



# PHOENIX-TALENT SCHOOLS

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## Suicide Prevention & Intervention Plan

A Guide for School Staff  
Responding to Potentially Suicidal Youth

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# INTRODUCTION

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 entire school community. In 2019, the Oregon legislature passed Senate Bill 52, also known as "[Adi's Act](#)", which requires school districts to develop and implement a comprehensive student suicide prevention plan.

For questions contact: Kelly Soter, Director of Equity & Community Care at 541-535-1517 or [kelly.soter@phoenix.k12.or.us](mailto:kelly.soter@phoenix.k12.or.us) Revisions & Updates: Reviewed and updated annually (June) by Crisis Team

## PURPOSE

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 a crisis 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. Accordingly, this guide is intended to help school staff understand their role and to provide accessible and effective tools.

## DEFINITIONS

### AT-RISK

Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health.

### CRISIS RESPONSE TEAM

The PTS Crisis Response Team is a group of people (school psychologists, school counselors, school resource officers, school nurse, and the Assistant Superintendent of Teaching & Learning) who work in collaboration with school administrators to address crisis preparedness, intervention, response and recovery.

### MENTAL HEALTH

A state of mental health, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home, school, social environment, early childhood adversity or trauma, physical health, and genes.

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## **RISK ASSESSMENT**

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff (e.g., school psychologist, school social worker, school counselor, nurse, or in some cases, trained school administrator). The Columbia-Suicide Severity Rating Scale (C-SSRS) is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

## **RISK FACTORS FOR SUICIDE**

Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

## **SELF-HARM**

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm increase the long-term risk of a future suicide attempt or accidental suicide.

## **SUICIDE**

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

## **SUICIDE ATTEMPT**

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of unresolved mindset, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

## **SUICIDAL IDEATION**

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and will be taken seriously.

## **SUICIDE CONTAGION**

The process by which suicidal behavior or a death by suicide influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

## **POSTVENTION**

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a death by suicide. This strategy, when used appropriately, reduces the risk of

suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can act as prevention and save lives.

## QUICK FACTS - WHAT SCHOOLS NEED TO KNOW

Take suicidal behavior **SERIOUSLY EVERY** time. Take **IMMEDIATE** action!

Contact the School Screener and a building administrator to inform her/him/they of the situation. **NO** student expressing suicidal thoughts should be sent home alone or left alone during the screening process. You must provide supervision!

If there is a reason to believe a student has thoughts of suicide, **do not send the student home to an empty house.**

- ❑ 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 guardian, making appropriate referrals, and securing outside assistance when needed.
- ❑ All school personnel need to know that they are required to refer at-risk students to school screeners at each building site; the burden of 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, legal 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.

# CONFIDENTIALITY

Privacy is of utmost importance and every effort will be made to respect the confidentiality of the student, while attending to the safety needs of the student and school building.

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 immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA.

The student and guardian should be informed of the limited information sharing that the district requires:

- For safety reasons, the building administrator will be notified immediately of every suicide concern.
- Depending on the School Safety Plan, specific school staff might receive certain information about concerns as part of a plan to maintain safety and provide support to the student. Student and legal guardians are invited to help develop this plan.
- The Suicide Screening Form will be kept strictly confidential at the school site. A copy will be kept in the student's working file at the school building in a manila envelope.
- In the case of a student transferring to another school, the designated school counselor will contact the new school counselor to share safety information as needed.

## GROUPS AT INCREASED RISK FOR SUICIDAL BEHAVIOR

Phoenix Talent Schools acknowledges the needs of these groups and plans to work actively to create and increase affinity groups and use restorative practices to better serve all students.

### **YOUTH LIVING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS**

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes.

### **YOUTH WHO ENGAGE IN SELF-HARM OR HAVE ATTEMPTED SUICIDE**

Risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, a high percentage of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a

previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, guardian consent, etc.

#### YOUTH IN OUT-OF-HOME SETTINGS

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. Many of the young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population.

#### YOUTH EXPERIENCING HOMELESSNESS

For unhoused youth, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and unhoused youth experience suicidal ideation.

#### RACIAL AND ETHNIC MINORITY YOUTH

##### AMERICAN INDIAN/ALASKA NATIVE (AI/AN) YOUTH

The rate of suicide among AI/AN youth ages 15-19 is significantly higher than that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see [ihs.gov/suicideprevention](https://ihs.gov/suicideprevention).

##### BLACK YOUTH

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where suicide rates peak in midlife. A particularly important risk factor associated with suicide behavior among Black youth is exposure to racism and trauma. Black youth who experience racism often feel alienated, rejected by society, ignored, marginalized, depressed, and anxious.

##### LATINX YOUTH

Suicide and suicide attempts are especially concerning among Latinx adolescent girls, who have the highest suicide rates among all adolescent groups nationwide. Risk factors include alienation - including disconnection from family or family origin, acculturative stress and family conflict, hopelessness and fatalism, discrimination, and racism.

##### ASIAN YOUTH

Asian youth may be susceptible to different risks than other racial/ethnic groups, such as ethnic and cultural socialization or orientation, poverty,

education related stress, familialism, discrimination, and acculturation that can take root at a young age, affecting mental health outcomes.

#### **LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER OR QUESTIONING) YOUTH**

The CDC finds that LGBTQ+ youth are more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ+ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they can be treated, shunned, abused, or neglected, in connection with other individual factors such as mental health history.

#### **YOUTH BEREAVED BY SUICIDE**

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

#### **YOUTH LIVING WITH MEDICAL CONDITIONS OR DISABILITIES**

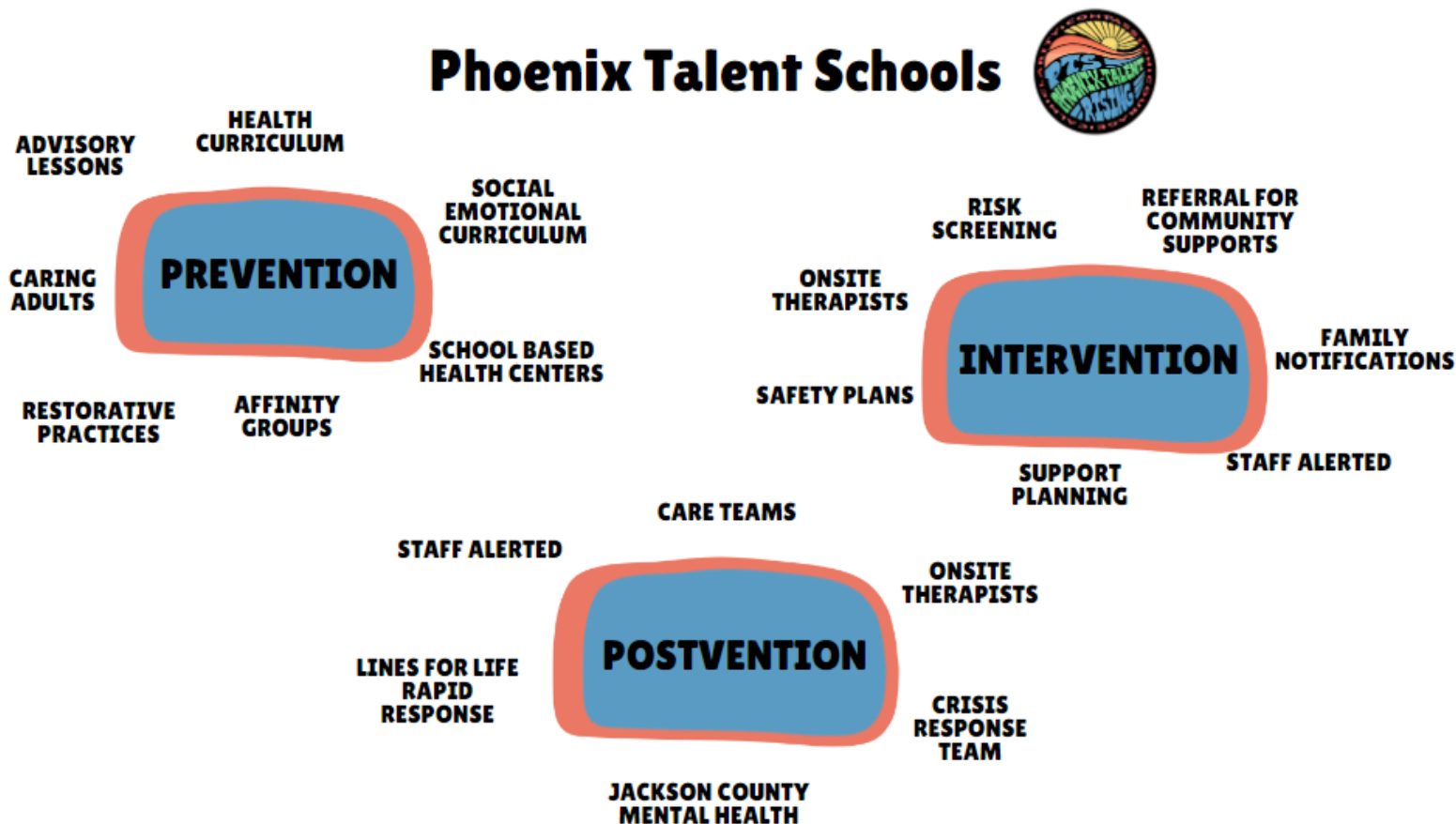
A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.



# COMPREHENSIVE SUICIDE PREVENTION PLAN COMPONENTS

Phoenix Talent Schools takes a multifaceted strategic approach to preventing suicide. It includes specific components implemented in a particular sequence: prevention, intervention, and postvention. Although each section has important independent elements, prevention efforts work best, when they are connected or interconnected. This plan will outline each of the three components and Phoenix Talent Schools' commitment to each one of them. PTS is dedicated to developing a suicide prevention program using a [culturally competent approach](#) that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

DIAGRAM 1: PREVENTION, INTERVENTION, AND POSTVENTION WEB



## Publication and Distribution

This manual shall be distributed annually and be included in all student and teacher handbooks, and on the district website. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

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# PREVENTION PROCEDURES

Phoenix Talent Schools takes intentional steps to create a school culture that encourages positive coping skills by building protective factors while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The district has adopted the staff and student training programs set forth below:

## STAFF TRAINING AND EDUCATION

PROGRAM	WHO	TIME	HOW OFTEN
<b><u>OPR &amp; Adi's Act Review</u></b> Question, Persuade, Refer Gatekeeper Training for all student-facing staff members.	All school staff, trained annually	2 hours	Annually
<b><u>Columbia Suicide Severity Rating Scale (C-SSRS)</u></b> Screening tool to gauge risk and response level needed during a potential suicidal engagement. Includes protocols for both initial and follow-up screening and documentation.	School Screeners	30 minutes for initial gatekeeper training online to 3.5 hours in person (2 hours online) for clinical training	Every 2 Years
<b><u>Signs of Suicide</u></b> Signs of Suicide (SoS) is a middle and high school education curriculum designed to teach students to identify warning signs of depression and suicide and encourage help-seeking and connection.	School Counselors School Nurse	1 hour lesson	Annually
<b><u>ASIST</u></b> ASIST is a 2-day training program that teaches participants how to assist those at risk for Suicidal Thinking, Behavior, Attempts.	School Screeners School Counselors Other School-Based Mental Health Professionals	2 days	ASIST Tune-Up every 2 years
<b><u>CALM</u></b> Counseling on Access to Lethal Means is a workshop designed to help providers implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms.	School Screeners Qualified Mental Health Providers	1.5-2 hours	Every Two Years
<b><u>Connect Postvention Training (NAMI)</u></b> Training around the planned response after a suicide to identify protective factors and reduce risk of those impacted by suicide.	Building Admin, School counselors, school psychologists, other interested staff	6 hours	Reviewed Annually

Suicide prevention activities are best conducted in the context of other prevention efforts such as health and wellness curriculum, sexual violence prevention, drug awareness, unhoused youth, wraparound services, social-emotional learning, trauma-informed education, disability identification and services, and supports for underrepresented populations such as positive identity development and affinity groups. Prevention efforts are best characterized as being part of a multi-tiered system of support (MTSS) where universal practices across domains are employed, increasingly intensive training and supports are engaged as screening, and intervention outcomes are evaluated.

Contact for Annual Training & Monitoring of Prevention Efforts: Kelly Soter, Director of Equity & Community Care at 541-535-1517 or [kelly.soter@phoenix.k12.or.us](mailto:kelly.soter@phoenix.k12.or.us)

SCHOOL SCREENERS BY SCHOOL – A trained School Screener has training in the Columbia Severity Risk Screener (C-SSRS), ASIST, and Counseling on Access to Lethal Means (CALM).	
Phoenix Elementary	1. Shawna Schleif 2. Derek Rodman
Orchard Hill Elementary	1. Kent Vallier 2. Derek Rodman
Talent Elementary	1. Heather Lowe 2. Derek Rodman
Talent Middle School	1. Bry Bates/Liz Fletcher 2. Derek Rodman 3. Allison Hass
Phoenix High School	1. Michelle Carlson/Angelica Mendoza/Jordan Ruiz 2. Derek Rodman
PTRA	1. Aaron Santi 2. Derek Rodman
* If you are uncertain who the specific trained screeners are in your building, ask your building administrator.	

## OUT OF SCHOOL SUICIDE ATTEMPTS

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

1. Call 911 (police and/or emergency medical services)
2. Inform the student's parent or guardian

### 3. Inform the school suicide prevention coordinator and principal

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

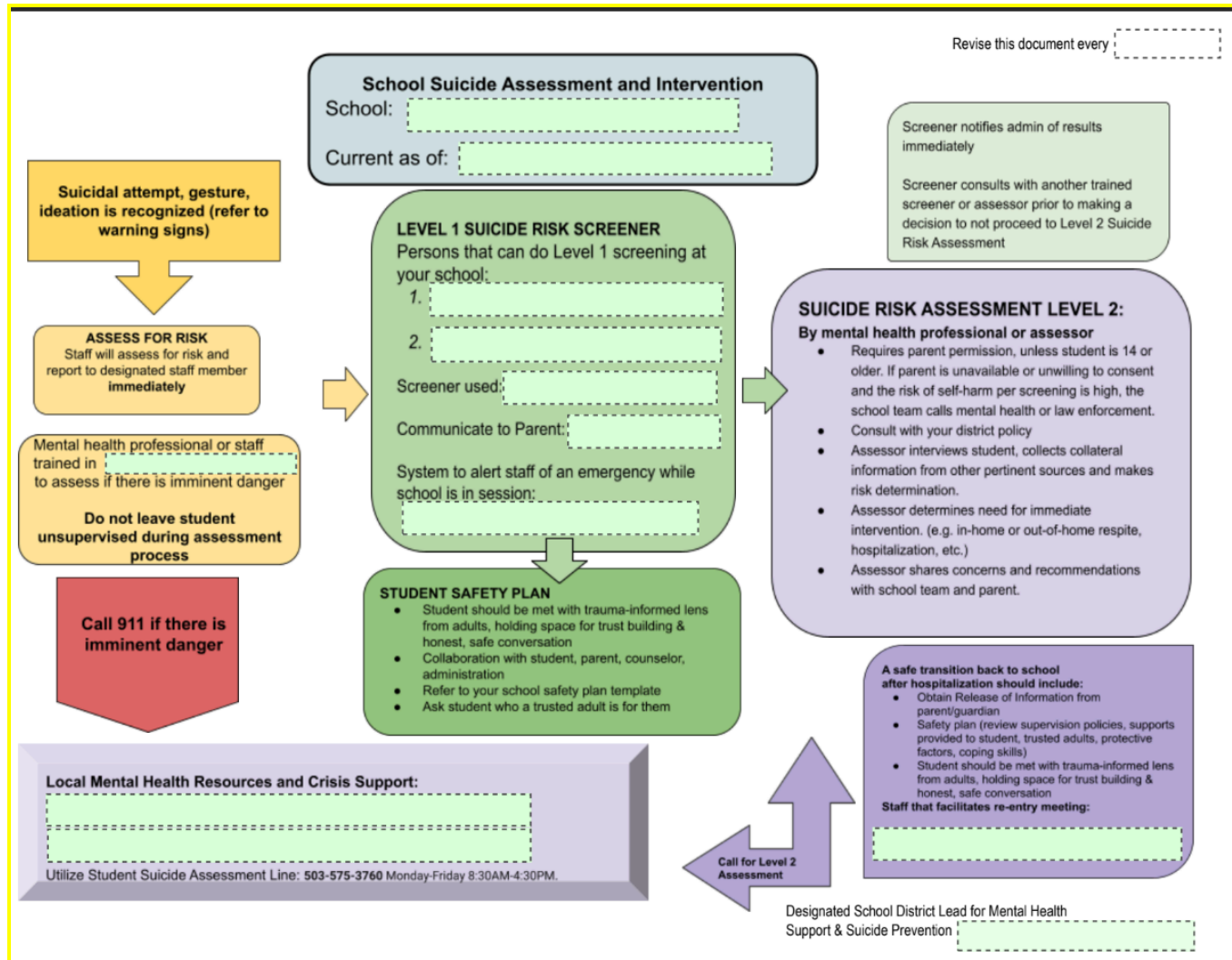
## STUDENT TRAINING AND EDUCATION

All students K - 12 will receive direct instruction on social emotional learning/mental health and wellness promotion using restorative practices. Supporting positive school culture for students with more identified risk factors include: affinity clubs and places of belonging, identifying safe spaces and trusted adults, and youth-led initiatives for a culture of care.

SCHOOL PROGRAM	STAFF RESPONSIBLE FOR TRAINING	
Social/Emotional Learning curriculum (SEL) including regulating emotions.	Classroom Teachers	K - 5
Wayfinder Curriculum - Mental Health & Well-Being	Classroom Teachers Elementary Behavior Specialists	K-5
Mental health as a part of physical health; <a href="#">Second Steps</a> curriculum.	Classroom Teachers	K - 5
The Great Body Shop: THE GREAT BODY SHOP is a comprehensive health education curriculum that is sequential, developmentally appropriate, culturally sensitive and medically accurate. <a href="https://www.thegreatbodyshop.net/">https://www.thegreatbodyshop.net/</a>	Classroom Teachers	K - 5
Jackson County SART (Sexual Assault Response Team) annual student, staff, and family training: Local trainers aim to make students aware and active shapers of their own culture, teaching them how to step forward and interrupt unhealthy behaviors – and how to create healthier ones. Just as crucially, the program teaches staff, administrators and families how to help. <a href="http://www.jacksoncountysart.org">www.jacksoncountysart.org</a>	Jackson County SART (Sexual Assault Response Team)	K-12
Wellness, community and strength-building (protective factors) embedded throughout classes such as homeroom and advisory.	Classroom Teachers & School Staff	6-12
Wayfinder Curriculum - Mental Health & Well-Being	School Counselors	6-12
SOS Signs of Suicide (SOS): a universal, school-based prevention program taught in health classes	School Counselors	6-12

# INTERVENTION PROCEDURES

The risk of suicide is raised when any peer, teacher, caregiver, or school employee identifies someone as potentially suicidal because s/he/they has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat **reports** this information immediately and directly to a trained School Screener identified by each school (see flowchart) and school administrator so that the student of concern receives appropriate attention.



A suicide risk screening will need to be completed for every student expressing comments and/or thoughts of suicide. Every effort should be made to conduct a screening the same day staff members are made aware of the risk for suicide. If a screening is not able to be conducted the same day, guardian contact is made to notify of the concern.

**If imminent danger exists, call 911 immediately.** This is especially important if the student of concern is not in class or left the campus and a plan to suicide is discovered. All threats of self-harm must be taken seriously.

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## SUICIDE RISK SCREENING PROCESS

School counselors and administrators often become aware of a student who poses a risk for suicide through concerns brought to them by staff, the student's peers, or from direct referral by the student. Action on possible risk should be taken immediately to ensure a School Screener is able to screen for possible risk before the end of a school day.

If imminent danger exists, phone 911 or the School Resource Officer immediately. This is especially important if the student of concern has skipped school altogether or left the campus and a plan to commit suicide is discovered.

If a student is having thoughts of suicide, there is suicide risk. If imminent danger is *not* present but a concern about suicide risk exists, the School Screener initiates the screening process.

- Take suicidal behavior seriously every time.
- Take immediate action. Contact a School Screener and a building administrator to inform him/her of the situation.
- **NO STUDENT EXPRESSING SUICIDAL THOUGHTS SHOULD BE SENT HOME ALONE OR LEFT ALONE DURING THE SCREENING PROCESS.**

A **Level One Suicide Screening** is the C-SSRS screening conducted by a School Screener. The School Screener consults with another trained School Screener (another counselor, psychologist, social worker, administrator, or mental health specialist) or Jackson County Mental Health to determine if a Level Two Suicide Assessment is appropriate. Sharing decision-making with another professional is best practice to determine if a Level Two Suicide Assessment is warranted.

A **Level Two (High Risk) Suicide Assessment** by a Qualified Mental Health Professional may be necessary based upon information gathered in the Low/Medium Risk Screening.

1. After consultation, if concern about suicidal ideation is sufficiently high, the trained school screener will contact and assist the student's legal guardian in referring the student to an in-depth suicide assessment by an external licensed and qualified Mental Health Professional. A High Risk Assessment of students aged 13 or under will require legal guardian consent.
2. A School Safety Plan should be developed and updated upon the student's return to school prior to or the morning of re-entry.

## DOCUMENTATION

- ❑ Document when the legal guardians were notified. (If applicable, document contacts with DHS) and documented in PowerSchool.
- ❑ The trained school screener will complete a Suicide/Self-Harm form in compliance with the Phoenix Talent Schools reporting process.

- ❑ The trained school screener will make a copy of the Suicide/Self-Harm form and CSSR-S screener to place in the student's cumulative file.

## PROCESS FOLLOWING SUICIDE ATTEMPT OR ACUTE MENTAL HEALTH CRISIS

1. Hold a re-entry meeting with family to develop a re-entry plan.
2. Provide family with school and community crisis intervention resources, including counseling on access to lethal means (CALM).
3. Designate a trained school screener (counselor, psychologist, social worker, or nurse) or administrator to serve as the school point person for follow up communication and ongoing support/safety plan organization.

## DEVELOPING A RE-ENTRY PLAN

The re-entry process occurs after a student has been hospitalized for an attempt or has been out of school for a mental health crisis. Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless the legal guardians and school staff work together utilizing evidence - based prevention protocols. It is important for the student to be monitored by their family, mental health professionals, and designated school professionals in order to establish a support system. It is critical to connect the student, his/her/their legal guardians, the mental health team working with the student, as well as the school counselor so that pertinent information flows, and a safety net is created that is led by the student, communicating who can be informed.

The Re-Entry Meeting and/or School Safety Plan is scheduled by the designated school counselor or mental health specialist with the student, family, nurse (if necessary) and administrator. The district suicide prevention specialist, district school psychologist, student case manager (if SPED), may be available to help, as needed, to complete the Safety Plan.

## NOTIFYING GUARDIANS AND OTHERS

LEGAL GUARDIANS WILL BE NOTIFIED WHEN THERE APPEARS TO BE ANY RISK OF SELF-HARM.

Whenever a student has directly or indirectly expressed suicidal thoughts or demonstrated other warning signs, **the student's legal guardian is to be informed the same day**. Such notice shall be made by the trained School Screener.

If the student discloses thoughts of suicide or if the trained School Screener has reason to believe there is a current risk for suicide, the trained School Screener will contact the family to discuss the screening results.

If the student denies experiencing thoughts of suicide and the trained School Screener does not have reason to believe there is a current risk of suicide, it is still



Phoenix Talent Schools' policy that the trained School Screener notify the guardian to share that a screening was conducted and why.

If a student is in crisis and the trained School Screener has exhausted all methods to reach the legal guardian (including Emergency contacts and sibling's schools), call the Jackson County Mental Health Crisis Center at 541-774-8201, or local law enforcement at 911 if the risk of self-harm may be imminent.

## **EXCEPTION - ABUSE OR NEGLECT**

Legal guardians need to know about a student's suicidal ideation unless the trained School Screener, after conferring with the school administrator, reasonably believes that child abuse or neglect would result from disclosure and would place the student at an imminent increased risk of harm. In such a case, the trained School Screener or other staff person must make a report to the Child Welfare Hotline through the Department of Human Services at (855) 503-7233 or make contact with the School Resource Officer. The trained School Screener will also review with the student that they will be communicating with essential staff members in order to keep them safe.

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

## **Privacy**

Privacy is of utmost importance, and every effort will be made to respect the confidentiality of the student while attending to the safety needs of the student and school building. The student and guardian should be informed of the limited information sharing that the district requires:

- For safety reasons, the school building administrator will be notified of every suicide ideation or attempt and district documentation protocols will be followed.
- Depending on the Safety Plan, specific school staff may receive certain information about concerns as part of a plan to maintain safety and provide support to the student. The student and legal guardian may be invited to help develop this plan.
- A Suicide/Self-Harm form will be kept inside a manila envelope within the cumulative file and notated in PowerSchool Log Entries.

In Oregon, postvention is specifically defined under OAR 309-027-0200(8). Phoenix Talent Schools works in collaboration with Lines for Life, the Oregon Health Authority and Jackson County Mental Health per Senate Bills 561, 485 and 981.



# POSTVENTION PROCEDURES

## Suicide Postvention Response Protocol

### Immediate Response (1 Hour to 1 Week)

#### Suicide Death is Reported

- Work with local law enforcement and Jackson County leads to confirm facts.
  - Jackson County Mental Health (541) 774-8200
- Notify district/school leadership and confirm building and district leaders and roles.
- Principal or designee contacts the family to express condolences and gather information.
- Convene Crisis Response Team:
  - Topics: care rooms, triage, safety planning, resource identification and distribution, Tragedy Response Network, communication
- Administrative staff call all building staff to disclose news and clarify plans for an all-staff meeting the following day.

#### Prepare to Disclose Information to Staff and Students

- Crisis Response Team continues to communicate and coordinate actions.
- Develop a communication plan to share with staff. Plan for additional supports for targeted staff, as needed.
- Ensure siblings have been notified by family first. Be prepared to provide supports.
- Identify students closest to the individual and prepare to notify them together.
- Identify other possible impacted students (based on identity) and prepare additional supports.

#### Prepare Communication and Ongoing Supports

- Crisis Response Team continues to communicate and coordinate actions.
- Prepare statements to share with the community and media, if needed.
- Develop memorial plans.

### Mid-Term Services for Students and Families (1 Week to 2 Months)

- Provide grief/mental health support groups or facilitated discussions with targeted groups.
- Plan for possible academic accommodations.
- Plan for and administer universal screening and safety planning.
- Ensure increased supports and follow-up services are available for at-risk students.

### Long-Term Planning and Services (2 Months to 1 Year)

- Identify anniversaries and special events as potential times of increased risk and need.
- Plan for and administer additional universal screening and safety planning.
- Evaluate the need for additional or ongoing training and education.
- Identify existing suicide prevention activities or resources. Implement new programs, as needed.
- Continue to communicate frequently about mental health and suicide with students, staff, and community.

# IMMEDIATE RESPONSE - 1 HOUR TO 1 WEEK

## **Get the Facts First**

The crisis response coordinator or other designated school official (e.g. the school's principal or superintendent) shall confirm the death and determine the cause of death through communication with the Lane County Postvention Response Lead (Roger Brubaker), the student's legal guardian, the medical examiner's office, local hospital, or sheriff department. If the death has been ruled a suicide, the school can proceed with communication as described in the ***Crisis Response*** section.

**If the manner of death is unconfirmed:** Before the death is officially classified as a suicide by the coroner's office, the death shall be reported to staff, students, and families or guardians, with an acknowledgement that its cause is unknown.

- When a case is perceived as being an obvious instance of suicide, it shall not be labeled as such until after a manner of death ruling has been made.
- Acknowledge that there are rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person, their family, and their friends.
- If there is an ongoing investigation, schools should check with local law enforcement before speaking about the death with students who may need to be interviewed by the authorities.

**If the family does not want the manner of death disclosed:** While the fact that a student has died may be disclosed immediately, information about the manner of death should not be disclosed to students until the family has been consulted. The school may release a general statement without disclosing the student's name (e.g., *"We had a ninth-grade student die over the weekend"*).

- If the guardians do not want to disclose manner of death, an administrator or mental health professional from the school who has a good relationship with the family shall be designated to speak with the guardians to explain the benefits of sharing mental health resources and suicide prevention with students.
  - If the family still refuses to permit disclosure, schools may state *"The family has requested that information about the cause of death not be shared at this time."* Staff may also use the opportunity to talk with students about suicide. *"We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal."*

# CRISIS RESPONSE

The Crisis Response Team shall meet to prepare the postvention response according to the crisis response plan. The team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected. The Crisis Response Team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. The team and principal shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

**Another consideration related to communication after a suicide death involves educating legal guardians and other adults on suicide grief, since adult behavior following a suicide death can have a great impact on students, particularly elementary school-aged students.**

The Crisis Response Team Leader has overall responsibility for the duration of the crisis. They should immediately assemble the Crisis Response Team, which will be responsible for implementing the various elements of the crisis response.

Phoenix Talent School District's Crisis Response Team	
Brent Barry, Superintendent	Derek Rodman, School Psychologist
Tiffanie Lambert, Assistant Superintendent	Carrie McDonald, District Nurse
Jessica Hamlin, Assistant Superintendent	School Counselors
Kelly Soter, Director of Equity	

## **Crisis Response Team Leader's Checklist**

- ☐ Inform the school district superintendent of the death.
- ☐ Contact the deceased's family to offer condolences, inquire what the school can do to assist, discuss what students should be told, and inquire about funeral arrangements.
- ☐ Call an immediate meeting of the Crisis Response Team to assign responsibilities.
- ☐ Establish a plan to immediately notify staff of the death via the school's crisis alert system (usually phone or email).
- ☐ Schedule an initial all-staff meeting as soon as possible (ideally before school starts in the morning).
- ☐ Arrange for students to be notified of the death in small groups such as homerooms or advisories (not by overhead announcement or in a large assembly) and disseminate a death notification statement for students to homeroom teachers, advisors, or others leading those groups.
- ☐ Designate clerical staff to prepare materials (handouts for staff, care room supplies)
- ☐ Draft and disseminate a death notification statement for families.
- ☐ Speak with the district superintendent and building principal throughout the day.
- ☐ Determine whether additional grief counselors, crisis responders, or other resources may be needed from outside the school.
  - ☐ Contact Jackson County Mental Health for additional support.
  - ☐ Recruit trusted community members (religious leaders, sports coaches, etc.).

## **Safety**

- ☐ Keep to regular school hours.
- ☐ Ensure that students follow established dismissal procedures.
- ☐ Assign personnel to assist families and others who may show up at the school and to keep media off of school grounds.
- ☐ Pay attention to students who are having particular difficulty, including those who may be congregating in hallways and bathrooms, and encourage them to talk with counselors or other appropriate school personnel.

## **Operations**

- ☐ Assign a staff member to follow the deceased student's schedule to monitor peer reactions and answer questions.
- ☐ If possible, arrange for several substitute teachers or "floaters" from other schools within the district to be on hand in the building in case teachers need to take time out of their classrooms.
- ☐ Arrange for crisis counseling rooms for staff and students.
- ☐ Provide tissues and water throughout the building and arrange for food for faculty and crisis counselors.
- ☐ Work with administration, staff, and counselors to identify individuals who may be having particular difficulty, such as family members, close friends, and teammates; those who had difficulties with the deceased; those who may have witnessed the death; and students known to have depression or prior suicidality; and work with school counseling staff to develop plans to provide psychological first aid to them.
- ☐ Prepare to track and respond to student and/or family requests for memorialization.

## **Community Liaison**

- ☐ Several team members will be needed, each serving as the primary contact for working with community partners of various types, including:
  - medical examiner, to ensure accuracy of information disseminated to school community;
  - police, as necessary, to ensure student safety;
  - Jackson County Suicide Postvention Response Lead, to facilitate community-wide response to the suicide death;
  - mental health and medical communities, as well as grief support organizations, to plan for service needs; and
  - arranging for outside trauma responders and briefing them as they arrive on scene.

## **Media Relations**

- ☐ Notify staff that the superintendent will field all media inquiries. Refer to the [Media Statement/Responses](#) document.
- ☐ Advise staff that only the media spokesperson is authorized to speak to the media.
- ☐ Advise students to avoid interviews with the media.

## **Social Media**

- ☐ Oversee school's use of social media as part of the crisis response.
- ☐ Consider convening a small group of the deceased's friends to work with school administration to monitor social networking sites and other social media.

## **Sharing of Information**

Inform the faculty and staff that a student death has occurred, preferably in an all-staff meeting. Use the [Agenda for All-Staff Meetings](#) to guide this meeting. This meeting is typically conducted by the Crisis Response Team Leader and should be held as soon as possible, ideally before school starts in the morning.

Depending on when the death occurs, there may not be enough time to hold the meeting before students have begun to hear the news through word of mouth, text messaging, or other means. If this happens, the Crisis Response Team Leader should first verify the accuracy of the reports and then notify staff of the death through the school's predetermined crisis alert system, such as e-mail or calls to classroom phones. Remember that information about the manner of death should be withheld until the family has been consulted.

The Crisis Response Team shall provide a written statement for staff members to share with students and also assess staff's readiness to provide this message in the event a designee is needed. *Avoid public address system announcements and school-wide assemblies in favor of face-to-face notifications, including small-group and classroom discussions.* Use the [Death Notification Statement for Students](#) to guide this communication with students.

When communicating with students, it is important to remember the following:

- Staff shall respond to questions only with factual information that has been confirmed.
- Staff shall dispel rumors with facts, be flexible with academic demands, encourage conversations about suicide and mental health, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student.

The Crisis Response Team will prepare a letter — with the input and permission from the student's guardian — to communicate with families which includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. If necessary, a family meeting may also be planned. Use the [Death Notification Statement for Families](#) to create this letter. Also be prepared to provide additional family resources, such as the [SPRC Resource List for Families](#) document.

## **External Communication**

The school or district-appointed spokesperson shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to the spokesperson. The spokesperson shall:

- Keep the district superintendent and school crisis response coordinator informed of school actions relating to the death.
- Prepare a statement for the media, which may include the facts of the death, postvention plans, and available resources — the statement shall not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

The school or district-appointed spokesperson shall answer all media inquiries. If a suicide is to be reported by news media, the spokesperson shall encourage reporters to follow safe messaging guidelines (e.g. not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the

phrase "suicide epidemic") to mitigate the risk of suicide contagion. The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

***Staff shall direct all media inquiries to the superintendent.***

### **Initiate Support Services**

Students identified as being more likely to be affected by the death will be assessed by a school mental health professional to determine the level of support needed. The Crisis Response Team shall coordinate support services for students and staff in need of individual and small group counseling as needed. School-employed mental health professionals will provide ongoing and long term support to students impacted by the death of the student, as needed. If long term intensive services by a community provider are warranted, the school-employed mental health professional will collaborate with that provider and the family to ensure continuity of care between the school, home, and community.

Together with families or guardians, Crisis Response Team members shall provide information for partner community mental health providers, or providers with appropriate expertise, to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs. These discussions may include debriefing (orientation to the facts), reflection on memories, reminders for and re-teaching of coping skills, and encouraging spending time with friends and caregivers as soon as possible. Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

## **Mid-Term Services for Students and Families - 1 Week to 2 Months**

### **Avoid Suicide Contagion**

Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma. Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death. The Crisis Response Team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk. In the staff meeting, the Crisis Response Team shall review suicide warning signs and procedures for referring students who present with increased risk.

For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

### **Develop Memorial Plans**

Memorializing a student who has died by suicide can be a difficult process. Staff, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It is important to be prepared to respond to and channel the need of people to grieve into activities that

will not raise the suicide risk of vulnerable students or escalate the emotional crisis.

The person designated as the liaison with the family needs to consult the family and be prepared to explain the memorialization policy to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Spontaneous memorials may occur from students expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by the school administration.
  - If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.
  - The school shall also leave a notice for when the memorial will be removed and given to the student's family.
- Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited.
- School shall not be canceled for the funeral or for reasons related to the death.
- Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

**It is noteworthy that even articles that are inappropriate to share with families may have been therapeutic for the students to create. Allowing for these memorials to stay in place for a brief period up to the funeral (up to approximately five days), and monitoring memorials while in place, is recommended to avoid hostile and glamorizing messaging and to monitor for at-risk students.**

### **Consider Ongoing Supports**

The Crisis Response Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports. These supports may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Targeted supports for identified and/or at-risk students

## **Long-Term Planning and Services - 2 Months to 1 Year**

### **Preparing for Significant Dates and Events**

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death.

### **Consider Ongoing Supports**

The Crisis Response Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports. These supports may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Targeted supports for identified and/or at-risk students

### **Postvention as Prevention**

Following a student suicide, the Phoenix-Talent School District will review and/or revise existing policies. The Crisis Response Team will meet to review existing support structures and programs, as well as plan for the implementation of additional programming to continue to ensure student safety and wellbeing.



# APPENDICES

## Warning Signs for Suicide

*There is no definitive list of warning signs of suicide.*

Ideation - <i>Thoughts of Suicide</i>	Expressing suicidal feelings through talking, gesturing, writing, or drawing. Desire to die
Suicide Plan	Having a plan for suicide and/or obtaining the means to follow-through on a suicidal attempt.
Unbearable Pain	Often as a result of a loss/crisis. Expressing they are suffering a great deal and feel there is no hope.
Displaying Signs of Depression	Such as a loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns.
Making Final Arrangements	Saying good-bye as if they won't be seeing someone again. Giving away favorite possessions.
Self-Destructive Behavior	Such as the start of or increase in alcohol or drug use, risky sexual behavior, reckless driving.
Changes in Behavior	Such as pulling away from family, friends, or social groups; anger or hostility.
Previous Suicide Attempt	This significantly increases the likelihood that someone will complete suicide.
Exposure to Suicide	Friend or family member who attempted or completed suicide.
Abuse	Physical or sexual abuse, being mistreated.
Social Isolation	May lead to feelings of helplessness and depression. Lack of support. Unwilling to seek help.
Depression, Anxiety, Agitation	Primarily Major Depressive Disorder. Feeling trapped.
Access to Lethal Means	Such as guns, weapons, knives, medications in the house.
Perceived Major Trouble	Such as trouble at school, at home, or with the law.
Peer Victimization	Bullying, extreme embarrassment or humiliation.

## Phoenix-Talent School District Student Safety Resource Guide

### For Immediate Crisis

- Jackson County Mental Health Crisis Line (free, 24-7) 541.774.8201
- Community Works HelpLine (free, 24-7) 541.779.4357
- National Suicide Prevention Lifeline (free, 24-7) 988 (call, text, chat)

### Phoenix-Talent Schools Mental Health Staff

- Derek Rodman, School Psychologist, TMS/PHS 541.535.7530  
[derek.rodman@phoenix.k12.or.us](mailto:derek.rodman@phoenix.k12.or.us)
- Carrie McDonald, District Nurse 541.890.5677 (cell)  
[carrie.mcdonald@phoenix.k12.or.us](mailto:carrie.mcdonald@phoenix.k12.or.us)
- Bry Bates, School Counselor, Talent Middle 541.535.1552 ext. 4198  
[bry.bates@phoenix.k12.or.us](mailto:bry.bates@phoenix.k12.or.us)
- Liz Fletcher, School Counselor, Talent Middle 541.535.1552 ext. 4144  
[liz.fletcher@phoenix.k12.or.us](mailto:liz.fletcher@phoenix.k12.or.us)
- Michelle Carlson, School Counselor, Phoenix High 541.535.1526 ext. 3006  
[michelle.carlson@phoenix.k12.or.us](mailto:michelle.carlson@phoenix.k12.or.us)
- Angelica Mendoza, School Counselor, Phoenix High 541.535.1526 ext. 4112  
[angelica.mendoza@phoenix.k12.or.us](mailto:angelica.mendoza@phoenix.k12.or.us)
- Jordan Ruiz, School Counselor, Phoenix High 541.535.1526 ext. 3057  
[jordan.ruiz@phoenix.k12.or.us](mailto:jordan.ruiz@phoenix.k12.or.us)

La Clinica Therapist Contact Information			
PES	Daniel Jansen	541-535-1065	<a href="mailto:daniel.jansen@phoenix.k12.or.us">daniel.jansen@phoenix.k12.or.us</a>
TES	Leah Saturen	PTS ext. 4047	<a href="mailto:leah.saturen@phoenix.k12.or.us">leah.saturen@phoenix.k12.or.us</a>
OHES	Carol Adams	541-578-0101 (or PTS ext. 2041)	<a href="mailto:carol.adams@phoenix.k12.or.us">carol.adams@phoenix.k12.or.us</a>
TMS	Caitlin Bishop	541-708-3856, ext 4164	<a href="mailto:caitlin.bishop@phoenix.k12.or.us">caitlin.bishop@phoenix.k12.or.us</a>
Spanish Speaking	Claudia Coronel	541-842-3110 (or PTS ext. 1346)	<a href="mailto:ccoroneclul@laclinicahealth.org">ccoroneclul@laclinicahealth.org</a>
PHS	Lydia Culhane	541-535-1526 (main line)	<a href="mailto:lydia.culhane@phoenix.k12.or.us">lydia.culhane@phoenix.k12.or.us</a>

### Additional Resources:

- Kairos Jackson Services 541.956.4943
- Options for Southern Oregon 541.474.2373
- Family Solutions 541.414.1750
- La Clinica Health Care 541.535.6239
- ColumbiaCare 541.858.8170
- WinterSpring (grief counseling) 541.552.0620