

# Jefferson School District

## Suicide Prevention and Intervention Plan

### 2024/2025



#### **Purpose**

Jefferson School District is committed to the health and well-being of all students and understands that by having procedures in place to prevent, access the risk of, intervene in, and respond to suicide, they are not only complying with Senate Bill 52, but, more importantly, saving lives. Jefferson School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components
- Recognizes that suicide is a leading cause of death among young people
- Will publish its policy and plan on their website and will revisit and refine the plan regularly

#### **Prevention**

Annually, the building principal will be designated as the point of contact for issues relating to suicide prevention and policy implementation. Contact this person in order to request a review of actions by the school in responding to a suicidal risk.

**The administrator designated for the 2022/2023 school year for**  
**Jefferson Elementary School: Kimberlee Rhodes (541)327-3337 ext. 1651**  
**Jefferson Middle School: Scott Jantzi (541) 327-3337 ext. 1551**  
**Jefferson High School: Laura Pierce-Cummings (541)327-3337 ext. 1251**  
**The district office can be contacted at (541)327-3337 ext. 1051**

## Intervention

Any employee who reasonably believes that a student is at imminent risk of suicide shall immediately report such belief to the school counselor.

- Indications that a student is at imminent risk of suicide shall include but are not limited to:
  - The student verbalizing the desire to commit suicide
  - Evidence of suicide attempt or self-harm
  - A student may 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.

- The report should be investigated by the school counselor upon notification.
- The school counselor 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 building administrator who will contact the student services director and superintendent as necessary.

Prior to contacting the student's parent/guardian the principal, in consultations with the student services director and/ or the superintendent shall determine if there could be future harm resulting from parent/guardian notification. If parent/ guardian notification could result in further risk of harm or endanger the health or wellbeing 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 designees shall contact the student's parent/ guardian and provide the following information:

- Inform the parent/guardian that there is reason to believe the student is at risk of suicide
- Inform the parent/ guardian if emergency services were contacted
- Inform the parent/ guardian of the result of the level 1 risk assessment
  - If warranted refer to level 2 WESD Team
- 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 written parental permission to communicate with outside mental health care providers regarding the student. If the parent/ guardian refuses to seek appropriate assistance the school counselor shall contact DHS.

The principal or counselor shall document the incident including contact with the parent or 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 response
4. Time and date of release of student to authorized individual
5. Anticipated follow up and safety plan (schedule safety plan review date as appropriate)

Prior to student returning to school, the principal, school counselor and/or other appropriate school personnel shall meet with the student and his/her parent/guardian to develop a safety plan. A school support team shall convene to determine if additional evaluation and/or supports are needed. The team will identify an employee to periodically meet with student to monitor his/her safety and address any problems or concerns with reentry.

### **Postvention**

Immediately following a student suicide death, the superintendent will contact the WESD regional crisis team. The crisis team shall meet 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 student that a death has occurred
5. Providing counselors 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 to provide additional assistance and counseling if needed. Additionally, staff will immediately review suicide warning signs and reporting requirements.

### **Re Entry Procedure**

For students returning to school after a mental health crisis (e.g., Suicide attempt or psychiatric hospitalization), whenever possible, the students mental health professional, the principal, school counselor and special education staff shall meet with the student's parent or guardian, and if appropriate include the student to discuss reentry. This meeting shall address next steps needed to ensure the students readiness for return to school and plan for the first day back following a student hospitalization to ensure continuity of service provision and increase the likelihood of a successful reentry.

1. The school counselor, parent/guardian, and any outside health care providers will meet to discuss and document a reentry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of the check in/ check out visits etc.) any necessary accommodations shall also be discussed and documented.
2. While not a requirement for reentry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
3. The designated staff person shall periodically check in with the student to help with readjustment to the school community and address any ongoing concerns including social or academic concerns.

4. The school counselor or principal shall check in with the student and the student's parents/guardian at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g., for a period of three months).

These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check ins initially and then fading support.

5. The administration shall disclose to the student's teacher and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically related absence and may need adjusted deadlines for assignments.

The principal shall be available to teachers to discuss any concerns they may have regarding the student after reentry while maintaining the student protected health information.

### **In school suicide attempts**

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/ or transportation can be received following district emergency medical procedures
2. School staff shall supervise the student to ensure their safety
3. Staff shall move all other students out of the immediate area as soon as possible
4. The school counselor, school nurse or principal shall contact the student's parent or guardian
5. The school shall engage the student services director or superintendent to notify the crisis team, as necessary to assist whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.

Since self-harm behaviors are on a continuum of level and urgency not all instances of suicidal ideation or behavior warrant hospitalization. A suicide risk assessment can help determine the best plan.

### **Out of school suicide attempts**

If a staff member becomes aware of a suicide attempt by a student that is in progress in and 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 counselor/ 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.

### **Publication and Distribution**

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

## Definitions

### At Risk

The term suicide risk exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. 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. The 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. This situation would necessitate a referral as documented in the following procedures. The type of referral, and its level of urgency shall be determined by the student's level of risk according to the local district protocol.

### Crisis Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness intervention, response, and recovery. Crisis team members often include someone from the administrative leadership, school psychologist, school counselors, school social workers, school nurses, resource police officer and others including support staff and/or teachers. These professionals have been specifically trained in areas of crisis preparedness and take a leadership role in developing crisis plans. Ensuring school staff can effectively execute various crisis protocols and may provide mental health services for effective crisis interventions and recovery supports. Crisis team members who are mental health professionals may provide crisis intervention and services. Our district contracts crisis services with Willamette Education service District.

### Mental Health

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting willingness 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 and social environment, early childhood adversity or trauma, physical health and genes.

### Risk Assessment

An evaluation of a student who may be at risk for suicide conducted by the school counselor, or a trained administrator. The assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan, 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 take their life. Suicide risk is most often the result of multiple risk factors converging at the moment in time. Risk factors may encompass biological psychological, 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 should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

## Suicide

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

NOTE: the coroners or medical examiners office must first confirm that the death **was a suicide before any school official may state this as the cause of death**. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

## 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 ambivalent feelings, such as a wish to die and a desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

## Suicidal Behavior

Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

## Suicide 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 shall be taken seriously.

## Suicide Contagion

The process by which suicidal behavior or a suicide completion 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 suicide within a community.

## Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. 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 information after the death of a member of the school community. Often a community of schools healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.