

Glendale School District

Adi's Act 2019

Suicide Prevention Protocol



Susccesfully Educating All Students

(Revised October 2024)

Special thanks to Malheur County ESD and Willamette ESD for allowing their protocols to be adapted by Glendale School District The School Safety and Prevention Specialist for providing suicide prevention training opportunities to our schools, Lines for Life for their support and training in the creation of this guide, and The Oregon Health Authority.



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Connect Harm to self/ others protocol

Seek plan/ model for this

Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators and school counselors in their planning.

Quick Notes: What Schools Need to Know

- **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 responsibility does not rest solely with the individual "on the scene".
- Research has shown **talking** about suicide, or asking someone if they are feeling suicidal, **will not** put the idea in their head or cause them to kill themselves.
- 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 supports in place may lessen this reluctance to

Speak up when students are concerned about a peer.

- **Advanced planning is critical** to providing an effective crisis response. **Internal and external resources must be in place** to address student issues and to normalize the learning environment for everyone.

Suicide Prevention Protocol

Adi's Act

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

Staff:

All staff should receive training (or a refresher) once every third year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. The **Question, Persuade, Refer** (QPR) Suicide Prevention model provides training on best practices.

- **All staff should receive QPR training every third a year. Annual review of prevention, intervention, and postvention protocols. A QPR will be offered annually.**

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. Training should be best practice suicide program such as ASIST: **Applied Suicide Intervention Skills Training**.

- **School Counselors and one other staff member should be ASIST trained and be the "go-to" people within each school. All staff should know who the "go-to" people are within the school and be familiar with the intervention protocol.**

*ASIST Training should be repeated every 3 years

* Counselor, District Administrators, Office Managers

All trained screeners should attend a **Counseling on Access to Lethal Means** (CALM) training. This course how to work with people at risk for suicide—and their families—to reduce access to the methods people use to kill themselves.

- **All trained screeners should attend one CALM training.**
Counselor, District Administrators

At least one member of administration and the district crisis response team should be trained in **Connect Postvention Training**. Postvention training is centered around promoting healing and reducing risk after a suicide has occurred.

- **At least one member of administration and all members of the district crisis response team should attend one Connect Postvention training.**
 - Counselor, District Administrators

Students:

Students should receive developmentally-appropriate, student-centered education about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

- **Instruction and skill development:**
 - 1) **To Use curriculum in line with Oregon State Standards for health such as RESPONSE.**
 - 2) **Students, Staff and Parents should be made aware each year of the staff who have**

received specialized training to help students at risk for suicide; included in Student Handbook and through signage in the building.

- 3) Use a Social Emotional Curriculum – Character Strong/ Wayfinder to support positive choice and problem-solving skill development.

Parents:

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or to others in their community that may be at risk for suicide.

- **Communication:**

- 1) List resources in the school handbook or newsletter.
- 2) Partner with community agencies to offer parent information nights using research based programs such as QPR.
- 3) Ensure cross communication between community agencies and schools within bounds of confidentiality.

Suicide Intervention Protocol

Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

Warning signs that may indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves - seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide
- Extreme Shift in behavior: withdraw, significant change in behavior, grades, shut down, ...

If a suicidal attempt, gesture, or ideation occurs or is recognized:

- Staff will take all suicidal behavior and comments seriously **every time**
- Call 911 if there is immediate danger
- It is critical that any school employee, who has knowledge of someone with suicidal thoughts or behaviors, communicate this information immediately and directly to a school based mental health person (school counselor), administrator, or an ASIST trained "gatekeeper"
- **Staff will stay with the student until relieved** Like a school counselor, resource officer, administrator or designated ASIST trained "gatekeeper"
- **A Suicide Risk Assessment: Level 1 will be performed by a trained school staff member. The screener will do the following:**
 - Interview student using Suicide Risk Assessment: Level 1 screening form
 - Complete a Suicide Crisis Response Plan, if needed
 - Contact parent to inform and to obtain further information
 - Determine need for a *Suicide Risk Assessment: Level 2* based on level of concern
 - Consult with another trained screener prior to making a decision to *not* proceed to a Level 2
 - Inform administrator of screening results- Document incident Synergy – Level of Assessment Performed (example- Level 1 risk assessment)

**See [School Suicide Assessment and Intervention](#) flowchart for additional information*

Suicide Risk Assessment -

IDENTIFYING INFORMATION							
Name		School		DOB		Age	
Address				IEP?		504?	
Parent/Guardian #1 name/phone/contact							
Parent/Guardian #2 name/phone/contact							
Screener's name and position							
Screener's contact information							
Screener consulted with							

REFERRAL INFORMATION	
Who reported concern?	<input type="checkbox"/> Self <input type="checkbox"/> Peer <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other _____
Contact information	
What information did this person share that raised concern about suicide risk?	

PARENT/GUARDIAN CONTACT	
Name of the parent/guardian contacted	Date contacted
Was the parent/guardian aware of the student's suicidal thoughts/plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/guardian's perception of threat	

INTERVIEW WITH THE STUDENT

Does the student exhibit any of the following warning signs?

<input type="checkbox"/> Withdrawal from others	<input type="checkbox"/> Family problems	<input type="checkbox"/> Feelings of hopelessness
<input type="checkbox"/> Written statements, poetry, stories, electronic media about suicide	<input type="checkbox"/> Recent personal or family loss or change (i.e. death, divorce)	<input type="checkbox"/> Stresses from: gender ID, sexual orientation, ethnicity
<input type="checkbox"/> Preoccupation with death	<input type="checkbox"/> Current trauma (domestic/relational/sexual abuse)	<input type="checkbox"/> Experiencing bullying or being a bully
<input type="checkbox"/> Recent changes in appetite	<input type="checkbox"/> Crisis within the last 2 weeks	<input type="checkbox"/> Discipline issues
<input type="checkbox"/> Substance abuse/mental health issue	<input type="checkbox"/> Giving away possessions	<input type="checkbox"/> Conflict with others (friends/family)
<input type="checkbox"/> Current psychological/emotional pain	<input type="checkbox"/> See Risk Factors Page for additional signs:	

Does the student admit to thinking about suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student admit to thinking about harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student admit to having a plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what is the plan (how, when, where)?		
Is the method to carry out the plan available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
Is there a history of previous gesture(s) or attempts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		
Is there a family history of suicide? Explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been exposed to suicide by others? Explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been recently discharged from psychiatric care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date/Explain:		
Does the student have a support system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List an adult the student can talk to AT HOME :		
List an adult the student can talk to AT SCHOOL :		
Additional supports:		

ACTIONS TAKEN

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Called 911 (contact date/time/name): _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crisis Response Plan created with student
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Copy of Crisis Response Plan given to student, original placed in confidential file within CUM file
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/guardian contacted
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Released back to class after parent (and/or agency) confirmed Crisis Response Plan and follow up plan established.

Notes:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Called OHS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Released to parent/guardian
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/guardian took student to hospital
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/guardian scheduled mental health evaluation appointment

Notes:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided student and family with resource materials and phone numbers
<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Based Mental Health Provider follow up (date/time) scheduled: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Administrator notified (date/time/whom): _____

<input type="checkbox"/> Limited or NO risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
<input type="checkbox"/> Several risk factors noted but no imminent danger. Completed Crisis Response Plan. Will follow up with student on Date/Time: _____
<input type="checkbox"/> Several risk factors noted: referred for Level 2 Suicide Risk Assessment from County Mental Health or student's private counselor (contact date/time/name): _____
<input type="checkbox"/> Consulted with and approved by: 1. _____ 2. _____

Columbia-Suicide Severity Rating Scale

Student Name	
Screener Name	
Date	

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
	YES	NO
Ask questions that are bolded and <u>underlined</u> .		
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> example: "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 intentions 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? 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 note, 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>		

- Low Risk
- Moderate Risk
- High Risk

NOTES:

For inquiries and training information contact: Kelly Posner, Ph.D.

New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York 10032; posnerk@nyspi.columbia.edu

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Student Coping Plan

Student Name:		DOB:		Date of Plan:	
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Warning signs that I am not safe:
1.
2.
3.
Things I can do to keep myself safe (in the case that I was thinking about suicide):
1.
2.
3.

Things people around me can do to support me:

An adult I can talk to <u>at home</u> when I feel it would be better if I were not alive:
An adult I can talk to <u>at school</u> when I feel it would be better if I were not alive:

Identify reasons for living:	My plan to reduce or stop use of alcohol/drugs (optional):
1.	1.
2.	2.
3.	3.

I can call any of the numbers below for 24 Hour Crisis Support:

- **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)
- **Oregon Youthline** 1-877-968-8491 or text “teen2teen” to 839-863
- **Adapt Integrated Health Care 24 Hour Crisis Line** 541-440-3532
- **Other** _____

NEXT STEPS :

My follow-up appointment is: _____ with _____

Copies, as agreed upon with student, will be sent to: (circle all that apply)

PARENT TEACHERS STAFF ADMINISTRATION OTHER _____

Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a suicide death. Suicide Postvention has been defined as "the provision of crisis intervention, support, and assistance for those affected by a suicide" (American Association of Suicidology).

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

KEY POINTS (derived from *After a Suicide: A Toolkit/or Schools, 2011*)

1. Prevention (postvention) after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or, in other words, increased risk for suicide.
2. It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
3. It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
4. Families and communities can be especially sensitive to the suicide event
5. Know your resources.

POSTVENTION GOALS

- Support the grieving process
- Prevent imitative suicides - identify and refer at-risk survivors and reduce identification with victim
- Reestablish healthy school climate
- Provide long-term surveillance

POSTVENTION RESPONSE PROTOCOL

- ❖ Verify suicide
- ❖ Estimate level of response resources required
- ❖ Determine what and how information is to be shared - do NOT release information in a large assembly or over the intercom. Do not "glorify" the death.
- ❖ Mobilize the school's Postvention Team and/or the Douglas County Flight Team (see resources) Inform faculty and staff
- ❖ Identify and refer at-risk students and staff
- ❖ Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk.

RISK IDENTIFICATION STRATEGIES

- **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- **MONITOR** student absentees in the days following a student suicide, those who have a history of being bullied, who are LGBTQ+, who are participants in fringe groups, and those who have weak levels of social/familial support
- **NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

KEY POINTS TO EMPHASIZE TO STUDENTS, PARENTS, MEDIA

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger/help students identify and express emotions
- Stress alternatives and teach positive coping skills
- Help is available

CAUTIONS

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school-based memorial services
- Address loss but avoid school disruption as best as possible

(School Postvention - www.sprc.org)

Recommended Resources:

- After A Suicide: A Toolkit for Schools (www.afsp.org)
- Suicide Prevention Resource Center (www.sprc.org)
- American Foundation for Suicide Prevention (www.afsp.org)

- To Speak with a Counselor:
Adapt Integrated Health 24-hour Crisis Line:
541-440-3532
- For Emergencies:
911 & Local Emergency Room
- YouthLine
Call (877) 968-8491

Confidentiality

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in 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 and HIPAA known as "minimum necessary disclosure".

REQUEST FROM STUDENT TO WITHHOLD FROM PARENTS

The school suicide prevention contact person can say "I know that this is scary to you, and I care, but this is too big for me to handle alone." If the student still doesn't want to tell his/her parents, the staff suicide contact can address the fear by asking, "What is your biggest fear?" This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if he/she needs additional help.

EXCEPTIONS FOR PARENTAL NOTIFICATION: ABUSE OR NEGLECT

Parents need to know about a student's suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

Local Resources for Training and Support

Cati Adkins, Douglas ESD

School Safety & Prevention Specialist (SSPS)
Douglas Education Services District
cati.adkins@douglasesd.k12.or.us 541-530-8448

Lucina Armstrong Michaud

School Suicide Prevention & Wellness (SSPW)
Lines for Life
lucina@linesforlife.org 503-886-9171

QPR - Suicide Prevention and Risk Reduction

Ages 14-adult 2 hours (can be completed in 1 hour)

Recommended for all staff

QPR Gatekeeper Training is designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. QPR is often used in schools as a universal training for all staff members that can be completed within 2-3 hours. <https://www.linesforlife.org/training/qpr/>

ASIST Workshop - Applied Suicide Intervention Skills Training

Ages 16-adult 2 Days

Recommended for all school based mental health providers and select staff members

LivingWorks ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations. At a LivingWorks ASIST workshop, you'll learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Because ASIST is a more intensive gatekeeper training, schools often benefit from having at least one staff member trained in the curriculum. <http://www.aocmhp.org/asist-and-safetalk/>

Youth Mental Health First Aid (Adult program available too)

4 hour course specifically for educators - can be taught in 1, 2, or 4 days

ALL staff within the school community

Identify, understand and respond to signs of mental illness and substance use disorders in youth. How to apply Mental Health First Aid in a variety of situations, including when a youth is experiencing a mental health crisis-including suicide risk. Next to family, schools represent the most important sources of support in the lives of young people. All staff within the school community provide opportunities to help a youth experiencing a mental health issue and to recognize suicidal behavior and prevent youth suicide. <https://mhfaoregon.org/>

CALM: Counseling on Access to Lethal Means

2 hour online course

Mental health professionals and others who work with people at risk for suicide

Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies. This course is about how to reduce access to the methods people use to kill themselves. It covers who needs lethal means counseling and how to work with people at risk for suicide - and their families - to reduce access. <https://zerosuicidetraining.edc.org/>

Connect Postvention

Training time varies

Ideal for professionals who may respond to a suicide death in their community

Postvention is a term used to describe how different systems and organizations work together using a planned response protocol to respond to a suicide or any sudden death. Participants will learn best practices to coordinate a safe and supportive response to a suicide, review the complexity of grief for different age groups and how to help

individuals, families, and communities heal. <http://www.aocmhp.org/connect/>

Crisis Support Lines

Local Phone Numbers

Local Mental Health Authority

Adapt Integrated Health Care 24/7 Crisis Line **541-440-3532**

State and National Phone Numbers

YOUTHLINE

Call **877-968-8491**

Text "teen2teen" to **839863**

Chat at www.oregonyouthline.org

A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).

Trevor Project Crisis Line - LGBTQIA+ Youth

1-866-4-U-Trevor (1-866-488-7386) www.theTrevorProject.org

Text "TREVOR" to 678-678

Lines for Life

800-273-8255 or text "273TALK" to **839863**

National Suicide Prevention Lifeline

1-800-273-TALK

Acknowledgments

This guide was adapted from the Malheur Education Services District's School Suicide Planning Guide. Original content and design of this guide was a result of a partnership between The Oregon Health Authority and the Deschutes County Children and Families Commission and Health Services. Changes have been made by the Malheur Education Service District with the permission of the Deschutes County Prevention Coordinator. This guide can be applied to any school district seeking to proactively address suicide. For the original document, please call 541-330-4632. Special thanks to the Marion & Polk County Suicide Intervention Task Force (2008) for its creation of the Screener's Handbook, in which some content has been applied in this guide.

Research Sources

Information for this guide was derived from the following sources:

1. After a Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011.
2. King, Keith A., 15 "Prevalent Myths about Adolescent Suicide", Journal of School Health April 1999; Vol. 69, No. 4:159
3. Rudd, MD, Berman AL, Joiner, TE, JR., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning Signs for Suicide: Theory, Research, and Clinical Applications. *Suicide and Life-Threatening Behavior*, 36 (3), 255-262.
4. Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.
5. www.oregon.gov/DHS/ph/ipe
6. www.surgeongeneral.gov
7. www.sprc.org
8. <https://afsp.org/model-school-policy-on-suicide-prevention>
9. <http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

APPENDIX A

Protecting the health and well-being of all students is of utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

- Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. This curricular content will occur in all health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders
- Each school or district will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources
- When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff member who will work with the student and help connect the student to appropriate local resources
- Students will have access to national resources that they can contact for additional support, such as:

Local Phone Numbers

Local Mental Health Authority:

Adapt Integrated Health Care 24/7 Crisis Line **541-440-3532**

State and National Phone Numbers

YOUTHLINE

Call **877-968-8491** Text "teen2teen" to

839863 Chat at www.oregonyouthline.org

A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).

Trevor Project Crisis Line - LGBTQIA+ Youth

1-866-4-U-Trevor (1-866-488-7386) www.theTrevorProject.org _Text "TREVOR" to **678-678**

Lines for Life

800-273-8255 or text "273TALK" to **839863**

All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal, or are in need of help. While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first. For a more detailed review of policy changes, please see the district's full suicide prevention policy.

Adapted from: afsp.org/ModelSchoolPolicy

APPENDIX B

School Suicide Prevention Checklists Two guides to help school teams

Step by Step

Lines for Life & Willamette Education Service District

Step by Step was developed in Oregon to assist schools with suicide prevention efforts by supplying easy-to-use tools and strategies for decreasing youth suicide and increase awareness surrounding mental health and wellness. The guide includes a comprehensive prevention, intervention and postvention checklist. Link: <https://oregonyouthline.org/step-by-step/>

Developing Comprehensive Suicide Prevention, Intervention, and Postvention Protocols: A Toolkit for Oregon Schools

Cairn Guidance

This toolkit was designed to provide Oregon schools with guidance on how to implement suicide prevention, intervention, and postvention efforts by supplying relevant protocols and example tools to support each component. The guide also includes a comprehensive prevention, intervention and postvention checklist. Link: <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/Oregon-School-Suicide-Protocol-Toolkit.pdf>

APPENDIX C

Student Return Plan- Protective Factors

Suicide Behavior Risk and Protective Factors

RISK FACTORS (Mark all that apply)

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- Previous suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from 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 pain
- 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
- LGBT, Native-American, Alaskan Native, TAG, male

PROTECTIVE FACTORS (mark all that apply)

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

APPENDIX D

Annual School Prevention Training Plan

School:

Academic Year:

Adult Prevention Training Plan

Name of Training/Program	Who is expected to receive this training? (teachers, admin, coaches, parents, etc)	When is the training scheduled for? Or target date?	Who is the point person to organize this event? Cost? Location?

Student Prevention Training Plan

Grades	Curriculum/Club/Event/Classroom education	Date to Begin Implementation	Person or team in charge of planning

APPENDIX E

School Suicide Prevention Focus and Timeline

School/District:

Date:

PREVENTION Short term (1 – 4 months)	
Long term (5 months -- 1 year)	
INTERVENTION Short term (1 – 4 months)	
Long term (5 months -- 1 year)	
POSTVENTION Short term (1 – 4 months)	
Long term (5 months -- 1 year)	