

Suicide Prevention Policy and Plan



Updated 4.29.25

This document was adapted utilizing Suicide Prevention, Intervention, and Postvention:
Step by Step Lines for Life

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Section 1: Introduction

Purpose

The purpose of this plan is to follow board policy to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervening in, and response to suicide.

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. South Umpqua School District Policy JHH, Student Suicide Prevention, was adopted 7/12/23.

Student Suicide Prevention Policy JHH

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide.
2. Identification of the school officials responsible for responding to reports of suicidal risk.
3. A procedure by which a person may request the district review the actions of a school in responding to suicidal risk.
4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide.
 - b. Youth with disabilities, mental illness or substance abuse disorders.
 - c. Youth experiencing homelessness or out-of-home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:

- a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive.
 7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis¹; and
 8. A process for designating staff to be trained in an evidence-based suicide prevention program².

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

Quick Notes

- School staff are frequently considered the first line of contact with potentially suicidal students.
- Most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene".
- Research has shown that talking about suicide, or asking someone if they are feeling suicide, will not put the idea in their head or cause them to die by suicide.

¹ "Behavioral health crisis" as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.

² ODE will provide a list of available programs

- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having support in place may lessen this reluctance to speak up when students are concerned about a peer.

Confidentiality

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

Glossary

Talking about mental health and suicide can be challenging and sometimes, even we adults don’t know how to start the conversation. In this section, you will find some terminology that will help to “normalize” the conversation. These definitions are adapted from the Suicide Prevention, intervention, Postvention manual for Lines for Life and Douglas ESD.

Flight Team: Multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to help support students and staff in the event of a crisis or death.

Mental Health: Someone’s state of being in regard to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective Factors: Protective factors are a part of someone’s life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, the presence of supportive adults, and financial stability.

Risk Factors: Risk factors are parts of someone’s life stressors, or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and the environment.

Suicide Response Protocol Assessment: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).

Self-Harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to carry out suicide.

Stigma: A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized, with societal messages such as those that live with mental illness are weak, dangerous, or unstable.

Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or dangerous suicide attempt.

Suicide Contagion/Clusters: The research pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily “contagious” to otherwise mentally healthy individuals. Usually, suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.

Suicide/Crisis Intervention: The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.

Suicide Prevention: The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.

Suicide Postvention: Postvention is a crisis response strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Suicidal Thoughts or Ideation: Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for suicide. ***ALL thoughts of suicide should be taken seriously.***

Prevention

Staff training and Education

All staff should receive training on the policies, procedures, and best practices with students and/or staff at risk of suicide.		
Who	What	When
Administrators	Suicide Screener Training	August
All District Staff	Access to and review of district suicide prevention policy and plan.	Annually - August-September and for new staff as needed
All District Staff	Question, Persuade, Refer (QPR)	August-September and for new staff as needed

Student Social Emotional Education

Students will receive information about suicide and suicide prevention in health class. All students in the South Umpqua School District participate in social emotional learning to build social-emotional skills and positive character traits to support self-worth, mental and emotional health		
Who	What	When
Elementary students	<ul style="list-style-type: none"> Character Strong SEL Curriculum PBIS 	Daily
6 th -8 th grade students	<ul style="list-style-type: none"> Character Strong SEL Curriculum PBIS 	Daily
9 th -12 th grade students	<ul style="list-style-type: none"> Character Strong SEL Curriculum PBIS 	Weekly
All students and families	<ul style="list-style-type: none"> Access and reminders about the district suicide prevention plan through the student and Parent Handbook. 	Annually through Student/Parent Handbook

Building Positive Culture

South Umpqua High School
<ul style="list-style-type: none"> • PBIS and SEL Lessons • High School “House” system to build community. • Hope Squad Club • Suicide awareness week with “Hope Squad” • Boys and Girls Circle Groups • LGBTQSIA+ Affinity Group • Douglas County Health Fair to connect students to resources and supports
Coffenberry Middle School
<ul style="list-style-type: none"> • PBIS and SEL Lessons • Hope Squad Club • Suicide awareness week with “Hope Squad” • Boys and Girls Circle Groups • LGBTQSIA+ Affinity Group
Canyonville School – Middle School
<ul style="list-style-type: none"> • PBIS and SEL Lessons • Boys and Girls Circle Groups • Tiger Guides • Leadership • Battle of the Books • Robotics • Brag Time • Honor Passes
Canyonville School - Elementary
<ul style="list-style-type: none"> • Jr. Coaches (Playworks) • Battle of the Books
Tri City Elementary
<ul style="list-style-type: none"> • Jr. Coaches (Playworks) • Buddy Classrooms • Buddy Helpers • Self-Managers • Good News Club • Garden Club • Battle of the Books
Myrtle Creek Elementary
<ul style="list-style-type: none"> • Jr. Coaches (Playworks) • Self-Managers • Good News Club • Battle of the Books • Jr. “Hope Squad” pilot

Populations at Risk for Suicidal Behavior

Youth living with mental and/or substance use disorders
<p>While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide.</p> <ul style="list-style-type: none"> • Mental disorder, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and other psychotic disorders, borderline personality disorder, conduct disorders and anxiety disorders are important risk factors for suicidal behavior among young people. • The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.
Youth who engage in self-harm or have attempted
<p>Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk of dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.</p> <ul style="list-style-type: none"> • The school administrator, Behavior and Crisis Coordinator and school counselor will work with families around any safety plans that may be needed as well as community mental health supports.
Youth in out of home settings
<p>Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youths in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.</p> <ul style="list-style-type: none"> • Schools will ensure communication with DHS
Youth Experiencing Homelessness
<p>For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorders. One student found that more than half of runaway and homeless youth have had some kind of suicidal ideation.</p> <ul style="list-style-type: none"> • The district will be familiar with the McKinney-Vento act and work to stabilize basic needs and support for students experiencing homelessness. This includes

ensuring that the students have every opportunity to participate in school activities.
American Indian/Alaska Native (AI/AN) Youth
<p>In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.</p> <ul style="list-style-type: none"> School administrators will connect with our local Tribe for additional support and resources.
LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth
<p>The CDC finds that LGBTQ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ which elevate the risk of suicidal behavior for LGBTQ youth.</p> <ul style="list-style-type: none"> Students will be made aware of any LGBTQ clubs or resources within our schools and community.
Youth bereaved by suicide
<p>Studies show that those who have experienced suicide loss, through the death of a friend or a loved one, are at increased risk for suicide themselves.</p> <ul style="list-style-type: none"> Students who have experienced suicide within their family or close relationships will be offered check-ins with a trusted adult and a referral with ADAPT for counseling services if necessary.
Youth living with medical conditions and disabilities
<p>A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.</p> <ul style="list-style-type: none"> Schools will work closely with families around possible supports needed as well as communication with the district school nurse as necessary.

Intervention

Suicidal Behavior Risk and Protective Factors	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Current plan to die by suicide • Current suicidal ideation • Access to lethal means • Family history of suicide • Exposure to suicide by others • Recent discharge for psychiatric hospitalization • History of mental health issues (major depression, panic attacks, conduct problems) • Current drug/alcohol use • Sense of hopelessness • Self-hate • Current psychological/emotional distress • Loss (relationship, work, financial) • Discipline problems • Conflict with others (friends/family) • Current agitation • Feeling isolated/alone • Current/past trauma (sexual abuse, domestic violence) • Bullying (as aggressor or as victim) • Discrimination • Severe illness/health problems • Impulsive or aggressive behavior • Unwilling to seek help • LGBTQ, Native American, Alaskan Native, Male 	<ul style="list-style-type: none"> • Engaged in effective health and/or mental health care • Feel well connected to others (friends, family, school) • Positive problem-solving skills • Positive coping skills • Restricted access to lethal means • Stable living environment • Willing to access support/help • Positive self-esteem • Resiliency • High frustration tolerance • Emotion regulation • Cultural and/or religious beliefs that discourage suicide • Does well in school • Has responsibility for others <p>*Keep in mind, a person with an array of protective factors in place can still struggle with thoughts of suicide.</p>

Suicide Assessment Protocol

Warning signs that may indicate immediate danger or threat:
<ul style="list-style-type: none"> • Someone who has already taken action to die by suicide. • Someone threatening to hurt themselves or die by suicide. • Someone looking for ways to die by suicide-seeking access to pills, weapons (firearms, sharps etc..) or other means.

<ul style="list-style-type: none"> Someone talking, joking, or writing about death, dying or suicide.
Assessing Risk and Staff Response
<ul style="list-style-type: none"> Report to administrator. Staff will utilize practices from QPR and/or ASIST assess for risk and report to designated staff member immediately.
Staff response:
<ul style="list-style-type: none"> <i>If there is imminent danger, call 911.</i> If a suicidal attempt, gesture, or ideation occurs or is recognized, staff WILL ensure the continuous supervision of the student and report it to the school administrator or the district behavior and risk coordinator right away.
Level 1 Suicide Screener
People that can administer the Level 1 screening at SUSD
<ul style="list-style-type: none"> Administrator Behavior and Risk Coordinator Counselor Director of Student Services Mental Health Intern (back up) School Psychologist (back up) <p>*If you are uncertain who the specific trained screeners are in your building, ask your building administrator.</p>
Level 1 Screener Protocol
<ul style="list-style-type: none"> Inform school leadership. Inform guardians. Complete Suicide Risk Screener. Complete file review – pattern of behaviors Notify administration of results immediately. Consult with another trained screener and/or administration PRIOR to deciding whether to proceed to a Level 2 assessment. Determine if a Level 2 assessment is warranted based on level of concern and noted risk factors through the Suicide Response Protocol.
Student Safety Plan
<ul style="list-style-type: none"> Collaborate with the student, parent, counselor, and administration to initiate a safety plan if needed.

Level 2 Suicide Assessment – Completed by Adapt

Adapt: (541) 672-2691	
Mobile Crisis Line: (541) 440-3532 or Toll Free (800) 866-9780	
<ul style="list-style-type: none"> Requires parent permission unless a student is 14 or older. If the parent is unavailable or unwilling to consent and the risk of self-harm per screening is high, the school team must call Adapt or law enforcement. Consult with SUSD district policy for contacting Adapt and referring for further assessment. Assessor determines the need for immediate intervention (e.g., in-home or out of home respite, hospitalization etc.) Assessor shares concerns and recommendations with the school team and parent. 	

School and Tribal Suicide Prevention Contacts

School Suicide Prevention Contacts			
District Office	Ryan Jephson- Behavior and Crisis Coordinator	ryan.jephson@susd.k12.or.us	(541) 441-2041
	Emily Veale – Director of Student Services	emily.veale@susd.k12.or.us	(541) 670-7248
	Allen Sjogren – Mental Health Intern	allen.sjogren@douglassesd.k12.or.us>	(541)530-0848
	Lindsay LaBelle – School Psychologist	lindsay.LaBelle@susd.k12.or.us	(541)554-2188
SU High School	Carl Simpson	Carl.simpson@susd.k12.or.us	(541)784-5812
	Ryan Savage	Ryan.savage@susd.k12.or.us	(541)680-6597
	Dawn Dunlap	Dawn.dunlap@susd.k12.or.us	(541)863-3118 ext. 56332
Coffenberry MS	Michelle Lind	Michelle.lind@susd.k12.or.us	(541)784-6409
	Ari Maloney	Ari.maloney@susd.k12.or.us	(541)863-3104 ext. 56205

Myrtle Creek Elementary	Ariel Mainz	Ariel.mainz@susd.k12.or.us	(530)635-3496
Canyonville School	Shilo White	Shilo.white@susd.k12.or.us	(541)680-6755
Tri City Elementary	Camron Pope	Camron.pope@susd.k12.or.us	(541)554-5811
Cow Creek Band of the Umpqua Tribe of Indians	Jennifer Reid	Jennifer.Reid@cowcreek-nsn.gov **Support for only Cow Creek Tribal members and if Tribal affiliation is unknown can check on Tribal enrollment**	(541)817-2613

Return to School Transition

For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization) a school employee counselor or mental health professional, the principal, or designee, will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's safe return to school.
An administrator, school counselor or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
The school will request that the parent or guardian provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.
Other supports may include. <ul style="list-style-type: none"> • Initiating Safety Plan (review supervision, policies, support provided to the student, etc.) • Involve all parties to ensure a cohesive plan • District will follow up on recommendation and receipt of interaction

In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In this instance:

- 1. Call 911**
- First aid will be rendered until professional medical treatment and/or transportation can be received. (Following established District emergency medical procedures)
- School staff will supervise the students to ensure their safety.
- Staff will move all other students out of the immediate area as soon as possible.

5. The Building Administrator, or their designee, will contact the student's parent or guardian.
6. The school superintendent will be notified ASAP of the in-school suicide attempt.
7. The Building Administration will engage the necessary response team to limit the likelihood of suicide contagion. This could include but is not limited to request for an ESD Flight Team through the District's Behavior and Crisis Coordinator
8. Information regarding the incident will be disseminated following the district's established protocols.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), the district Behavior and Crisis coordinator, the principal, and counselor if applicable) will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for a successful return to school.

1. The district Behavior and Crisis coordinator will coordinate with the student, their parent or guardian and any outside mental health providers.
2. The parent or guardian will be asked to provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others if available.
3. The designated District employee will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

Out of School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is **in progress in an out-of-school location**, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Parental Notification and Involvement

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the Building Administrator, designee, or Behavior and Crisis Coordinator. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the Building Administrator, counselor or Behavior and Crisis Coordinator will assess whether there is further risk of harm due to parent or guardian notification. If the Building Administrator, counselor or Behavior and Crisis Coordinator believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented and the school staff should consider if these reasons justify a mandatory report. If the parent is notified of a situation where school staff believes Emergency Care is the most appropriate course of action and the parent refuses, or a parent makes statements that indicate that appropriate supervision of student safety is unlikely, school staff should make a call to DHS Child Welfare for guidance and reporting. Reporting will be made following school district guidance.

Oregon Child Welfare Reporting Number: (855) 503-7233

Suicide Postvention

The district will initiate the Douglas County ESD Flight Team to develop an action plan to guide the school response in the event of a death by suicide in the school community. The Flight Team includes qualified mental health personnel to support students, teachers, and administrators in processing events.

Crisis Response Flight Team: (541) 529-5433

Response to Suicide Action Plan

1. School Administrator will verify suicide/death will contact the Superintendent and Director of Student services. They will work with the Director of Student Services to estimate the level of resources required.

2. The administrator will call the Dir. Of Student Services who will activate the Flight Team (Crisis Team) to provide bereavement groups and individual counseling.
 - Administration and the Response team shall inform the local ESD so that the Flight team with mental health providers can be initiated. These support services shall include safe rooms, group counseling, and/or individual counseling as needed to be determined by Administration.
 - Considerations should be given to how severely the death is likely to affect the other students, and to determine which students are most likely to be affected. Consideration should be given to how recently other traumatic events may have occurred within the community and the time of year of the suicide.
3. The Administrator must gain permission from the student's parent/guardian before disclosing any information regarding cause of death.
 - ***The incident should not be labeled as a suicide unless parents have given permission for the cause of death to be disclosed.***
4. Faculty and staff will be informed of the death in a faculty staff meeting.
5. An announcement will be made to students by the administrator or within their classrooms from a teacher. Teachers will be given wording for the announcement from their administrator or Director of Student Services.
 - Before an official classification of the death as a suicide the death can, and should, be reported to staff, students and parents/guardians with the acknowledgement that the "cause of death is unknown". Inform the faculty in a staff meeting. Prepare a written statement for the faculty to share with students.
 - The Crisis team should prepare a brief factual letter (with consent of the deceased's parent/guardian) to be sent to the parents guardians of the students. This letter should cite what resources will be available for students through the flight team and school counselor.
 - A written statement should include the basic facts and known funeral arrangements. (Statement should not include details of the suicide) Statement should recognize the emotions involved with the death and give resources for support so that students can process the death. **No public address/bulletin/assembly announcements.**

External Communication – If Necessary

The district will appoint one designee to be the sole media spokesperson, preferably the District Superintendent or Lead Building Administrator. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- a. Be the point person for information regarding any actions around the death.
- b. Develop a statement for the media including the facts of the death, postvention plans, and available resources. This statement will not include any confidential information, speculation about motivation, means of suicide or family information.
- c. Answer all media inquiries, requesting that the media work cooperatively with the school district in minimizing any suicide contagion. Media should be requested not to use photos of the victim or discuss modality of the suicide death; they should not refer

to the cause or speculate about reasons for the suicide. The media should be asked to offer the community information on suicide risk factors, warning signs and resources.

Review of School Response to Suicide Risk

In the event that a parent would like to review the responses and actions taken by the district regarding a suicide related incident for their child, the individual requesting the review will provide notification in writing, a copy of the written request must be kept with the school suicide incident documents being reviewed. If the notification is verbal, a file memorandum should be prepared which states the basic request. This should also be kept with the school suicide incident documents.

Resources

Douglas County Resources
Adapt Crisis Line
<ul style="list-style-type: none"> • (541)440-3532 • (800)866-9780 • Non-emergency – (541)440-4471
Douglas ESD Crisis Response Flight Team
<ul style="list-style-type: none"> • (541)529-5433 • Online request form: https://www.douglasesd.k12.or.us/district-support-services/school-safety
Peace at Home (Formerly Battered Persons Advocacy)
<ul style="list-style-type: none"> • Melanie Plummer • 24/7 Crisis Line (541)673-7867 • melanie@peachathome.com
Jessica Hunter – Program Manager – Child Welfare
<ul style="list-style-type: none"> • (541)643-1805 <p>Jessica.hunter@state.or.us</p> <p>To report suspected child abuse, please call: 1-855-503-7233</p>
Juvenile Department
<ul style="list-style-type: none"> • Rob Salerno, Assistant Director • 541-580-7199
Douglas Cares
<ul style="list-style-type: none"> • Sarah Wickersham, Executive Director • 541-863-9209 • sarah@douglascare.org

ADAPT Integrated Health Care Wrap Around
<ul style="list-style-type: none"> • Nicole Matz, Wraparound Supervisor • 541-670-3999 • nicholem@adaptoregon.org
National Resources
National Suicide Prevention Lifeline
<ul style="list-style-type: none"> • 1-800-273-8255 • The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.
988 LIFELINE
<ul style="list-style-type: none"> • Call or text 988 • 988lifeline.org • Text Talk to 741741 • ¿Estás en una crisis? Llama o envía un mensaje de texto al 988 o envía un mensaje de texto con AYUDA al 741741
American Foundation for Suicide Prevention
<ul style="list-style-type: none"> • afsp.org
Lines for Life Helplines
<ul style="list-style-type: none"> • Linesforlife.org • Alcohol and Drug Helpline: (800)923-4357 • Military Helpline: (888) 457-4838 • Racial Equity Support: (503) 575-3764 • Youthline (877)968-8491
Society for the Prevention of Teen Suicide
<ul style="list-style-type: none"> • Sptsusa.org
The Trevor Project
<ul style="list-style-type: none"> • Thetrevorproject.org • Suicide prevention and crisis intervention for LGBTQ+ youth

Level 1 Suicide Screener and Documentation Form

INDIVIDUAL COMPLETING FORM

Name: _____ Title: _____

School Name/District: _____

Date: _____ Time: _____

IDENTIFYING INFORMATION

Student Name: _____ ID: _____ DOB: _____

Age: _____ School: _____ IEP/504? _____ Medicine/Health Information: _____

Student Address: _____

Parent/Guardian #1 Name/Phone: _____

Parent/Guardian #2 Name/Phone: _____

Screener's Name: _____ Position/Title: _____

Screener's Contact Phone: _____

REFERRAL INFORMATION

Who reported concern: ☐ Self ☐ Peer ☐ Staff ☐ Parent ☐ Other

When was concern disclosed: _____ Contact Information (If applicable): _____

What information did this person share that raised concern about suicide risk? _____

WARNING SIGNS/RISK FACTORS

- Expressions of wanting to die, of being gone, or of death in any manner in their:
 - Writing
 - Verbal
 - Drawing
 - Social Media
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness/self-hate
- Substance Abuse
- Current psychological/emotional pain
- Discipline problems
- Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e. suicide, death, divorce)
- Recent changes in appetite, behavior, sleep
- Family problems
- Giving away possessions
- Current/past trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Stresses from: gender ID, sexual orientation, ethnicity
- Engage in high-risk behavior.
- Exposure and/or access to weapons, violent video games
- Unmet basic needs
- Mental Health concerns
- Self-Injury (see NSSI Assessment & Protocol)
- Other signs: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) - Fill out and attach separate screening form.

☐ LOW RISK ☐ MEDIUM RISK ☐ HIGH RISK

PROTECTIVE FACTORS

Engaged in effective health and/or MH care. Positive problem-solving skills. Positive coping skills Restricted access to means to kill self. Stable living environment Willing to access support/help. Positive self esteem	Resiliency High frustration tolerance Emotional regulation Cultural and/or religious beliefs that discourage suicide. Does well in school Feels well connected to others (family/school/friends) Has responsibility for others
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PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

<p>Left a voicemail. Date: _____ Time: _____</p> <p>Parent/Guardian called back. Date: _____ Time: _____</p>	<p>Parent/Guardian Answered Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes No Parent/Guardian's perception of threat _____ _____ _____</p>
<p>Parent Action Plan Will transport youth to a mental health evaluator (i.e. hospital, County Mental Health, private therapists) Mental Health evaluation appointment Date: _____ Time: _____ Needs additional support. Other: _____</p>	<p>Additional Notes: _____ _____ _____</p>

CONSULTED WITH ADMINISTRATOR (RECOMMENDED) AND/OR OTHER TRAINED PROFESSIONAL

Name: _____ Position/Title: _____

Name: _____ Position/Title: _____

POTENTIAL SCHOOL ACTION PLANS

Determined if Student Safety Plan was needed.

Limited risk factors; Student Coping Plan not needed.

Fill out Student Safety Plan. **One Copy** given to student/parent/guardian, **Original** placed in *Confidential* file and/or *CUM* file.

Provided student and families with resource materials and phone numbers.

Parent/Guardian contacted.

Released back to class after Limited or NO risk factors noted.

Released back to class after parent (and/or Agency) contacted and follow up plan established.

Released to parent/guardian.

Called 911. Contact name/date/time: _____

Parent/guardian took student to hospital.

Parent/guardian scheduled mental health evaluation appointment. Date/Time: _____

School Counselor/School Psychologist/School Nurse follow up scheduled. Date/Time: _____

Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.

Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow-up with student on Date/Time: _____

Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with crisis work from county Mental Health.

Contact Name/Date/Time: _____

Student Name: _____ Screener Name: _____ Date: _____

SOUTH UMPQUASUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	PAST MONTH	
Ask questions that are bolded and <u>underlined</u>	YES	NO
Ask questions 1 and 2		
1.) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2.) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3,4,5 and 6. If NO to 2, go directly to question 6.		
3.) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose, but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."		
4.) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts, but I definitely will not do anything about them."		
5.) <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Do you intend to carry out this plan?</u>		

6.) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide notes, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	YES	NO

NOTES:

	Low Risk
	Moderate Risk
	High Risk

South Umpqua School District Parent/Guardian Notification of Child's Suicide Risk

Child's name: _____ DOB ____/____/____

Name of Parent(s) or Guardian(s) present: _____

School representative(s) present: _____

I have been asked to meet today to discuss concerns that have arisen at school that may indicate that my child has an acute mental health concern or risk for suicide or self-harm. A preliminary screening was done at school, and results have been shared with me.

Based on the concerns raised, the following actions have been taken at my child's school.

- A safety plan was developed which includes coping strategies and supports my child can access to assist with staying safe while at school.
- Supportive crisis intervention
- National Suicide Prevention Hotline numbers, 1-800-273-8255, and text/chat information, text 988 were provided to me.
- Information about community mental health services was provided to me, including Adapt Crisis Line: 541-440-3532 or 1-800-866-9780
- Other _____

Based on the concerns raised, the following recommendations have been made to me:

- An emergency psychiatric evaluation by mobile crisis or ADAPT mental health.
- Secure all medications, weapons or other objects that might be used to inflict self-harm.
- Increase supervision of my child and my child's social media usage
- Secure appointment with my child's primary care provider
- Contact my child's mental health provider and request a same day appointment.
- Other _____

Upon my child's return to school, I understand that a meeting will be convened to develop and review a plan with my input to assist my child in staying safe.

Signatures: Parent/Guardian _____ Date ____/____/____

School Administrator _____ Date ____/____/____

Tips for supporting someone experiencing thoughts about suicide:

- | | |
|--|---|
| • Keep their environment calm and supportive. | • Take their feelings and thoughts seriously. |
| • Remind them that you are here, and they are not alone in this. | • Remind them that their safety is your priority. |
| • Give reassurance and love. | • Let them know that thoughts of suicide are common and do not have to be acted out |

Call 911 if there is imminent danger!

**Local Mental Health Resources and
Crisis Support Adapt:** (541) 672-2691

ASSESSING FOR RISK

Staff will utilize practices from QPR and ASIST assess for risk and report to designated staff member immediately.



Suicidal attempt, gesture, ideation is recognized.

(Refer to warning signs from ASIST and QPR)



Mental health professional or staff trained in ASIST and/or QPR to assess if there is imminent danger

Do not leave student unsupervised during assessment process. If end of school day, keep student on campus and contact family OR they are to be transported home by the School Resource Officer (SRO) or school staff.

School Suicide Assessment and Intervention South Umpqua School District

Last revised on: 4.8.25

LEVEL 1 SUICIDE SCREENER

People that can do a Level 1 screening at SUSD:

1. Administrators
2. Behavior and Crisis Coordinator
3. Counselors
4. Behavior Attendance Monitors (BAM)
5. Director of Student Services
6. School Psychologist (back up)

Protocol

- A. Inform leadership/guardians.
- B. Suicide Risk Screener
- C. Complete File review- pattern of behaviors
- D. Determine if a Level 2 assessment is warranted.

*****Completed screeners will be put in a sealed manilla envelope with the confidential instruction sticker on the front and put in the student's file***

STUDENT SAFETY PLAN

Collaborate with student, parent, counselor, and administration.

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- The screener notifies administration of results immediately.
- The screener consults with administration prior to deciding whether to proceed to a Level 2 assessment.

LEVEL 2 SUICIDE ASSESSMENT

Completed by Adapt

- **Requires parent permission unless student is 14 or older.** If parent is unavailable or unwilling to consent and the risk of self-harm per screening is high, the school team must call Adapt or law enforcement.
- Consult with SUSD district policy for contacting Adapt and referring for further assessment.
- Assessor determines need for immediate intervention. (e.g., in-home or out of home respite, hospitalization, etc.)
- Assessor shares concerns and recommendations with school team

A safe transition back to school after hospitalization may include:

- Obtain of Release of Information from parent/guardian
- Safety Plan (Review supervision policies, supports provided to the student, etc.)
- Involve all parties to ensure a cohesive plan.
- District will follow up on recommendations and create a receipt of interaction.