

# Rogue River School District #35

## Comprehensive School Based Approach to Suicide

A guide to youth suicide prevention, intervention and postvention procedures for Jackson County School Districts

For those that require immediate action, please contact Michele Cleveland at 541-582-6003

2024/2025

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# Introduction

## Purpose of Protocols and Procedures

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 the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

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 crises 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.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

The Rogue River Suicide Prevention and Response Team (SPRT) is comprised of school principals, the director of special programs, school district superintendent, onsite and contracted counselors, and the county Postvention specialist. This team will meet within the first months of school to review the plan, make corrections to the plan, and add/remove members as needed.

## Quick Notes: What Schools Need To Know

- School staff are frequently considered the first line of contact in reaching suicidal students.
- While most school personnel are neither qualified nor expected to provide in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely on the individual “on the scene.”
- Research has shown talking about suicide or asking someone if they are feeling suicidal will *not* put the idea in their head or cause them to kill themselves.
- School Personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about suicidal peers because they do not know how they will respond or think they can't help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- 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.

## School Officials responsible for responding to reports of student suicide risk:

South Valley Academy: Jennifer Parks, Interim Principal  
541-582-6010  
cecil.Felkins@rogueriver.k12.or.us

Rogue River Jr/Sr High School: Tori Kirkpatrick, Principal  
541-582-3297  
tori.kirkpatrick@rogueriver.k12.or.us

Rogue River Elementary School: Ashtyn James, Principal  
541-582-3233  
ashtyn.james@rogueriver.k12.or.us

River's Edge Charter School: Cecile Enright, Director  
cecile.enright@reach-school.org  
541-299-0299

### **County Contact: Kristin Fettig**

Jackson Co Postvention Response Lead  
[Fettigkl@jacksoncounty.org](mailto:Fettigkl@jacksoncounty.org)  
541-646-4765 Cell

### **District Contact: Michele Cleveland**

Special Programs Director  
[michele.cleveland@rogueriver.k12.or.us](mailto:michele.cleveland@rogueriver.k12.or.us)  
541-582-6003 x1

**Jackson County Crisis (24/7 Line): 541-774-8201**

### **Procedure for review of actions**

To request the district reviews the actions of a school in responding to a suicide risk, please submit your request to the district contact at: [michele.cleveland@rogueriver.k12.or.us](mailto:michele.cleveland@rogueriver.k12.or.us)

Include the following information in your request:

Name:

Contact information:

Date of occurrence:

Individual impacted:

## Training Calendar

### **Annually:**

- Identified staff meet (within the first month of the school year) once a year to establish roles and responsibilities in the event that there is an student suicide attempt or death.
  
- School staff receive training (materials posted and available on website)
  - Signs of Suicide for Trusted Adults (SOS)
  - Question, Persuade, Refer (QPR)
  
- Students receive suicide prevention and mental health education
  - Signs of Suicide (SOS) program for Middle and High school students
  
- Parent education
  - Signs of Suicide (SOS) for parents
  
- Materials posted to support families and sent home when students will be attending the SOS educational course.

### **Principals, School counselors and Assistant Principals, etc:**

- Staff receive training in Applied Suicide Intervention Skills Training (ASIST) → Certificate is valid for 3 years
  - 2 full day training provided by Jackson County Mental Health
  
- Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool for applicable staff → 1 time training with refresher course attended as needed.

## Suicide PREVENTION Protocol

Suicide is preventable, follow these simple steps to ensure a comprehensive school based approach to suicide prevention for students and staff. It is important to remember that within our population, certain groups are at higher risk. These groups include

- Youth Bereaved by Suicide
- Youth with Disabilities
- Youth with Mental Illness
- Youth with Substance Use Disorders
- Youth Experiencing Homelessness
- Out of Home Settings or Foster Care
- Native American, Black, Latinx, and Asian Students

### STAFF

All staff receive (QPR) training (or a refresher) once a year on the policies and procedures and best practices for intervening with students and/or staff at risk for suicide. Every school year each school will review the prevention and intervention policies and protocols.

### TRAININGS:

- C-SSRS (Columbia Suicide Severity Rating Scale): screening tool that calculates a students risk level · QPR: evidence based suicide prevention training can delivered by Suicide Prevention Coordinator · ASIST: Applied Suicide Intervention Skills Training. These screening results will be shared with the RRSD Team, and securely entered into the SIS.
- Signs of Suicide for School Staff

**RECOMMENDATIONS:** At least two staff per school receive specialized training to intervene, assess, and refer students at risk for suicide. ASIST is a best practice training and is specific to suicide. Ensure all staff know who they are and be familiar with the intervention protocol.

### STUDENTS

Students receive information about suicide in health class and teach students how to access help at their schools for themselves, their peers, or others in the community. Use curriculum in line with Oregon State Standards for health. Students should be made aware each year of the staff that have received specialized training for those at risk for suicide. Consider engaging students to help increase awareness of resources.

### TRAININGS:

- Signs of Suicide for Middle and High school

### PARENTS/COMMUNITY

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

### RECOMMENDATIONS:

- List community agencies and resources in the school handbook or newsletter. · Offer parents/community members information about training such as QPR or RESPONSE. · Ensure cross communication between community agencies and schools to ensure student safety.

## Administration Intervention Protocol

### Initial Identification of Risk (All staff)

1. Suicide ideation, gestures or reported attempts recognized
  - a. Is there an imminent risk/threat of danger to self or others?
    - i. **YES:** Initiate protective response and dial 911
    - ii. **NO:** Report to counselor or administrator for further assessment by trained staff

### Trained ASIST/C-SSRS Staff Decide Risk Level

1. ASIST/C-SSRS trained staff interviews student to determine need for additional intervention
  - a. Is there imminent risk
    - i. **NO:** trained staff determines follow up
    - ii. **YES:** school team works w/student, parents and authorities, as appropriate, to develop a safety plan

### Safety Plan Development

1. Is there a need for additional expertise beyond school staff?
  - a. **NO:** trained staff works to develop safety plan with student and family
  - b. **YES:** trained staff works to connect student with appropriate resources as part of the safety plan

## All-Staff Intervention Protocol

### Initial Identification of Risk (all staff)

1. Suicide ideation gestures or reported attempts recognized
  - a. Is there an immediate danger or threat?
    - i. **YES:** initiate protective response and dial 900
    - ii. **NO:** report to administrator for further assessment by trained staff

### Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youth behave impulsively and may choose suicide as a solution to their problems quickly especially if they have access to firearms.

#### **Warning signs that indicate an immediate danger or threat:**

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons or other means
- Someone talking or writing/posting on social media about death, dying or suicide

#### **Warning signs that should be reported to a counselor or administrator for further assessment by a trained staff:**

- ◆ Hopelessness
- ◆ Rage, anger, seeking revenge
- ◆ Acting reckless or engaging in risky activities, seemingly without thinking ◆ Feeling trapped—like there's no way out
- ◆ Increasing alcohol or drug use
- ◆ Withdrawing from friends, family, or society
- ◆ Anxiety, agitation, unable to sleep, or sleeping all the time
- ◆ Dramatic changes in mood
- ◆ No reason for living; no sense of purpose in life



## Columbia-Suicide Severity Rating Scale & Return to School Plan

### LOW RISK

No to all or Yes to 1 only  
 · Call parent after screening · Student may go home as usual · Write JCMH crisis contact  
 · Information on the safety plan that goes home with student · Referral to SBHC Therapist  
 · Document in Private Tab of students health folder

### Moderate Risk

Yes to 1 & 2 but no to rest or denial of any plan  
 · Create safety plan with student · Call home after screening and ensure the safety plan is possible & will be followed  
 · Student should be assessed by a Mental Health Professional  
 · Parents may take student to JCMH Crisis: 140 S Holly St, Medford OR call 541-774-8201 & ask for Crisis · School may contact Kristin Fettig 541-646-4765 for further support and training opportunities  
 · Document in Private Tab of Health Folder

### High Risk

Yes to 3-6  
 · Call home to inform parent asap · Create safety plan with student and parent  
 · Parent must pick up student from school (staff must supervise student) · Student must be assessed by MH professional same day.  
 · JCMH Crisis: 140 S Holly, Medford · Notify JCMH that student is coming, call 541-774-8201 & ask for Crisis · School may contact Kristin Fettig 541-646-4765 for further support and staff training opportunities  
 · Document in Private Tab of health folder  
  
 \*\*If student isn't seen by JCMH within 24 hours, school will call Child Welfare and/or Law Enforcement.

### LOW RISK RE-ENTRY

· Student may return to school · Provide staff with a Care Alert

### MODERATE RISK RE-ENTRY

· Student may return to school · Provide staff with a Care Alert

### HIGH RISK RE-ENTRY

· Provide staff with care alert · Required check in with counselor or school psych  
 · Create an individualized plan for day/week  
 · Hospital notification treated as High Risk

# Suicide POSTVENTION Protocol

## Roles & Responsibilities

- Activate flight/care team
- Order of notifications (PRL first)
- Coordinate actions
- Trauma Informed Communication with parents
- Communication with media: Superintendent (Patrick Lee)

## Safe Messaging

- Death Protocol
- Safe Memorial
- Ensure confidentiality

## Immediate

- Set up a safe room
- Counseling for staff and students
- Grief services
- Safe memorials (see appendix XX)
- Parent communication and healing spaces
- Identify impacted students
- Maintain schedules and return to normalcy
- Pause on all suicide prevention training

## Mid-term services

- Parent education on suicide and grief
- Targeted services for impacted students
- Possible academic supports
- Follow up and access to services for at risk students
- Universal screening

## Long term planning

- Anniversaries and special events plans
- Evaluation need for additional training and education
- Repeat universal screening
- Evaluate postvention response and update/improve
- Evaluate suicide prevention efforts and programming and add/adapt as needed

## ***Jackson County Best Practice Postvention Checklist for Schools***

This checklist highlights some of the best practice recommendations for schools published by SAMHSA: After a Suicide, A Toolkit for Schools. This is a condensed version for our county and is intended to encourage Jackson County Schools to follow evidence-based best practices in order to contain contagion and return the school back to its regular routine. The priority should be focusing on education and crisis prevention rather than the death.

### **Suicide prevention recommendations:**

All Jackson County School's have a Crisis Response Team that meets periodically to discuss the school's response should a student complete a suicide or another crisis occurs at school.

Students have been given education on depression and suicide. This can be done by teachers, or the Suicide Prevention Coordinator, Kristin Fettig at Jackson County Mental Health.

Students have been given resources, identified adults that they trust, and have phone numbers for 24/7 crisis lines in the area, should they or a friend become suicidal or need supports.

### **Postvention (after a suicide) recommendations:**

All student deaths are treated the same.

Crisis Response Team at this school meets to complete assigned tasks and discuss how staff should inform students and parents of the death (sample letters in toolkit on pages 15-19).

One person on the Crisis Response Team contacts the family of the deceased to confirm the death was a suicide and ask for permission to disclose the cause of death to students (page 9 of toolkit).

School respects the deceased family's wishes to disclose or not disclose the cause of death.

Bring in outside help that is trained in trauma response. JCMH Crisis Team will come on site to deliver support and counseling to students and staff.

If the school chooses to hold a memorial it should be time limited 1-3 Days. A poster board where students can write memories is appropriate but placed where students who don't want to participate can avoid it. This poster can be given to the family if appropriate after 1-3 days.

A member of the Crisis Response Team should monitor social media pages for inflammatory statements or copy-cat behaviors. Social Media should be used to provide education on suicide and resources for students and staff.

Staff identify students who were close with the deceased and alert counselors to check in with these students.

School allows ongoing grief counseling services at their school following the death of any student. (Winter/Spring holds ongoing grief counseling groups).

Allow for time limited counseling services. Students should have access to counseling services for up to 5 school days following the death. Students who need counseling beyond this window should be referred to ongoing counseling services.

### **Weeks & months following a suicide recommendations:**

Allow counselors or JCMH Suicide Prevention Coordinator to go in to classrooms and give students

accurate information about suicide and depression.

Anticipate the anniversary of the death and ask for additional support on site for students who need support on and around the anniversary.

Rearrange classrooms where the deceased student used to sit. The deceased's empty chair can be triggering for some students.




Hold prevention and best practice trainings for students, staff, parents, or anyone interested.

Hold a debriefing with concerned parents if needed. Invite local MH agency that assisted with postvention to be present to answer parent questions.

Hold awareness and educational sessions for students around suicide, warning signs, and how to help a struggling friend. This can be done before or after a suicide.

Join Jackson County's Suicide Prevention Coalition so that when there is a suicide, partnering and finding resources and supports for your school is not difficult.

**NOT RECOMMENDED:**

-  It is not recommended that anyone speak with the media about the details of a student's death. Use the media as an opportunity to educate the public on signs of suicide and depression and provide resources.
-  Do not hold memorial services or assemblies on site as there can't be enough trained adults to handle large groups of grieving students safely. Doing this puts students at risk for contagion. Holding large gatherings glamorizes completed suicides and pays positive attention to suicide in general. (See pages 35-36)
-  Do not allow students to distribute or create t-shirts, flyers, or buttons memorializing the student. If someone comes to school with any of these, allow them to wear it for the day and then explain why it is not a good idea to have these items.

## Confidentiality

### ***HIPAA and FERPA***

School employees (with the exception of nurses, and psychologists who are bound by HIPAA) are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED such as; if at any time, a student has shared information that indicates the student is an imminent risk of harm/danger to self or others, such information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.” All written records will be maintained in a secure locked location at the Student Services office, and all digitized records will meet FERPA and HIPAA regulations. It is important that all staff recognize the importance of confidentiality, while at the same time sharing needed information to those that require it.

### ***Request from Student to Withhold from Parents***

The school suicide prevention contact person can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell his/her parents, the staff suicide contact can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if s/he needs additional help.

### ***EXCEPTIONS for Parental Notification: Abuse or Neglect***

Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

## Patient Safety Plan Template

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local Urgent Care Services \_\_\_\_\_  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

1. \_\_\_\_\_
2. \_\_\_\_\_

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The one thing that is most important to me and worth living for is:

\_\_\_\_\_

COLUMBIA-SUICIDE SEVERITY RATING SCALE  
Screen Version - Recent

	Past month	
Ask questions that are <b>bolded</b> and <u>underlined</u> .	YES	NO
<b>Ask Questions 1 and 2</b>		
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>Have you actually had any thoughts of killing yourself?</u></b>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <b><u>Have you been thinking about how you might do this?</u></b> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b>		

6) <b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <b>If YES, ask: <u>Was this within the past three months?</u></b>	YES	NO

- Low Risk
- Moderate Risk
- High Risk

## SAMPLE FAMILY LETTER

Dear Family of \_\_\_\_\_,

We are concerned about the safety and welfare of your child. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

- Your child needs to be supervised closely.
- Assure that your child does not have access to lethal means at your house, friends or family members; · Firearms present in the home double the risk of suicide, even if the firearm is locked up. The local police or sheriff's department can discuss with you different ways of removing/properly storing guns.
- Medications should be locked up.
- Any other dangerous objects or weapons should be locked or removed from home. · Seek professional mental health support to help assess and plan for safety. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for an assessment. · Local crisis contact: Jackson County Mental Health: 140 S Holly, Street, Medford, OR 97501 · JCMH Crisis Counselors are available 24/7 via phone at 541-774-8201

Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.

We may need to develop a re-entry plan with you before he/she can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

- If you have an immediate concern for your child's safety:
- Call 911
- Take them to the nearest hospital emergency room
- Call the Jackson County Crisis Line at 541-774-8201.

If you have questions or concerns or need further assistance from the school, please contact:

\_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_



## Senate Bill 52 (Adi's Act)

Sponsored by Senators WAGNER, ROBLAN, Representatives SMITH WARNER, DOHERTY, NOSSE, POWER, WILLIAMSON; Senators BURDICK, COURTNEY, DEMBROW, FAGAN, FREDERICK, GELSER, GOLDEN, HASS, MANNING JR, MONNES ANDERSON, PROZANSKI, RILEY, STEINER HAY WARD, TAYLOR, THATCHER, Representatives ALONSO LEON, BARKER, BARRETO, BOLES, BONHAM, BOSHAART DAVIS, DRAZAN, FAHEY, FINDLEY, GOMBERG, GORSEK, HAYDEN, HELM, HELT, HERNANDEZ, KENY-GUYER, KOTEK, LEIF, LEWIS, LIVELY, MARSH, MITCHELL, NERON, NOBLE, PILUSO, POST, REARDON, SALINAS, SANCHEZ, SCHOUTEN, SMITH DB, SOLLMAN, SPRENGER, STARK, WILLIAMS, WITT, ZIKA (at the request of Basic Rights Oregon) (Pre-session filed.)

### Be It Enacted by the People of the State of Oregon:

#### SECTION 1.

(1) This section shall be known and may be cited as Adi's Act.

(2) In accordance with rules adopted by the State Board of Education in consultation with the Oregon Health Authority, each school district shall adopt a policy requiring a comprehensive district plan on student suicide prevention for students in kindergarten through grade 12.

(3) A plan required under this section must include:

- (a) Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide; (b) Identification of the school officials responsible for responding to reports of suicidal risk;
  - (c) A procedure by which a person may request a school district to review the actions of a school in responding to suicidal risk; (d) Methods to address the needs of high-risk groups, including:
    - (A) Youth bereaved by suicide;
    - (B) Youth with disabilities, mental illness or substance use disorders;
    - (C) Youth experiencing homelessness or out-of-home settings, such as foster care; and
    - (D) Lesbian, gay, bisexual, transgender, queer and other minority gender identities and sexual orientations;
  - (e) A description of, and materials for, any training to be provided to school 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; and
  - (f) Any other requirement prescribed by the State Board of Education by rule, based on consultations with state and national suicide prevention organizations, suicide experts and school-based mental health providers, and based on reviews of national models.
- (4) A school district may consult with state or national suicide prevention organizations, the Department of Education, school-based mental health professionals, parents, guardians, school employees, students, administrators and school board associations when developing the plan required under this section.

(5) The plan required under this section:

- (a) Must be written to ensure that a school employee acts only within the authorization and scope of the employee's credentials or licenses. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.
- (b) Must be:

(A) Made available annually to the community of the school district, including students of the school district, parents and guardians of students of the school district, and employees and volunteers of the school district.

(B) Readily available at the school district office and on the school district website, if applicable.

(6) A school district that does not comply with the requirements of this section is considered to be nonstandard under ORS 327.103.

#### SECTION 2.

(1) Section 1 of this 2019 Act becomes operative on July 1, 2020.

(2) Notwithstanding the operative date set forth in subsection (1) of this section, the Department of Education and school districts may take any action before the operative date set forth in subsection (1) of this section that is necessary for a school district to adopt a policy on student suicide prevention by the beginning of the 2020-2021 school year.

#### SECTION 3.

This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect on its passage.

## Rogue River School District 35

Code: JHH

Adopted: 7/21/20

### Student Suicide Prevention\*\*

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.

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;
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; and
  - 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<sup>1</sup>; and
8. A process for designating staff to be trained in an evidence-based suicide prevention program.<sup>2</sup>

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 available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

## About this Guide

In 2014, Jackson County received a Garrett Lee Smith Memorial Act Youth Suicide Prevention Grant award from the Oregon Health Authority. The funding requires that Jackson County Health and Human Services partners with the local middle schools and high schools to implement a comprehensive approach to suicide prevention in schools and to bring awareness to the community. The funding from the GLS grant funds the Suicide Prevention Coordinator position, held by Kristin Fettig, MS. This guide is the result of the partnerships between JCMH and local school districts seeking to proactively address suicide. Information for this guide was derived from evidence-based resources and approaches as well as a document from Lane and Deschutes County suicide prevention programs.

For more information contact, Suicide Prevention Coordinator, Kristin Fettig, MS., at 541-770-7778.

## Research Sources

Information for this guide were derived from the following sources:

- After A Suicide: A Toolkit for Schools (AFSP & SPRC, 2011)
  - AFSP American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)
  - Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org)
  - U.S. Surgeon General [www.surgeongeneral.gov](http://www.surgeongeneral.gov)
1. King, Keith A., 15 “Prevalent Myths about Adolescent Suicide,” [Journal of School Health](#) April 1999: Vol. 69, No. 4: 159.
  2. Rudd, MD, Berman AL, Joiner, TE, Jr., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36(3), 255-262.
  3. Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.