

# St. Helens School District

## Suicide Prevention Guidance Document “Adi’s Act”





### **District Mission Statement**

**Strengthening Community Through Exceptional Schools**

### **District Vision Statement**

**Exceptionally Educated Students by the Most Skilled and Highly  
Compassionate Staff**

### **Suicide Prevention Handbook Committee Members:**

- **Neha Hertzog, Social Worker, High School**
- **Ana Lasich, Social Worker, Elementary Schools**
- **Michelle Tullock, Culture of Care Coordinator, District**
- **Lori Thompson, Director of Student Services, District**

## **Adi's Act Guidance Document**

St. Helens School District

### **Introduction:**

The purpose of the Adi's Act Guidance Document is to follow the [St. Helens School District's Board Policy JHH: Student Suicide Prevention](#) to protect the health and well-being of all district students by having processes and procedures in place to prevent, assess the risk of, intervene, and respond to suicide.

### **Confidentiality:**

School employees are bound to confidentiality by the Family Education Rights and Privacy Act of 1974 (FERPA). There are situations, however, when confidentiality must NOT BE MAINTAINED; If, at any time, a student has shared information that another 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 practice complies with the spirit of FERPA and is known as "minimum necessary disclosure".

### **Senate Bill 52: Adi's Act**

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. This bill requires the district to develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk (School Board [Public](#)

[Complaints- KL, Public Complaint Procedure-KL-AR\(1\);](#)

4. Methods to address the needs of high-risk groups, including:
  - a. Youth bereaved by suicide;
  - b. Youth with disabilities, mental illness or substance abuse disorders;
  - c. Youth experiencing homelessness or out of home settings, such as foster care;
  - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include: a) When and how to refer youth and their families to appropriate mental health services; and b) Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis (1); and
8. A process for designating staff to be trained in an evidence-based suicide prevention program (2).

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

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

(1) "Behavioral health crisis" as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health. (2) ODE will provide a list of available programs.

Developing a guide to support appropriate responses to distressed or suicidal students is an important part of the district's continued emphasis on Social-Emotional work. This guidance document includes the district's continued goal to provide prevention, intervention and response as outlined in Adi's Act.

**Quick Note:**

- 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, notifying the appropriate staff member(s), making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist for the referral of at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene”.
- Research has shown that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to commit the act of suicide.
- School personnel, parents/guardians, and students need to be confident that help is available when concerns are raised regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Communicating that there are supports in place in our School District may lessen this reluctance to speak up when students are concerned about a peer.

**Part 1: Importance of Bonding, Connectedness, and Relational Support**

Research indicates that long-term relational support is effective in preventing students from becoming suicidal, or acting on suicidal feelings and impulses. As such, it is our policy that all staff and volunteers be intentional about developing caring relationships with students, especially those who report low levels of trust towards adults, or have few connections to supportive adult relationships. It is important that staff and volunteers have caring conversations with students during life's ups and downs, and not just during a crisis. Research has demonstrated that certain populations are at greater risk for suicide than others, including those experiencing homelessness, substance use and/or mental illness, and members of the LGBTQIA+ and BIPOC communities. It is especially important for staff members to establish trusting connections and relationships with students who are members of these groups.

At schools with active Sources of Strength Programs, staff will support Peer Leaders as they deliver peer-to-peer Hope, Help, and Strength-based messages. Staff can support Peer Leaders by providing personal encouragement, sharing expertise, allowing access

to approved Peer Leader messaging activities, and allowing time for Peer Leaders to participate in scheduled activities. Trained Peer Leaders are often aware of suicidal peers much earlier than adult staff or volunteers, and they usually turn first to an adult they trust. Because of this, they are an important partner in suicide prevention, therefore their efforts will be encouraged and valued.

### **Part 2: Awareness of Warning Signs/Symptoms of Distress for Suicide**

At the beginning of each year, administrators should arrange to have all staff and volunteers briefed on preventative suicidal awareness, student self-destructive and suicidal behaviors. It is important to remember that suicidal ideation or behavior may be linked with isolating behavior often associated with depression, aggressive or impulsive behavior, substance abuse, trauma, or among friends of a student that has died by suicide or made serious suicide attempts. All school staff - both certified and classified - will be trained in QPR (Question, Persuade, and Refer), a practical and proven suicide prevention program, at least once every other year. QPR equips staff to recognize the signs, become comfortable asking questions, and help direct a student to a qualified support person who can assess risk.

### **Part 3: Referral of Suicidal Student to Designated Staff**

*If a staff member identifies a medical emergency or imminent danger (e.g., a student has made a suicide attempt), that staff member should call 911 immediately.*

All school staff and volunteers are encouraged to talk to students they identify as distressed, and utilize their QPR training to ask in a caring and calm manner if they are thinking of suicide, or of killing themselves. If an adult is not comfortable having this conversation with a student, a referral should be made to a school social worker, school counselor, or relevant trained staff member *immediately*. The adult should personally bring students to the designated staff and introduce them. The student should never be left unsupervised or unattended once a concern arises.

Each school should have staff who are trained in handling an introductory level assessment, conversation, and referral process of an individual experiencing suicidal thoughts. In the St. Helens School District, those individuals include all school social workers and school counselors, and may also include school psychologists and other relevant trained staff. These individuals and all school administrators must be trained in

ASIST (Applied Suicide Intervention Skills Training) at least once every 3 years. Designated staff are also trained as needed in the most current version of the Suicide Risk Assessment (available in the District Safety Protocols Drive).

It is mandatory that all other staff refer a student to one of these trained staff members immediately upon suspicion that a student is experiencing suicidal thoughts or threatens to harm themselves or others. If the trained staff member(s) in a particular building is unavailable, administrators are responsible for contacting trained staff from another building or an outside agency for immediate support.

#### **Part 4: Discussion with Youth/Young Adult**

Following is a link to a flow chart for a Suicide Risk Assessment: [SRA folder of the District Safety Protocols Drive](#) utilize documents *downloaded directly from this drive* each time an assessment is needed. **Do not save copies of these documents for future use, as they are frequently updated.**

- The student should be privately and immediately assessed to determine the level of risk.
- The assessment should be completed by a school social worker, school counselor, or relevant trained staff member who has been trained to use the SRA.
- After completing the assessment, the trained staff member should consult with another trained staff member (school social worker, counselor, or administrator) in determining whether a Level 2 assessment is needed or whether the student is not in imminent danger and can instead collaborate on a support and safety plan.
- Immediately after the initial assessment is complete, the student's parent/guardian should be notified if they have not already been.
- The student should be offered immediate support and assistance, including the development of a safety and support plan that includes in-school support. Depending on the age of the student, this plan may be created in collaboration with parents/guardians. Safety and support plans for students on IEPs should be created in collaboration with the student's case manager.
- Until/unless it is determined that the student is not at risk, they should be kept under constant adult supervision until parents/guardians arrive or other protective custody is arranged.



## **Part 5: Notifying Parents/Guardians**

- Immediately after initial assessment is complete, a parent/guardian should be notified if they have not already been.
- If the parent/guardian contacted cannot be immediately reached, staff should try alternate methods of contact (e.g., trying other phone numbers, contacting a second parent/guardian, reaching out to emergency contacts to try to get a hold of the parent/guardian).

### *If the initial assessment determines that the student is not safe and needs a Level 2 Assessment*

- Contact the custodial parent or guardian regardless of the individual's age and ask them to come immediately to the school/agency/entity. The custodial parent or guardian should leave with the student after being supported and strongly encouraged to take them to a facility/treatment provider of their choice.
- These recommendations should be put in writing and sent to the parents on formal letterhead.
- If a parent/guardian cannot be reached after due diligence, the school must find an alternate way to safely transport a student for a higher level assessment. In most cases, an SRO would transport the student to a hospital or other urgent mental health care facility. The school should leave message(s) and email(s) for the parent/guardian(s) letting them know that this has happened and where they can meet their student (as they would have to be present at the hospital or urgent mental health care facility in order to discharge the student). This option can also be utilized if the parent/guardian *can* be reached but is unable to come get the student.
- Explain to the parent/guardian that signing a Release of Information form from the treatment provider is very helpful for the school to be able to communicate with them and offer appropriate supports in the school setting.
- *Prior to returning to school*, the school needs to have a safety plan and information from the treatment provider indicating that it is safe for the student to be in the building.
- If the student is displaying signs and/or symptoms of suicide/homicide, and the parent refuses to have them assessed, it may be necessary to contact local child welfare or juvenile justice agencies.



### **Part 6: Mental Health Provider Contacts and Agreement**

If trained district staff are unable to respond to complete a Suicide Risk Assessment, the Columbia County Crisis Line can be contacted to provide a same day risk assessment for a student. The district has contracted with Columbia Community Mental Health to provide school-based mental health therapists to ensure that for our most at-risk students, there is no delay in accessing long-term mental health support services.

In all cases, students and parents will be provided with 24-hour phone contacts and hotline numbers to access.

### **Part 7: Follow-up and Providing Long-term Support**

If long-term mental health therapy is needed, families will be offered the option of having a direct referral and connection made by school staff to ensure a smooth transition to a provider. They can also opt to pursue that support on their own. In either case, trained district staff can provide supplemental support.

Trained district staff will engage with all students struggling with suicidal thoughts utilizing all available preventative supports. At least one supportive, caring adult whom the student feels comfortable checking in with will be identified, both in school and outside of school. School staff will be briefed on how to engage in that supportive role and how to reach out for additional help if they notice new or increasing concerns. In addition, healthy activities, positive friendships, and self-care strategies will be addressed and identified for individual students. These other supports and strengths can be sustained over time and be extremely protective.

### **Postvention: Next Steps**

When a serious crisis such as a student or staff death occurs, the [St. Helens School District Flight Team](#) may be activated to provide support for students and staff as they move through the initial phases of grief and understanding of the tragic event. The "Flight Team" is the name given to people who have permission from their administrators to fly at a moment's notice to where they are needed.

The Building Administrator contacts the Flight Team Leader to activate the Flight Team. The Flight Team is made up of specially trained social workers, counselors, nurses,

psychologists, and other educators who can support the emotional and communication needs of the school building through the time of initial crisis.

SHSD's Flight Team is modeled after the Suicide Prevention Resource Center's (SPRC) [Toolkit for Schools](#), which provides guidance on how a school might respond in the wake of a tragedy. SHSD strives to treat each death within the St. Helens community the same way, taking care not to glamorize or memorialize the death. In order to prevent contagion and suicide clusters, SHSD staff will utilize the most current research on suicide postvention. Staff will work quickly to reach out to the student's family, offering condolences and support, and identify friends who may be in need of extra support.

Schools that have an active Sources of Strength program will bring Peer Leader teams together, acknowledge the pain of the loss and remind them that the work they do is vital in the wake of a crisis. Peer Leaders will be tasked with keeping their eyes and ears open to identify where there may be unresolved pockets of grief around the school and community that may benefit from extra support. Peer Leaders will be reminded that they are not junior therapists, but connectors to help and agents of change.