Culture and Climate

Oregon's school districts are charged with ensuring that all students feel safe and welcome in their schools. This means affording individuals freedom of expression, while prohibiting harassment, intimidation, bullying, cyberbullying and the display of hate symbols. Section 36 of the Student Success Act requires that SSPS Prevention Specialists assist school districts and education service districts in promoting safe, inclusive and healthy school cultures and climates by implementing effective prevention and intervention programs.

SSPS Prevention Specialists will also support school districts with equity and racial equity-centered safety planning resources for implementing the All Students Belong (OAR 581-022-2312) rule, which prohibits the use or display of hate symbols, including the Confederate flag, and the noose—two of the most recognizable hate symbols in the U.S.

Required:
- Per ORS 339.341 and OAR 581-029-0001, SSPS Prevention Specialists will be cross-trained in the prevention of acts of bullying, intimidation or harassment and acts of cyberbullying and will develop equity and racial equity-centered supports for school districts through the Oregon Equity Lens (OAR 581-018-0010).
- SSPS Prevention Specialists will provide safety planning and support resources as requested by school districts to assist in the implementation and compliance for the All Students Belong rule (OAR 581-022-2312).

Recommended:

- SSPS Prevention Specialists should develop training resources and complaint referral information for school districts to support the prevention of bullying, intimidation or harassment and acts of cyberbullying.
- SSPS Prevention Specialists should develop Comprehensive Distance Learning (CDL) protocols for school districts to facilitate the reporting and addressing of student and learning environment safety concerns corresponding to ORS 339.341; OAR 581-029-0001; OAR 581-022-2312.
- SSPS Prevention Specialists should collaborate with ESD staff including regional participants in the Educator Advancement Council to identify, map, and make available bullying, cyberbullying, harassment, and intimidation prevention resources to school districts.
- SSPS Prevention Specialists should collaborate with ODE and ESD staff to provide school districts sexual health and wellness resources to support of a safe and healthy school culture and climate.
- SSPS Prevention Specialists should collaborate with ODE and school districts staff to provide direction on developing and maintaining an equity and racial equity-centered school culture and climate in Comprehensive Distance Learning (CDL) and hybrid (distance and onsite) learning models.

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Decision Tools for SY2020-21

Oregon's school leaders are faced with hundreds of decisions, large and small, each week. In preparation for the 2020-21 school year there are significant decisions to make without the ideal amounts of time or information. Three tools have been developed by ODE to support school leaders, including business managers, principals, assistant principals, teacher-leaders, and superintendents, to support making clear choices with a consistent check against key values and input.

The first tool is titled as a "Decision Tree" and is intended as the simplest, most consistent, and easiest to use in considering difficult decisions. It can also help leaders spot patterns or gaps in their thought process or point them to the use of the other two decision tools.

The second tool is a collection of "Deepening Questions" which offer leaders with a raft of prompts they could select from to deepen their own reflections or bring to community or staff meetings to help get underneath core decision making challenges.

Finally, we've adapted the "Consultancy Protocol," with credit to the School Reform Initiative, for use in bringing a small critical friends group together in consideration of the most difficult design and decision-making dilemmas in leading for the 2020-2021 school year.

Taken together, these three tools provide leaders with concrete resources that can improve the quality of decision-making while supporting decisions to be made. The hundreds of decisions made by Oregon's school leaders over the next three months will shape not just the next year but also shape the next several years as the kinds of decisions we make in difficult conditions are the clearest reflections of our values and visions.

Decision Tree

This decision tree is intended to support Oregon educational leaders facing dilemmas and choices that require thoughtful intervention, design, and problem-solving. The sequence of questions is intentional and offers key considerations that could lead to decision-making that deepens relationships and trust, and avoids unintended impacts or harm to communities. This decision tree is not intended for *simple* problems, but rather complex problems that benefit from a deliberate decision-making process.

Starting Condition

Instructions: Reflect, journal, or talk with a trusted partner through these three pre-questions. Addressing and assessing each will ensure you consider the conditions and parameters for the decision you need to make. Keep your responses in mind as you move through the five questions in the decision tree.

(A) **What is your interior condition? Are you calm and steady, full of turmoil, reacting? Is this a state from which you wish to make this decision?**

Reflect

(B) **What kind of a decision is this?** Examples: urgent, complex, urgent and complex, foundational, situational, short-term/long-term, etc.

Assess

(C) **What is your timeline for when you need to decide by? What other parameters will support your decision-making process?**

Parameters serve as guide rails to support a certain value in decision-making, such as using a trauma-informed lens or reconciling with fundamental safety needs.

Delineate → **Move Forward**

Decision Tree

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Instructions: These five questions are designed to ensure the decision you are making has undergone thorough and meaningful analysis. This includes considering those most affected, assessing feasibility, and anticipating unforeseen variables. Identify the right level of attendance to each question based on the starting conditions. Arriving at "yes," can mean "enough to move forward, though not perfect."

1 **Have you mapped out who this decision might affect and how they should inform the decision?**

Yes

No or Not Sure

Consider including a broad coalition of people that involves different racial, linguistic, cultural, socioeconomic, geographic, gendered, etc. perspectives in your process.
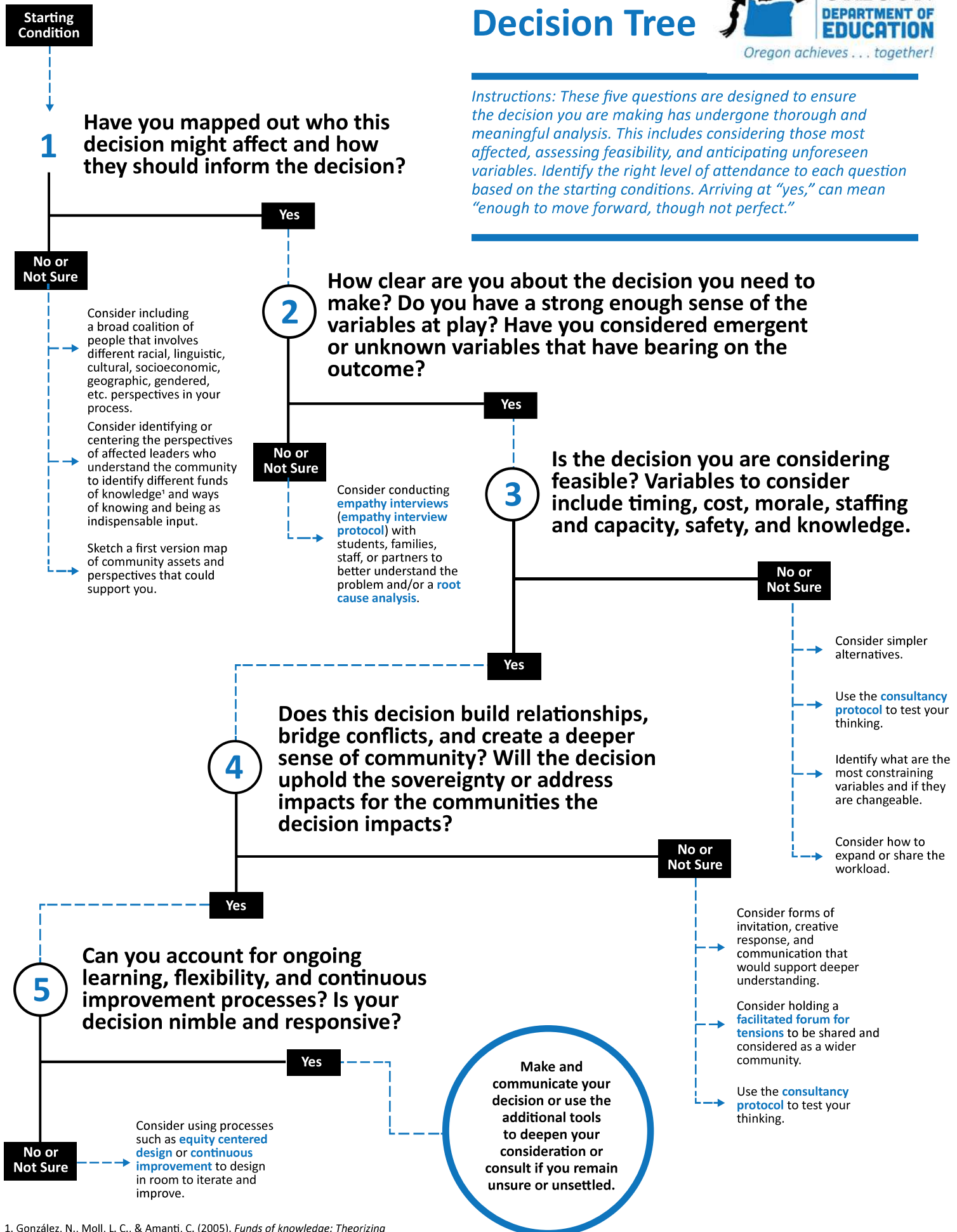
Consider identifying or centering the perspectives of affected leaders who understand the community to identify different funds of knowledge[1] and ways of knowing and being as indispensable input.

Sketch a first version map of community assets and perspectives that could support you.

2 **How clear are you about the decision you need to make? Do you have a strong enough sense of the variables at play? Have you considered emergent or unknown variables that have bearing on the outcome?**

Yes

No or Not Sure

Consider conducting **empathy interviews** (**empathy interview protocol**) with students, families, staff, or partners to better understand the problem and/or a **root cause analysis**.

3 **Is the decision you are considering feasible? Variables to consider include timing, cost, morale, staffing and capacity, safety, and knowledge.**

No or Not Sure

Yes

Consider simpler alternatives.

Use the **consultancy protocol** to test your thinking.

Identify what are the most constraining variables and if they are changeable.

Consider how to expand or share the workload.

4 **Does this decision build relationships, bridge conflicts, and create a deeper sense of community? Will the decision uphold the sovereignty or address impacts for the communities the decision impacts?**

No or Not Sure

Yes

Consider forms of invitation, creative response, and communication that would support deeper understanding.

Consider holding a **facilitated forum for tensions** to be shared and considered as a wider community.

Use the **consultancy protocol** to test your thinking.

5 **Can you account for ongoing learning, flexibility, and continuous improvement processes? Is your decision nimble and responsive?**

Yes

No or Not Sure

Consider using processes such as **equity centered design** or **continuous improvement** to design in room to iterate and improve.

Make and communicate your decision or use the additional tools to deepen your consideration or consult if you remain unsure or unsettled.

1. González, N., Moll, L. C., & Amanti, C. (2005). *Funds of knowledge: Theorizing practice in households, communities, and classrooms.* Mahwah, N.J: L. Erlbaum Associates.

Deepening Questions

Instructions: The following questions are intended to help illuminate more dynamics and variables for decision-makers. These questions, grouped in the same categories as the decision tree questions, can stand alone as reflective prompts or be used to elaborate on each of the decision tree steps.

What is the problem?

- What assumptions and beliefs are embedded in this decision? Have you assessed if they are true?
- What research has been done related to your problem/ dilemma? Are there models you can look to as an example?
- What are the conditions or variables that need to be true for your decision to work? Are there other variables that would complicate the conditions needed to make your decision a success?
- Where do you see disproportionality? Do you see over or under representation in key experiences or outcomes?
- Where do you have gaps in knowledge/resources? What additional information, insights or tools do you need in order to make a decision?

What are your interior conditions?

- What awareness, strengths, and fears do you want to use and rely on this process?
- What parts of yourself are going to be called into action?
- How much do you want to change part(s) of this community? How wide a reach do you want changes to extend?
- How might your goals differ from other perspectives you are aware of?
- What has helped you make difficult decisions in the past? What have you learned from prior mistakes?

Who are the decision-makers and designers?

- Who is included or excluded in this decision making process and why?
- What kind of design, co-development or decision-making process is being used and why?
- Have you considered new partners that are not normally part of the design or decision-making process?
- How are you using and applying a lens of culturally sustaining practices, deep learning, or antiracism?
- How are you centering safety and trauma-informed practices in the decision?

Are your solutions feasible?

- Can you reconsider your timeline for making a decision? What parts of the timeline are fixed? Where is there room for adjustments to the timeline?
- Who is able to connect with the community to communicate the decision that needs to be made? Who is able to continue engaging with families, community members, and partners? What is their capacity to engage

vulnerable and marginalized community members?
- What is your current staffing capacity? What additional supports are needed to support your staff with implementing this decision?
- What guaranteed funding do you have to implement this decision? What can you reprioritize in order to be able to reallocate funding? What variables could further impact funding?

Does your decision deepen a sense of community and relational trust?

- How do your communication protocols engage community members as partners and assets?
- How are you acknowledging and valuing families' and communities' sovereign choices and unique wisdom?
- What is your staff's ability to navigate differences of power and privilege as they work with vulnerable families and communities?
- How does this decision recognize and engage different knowledges and ways of knowing?
- What assumptions, if any, are baked into your decision that require the exertion or force of power to execute?
- Is there any possibility that this decision will create traumatic (or re-traumatizing) experiences for anyone?

How are you implementing this decision? What are you learning along the way?

- Does your implementation plan allow for ongoing learning and flexibility as new dynamics emerge? How? What is iterative in your implementation plan (e.g. allowing for emergent participation, co/re-design, etc)?
- What does success look like? What evaluative measures are able to assess if the decision was a success or not? Who is held accountable and by whom throughout this implementation?
- Does your implementation plan engage/activate the community meaningfully? Considerations include:
  - How does your plan create space for collective implementation, improvement and empowerment?
  - How consistent is implementation across degrees/types of privilege, access, and power?
  - What is working? Under what conditions? And, for whom?
- Have you created space and/or processes to reflect on this decision? Considerations include:
  - Mechanisms to receive qualitative and quantitative feedback
  - Considering who provides this feedback and how you will process it
  - Being able to capture emergent variables, such as unintended consequences/impacts
  - Including multiple perspectives to reflect and iterate
  - Debriefing and learning from encounters/interactions across degrees of power/privilege
- Does this decision make school better than it has been before? How and for whom?
- What is the status of the problem after implementation? What problem are you trying to solve or what are you trying to learn? How will you know a change is an improvement? What changes could you make and why?
- How are you able to scale and elevate promising practices, solutions, and ideas from your community? Are there dynamics of power preventing local successes from sustaining or spreading?

Dialogue and Consultancy on SY20-21 Decisions

*This consultancy protocol has been adapted from **the one developed** by Faith Dunne, Paula Evans, and Gene Thompson-Grove as part of their work at the Coalition of Essential Schools and the Annenberg Institute for School Reform.*

Purpose

Help Oregon school leaders think more expansively about concrete dilemmas in making decisions and designs for the 2020-21 school year. The consultancy is designed to develop the [presenting school leader's and all participants'] capacity to see and better understand the dilemma while uncovering new or different approaches to potential decisions or actions.

When is this the right tool?

A dilemma is a puzzle: an issue that raises questions, an idea that seems to have conceptual gaps, or something about process or product that you just can't figure out. All dilemmas have some sort of identifiable tension in them. This protocol will be useful when leaders would benefit from a "huddle" with members of their team, peers, or trusted community members who can hold the complexity of the dilemma and the kind of stretching and vulnerability that might be required to get to the strongest decision making. This protocol is not useful when the dilemma is no longer a dilemma or is already on the way to being solved.

> See and better understand the dilemma being faced while uncovering new or different approaches to potential decisions or actions to take.

Pre-work prior to consultancy and dialogue:

1. Do enough reflective writing or thinking to sharpen the consultancy.

- Is it something that is bothering you enough that your thoughts regularly return to it?
- Can you affect the dilemma by changing your practice, mindset, or direction setting?
- Is it something you are willing to work on and change your mind or stance about?
- What (or where) is the tension in your dilemma?
- Who needs to change? Who needs to take action to resolve this dilemma? What is your part or responsibility in the changes you are considering?
- What assumptions influence your thinking about the dilemma?
- What is your focus question? A focus question summarizes your dilemma and helps focus the feedback.

2. Create the right conditions for a successful consultancy.

- Bound your schedule for at least one hour. More ideal is to hold the consultancy for 50 minutes and then give yourself 20-30 minutes to sit with what you hear. Form some that could be moving from a consultancy to dialogue, for others that might work best for quiet internal dialogue and reflection.
- Share our dilemma and request for consultancy with a group of three to seven people who you think can act and be critical friends at this time. Outside perspective is critical to the effectiveness of this protocol; therefore, some of the participants in the group should be people who do not share the presenter's specific dilemma at that time.

Consultancy Protocol

Time: Approximately 50 minutes

Roles: Presenter, Facilitator (who sometimes participates, depending on the size of the group), "Consultants"

Process

1. Presenter and/or facilitator welcome the Group and walk through the consultancy process briefly (3 min)

2. The presenter gives an overview of the dilemma with which she/he is struggling, and frames a question for the consultancy group to consider. The framing of this question, as well as the quality of the presenter's reflection on the dilemma being discussed, are key features of this protocol. If the presenter has brought any "artifacts" there is a pause here to silently examine the work/documents. The focus of the group's conversation is on the dilemma. (10-15 minutes if there are artifacts to examine)

3. The consultancy group asks clarifying questions of the presenter — that is, questions that have brief, factual answers. (5 minutes)

4. The group asks probing questions of the presenter. The goal is for the presenter to learn more about the question she/he framed and to do some analysis of the dilemma presented. The presenter responds to the group's questions, although sometimes a probing question might ask the presenter to see the dilemma in such a novel way that the response is simply, "I never thought about it that way." There is no discussion by the consultancy group of the presenter's responses. At the end of the 10 minutes, the facilitator asks the presenter to restate their focusing question for the group. (10 minutes)

5. The group talks with each other about the dilemma presented. In this step, the group works to define the issues more thoroughly and objectively. Sometimes members of the group suggest actions the presenter might consider taking; if they do, these should be framed as "open suggestions," and should be made only after the group has thoroughly analyzed the dilemma. The presenter doesn't speak during this discussion, but listens in and takes notes. Often, while awkward at first, groups find that talking about the presenter in the third person helps the presenter listen and not feel pressure to respond. (15 minutes)

Possible questions to frame the discussion:

- What did we hear?
- What didn't we hear that might be relevant?
- What assumptions seem to be operating?
- What questions does the dilemma raise for us?
- What do we think about the dilemma?
- What might we do or try if faced with a similar dilemma?
- What have we done in similar situations?

6. The presenter reflects on what they heard and on what they are now thinking, sharing with the group anything that particularly resonated during any part of the Consultancy. (5 minutes)

7. The facilitator leads a brief conversation about the group's observation of the Consultancy process. (5 minutes)

End of protocol and opportunity to move into dialogue as a group or for the presenter to have space to digest the learning and insights offered from the process to support clearer decision-making

Clarifying questions are for the person asking them. They ask the presenter "who, what, where, when, and how." These are not "why" questions. They can be answered quickly and succinctly, often with a phrase or two. The presenter has ready answers to clarifying questions.

Probing questions are for the person answering them. They ask the presenter "why" (among other things), and are open-ended. They take longer to answer, and often require deep thought on the part of the presenter before she/he speaks. Group members are encouraged to avoid suggestions and recommendations disguised as questions ("Don't you think you should...?" or "Have you ever thought about...?")

Appendix B: Sample Suicide Prevention Training Recommendations

Audience	Training	Training Description	Frequency	Contact
All Staff	Question, Persuade, Refer (QPR)	A 1.5 hour virtual or in-person training program for anyone ages 16+ that teaches three easy steps to identify signs someone is thinking about suicide and how to connect them to help. **AVAILABLE VIRTUALLY.**	Repeat annually	Crystal Larson 503-244-5211
All Staff	Presentation by District Staff	Clear instructions to all staff about district plan for suicide prevention. Who refers to whom? When does the referral need to be made? How to make the referral (phone, email, forms, etc.)?	Repeat annually	*List contact information of the person in charge of this district training.*
Administrators Health Teachers School Nurses	safeTALK (Big Six Program) AND/OR Youth Mental Health First Aid (YMHFA) (Big Six Program)	**safeTALK:** A half-day in-person training program that teaches anyone ages 15+ how to recognize and engage individuals who might be having thoughts of suicide and how to connect them with community resources. **CURRENTLY NOT AVAILABLE VIRTUALLY.** **Youth Mental Health First Aid:** A broad overview one-day training on recognizing the early signs of mental illness, mental health problems, and substance use. **AVAILABLE VIRTUALLY.**	Every 3 years	SafeTALK: Tim Glascock 503-367-3754 Youth Mental Health First Aid: Maria Pos 503-399-7201
School Counselors	Applied Suicide	An in-depth, two-day workshop designed for	Every 3 years	Tim Glascock 503-367-3754

Other School-based Mental Health Professionals Administrators (who may do initial suicide screening)	Intervention Skills Training (ASIST) (Big Six Program)	anyone ages 16+ to learn to provide skilled intervention and safety planning. **CURRENTLY NOT AVAILABLE VIRTUALLY**.	(4-hour "tune-up" course is available following completion of full training.)	
Students	**Curriculum** RESPONSE	"RESPONSE is a comprehensive high school based suicide prevention program designed to increase awareness, heighten sensitivity to depression and suicidal ideation, change attitudes, and offer response procedures to refer a student at risk for suicide."	Ongoing	RESPONSE
Students	**Curriculum** Signs of Suicide (SoS)	Signs of Suicide (SoS) is a middle and high school education curriculum designed to teach students to identify warning signs of depression and suicide and encourage help-seeking and connection.	Ongoing	SoS
Students	**Curriculum** teen Mental Health First Aid (tMHFA)	Teen Mental Health First Aid "teaches high school students about common mental health challenges and what they can do to support their own mental health and help a friend who is struggling."	Ongoing	tMHFA Maria Pos 503-399-7201 (Note: The cost of this curriculum is not able to be fully sponsored by OHA at this time.)
Students	**Complement curriculum with upstream community-**	Sources of Strength is a youth-led program for elementary, middle, and high schools aimed at equipping students to be connectors to help and	Ongoing	Sources of Strength: Liz Thorne 503-593-2840

	building/SEL program: Sources of Strength (Big Six Program)	agents of change in a school setting with a focus on hope, help, and strength. **AVAILABLE VIRTUALLY, IN-PERSON, OR IN HYBRID LEARNING MODELS.**		Additional SEL options and resources for Middle and High School Additional SEL options and resources for PreK and Elementary
Crisis Response Team School Counselors	Connect: Postvention (Big Six Program)	An in-person, half-day postvention training teaching adult service providers best practices and plan for a coordinated response aftermath of a suicide or other traumatic death. **AVAILABLE VIRTUALLY.**	Every 5 years	Kris Bifulco 203-231-3619
School-based Mental Health Professionals	Collaborative Assessment & Management of Suicidality (CAMS)	Collaborative Assessment and Management of Suicidality (CAMS): "Therapeutic framework for suicide-specific assessment and treatment of a patient's suicidal risk;" "A flexible approach that can be used across theoretical orientations and disciplines for a wide range of suicidal patients across treatment settings and different treatment modalities." **AVAILABLE VIRTUALLY**.	Includes ongoing support from CAMS.	Maria Pos 503-399-7201

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