Malheur County School Based Suicide Prevention Policy Guide

A GUIDE TO YOUTH SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION PROCEDURES FOR SCHOOLS

Revised 8-1-2026

TABLE OF CONTENTS

Purpose of Protocols and Procedures	3
Quick Notes: What Schools Need to Know	4
Suicide Prevention Protocol	5
Suicide Intervention Protocol	5
School-Based Suicide Intervention Process For Malheur County	7
Suicide Risk Assessment – Level 1	8
	11
Student Coping Plan	17
Student Coping Plan (Review)	18
Parent Contact Acknowledgment Form	19
Student Re-entry Plan Guidelines	20
Student Re-Entry Plan	22
Suicide Postvention Protocol	24
Confidentiality	26
Lifeways Behavioral Health Malheur County	27
Local Resources for Training and Support	30
National Resources	31
State Resources	32
Connected and Safe School Culture	34
Training Programs	35
Parent/Caregiver Resources	37
Acknowledgments	38
APPENDIX A (Sample Language for Student Handbook)	40
APPENDIX B	41
School Suicide Prevention Checklists	41
Two Guides To Help School Teams	41
Malheur County Crisis Response Checklist	42

Purpose of Protocols and Procedures

Background

In 2019, the Oregon Legislature enacted Senate Bill 52, commonly referred to as **Adi's Act**, requiring every school district to establish, implement, and publicly share a comprehensive suicide prevention, intervention, and postvention plan. Districts were required to have these plans in place beginning with the 2020–2021 school year. This plan was comprehensively revised in 2025 and will continue to be reviewed each year, with major revisions occurring every three years.

Purpose

Suicide remains one of the leading causes of death among young people in Oregon, ranking second for youth ages 5–24. Firearm-related deaths are the leading cause of death among Oregon youth ages 10–24. Young people encounter a wide range of academic, social, family, and personal challenges that can increase their risk for mental health concerns and suicidal behavior if they do not receive timely support. Research consistently demonstrates that students who experience meaningful connections with trusted adults, peers, and their school community are more resilient, have better mental health outcomes, and are better equipped to cope with adversity. Students who feel connected to school are also less likely to experience suicidal thoughts, substance use, violence, and other health risks. (CDC, 2024).

The purpose of this plan is to safeguard the health, safety, and well-being of every student by establishing clear, evidence-informed procedures for suicide prevention, intervention, and postvention. Creating safe, supportive, and inclusive learning environments is essential to student success, both academically and personally. A strong sense of belonging and connectedness within the school community serves as a powerful protective factor against suicide and promotes overall student wellness.

This plan is guided by the following commitments:

- We recognize that physical health, mental health, and social-emotional well-being are fundamental to student learning and growth. Schools have both a responsibility and an important opportunity to proactively promote wellness and reduce suicide risk.
- We are committed to fostering school environments that acknowledge the individual, family, cultural, and societal influences that can affect a student's mental health while promoting resilience, hope, and positive youth development.
- We understand that a comprehensive approach to suicide prevention includes three interconnected components:
    - **Prevention:** Building protective factors and reducing the likelihood that suicidal thoughts or behaviors develop.
    - **Intervention:** Responding promptly and appropriately when a student exhibits warning signs or expresses suicidal thoughts or behaviors.
    - **Postvention:** Providing coordinated support following a suicide-related crisis or death to reduce the risk of additional trauma and future suicidal behavior while promoting healing within the school community.

School boards and district staff may implement additional strategies and supports to address the unique needs and circumstances of their individual school communities. These guidelines are intended to serve as a resource for school administrators, counselors, and other school personnel as they develop, implement, and refine their suicide prevention, intervention, and postvention practices. An additional valuable resource is: Developing Comprehensive Suicide Prevention, Intervention and Postvention Protocols:A Toolkit for Oregon Schools

ASIST-trained GATEKEEPERS

School/Districts are encouraged to list Gatekeeper names here before posting this document to their website. ASIST trained staff who are not trained to do Level 1 Suicide Assessments should only refer to those who are.

1. *2.*

3. *4.*

Quick Notes: What Schools Need to Know

- School staff are frequently considered the first line of contact with students experiencing suicidal thoughts/behavior expressing distress or reaching out for help.
- 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 on-going training to recognize warning signs and to be aware of the protocols that 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 ready and equiped to ask directly about a person's potential suicidal ideation when concerns arise and 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. 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

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 a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. Besides QPR and BSBB Suicide Prevention models, staff also need to be trained on response procedures on page 7.

- RECOMMENDATION: All staff will receive QPR, BSBB, and one of the modules listed below on a *rotating* basis over a three year period.
- Schools wishing to use a module from PublicSchoolWorks.com may want to consider: *The M-004 M-506 Suicide Prevention Module 2: Suicide Warning Signs and Response.*
- Schools may also consider *Youth Suicide Prevention* via Vector Solutions.

Specific staff members receive specialized training in ASIST to provide immediate intervention and support when a student may be at risk of suicide. Following this initial response, students are referred to a school counselor or the Malheur County Crisis Team for further assessment, safety planning, and ongoing support. **Training should be a best practice suicide program such as ASIST and Postvention.**

● RECOMMENDATION: At least one staff member in each building should be ASIST trained along with the school counselor. All staff should know who the ASIST trained people are within the school and be familiar with the intervention protocol.

**ASIST Training should include one 4-hour "refresher" every 2-3 years and a full course every 5 years.*
** School Counselors should receive specialized suicide intervention training each year.*

● RECOMMENDATION: School Counselors and Building Administrators should receive Postvention training at a minimum, once every three years.

Students:

Students should receive annual developmentally-appropriate, student-centered education about suicide and suicide prevention. 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.

RECOMMENDATIONS:

(1) Use curriculum in line with Oregon State Standards for Health such as RESPONSE and Erika's Lighthouse.
(2) Students should be made aware each year of the staff who have received specialized training to help students at risk for suicide.
(3) Engage students to help increase awareness of ways to access help.
(4) Provide supplemental small-group suicide prevention for at-risk students.
(5) Develop a safe messaging plan, including distribution of print materials, social media/text messaging, and crisis information
(6) Include resources in the Student Handbook

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 others in their community that may be at risk for suicide.

● RECOMMENDATIONS: (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 or BSBB. (3) Ensure cross-communication between community agencies and schools within the bounds of confidentiality and district policies and procedures.

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.

Common Warning Signs:

Feeling unbearable emotional pain

Death or a recent fascination with death

Feeling hopeless, worthless, or trapped

Feeling guilt, shame, or anger

Feeling like they are a burden to others

Changes in behavior or mood:

Recent suicide attempt

Increased alcohol or drug use

Losing interest in personal appearance or hygiene

Withdrawing from family, friends, or community

Saying goodbye to friends and family

Giving away prized possessions

A recent episode of depression, emotional distress, and/or anxiety

Changes in eating and/or sleeping patterns

Becoming violent or being a victim of violence

Expressing rage

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

- ✔ **Staff will stay with the student until relieved by a school counselor, resource officer, administrator, or designated ASIST-trained "gatekeeper"**
- ✔ **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 take all suicidal behavior and comments seriously <u>every time</u>**
- ✔ **Call 988 or 541-823-9050 to reach Malheur County Crisis Mobile Dispatch**
- ✔ **Call 911 if there is immediate danger**

A Suicide Risk Assessment: Level 1 will be completed by a school counselor or ESD counselor when available. If a counselor is not available, the school administrator should be contacted immediately so they can connect with the Malheur County Mobile Crisis Line. The screener is designed to assist with the following:

- Interview the student using the Suicide Risk Assessment: Level 1 screening form
- Complete a Suicide Crisis Coping Plan, if needed
- Contact parent to inform and to obtain further information (See Call Home Resource in Toolkit)
- Determine the need for a *Suicide Risk Assessment: Level 2* based the on level of concern
- Consult with another trained screener prior to deciding to *<u>not</u>* proceed to a Level 2
- Inform the administrator of assessment results and coping plan strategies

See the following School-Based Suicide Intervention Process flowchart for additional information.

School-Based Suicide Intervention Process For Malheur County

Suicidal attempt, gesture, ideation is recognized (refer to warning signs)

Off Duty Response

Call Malheur County Dispatch

541-473-5126 and request a wellness check.

Be specific regarding your concerns of suicide
&
Call Malheur County Crisis Team
541-823-9050

You are a mandatory reporter!

Off Duty Response

Imminent Danger

Call 911

QPR At School

Question

Persuade

Refer

Do not leave student unsupervised during assessment process

REFER TO:

Gatekeeper(s)

1.

2.

Administrator

or

Building Counselor

LEVEL 1 Response

*Complete Level 1 Suicide Risk Screener

Screener notifies admin of results immediately

Screener consults with another trained screener or assessor prior to deciding to not proceed to a Level 2

Limited or No Risk Factors

Notify Parent or Guardian

Risk Factors No Imminent Danger

Student Coping Plan

Collaboration with student, parent, counselor, administration.

Refer to your school coping plan template

Notify Parent or Guardian

Several Risk Factors

Level 2 Response

Contact Parents

Refer for Level 2 Suicide Risk Assessment

May Consider:

Call 24 Hour Mobile Crisis Services: 541-823-9050

Youthline: 887-968-8491

Text 'teen2teen' to 839863

Utilize Student Suicide Assessment Line: 503-575-3760 M-F 8:30 AM – 4:30 PM

A safe transition back to school after hospitalization must include:

1. Complete **District Re-entry Plan** (review supervision policies, supports provided to student,etc.)

2. Obtain Release of information from parent/guardian.

Suicide Risk Assessment – Level 1

1. IDENTIFYING INFORMATION

Name: _____ School: _____ DOB: _____ Age: _____
IEP/504? ____ Address: _____
Parent/Guardian #1 name/phone # (s): _____
Parent/Guardian #2 name/phone # (s): _____
Screener's Name: _____ Position: _____
Contact Info: _____
Screener consulted with: _____

2. REFERRAL INFORMATION

Who reported concern: □ Self □ Peer □ Staff □ Parent/Guardian □ Other
Contact Information: _____
What information did this person share that raised concern about suicide risk? _____
_____
_____

3. PARENT/GUARDIAN CONTACT

1. Name of the parent/guardian contacted: _____ Date Contacted: _____
2. Was the parent/guardian aware of the student's suicidal thoughts/plans? □ Yes □ No
3. Parent/guardian's perception of threat? _____
   _____
   _____

4. INTERVIEW WITH THE STUDENT

A. Does the student exhibit any of the following warning signs?

- Withdrawal from others □ Yes □ No
- Written statements, poetry, stories, electronic media about suicide □ Yes □ No
- Preoccupation with death □ Yes □ No
- Feelings of hopelessness □ Yes □ No
- Substance Abuse/Mental Health Issue □ Yes □ No
- Current psychological/emotional pain □ Yes □ No
- Discipline issues □ Yes □ No
- Conflict with others (friends/family) □ Yes □ No
- Experiencing bullying or being a bully □ Yes □ No
- Recent personal or family loss or change (i.e., death, divorce) □ Yes □ No
- Recent changes in appetite □ Yes □ No
- Family problems □ Yes □ No
- Giving away possessions □ Yes □ No
- Current trauma (domestic/relational/sexual abuse) □ Yes □ No

- Crisis within the last 2 weeks □ Yes □ No
- Stresses from gender ID, sexual orientation, or ethnicity □ Yes □ No

- Does the student admit to thinking about suicide? □ Yes □ No
- Does the student admit to thinking about harming others? □ Yes □ No
- Does the student admit to having a plan? □ Yes □ No
- If so, what is the plan (how, when, where)? _____
- Is the method to carry out the plan available? □ Yes □ No
- Explain: _____
- Is there a history of previous gesture(s) or attempts? □ Yes □ No
- If yes, describe: _____
- Is there a family history of suicide? □ Yes □ No
- Explain: _____
- Has the student been exposed to suicide by others? □ Yes □ No
- Explain: _____
- Has the student been recently discharged from psychiatric care? □ Yes □ No
- Date/Explain: _____
- Does the student have a support system? □ Yes □ No
- List an adult the student can talk to **at home:** _____
- List an adult the student can talk to **at school:** _____
- Additional supports: _____

B. Suicide Behavior Risk and Protective 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 the aggressor or the 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

5. ACTIONS TAKEN

□ Yes	□ No	Called 911 (contact date/time/name)
□ Yes	□ No	Student Coping Plan created with student
□ Yes	□ No	Copy of Student Coping Plan given to student, original placed in confidential file within CUM file
□ Yes	□ No	Parent/guardian notification letter sent/delivered
□ Yes	□ No	Released back to class after the parent (and/or agency) confirmed Crisis
□ Yes	□ No	Response Plan and follow-up plan established. Notes: (please use separate page)
□ Yes	□ No	Called DHS (Phone: (541) 889-9141)
□ Yes	□ No	Released to parent/guardian
□ Yes	□ No	Obtained Release of Information from parent/guardian
□ Yes	□ No	Parent/guardian took the student to the hospital
□ Yes	□ No	Parent/guardian scheduled mental health evaluation appointment Notes:
□ Yes	□ No	Provided student and family with resource materials and phone numbers
□ Yes	□ No	Contact Lifeways Crisis Dispatch (Phone: 541-823-9050)
□ Yes	□ No	School-Based Mental Health Provider follow-up (date/time) scheduled:
□ Yes	□ No	School Administrator notified (date/time): _____

Check at least one box below:

- o Limited or NO risk factors noted. **NO FURTHER FOLLOW-UP NEEDED/ Inform Parents for support.**
- o Several risk factors were noted but no imminent danger. Completed Student Coping Plan. Will follow up with the student on Date/Time: _____
- o Several risk factors noted: referred for Level 2 Suicide Risk Assessment from County Mental Health or student's private counselor (contact date/time/name):

  _____

Required: Name(s) of Mental Health Professional with whom you consulted:

1. _____
2. _____

Student Coping Plan

(Have the student complete with a counselor or another trusted adult.)

Student Name: _____ DOB: _____ Date of Plan: _____

How I know when I am struggling:

1.
2.
3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

1.
2.
3.

My positive people and places outside of school:

1.
2.
3.

My positive people and places at school:

1.
2.
3.

Family or friends I can call for help:

1.
2.
3.

Professionals I can contact:

1.
2.
3.

Identify reasons for living:

1.
2.
3.

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

- **National Suicide Prevention Lifeline** 988
- **Oregon Youthline** 1-877-968-8491 or text "teen2teen" to 839-863
- **Lifeways Crisis Dispatch:** 541-823-9050

My follow-up appointment is- Date: _____ With: _____
Copies, as agreed upon with student, will be sent to: _____

My Pocket Coping Plan – Date Created: _____ With: _____

Student Coping Plan (Review)

Review Date:

Notes:

Review Date:

Notes:

Review Date:

Notes:

Review Date:

Notes:

Review Date:

Notes:

Review Date:

Notes:

Reason(s) For Review:

- o Monthly/Regularly Scheduled Review
- o Friend/Family Request
- o Attempt
- o Plan Not Working
- o Referral
- o Student Requested

PARENT CONTACT ACKNOWLEDGMENT FORM

STUDENT NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

I have been notified that my child has expressed thoughts or displayed actions of a suicidal threat. I understand that by signing this form, I am acknowledging that the school is fulfilling its duty to notify me regarding matters involving my child's safety. I have been advised to seek the services of a primary care doctor, mental health agency, or therapist immediately and not to leave my child alone for a minimum of 24 hours. Payment for services requested will be the responsibility of the parent/guardian. I agree to notify the school prior to my child's return.

Parent Signatures: _____ Date: _____

_____ Date:_____

How do you respond:

- Anchor yourself first
- Remain calm and be ready to listen to your child
- Make safety a priority
- Get clear on risk
- Support the child, don't try to solve the problem
- Parent Resource Guide

Available Resources:

- **If immediate help is needed, call 911.**
- **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)
- **Oregon Youthline** 1-877-968-8491 or text "teen2teen" to 839-863
- **Lifeways 24-Hour Crisis Line** 541-823-9050

Student Re-entry Plan Guidelines

After a Suicide Attempt or Hospitalization

Transitioning back to school after a suicide attempt or hospitalization can be a difficult one, especially if the attempt was public. The student's privacy going forward is critical and the student and their parent(s) need to be an integral part of the decisions made in the re-entry plan.

The return to school requires individualized attention and planning. It is important that staff who have direct contact with the student be aware of the student's plan in order to monitor potential continued risk.

Counselor/Administrator Guidelines:

Prior to returning:

1. School personnel will meet with the student and their parent(s) before the return to school and fill out the Student Re-Entry Plan.
2. Respect the student's wishes as to how their absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers and staff. If no one is aware, help the student create a short response to explain the absence. Role play so that the student can try out different responses to different situations (peer-to-peer & staff-student), if needed. Being prepared helps reduce anxiety and helps the student feel more in control.
3. Reassure the student and family that sharing information with school personnel will be done on a need-to-know basis. Staff that have direct contact should be informed so they can actively assist the student academically.
4. Identify the staff who will need to know by name and role.
5. Reassure the student that staff will be available to help the student with any academic issues and that it will be important for the student to reach out if they are feeling worried about school work.
6. Obtain a Release of Information from the parent so the mental health provider can talk to the school counselor.
7. If needed, schedule a student intervention team meeting if a student has a diagnosis or condition that will last more than 6 months that may hinder access to education. Determine if a 504 plan would be sufficient.

After return to school:

1. Continue to monitor and support the student, as needed.
2. Have regular contact with the student's parent(s) and therapist to provide feedback and gain information on how best to support the student.

Staff Guidelines:

After return to school:

1. Welcome the student's return to school as you would any other students' return from an extended absence. Let them know you are glad they are back – "Good to see you".
2. Be aware that the student may still be dealing with symptoms of depression which can affect concentration and motivation.

3. Be aware that the student may be adjusting to the medication and may be dealing with side effects including fatigue or jitteriness.
4. Keep the reason for the student's absence **CONFIDENTIAL**.
5. Discuss missed classwork and homework and arrangements for completion. Adjust expectations, if needed. If possible, provide alternative assignments instead of having the student try to make up all the work; provide temporary interventions during re-entry.
6. Keep an eye on the student's academic performance as well as their social/emotional interactions. If you see that they are isolating or being shunned by peers or falling further behind academically, follow up with the student's counselor.
7. Pay close attention to further absences, tardies, and requests to be excused during class, and share any concerns with the student's counselor.
8. Encourage the student to use the school counselor for additional support.

Student Re-Entry Plan

Confidential

Student:_____Date: _____

School:_____Grade:_____Date to be reviewed: _____

Primary School Contact (a qualified school professional who will create and monitor the Support plan):

_____

Secondary School Contact (a qualified school professional available to the student when the primary contact is not):

_____

Re-Entry meeting participants: _____

_____

_____

Accommodations/Support Options – check those that apply

- Re-entry meeting with a counselor before returning to class
- Reduced schedule for gradual re-entry
- Return to the previous full-day schedule
- Return to full-day schedule but with class changes made to the schedule
- Change of placement
- Shortened assignments
- Extended time for work
- Provide alternative work
- Working lunch
- Arrange with teachers to not call on the student unless the hand is raised
- Assigned classmate as a volunteer assistant
- Preferential seating, near the door to allow leaving class for breaks
- Alternate work environment
- Alternate transition plan between classes (buddy walk, early dismissal, staff escort)
- Alternate seating plan (away from the bully)
- Student is allowed to take breaks inside the classroom
- Student is allowed to take breaks outside the classroom
- Student is allowed to check in with the counselor as needed
- Audio or listening options (i.e. sound canceling headphones) as deemed appropriate in class
- Other:

Next steps in case of continued safety concerns:

Parental/Guardian/Student needs and/or additional information:

Title: _____ Signature: _____ Date: _____

Date of next meeting: _____

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 that 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 for Schools, 2018)*

- 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.
- It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
- 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.
- Families and communities can be especially sensitive to the suicide event.
- Know your resources.

POSTVENTION GOALS

- Support the grieving process
- Prevent imitative suicides – identify and refer at-risk survivors
- Reestablish a healthy school climate
- Provide long-term surveillance

POSTVENTION RESPONSE PROTOCOL

See Malheur County Crisis Response Checklist
Sample Notification Announcements, Emails, Calls ****

Contact(s) Suicide Response Coordinator(s)

Jennifer Susuki
Malheur ESD – Student Wellness Coordinator
(541) 473 – 4827
Jenn.susuki@malesd.org

Kevin Purnell
Malheur ESD- School Safety and Prevention Specialist
(541) 473- 4829
Kevin.Purnell@malesd.org

Rene Kesler, BA
Lifeways-MH/I/DD Abuse Investigator/Compliance Specialist
541-823-9050 ext. 290
(541) 823-9090
rkesler@lifeways.org

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 LBGTQ, 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

Resources to Support Grieving Students:

HYPERLINK "https://www.dougy.org/assets/uploads/Dougy-Center-Tips-for-Supporting-Children-who-are-Grieving.pdf" 10 Tips for Supporting Grieving Child

School Personnel Toolkit

Caregiver Toolkit

CAUTIONS

- Avoid romanticizing or glorifying the 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 or schedule an appointment:
Lifeways 24-hour Crisis Line: (541) 823-9050
For Emergencies: 911, local emergency room
National Suicide Prevention Lifeline call 988

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 small! Teens available to help daily from 4-11 pm Mountain Time (off-hour calls answered by Lines for Life).

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.

Lifeways Behavioral Health

Malheur County

SB561 COMMUNICATION AND RESPONSE PROTOCOL

Date: August 14, 2017

Subject: Suicide Postvention Policy

Purpose: This policy provides a procedure for identifying community partners and local communication pathways for information sharing inclusive of mobilization of postvention responses surrounding suicides in Malheur County of persons 24 years of age and younger.

Policy: Suicide is the second leading cause of death among 24 years of age and younger in Oregon. Lifeways is committed to working collaboratively with the community to establish suicide prevention activities along with postvention and contagion-reduction protocols. Lifeways, the Community Mental Health Program (CMHP), serving on behalf of the Local Mental Health Authority (LMHA), will provide oversight to ensure the coordination of community processes and submit data to the state for suicides that meet Oregon Senate Bill 561 criteria.

Communication Protocol:

1. Lifeways, as the CMHP, will assume the lead communication role to the state when an individual 24 years of age and younger dies by suicide or suspected suicide.
2. The Critical Incident Stress Debriefing Lead will be the Lead Response; backup is the Suicide Response Coordinator (See contacts at end of document)
3. The District Attorney's office, or other identified agency/individuals, will notify Lifeways within 72 hours providing the following information as available:
    a. Name of deceased;
    b. Family and extended family of deceased;
    c. School attended or facility where the person worked and resided;
    d. Race/Ethnicity of the deceased;
    e. Gender of the deceased;
    f. Age of the deceased;
    g. Gender identity of the deceased;
    h. Sexual orientation of the deceased;
    i. Means of death; and,
    j. Was the youth in the custody of a government agency (e.g., Department of Human Services [DHS], Oregon Youth Authority [OYA], etc.)?
4. Upon request, institutions of higher education, school districts, private schools and other Malheur County based education options will provide the directory information, per policy and FERPA, to Lifeways.
5. As appropriate, Lifeways will communicate the death to the applicable community partners to initiate response protocols.
6. Lifeways will collect information and submit the required Oregon Health Authority (OHA) form to the OHA Suicide Intervention Coordinator via secure email within 7 days of the death. 7. The District Attorney's office, or

other identified agency/individuals, will notify Lifeways of the final disposition of the fatality review if not ultimately determined to be a suicide.

8. The District Attorney's office will be the designated media spokesperson.

Response Protocol:

Lifeways, as the CMHP, will assume the Lead Response role for overall County and OHA communication and response processes when a person through the age of 24 dies by suicide when there is no other Lead identified/available; and/or for the purposes of larger community coordination as needed. The Critical Incident Debriefing Lead will serve as the Lead Response.

In the event, an individual's residence is in a county other than Malheur, Lifeways Lead Response will reach out to the LMHA in the county of residence for notification of the individual's death.

Immediate postvention response (implemented in the immediate days and weeks after the suspected suicide):

Lifeways Lead Response:

1. Verify the death and cause as available from the Medical Examiner, Law Enforcement or school personnel.
2. Coordinate with effected organizations (law enforcement, schools, etc.) to determine who will take the lead in a given suicide- if not already identified.
3. As appropriate, activate other community Critical Incident Debriefing (CISD) trained clinicians. Such clinicians will operate under the direction of the CISD Lead who will be determined by the Lifeways Crisis Supervisor or designee.
4. During response process, identify "at risk" individuals in order to prevent contagion; 5. Provide psychoeducation resources on grieving, depression, PTSD, and suicide to those "at risk" and others in the community.
6. Collect information on "at risk" individuals and provide or coordinate outreach as needed; 7. As appropriate, link impacted parties to resources.
8. As appropriate, Lifeways will disseminate information regarding safe reporting best practices for the media.
9. As appropriate, Lifeways will disseminate information regarding best practice postvention procedures (for example, how to communicate with school staff, parents appropriately, how to help siblings re-introduce themselves into the school setting).

Non-Lifeways Lead Response:

1. Lead will be determined by the impacted organization.
2. Organization/Lead will outreach and coordinate with community partners as needed for immediate response and documentation purposes (law enforcement, schools, Lifeways, etc.). 3. The organization will follow internal protocols.
4. Organization will determine which, if any, of the following are appropriate and may request additional support as needed. Additional options may be considered as well.
   - Request activation of other community Critical Incident Stress Debriefing (CISD) trained clinicians and coordinate services.
   - During the response process, identify those "at risk" in order to prevent contagion;
   - Provide psychoeducation resources on grieving, depression, PTSD, and suicide to those "at risk" and others in the community
   - Collect information on "at risk" individual and provide or coordinate outreach as needed;
   - Link impacted parties to resources.
   - Monitor social media as appropriate.

● Request assistance from the Lifeways Lead Response for dissemination of information regarding safe reporting best practices for the media.
● Request assistance from the Lifeways Lead Response for dissemination of information regarding best practice postvention procedures (for example, how to communicate with school staff, and parents appropriately, how to help siblings re-introduce themselves into the school setting).

Intermediate postvention response (implemented in the several months after a suicide has been confirmed):

1. As requested, Lifeways, schools, or other community providers will provide services to impacted individuals including family members and peers of the deceased.

2. On-going risk assessment of impacted individuals will occur through natural organizational contacts, i.e. higher education counseling, school counseling, etc., as available.

3. Additional psychoeducation on suicide prevention and dissemination of information and other suicide prevention resources will be provided as requested.

4. Action review for individuals 24 years of age and younger will occur via the Malheur County Child Fatality Review Multidisciplinary Team. The evaluation process shall include an assessment of the effectiveness of meeting the needs of grieving families and families of choice; friends or others with relationships with the deceased; and the wider network of community members impacted by the

   suspected youth suicide.

5. Schools and community partners will provide Lifeways with a plan for Intermediate and Long-Term activities.

6. Action review for individuals 24 years of age and younger will occur via Community Youth Action Alliance.

Long Term postvention response (implemented up to a year after the suicide):

1. As requested, Lifeways will provide psychoeducation outreach activities to educate the general public on the risk and impacts of suicide.

2. As requested, Lifeways will continue to keep in touch with individuals at higher risk and continue to conduct risk assessments.

3. Lifeways Lead Response will coordinate with community partners for the provision of Question, Persuade, Respond (QPR), and/or ASIST training to community-at-large and community partners.

4. Impacted organizations will continue to monitor for the risk of contagion especially during critical periods including graduation, anniversary of death and any other identified critical dates.

Contact(s)

Suicide Response Coordinator

Rene Kesler, BA
Lifeways-MH/I/DD Abuse Investigator/Compliance Specialist
541-823-9050 ext. 290
(541) 823-9090
rkesler@lifeways.org

Local Resources for Training and Support

Programs available from Malheur County Prevention Services: 541-823-9050

Paula Olvera, Certified Prevention Specialist, Prevention Coordinator: polvera@lifeways.org

Lindsey Nieskens, Certified Prevention Specialist: lnieskens@lifeways.org
Dawn Dalton, Prevention Specialist: ddalton@lifeways.org

QPR – Suicide Prevention and Risk Reduction

Ages 16-adult 2 hours
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. Link: https://qprinstitute.com/organization-training

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. Link: https://www.livingworks.net/asist (special education rate, please contact the office)

Youth Mental Health First Aid (Adult program available too)

ALL staff within the school community
4 hour course specifically for educators – can be taught in 1, 2, or 4 days
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.
www.mentalhealthfirstaid.org

Trauma Informed Care

Adults working within systems – i.e. education system
4 hours
Becoming "trauma-informed" means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers. TIC seeks to educate our communities about the impact of trauma on clients, co-workers, friends, family, and even ourselves. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community. www.traumainformedoregon.org

Local Resources cont'd (miscellaneous)

Connect Suicide Postvention Training

For School Based Mental Health Professionals and Administrators
3 to 6-hour course tailored specifically for educators
Please contact:

Malheur County Suicide Response Coordinator
Rene Kesler, BA
Lifeways-MH/I/DD Abuse Investigator/Compliance Specialist
541-823-9050 ext. 290
rkesler@lifeways.org

After training, participants in Connect Suicide Postvention will have increased:

- Understanding of how to coordinate a safe and supportive response to a suicide
- Knowledge of appropriate memorial activities, safe communication, and responses to media inquiries
- Understanding how to reduce the risk of suicide-related phenomena (contagion, copy-cat, and pacts)
- Understanding of the complexity of suicide-related grief for different age groups and over time
- Knowledge of strategies to encourage help-seeking, reducing stigma, and promoting healing for survivors
- Knowledge of resources for survivors of suicide loss
- Competency in how to recognize and respond to suicide warning signs in survivors and community members after a suicide
- Opportunities for networking, relationship building, problem solving, and information sharing among participants

Local Phone Numbers

Local Mental Health Authority: Lifeways Behavioral Health 541-823-9050

State and National Phone Numbers

YOUTHLINE
Call 877-968-8491
Text "teen2teen" to 839863
Chat at https://www.theyouthline.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 of Life (adults) 800-273-8255 or text "273TALK" to 839863

Suicide Prevention Resources

OREGON RESOURCES

Oregon Dept. of Education

Oregon Toolkit for Suicide Intervention in Schools

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

NATIONAL RESOURCES

INFORMATIONAL RESOURCES

CDC Suicide Fact Sheet

Center for Disease Control

The Vital Signs fact sheet provides a broad overview on facts and context regarding suicide prevalence in the United States. Additional information includes factors that contribute to suicide along with guidance on how to respond when someone is identified as at-risk. This resource is especially useful for presenting the facts on suicide and establishing baseline knowledge on the topic. Link: https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf

Suicide Prevention Resource Center (SPRC) School Resources

Suicide Prevention Resource Center

The SPRC website serves as a suicide prevention informational hub that houses resources related to organizational planning, staff training, example protocols and procedures, pre-vention programming, and other resources. Schools can use the SPRC Gatekeeper Training Matrix to aid in the selection of appropriate suicide prevention programs and trainings. Link: https://www.sprc.org/settings/schools

GUIDES, TOOLKITS AND POLICIES

K-12 Toolkit for Mental Health Promotion and Suicide Prevention

In collaboration between the Stanford University and Heard Alliance

The K-12 Mental Health Promotion and Suicide Prevention toolkit was developed as a comprehensive guide for implementing a school suicide prevention policy. The guide is comprised of tools for suicide prevention and mental health promotion (e.g., mindfulness, SEL, means restriction), suicide intervention (e.g., crisis response, social media, identify and refer protocols), and postvention (e.g., procedures, media communication, contagion). Tools and

informational guidance can be accessed either online through topic modules or by downloading the toolkit PDF.
Link: https://www.heardalliance.org/help-toolkit/

Model School District Policy on Suicide Prevention

The Trevor Project, National Association of School Psychologists, American School Counselor Association, an American Foundation for Suicide Prevention

This model policy outlines guidelines and suggested practices that schools and districts can draw from when designing a comprehensive suicide prevention policy. Organization of the policy is divided into three sections including model language, commentary, and resources. Within these sections, information can be found on topics such as key vocabulary, prevention, intervention, postvention, assessment and referral, in and out of school attempts, re-entry procedure, parental involvement and other related areas. Link: https://www.thetrevorproject.org/education/model-school-policy/

Preventing Suicide: A Toolkit for High Schools

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA developed this toolkit to provide schools the tools and strategies for school-wide suicide prevention programming. Although designed for high schools, much of the guidance can be used to inform suicide prevention in the middle school setting. The document is comprehensive in nature and can be used by district or school teams during the initial information gathering stage of suicide prevention planning. Link:
https://store.samhsa.gov/system/files/sma12-4669.pdf

STATE RESOURCES

INFORMATIONAL RESOURCES

Oregon Suicide Prevention Resource Directory

University of Oregon Prevention Lab, Oregon Alliance to Prevent Suicide

To better assist connecting schools with localized suicide prevention supports, two statewide directories were developed by the Oregon Alliance to Prevent Suicide and the University of Oregon Prevention Team. These directories include contact information for county-level suicide prevention coalitions and contact information for state-level resources (e.g., training coordinators, crisis response coordinators, etc.).
Link: https://docs.google.com/spreadsheets/d/1dDYJfmdQUyjkChpPRrpbS8x7Z2e12LSoz_ZMJO23Af8/edit?usp=sharing

Meghan Crane, MPH Newsletter for the most up-to-date information

Zero Suicide Program Coordinator
Public Health Division
Oregon Health Authority
971-673-1023
meghan.crane@state.or.us
www.oregon.gov/OHA

Youth Suicide Intervention and Prevention Plan Annual Report 2024

Suicide numbers, rates and rankings change from year to year. The best way to study the data is by tracking trends long-term. Between 2011 and 2018, Oregon youth suicide deaths increased significantly. Since its peak in 2018, Oregon's youth suicide rate has had a decreasing trend. In 2023, there were 102 youth suicide deaths, compared to 109 in 2022. In 2023, Oregon's suicide rate was the 11th highest in the nation, tied with Kentucky.

GUIDES, TOOLKITS, AND POLICIES

Suicide Prevention: 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 is organized into two sections: 1) promoting positive mental health messages and 2) prioritizing suicide prevention efforts.
Link: https://www.theyouthline.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. Additionally, the toolkit provides Oregon specific guidance for local state laws including SB-561 (postvention reporting).
Link:
https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/Oregon-School-Suicide-Protocol-Toolkit.pdf

CONNECTED AND SAFE SCHOOL CULTURE

School Connectedness: Strategies for Increasing Protective Factors Among Youth

CDC and Department of Health and Human Services

The CDC has identified increasing connectedness as a major strategic direction for preventing suicidal behavior. The School Connectedness guide outlines how schools can increase a student's feeling of connectedness through addressing core areas such as adult support, positive peer group membership, educational commitment, and school environment.
Link: https://www.cdc.gov/youth-behavior/school-connectedness/index.html

EVIDENCE-BASED TRAINING AND PROGRAMS

STAFF GATEKEEPER TRAINING

ASIST (Applied Suicide Intervention Skills Training) *Livingworks*

This program provides an interactive workshop in suicide first aid for individuals who may be the first to talk with a person at risk, but have little or no training. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Because ASIST is a more intensive gatekeeper training, schools often benefit from having at least one staff member trained in the curriculum.
Link: https://www.livingworks.net/asist

QPR (Question, Persuade, Refer) *QPR Institute*

QPR Gatekeeper Training is designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. There are a variety of trainings offered from online gatekeeping training, triage training, suicide risk assessment and management, and trainings for specific professionals (including school health professionals). QPR is often used in schools as a universal training for all staff members that can be completed within 2-3 hours.
Link: https://qprinstitute.com/organization-training

Kognito At-Risk for High School and Middle School Educators *Kognito*

The Kognito training offers a middle school (50 minutes) and high school (60 minutes) version of online interactive role-play simulations that help build awareness and skills around mental health and suicide prevention in schools.
Link: https://kognito.com/products/at-risk-for-high-school-educators

STUDENT ORIENTED PROGRAMS

Signs of Suicide (SOS)

MindWise Innovations

A universal, school-based depression awareness and suicide prevention program designed for student youth populations. The main goals of the program are to increase student knowledge and adaptive attitudes about mental health, encourage help-seeking behaviors, reduce stigma of mental illness and acknowledge the importance of seeking help, engage parents and school staff as "gatekeepers", and encourage schools to develop community-based partnerships to support student mental health. Link: https://www.mindwise.org/what-we-offer/suicide-prevention-programs/

Sources of Strength

Sources of Strength

Sources of Strength is a universal suicide prevention program designed to build protective peer social networks to reduce the acceptability of suicide as a response to distress, increase acceptability of seeking help, improve communication between youth and adults, and develop healthy coping attitudes among youth. Although Sources of Strength has been classified as a gatekeeper training program by the SPRC, the program is primarily concerned with upstream prevention and uses trained student-leaders to drive school prevention efforts. Link: https://sourcesofstrength.org/

SUICIDE PREVENTION AWARENESS PROGRAM

Response

Columbia Care

Response is a high school-based suicide prevention kit that is designed to increase awareness, heighten sensitivity to depression and suicidal ideation, and offer response procedures to refer a student at risk for suicide. The kit includes an implementation manual, four 50-minute lesson plans, and an in-service manual for a 2-hour staff training.

Link: http://www.columbiacare.org/response.html

POSTVENTION TRAINING

Connect Postvention Training

NAMI New Hampshire

Connect postvention training educates administrators and selected staff on how to respond to a sudden death by suicide through the use of standardized protocols and practices. The training includes best-practices when communicating with the media, memorialization protocols, and other strategies for reducing contagion amongst students.

Link: https://theconnectprogram.org/available-services/reduce-suicide-risk-and-promote-healing-suicide-postvention-training/

MENTAL HEALTH TRAINING

Mental Health First Aid

National Institute of Behavioral Health and Missouri Department of Mental Health

This program introduces participants to risk factors and warning signs of mental illnesses and suicide. Uses role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect persons to the appropriate care. Teaches the common risk factors and warning signs of specific types of illnesses.

Link: https://www.mhfaoregon.org/

UPSTREAM AND ELEMENTARY PROGRAMS

Good Behavior Game

Paxis

A universal classroom-based program that teaches students self-regulation, self-control, and self-management strategies aimed towards reducing aggressive, disruptive classroom behaviors. This program emphasizes socialization and collaboration between peers to promote peace, productivity, health and happiness.

Link: https://www.goodbehaviorgame.org/

PROTOCOLS: Identify and Refer, Monitoring, and Re-Entry

Columbia Screening Protocol for Schools

The Columbia Lighthouse Project

The Colombia Protocol for Schools is a customizable toolkit that includes the research validated screening tool the Columbia-Suicide Severity Rating Scale (C-SSRS) along with accompanying educational brochures and other school resources.

Link: http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english

School Mental Health Referral Pathways (SMHRP) Toolkit

SAMHSA

The SMHRP provides guidance, tools, and strategies for improving the coordination of mental health services for students both within school settings and between schools and outer-agencies.

Link: http://www.esc-cc.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF

FAMILY AND COMMUNITY INVOLVEMENT

Suicide Prevention Resource for Parents/Guardians/Families

This document provides guidance for parents and caregivers on recognizing, supporting, and seeking help for youth at risk of suicide, emphasizing prevention and open communication.

Link: https://www.fcaap.org/wp-content/uploads/2025/03/Suicide-Prevention-Brochure_Parents.pdf

POSTVENTION

After a Suicide: A Toolkit for Schools

SPRC, Education Development Center, and American Foundation for Suicide Prevention

The After a Suicide Toolkit focuses on how school staff can respond immediately and effectively after the occurrence of a student death by suicide. Sections include crisis response, helping students cope, working with the community and media, memorialization, social media, and other related topics.

Link: http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf

ELEMENTARY SCHOOL MODIFICATIONS

Gizmo's Pawesome: A Guide to Mental Health

Connecticut Suicide Advisory Board

Gizmo's Guide takes an upstream approach for supporting the mental health and wellness of elementary aged youth by introducing the topic of mental health and providing internal and external coping strategies for taking care of oneself. The online booklet includes a personal mental health action plan that students can complete.

Link: http://www.sprc.org/news/upstream-suicide-prevention-connecticut-elementary-schools

INSTALLATION, IMPLEMENTATION, AND SUSTAINMENT

Active Implementation Hub

National Implementation Research Network

The Active Implementation hub was designed to assist schools by providing a scientific ap-proach for the installation, implementation, and sustainment of research and evidence-based interventions and practices. The online learning environment includes lessons and modules on topics such as implementation science framework use and improvement cycles. Link: https://nirn.fpg.unc.edu/ai-hub

Hexagon Tool

National Implementation Research Network

To better assist schools in the selection process of appropriate interventions and programs, the National Implementation Research Network (NIRN) designed the Hexagon tool, which assesses interventions based on six implementation factors: need, fit, resources, evidence, readiness, and capacity. Link:

https://schoolturnaroundsupport.org/sites/default/files/resources/NIRN-Education-TheHexagonTool.pdf

Root Cause Analysis

QAPI

The root-cause analysis tool (fishbone-diagram) is a structured team process that allows users to systematically identify underlying factors or causes to problems encountered at an institution or organization.

Link: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FishboneRevised.pdf

EVALUATION SUPPORT

Plan Do Study Act Cycles *Institute for Healthcare Improvement*

The Plan-Do-Study-Act cycle is a quality improvement tool that can guide schools in the systematic process of piloting select initiatives through a four step cycle: preparing, implementing on a small scale, measuring, and then adapting and scaling the intervention, initiative, or program if it is deemed effective.

Link: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Acknowledgments

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Original content and design of this guide from 2019 is 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

MESD 2023

APPENDIX A

Sample Language for Student Handbook

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:

Malheur County Mobile Crisis Support: 541-823-9050

State and National Phone Numbers

Let's Talk- The Youthline.

CALL: 877-968-8491

TEXT: 'teen2teen' to 839863

CHAT: Online

EMAIL: teen2teen@linesforlife.org

Trevor Project Crisis Line – LGBTQIA+ Youth

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

National Suicide Prevention line (call or text) 988

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: Youthline Step-by-Step PDF

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/Oreg on-School-Suicide-Protocol-Toolkit.pdf

Malheur County
Crisis Response Checklist

Protect the family's integrity in the process of meeting the student's needs!

YES/NO	ACTIVITY	PERSON RESPONSIBLE
_____	Verify the facts	_____
_____	Notify the Superintendent's Office	_____
_____	Contact ESD Counselor and/or School Counselor	_____
_____	Contact County School Crisis Response Coordinator	_____
_____	Identify students more likely to experience Trauma	_____
_____	Notify Your Staff	_____
_____	Notify Department Heads	_____
_____	Notify Principals of Other Schools (larger districts)	_____
_____	Arrange for Subs	_____
_____	Make a Safe Room Plan	_____
_____	Identify Your Internal Supports	_____
_____	Make Plan to Monitor Halls and Common Areas	_____
_____	Prepare for Before-School Staff Meeting	_____
_____	Write a Student Announcement	_____
_____	Hold Before-School Staff Meeting	_____
_____	Purge Computers of Automatic Notifications	_____
_____	Care for Staff	_____
_____	Support Room/Food Protocol	_____
_____	Contact the Family	_____
_____	Prepare a Parent Letter	_____
_____	Write a Statement	_____
_____	Provide a Communication Board	_____
_____	Hold After-School Staff Meeting	_____
_____	Consider Building Safety/Security	_____
_____	Risk Management/Legal Counsel	_____
_____	Media Relations	_____
_____	Memory Activities	_____