

Philomath School District

Suicide Prevention and Intervention Policy

(SB 52 “Adi’s Act”)

Suicide Prevention Commitment

Philomath School District is committed to protecting the health and well-being of all students (Kindergarten through age 21) and understands that physical, behavioral, emotional and mental health are integral components of student achievement. All staff are expected to be proactive in maintaining a safe and supportive learning environment and to immediately report to the building principal (or designee) any indications that a student may be in danger of harming himself/herself or others. Students are strongly encouraged to report if they, or another student, are feeling suicidal or in need of help. A summary of available resources shall be updated and posted for students, families and staff on the “Mental Wellness” section of the district website.

Prevention

Staff Development: All district employees shall attend an initial 2-hour in-person training in suicide prevention (QPR). After the initial training, subsequent annual trainings will be made available both in-person and online.

The trainings shall include, but is not limited to: the identification of risk factors, warning signs, protective factors, response procedures, district referral process, and postvention. Resources regarding youth suicide, including those living with mental and/or substance-use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ students, students bereaved by suicide and those with medical conditions or certain types of disabilities.

Additional professional development will be provided to designated school suicide prevention points of contact.

The Student Services Director is responsible for planning, coordinating and monitoring the implementation of this policy. The school counselor shall be designated as the school suicide prevention coordinator to act as a point of contact for issues relating to suicide prevention and policy implementation within their building.

Youth Suicide Prevention: Developmentally appropriate, student-centered educational materials will be integrated into the K-12 curriculum. The content of these materials will include: 1) the importance of safe and healthy choices and coping strategies (K-12); 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others (6-12); 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help (K-12).

Intervention

Any employee who reasonably believes that a student is at imminent risk of suicide shall immediately report such belief to the School Counselor or Administrator. Indications that a student is at imminent risk of suicide shall include, but are not limited to: the student verbalizing the desire to attempt/complete suicide, evidence of a suicide attempt and/or self-harm. A student may also complete a student self-referral if he/she feels at risk of suicide. A student should report to a staff member if he/she believes another student is at imminent risk of suicide. This report should be investigated by the School Counselor or Administrator.

Upon notification, the School Counselor/Administrator shall complete a Level 1 Suicide Risk Assessment. If warranted, the student will be placed under continuous adult supervision during this time. Emergency medical services will be contacted immediately if an in-school suicide attempt occurs. The School

Counselor shall contact the: Principal, Student Services Director and Superintendent.

Prior to contacting the student's parent/guardian, the Student Services Director and/or the Superintendent shall determine if there could be further harm resulting from parent/guardian notification. If parent/guardian notification could result in further risk of harm or endanger the health or well-being of the student, then local law enforcement and the Department of Human Services/Child Welfare (DHS) shall be contacted. If warranted, a district administrator will accompany the student to the hospital until the proper authorities arrive.

If appropriate, the principal or designee shall contact the student's parent/guardian and provide the following information:

1. Inform the parent/guardian that there is reason to believe the student is at risk of suicide;
2. Inform the parent/guardian if emergency services were contacted;
3. Inform the parent/guardian of the results of the Level 1 Risk Assessment, If warranted, refer to Level 2 County team
4. Ask the parent/guardian whether he/she wishes to obtain mental health counseling for the student; Provide the names of community mental health counseling resources if appropriate

The School Counselor will seek parental permission to communicate with outside mental health care providers regarding the student. If the student is under the age of 14 and the parent/guardian refuses to seek appropriate assistance, the School Counselor shall contact DHS. If the student is 14 years of age or over and refuses to seek appropriate assistance, the School Counselor will contact DHS.

The Principal or Counselor shall document the incident, including contact with the parent/guardian, by recording:

1. The time, date and circumstances which resulted in the student coming to the attention of school officials;
2. A timeline of the specific actions taken by school officials;
3. The parent/guardian contacted, including attempts;
4. The parent/guardian response;
5. Time and date of release of student to authorized individual;
6. Anticipated follow up and safety plan. (Schedule safety plan review date as appropriate).

Prior to a student returning to school, a school support team shall meet with the student and his/her parent/guardian to develop a school safety plan. The school support team may consist of: the Principal, School Counselor, School Psychologist and/or other appropriate school personnel, as deemed appropriate for the student/situation.

The team will review/discuss the following:

- Documentation from outside mental health professionals, including a medical release that the student is no longer a danger to themselves or others and can return to school
- Confidentiality: identify staff who need to know and will support the student's academic, social, emotional and physical needs. Document this on the student's re-entry plan.
- School Counselor (or designated staff member) will periodically check in with student and parent/guardian to help the student readjust to the school environment and address any ongoing concerns
- School Counselor will seek authorization to coordinate/communicate with any outside service providers
- The school support team may also refer on to appropriate mental health services to determine if additional evaluation and/or supports are needed. The team will identify an employee to periodically meet with the student to monitor his/her safety and address any concerns with re-entry.

Postvention

Immediately following a student suicide death, the Superintendent will contact the regional crisis team. The crisis team shall meet with district personnel and develop a postvention plan. At a minimum, the postvention plan shall address the following:

1. Verification of death;
2. Preparation of school and/or district response, including support services;
3. Informing staff of a student death;
4. Informing students that a death has occurred;
5. Providing counselors and/or trained crisis responders to support students and staff at the school;
6. Providing information on the resources available to students and staff.

The crisis team shall work with teachers to identify the students most likely to be impacted by the death in order to provide additional assistance and counseling if needed. Additionally, staff will immediately review suicide warning signs and reporting requirements.

Staff Professional Development

The District provides the following gatekeeper trainings for staff:

- Initial Training for all staff (In-Person): Question, Persuade, Refer (QPR)
- Subsequent Years Offered Annually:
 - QPR (In-Person)
 - SafeSchools (Online)
- Additional Training Options for Suicide Prevention Points of Contact:
 - Applied Suicide Intervention Skills Training (ASIST)

Student/Family Outreach, Resources and Communication

Kelso's Choice Kelso's Choice effectively teaches young children in grades K-5 peace-making skills. It is a proven resource to increase confidence, reduce tattling and is a preliminary tool to prevent bullying.

MBF Child Safety Matters (collaboration with the ABC House) MBF Child Safety Matters® is a comprehensive, evidence-based curriculum for elementary school students in grades K-5. The program educates and empowers children and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, and digital abuse dangers.

CARD-V (7-12) The Center Against Rape and Domestic Violence staff will be coming in for two class periods to teach on healthy relationships, abuse, and technology. Students will learn the difference between unhealthy and abusive relationships, as well as how technology can be used in abusive ways and how to help out their friends and peers if they are in an unsafe relationship

Benton County Mental Health Guest presentations in Health class to students in grades 6-12 on stress management and coping strategies.

ABC House Community outreach staff teach students how to develop and maintain healthy relationships with themselves and their peers.

Question, Persuade, Refer (QPR) The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know. Staff, Community/Parent, and Student trainings are offered.

Be Good People Social and Emotional learning curriculum taught in Advisory classes in grades 6-8.

Signs of Suicide/SOS (grades 6-8) is a universal, school-based prevention program designed for middle school and high school students. The curriculum raises awareness about behavioral health and encourages students to ACT (Acknowledge, Care, Tell) when worried about themselves or their peers. The goals of this program are:

- Decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression
- Encourage personal help-seeking and/or help-seeking on behalf of a friend
- Reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment
- Engage parents and school staff as partners in prevention through “gatekeeper” education
- Encourage schools to develop community-based partnerships to support student mental health

Resources

- Benton County Mental Health Crisis Line: 1-800-232-7192
- Benton County Sheriff Crisis Response Team: 541-766-6911
- **Counselor of the Day** 541-766-6835 Crisis worker staffed 8:00-5:00pm, Monday-Friday
Location: 557 NW Monroe Avenue, Corvallis, OR 97330
- **Benton County Crisis Line** 1-800-232-7192 OR text ‘OREGON’ to 741741
- **Teen2Teen Hotline** Call 1(877)968-8491 OR text ‘teen2teen’ to 839863 (for teens to use directly)
- **Safe + Strong** The line offers free, 24-7 emotional support and resource referral to anyone who needs it – not only those experiencing a mental health crisis. Callers are routed to a counselor who can provide emotional support, mental health triage, drug and alcohol counseling, crisis counseling, or just connection. Safe + Strong Helpline: 800-923-4357 (HELP) Safe + Strong website: <https://www.safestrongoregon.org/>
- **National Suicide Prevention Hotline** dial 988
- WESD Suicide Webpage: <https://www.wesd.org/suicideprevention>

Publication and Distribution of the Policy

This policy will be distributed annually in the following ways: Student Handbooks, Staff Personnel Handbooks. District Website, Presented Annually at the August Board Meeting