Salem-Keizer Public Schools Suicide Prevention Plan

Senate Bill 52, also known as "Adi's Act", was passed in Oregon in 2019. This legislation required school districts to develop and publicly post the school district's plan for suicide prevention, intervention, and postvention response activities, beginning no later than the start of the 2020/2021 school year. The following Suicide Prevention Plan is in response to this legislation.

Suicide is the second leading cause of death for Oregon youth ages 5-24. Any firearm death is the leading cause of death for Oregon Youth ages 10-24. Youth face a barrage of pressures and stressors that, if uncared for, can amplify the mental health risk factors most commonly associated with suicide. When youth feel connected to their schools, friends, and caring adults, they are better equipped to cope with life's challenges (CDC Wonder, 2024).

The purpose of this plan is to protect the health and well-being of all students by having procedures in place to prevent, intervene in, and respond appropriately to suicide. Because of the complexities of suicidal thought and behavior and its impact on others, suicide prevention programming includes prevention (elements that lower the likelihood of thoughts of suicide developing), intervention (the response we have when someone presents as having suicidal thoughts or behaviors), and postvention (how we respond to prevent future thoughts and behaviors for those impacted by someone's thoughts and behaviors).

Salem-Keizer Public Schools 2025-27 Strategic Plan

Salem-Keizer Public Schools 2025-27 strategic plan, *Climbing Together,* aligns with the district's suicide prevention plan. One of the three strategies in the SKPS Plan is to "Improve Student Agency and Wellness." This strategy includes initiatives to provide "effective responses to student behavioral, social and emotional needs," by "standardiz[ing] social-emotional learning time in elementary schools with a clear scope and sequence. This intentional focus on sense of belonging and social & emotional learning is also a strong protective factor against suicide.

Suicide Prevention Protocol – INS-P037

In addition to the SKPS 25-27 strategic plan, the SKPS Suicide Prevention Protocol follows standardized procedures laid out in the Quality Assurance Model (QAM):

QAM QUALITY ASSURANCE MODEL SALEM-KEIZER SCHOOL DISTRICT

PROCEDURE
Suicide Prevention Protocol Preface
INS-P037

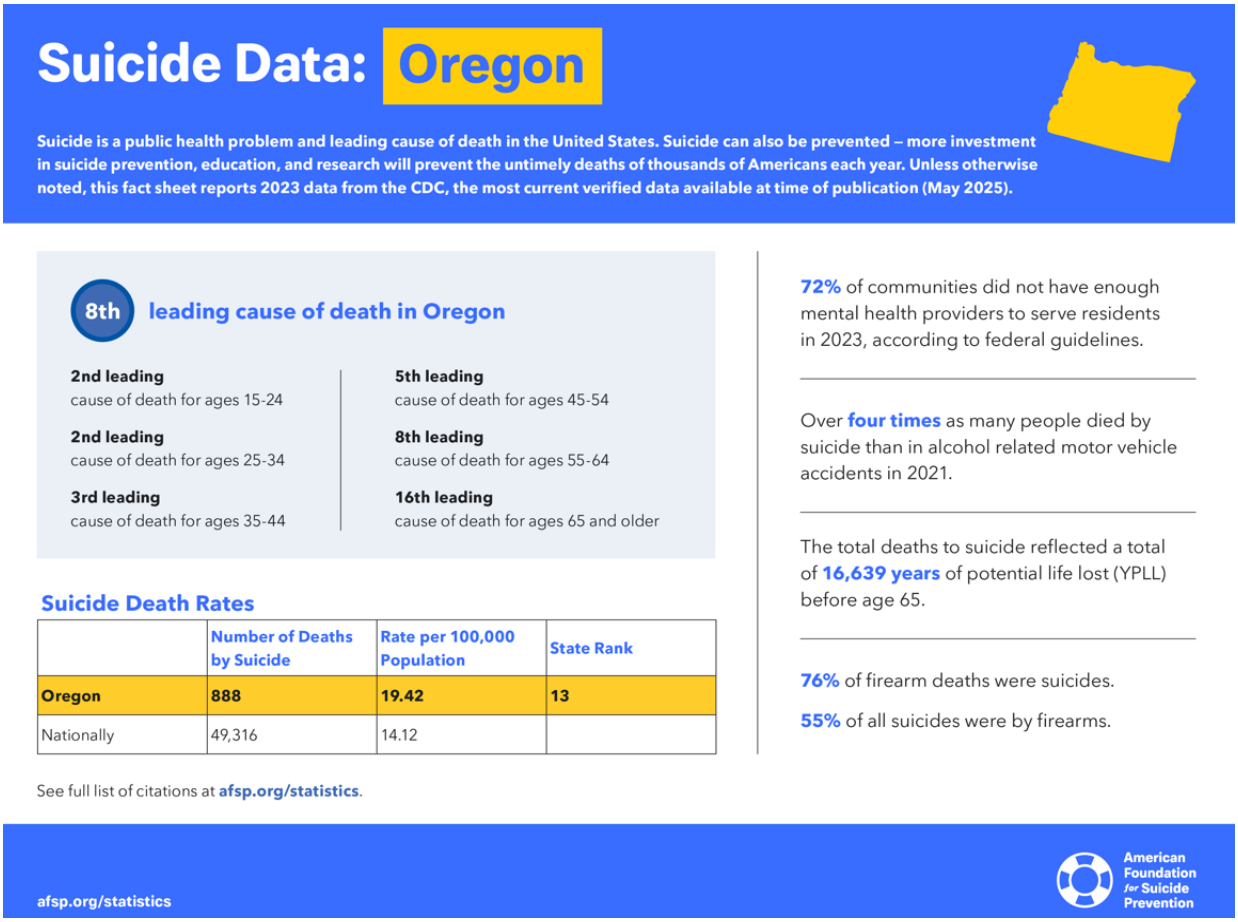
2.0 Procedure:

2.1: Salem-Keizer Public Schools (SKPS) values every students' social-emotional health and wellbeing as well as their academic success. The Suicide Prevention Protocol (SPP) process focusses on prevention, intervention, and postvention supports for students who are

experiencing suicidal thoughts or behaviors. The purpose of the SPP is to provide training, guidance, support to school staff members, increase student safety by collaborating with students and families, assist in safety planning, and provide linkages to community resources when necessary.

2.2 SKPS aims to partner with students and families when we are notified of a student concern regarding suicidal ideation and behaviors. It is our desire to collaborate and ensure a safe and positive school experience for your student. The administrator, school counselor, and other members of the school's support team will implement the SPP process and coordinate with the student's parent or guardian regarding community referrals and supports.

Suicide Statistics



U.S. Suicide Statistics - 2022

- In 2022,
  - Suicide was the 11th leading cause of death in the U.S.
  - 493,476 people died by suicide
  - There were an estimated 1.6 million suicide attempts
  - 14.21 per 100,000 individuals died by suicide
  - Middle-aged white men were most at risk
  - White males accounted for 68.46% of suicide deaths
  - Men died by suicide 3.85 times more than women
  - Firearms accounted for 54.64% of all suicide deaths

  - Resource: https://afsp.org/suicide-statistics/

According to the American Foundation for Suicide Prevention, suicide is

- a public health problem that can be prevented
- the 2nd leading cause of death for ages 10-14
- the 3rd leading cause of death for ages 15-24

- Based on the most recent Youth Risk Behaviors Survey from 2022, 10% of youth in grades 9-12 reported they had made at least one suicide attempt in the past 12 months.

On June 25, 2024, U.S. Surgeon General, Dr. Vivek Murthy, declared gun violence as a public health crisis in America.

Gun violence is ***the leading cause of death*** for kids and teens (includes unintentional injury, **suicide**, and homicide).

90%

90 percent of suicide attempts with a gun are fatal, while 4 percent of those not involving a gun are fatal.

Andrew Conner, Deborah Azrael, and Matthew Miller, "Suicide Case-Fatality Rates in the United States, 2007 to 201...

3,100

Each year 3,100 young people die by firearm suicide.

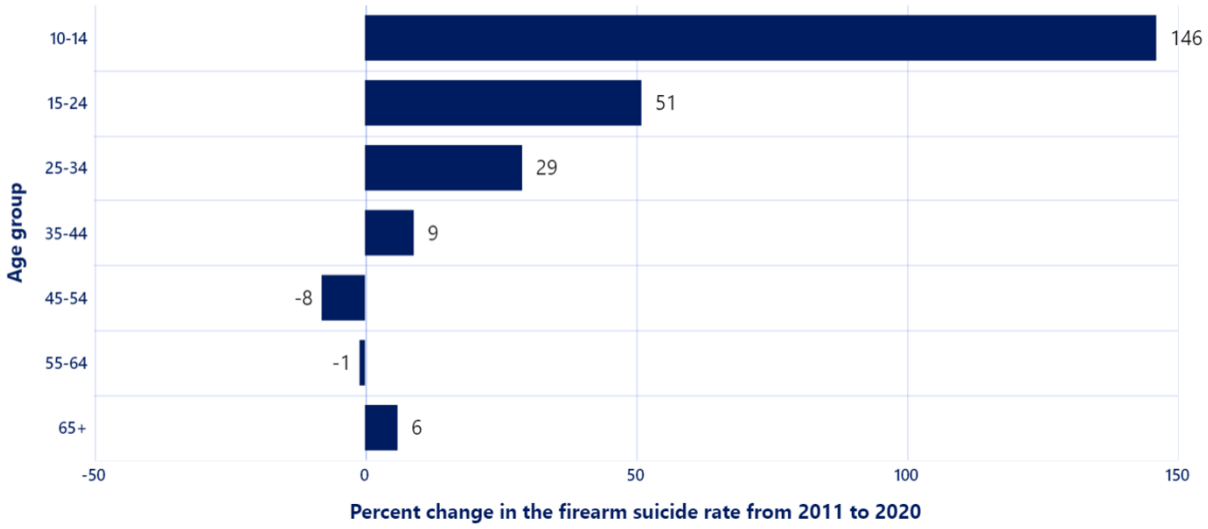
Everytown analysis of CDC, WONDER, Underlying Cause...

53%

The rate of firearm suicide among young people has increased 53 percent over the past decade.

Everytown analysis of CDC, WONDER, Underlying Cause...

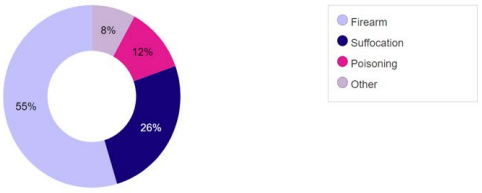
Young people have the fastest-growing rate of firearm suicide of any age group over the last decade.



https://everytownresearch.org/report/the-rise-of-firearm-suicide-among-young-americans/

Methods and Rates

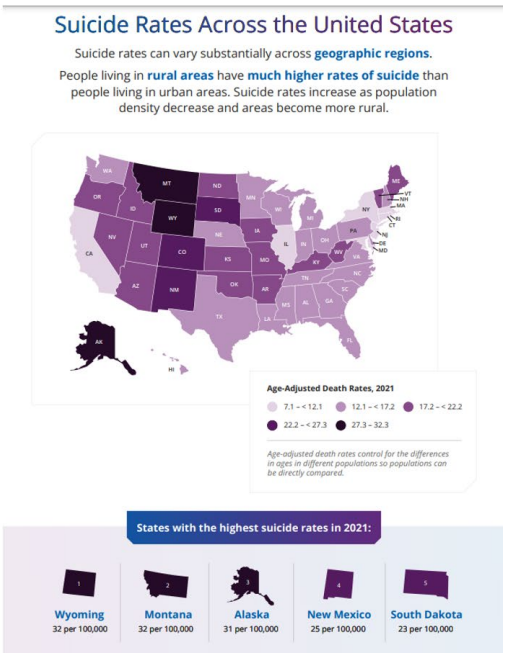
Firearms are the most common method used in suicides. Firearms are used in more than 50% of suicides.

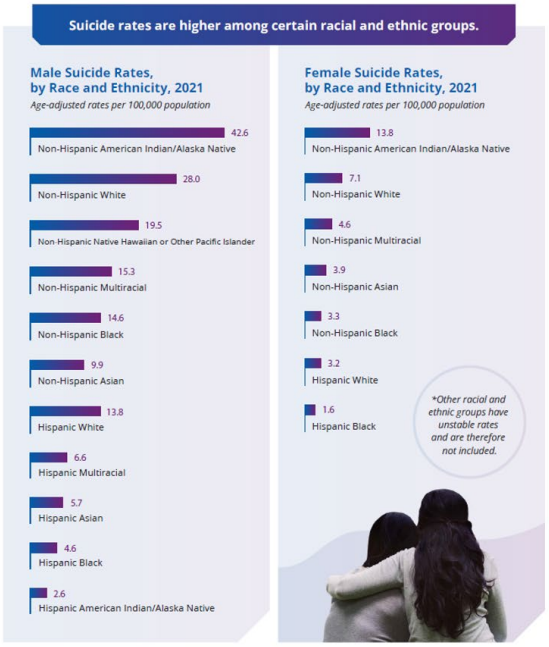


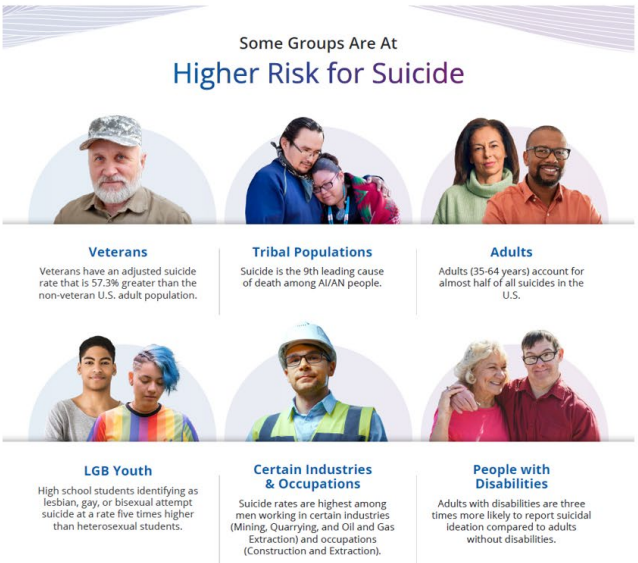
Data Table: Method of Suicide, 2021

Method	Percent	Count
Firearm	54.6%	26,328
Suffocation	25.8%	12,431
Poisoning	11.6%	5,568
Other	8%	3,856

Source: CDC Vital Statistics







Supporting High Risk Youth

Programs like Character Strong and Sources of Strength, alongside our Panorama survey, are designed to help all students develop a sense of belonging within their school community, which

includes higher risk youth, i.e. LGBTQI+ youth, indigenous communities such as Alaskan Natives, Black Americans, and youth with disabilities (from National Alliance on Mental Illness).

In addition to these programs, many schools offer a

- Gay/Straight Alliance (GSA) or Gender Sexuality Alliance Club,
- Native Club,
- Black Student Union,
- Latino Club,
- Pacific Islander Club,
- Various Unified Clubs (for students with disabilities),

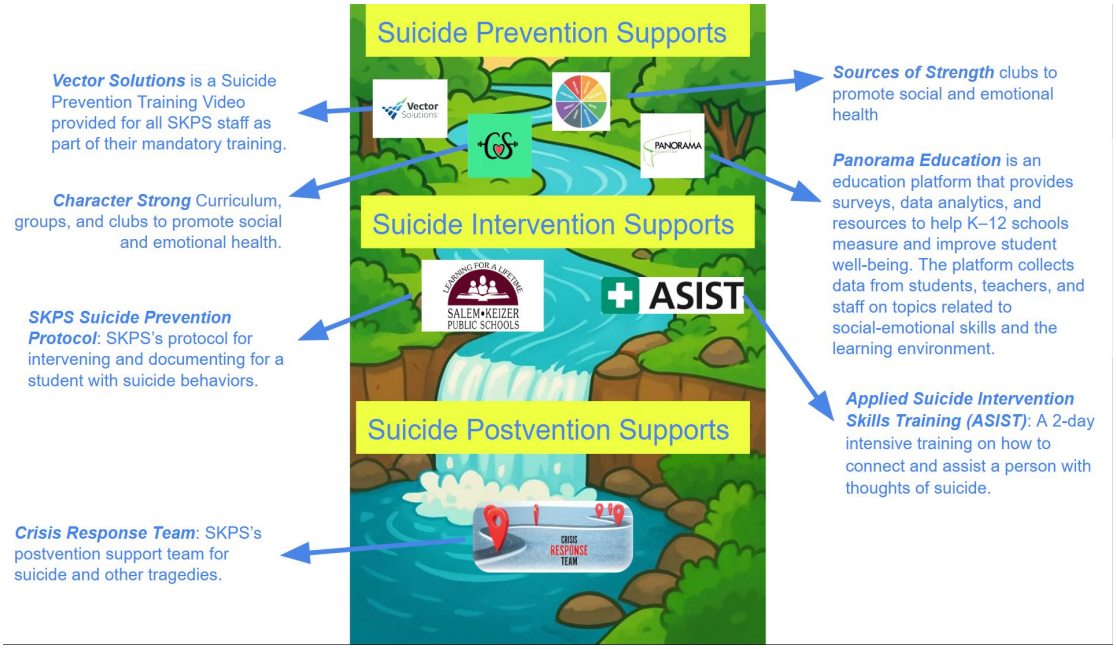
and other club opportunities that celebrate our diverse student identities and provide an opportunity for community.

SKPS Suicide Prevention, Intervention, and Postvention Supports

Part of SKPS's *2025-27 Strategic Plan: Climbing together* includes improving student agency and wellness through effective responses to student behavioral, social, and emotional needs. As stated in the two-year plan:

"We know that helping students learn and access education is closely tied to supporting their feelings and mental health. To provide better support, we are creating a complete student wellness team that brings together mental health staff and learning specialists. This approach, which includes building stronger social and emotional skills in elementary schools, will improve teamwork and create a reliable response to urgent needs in our schools—one that considers all parts of what students need while staying consistent across the district."

Building stronger social and emotional skills in our students is essential in the implementation of a comprehensive Suicide Prevention Plan. Below is a graphic that illustrates some of the programs utilized in SKPS:



For more information on any of the programs listed above, visit the websites below:

- Character Strong
- Sources of Strength
- Panorama Education
- ASIST

Additionally, the SKPS Mental Wellness webpage provides a number of helpful resources for families and students.

SKPS's Suicide Prevention Protocol – INS-A038

The Suicide Prevention Protocol (SPP) process is part of the Adi's Act plan for the school district that focuses on prevention, intervention, and postvention supports; Administrative Policy: *Suicide Prevention INS-A038.*

QAM QUALITY ASSURANCE MODEL SALEM-KEIZER SCHOOL DISTRICT

ADMINISTRATIVE POLICY
Suicide Prevention & Intervention
INS-A038

Not all staff are specially trained in suicide intervention, but all staff members report the names of students they believe to be at elevated risk of suicide to the administrator and/or designated building staff, i.e. school counselor, school social worker, or school psychologist. For these specially trained staff, when a student is identified by a staff person as potentially suicidal, the student will be seen by the administrator or designated school employee to implement the Suicide Prevention Protocol (SPP). (QAM INS-A038)

The purpose of the SPP is to

- **Increase support** and **promote** wellness and recovery to support students, families, and school staff members by collaborating with students and families; assist in safety planning; and assist in linking students and families to community resources when necessary.
- Understand the story of how and why someone is experiencing suicide ideations (Freedenthal, 2017).
- Provide an experience of being seen, heard and validated.
- Identify points of **prevention** rather than **prediction** (Pisani et al., 2016).

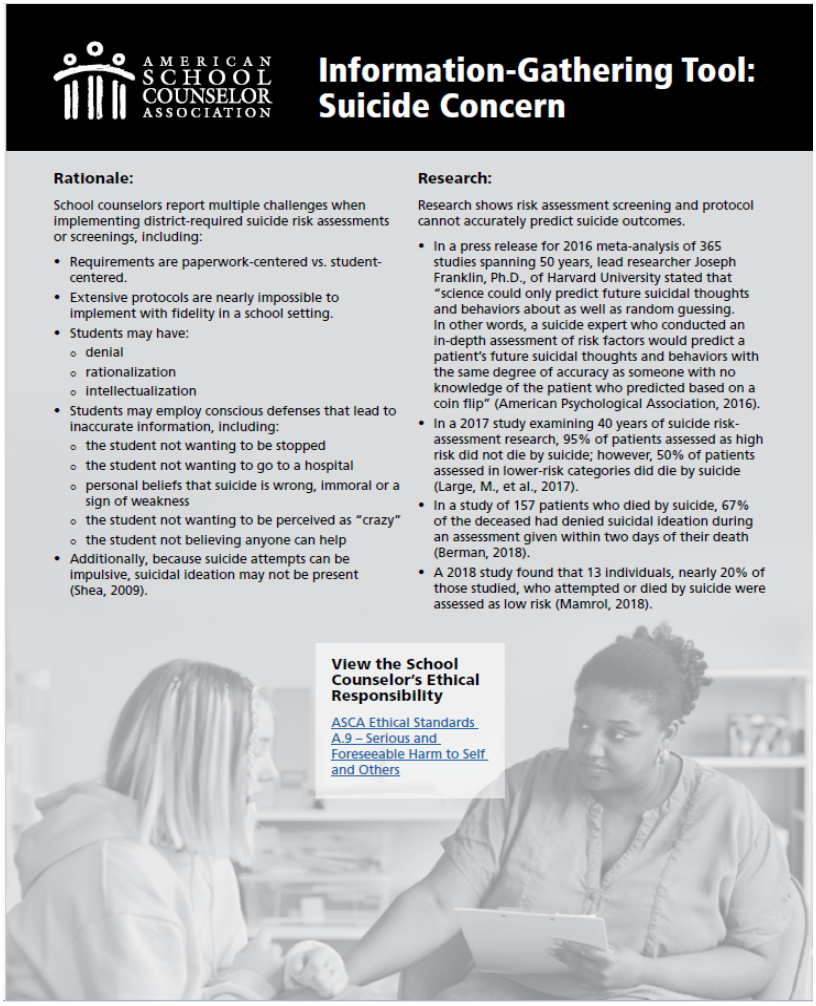
Designated school staff (i.e. administrators, school counselors, school social workers, school psychologists) are uniquely positioned as a first line of contact with students who may be having thoughts of suicide or who exhibit suicide behavior. However, school staff are not expected to provide the in-depth mental health treatment for a suicidal student. The school staff's role when intervening with suicide behavior is

1) directly ask the student about suicide,
2) hear the student's story with a focus on building a positive rapport that promotes hope and encouragement,
3) ask the student and family about access to means,
4) develop a support plan between the student and people in the student's life, and

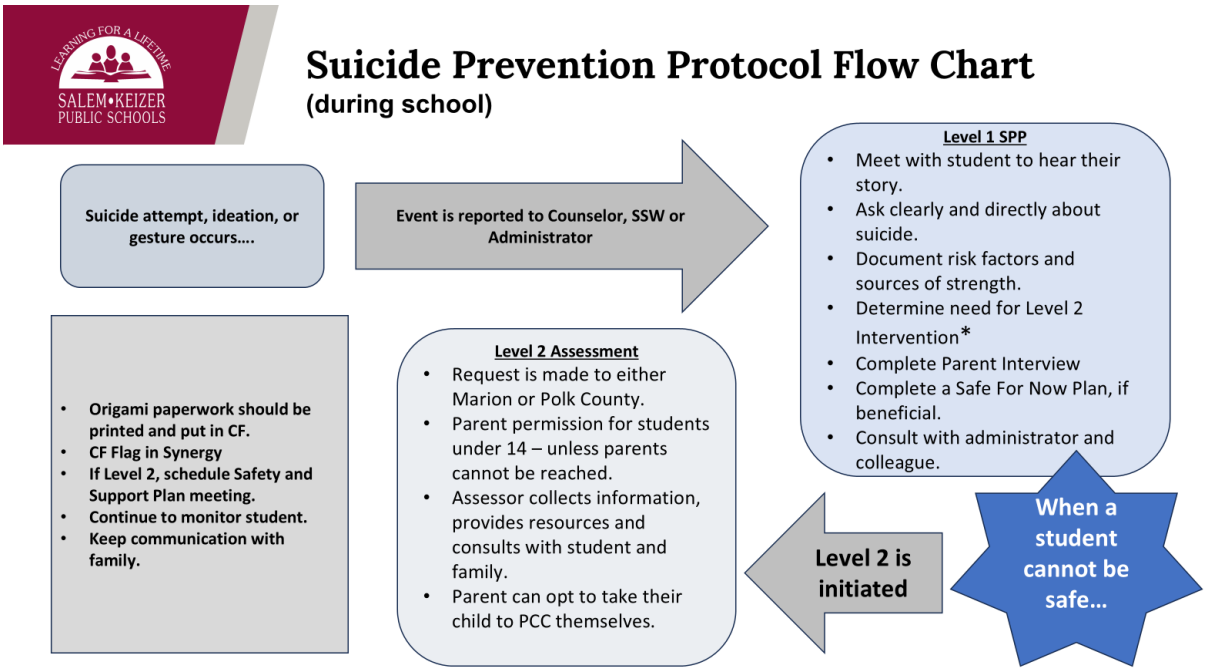
5) document all actions taken.

Never leave the student alone until the process has been completed.

Additionally, our SPP does not quantify risk in its protocol and is based on the American School Counseling Association's *Information Gathering Tool: Suicide Concern*. For the rationale and research behind moving away from suicide risk assessments and towards information gathering tools when responding to suicide behavior, see the graphic below:



SPP Flowchart and Protocol Paperwork



SKPS Suicide Prevention Protocol (SPP)

See SKPS Suicide Prevention Protocol Conversation Guide for more detailed information.

Date and Time protocol was started: _____

DEMOGRAPHICS (from Synergy)

1. Name (Last, First)
2. Student ID #
3. School
4. Grade
5. Race/Ethnicity
6. Gender

7. SPED/504 Yes No

STUDENT STORY

Focus on building a positive rapport that promotes hope and encouragement. Most Important: 1) Explore Invitations; 2) Directly ask the student about suicide; 3) Hear their story and support their turning point; 4) Develop a Safe Plan to keep student “Safe for Now.”

1. Describe the concern. (i.e. school, home, friends, recent withdrawal, depression, changes to eating/sleeping, etc.)?

_____
_____
_____

_____
_____.

2. Ask clearly and directly about suicide, timeline (past/present/future), plan, and access to lethal means. Write their response below:

_____
_____.

Is this student having thoughts of suicide (if yes, explain)? __YES __NO

_____
_____.

When is the last time the student has had thoughts of suicide?

In the 24 Hours In the last Month In the Past

Does the student have a plan to kill themselves? __YES __NO __UNKNOWN

Does the student intend to carry out that plan? __YES __NO __UNKNOWN

Does the student have access to the means to carry out that plan? __YES __NO __UNKNOWN

Has the student attempted suicide previously? __YES __NO

3. Explore Student Story. Include student voice and perspective. Write notes below:

_____
_____
_____
_____
_____.

4. What risk/impact factors are evident as a result of the conversation? (mark all that apply)

- Bullying
- Drug or Alcohol Use
- Family History of Suicide Family Issues
- Gender Identity
- Harassment
- New Medication, Medication Change, or Inconsistent Dosage
- Previous Suicide Attempt
- Recent Loss or Failure
- Relationship Stress
- Self-Harm
- Racial Discrimination
- Other

Describe any risk factors indicated above: _____

_____.

5. Describe protective factors and sources of strength, with future goals in mind. (Support Turning Point).

_____
_____
_____
_____.

6. Based on this initial conversation, level 2 supports will be accessed. (if YES, follow directions in the SPP Conversation Guide) __YES __NO

7. Is there a need for a referral to STAT or SIRC? __YES __NO

8. Other information to note:

_____
_____.

[If a Level 2 is not initiated, create STUDENT SAFE PLAN “FOR NOW” with Student, if they are able to at the time of meeting.]

PARENT/GUARDIAN PERSPECTIVE

When there is concern about suicidality, informing a parent/guardian is a part of the process.

(If a student expresses concern that a parent/guardian will hurt them if they are informed of the student’s suicidal ideation, consult with your team including an administrator, to make a decision about how to proceed.)

1. Parent Name (contacted parent) _____
2. Verify phone number and email. _____
3. Share the student's concern with the parent. Write their response below.

_____
_____

4. Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm? of suicide?

_____
_____

5. Is there any history with a family or friend of death by suicide? If so, please describe.

_____
_____

6. What concerns about drugs and alcohol do you have, if any?

_____
_____.

7. Have you noticed any changes in behavior, sleep patterns, engagement, or stress levels? Any major life changes or stressful events?

_____
_____.

8. Safety Proofing the Home: Talk through access to lethal means, specific to the student's plan. Are there firearms, knives, ropes, medications, or other lethal means that could be used? Are any available anywhere in their house or within the houses of regularly visited relatives or friends? Has the student attempted or communicated a desire to obtain a means to die by suicide? If needed, is the parent able to search the students room or possessions?

_____
_____.

9. Read this to the parent (emphasize that we read this for every parent contact regarding suicide, regardless of owning weapons): "Firearms are the responsibility of the owner. Do not assume the student has not learned the combination to a gun safe or the location of the key, even if it is in a friend's or relative's home. Keys can be removed and duplicated; combinations can be discovered through a variety of means. Consider changing keys or combinations or removing firearms from the home. We understand that not every parent is in charge of how weapons are stored, but we encourage you to have a conversation with any gun owners that your child might access." Parent response to this statement:

_____
_____.

10. What are the student's positive activities, interests, relationships, reasons for living (sports, church, clubs, recreation, pets, family, friends, community)?

_____
_____
_____
_____.

11. How does your family access support? Where do you go when you are in need of help? Can we help you towards accessing these supports?

_____
_____.

12. What other concerns do you have that we have not addressed yet?

_____
_____.

[Review STUDENT SAFE PLAN “FOR NOW” with parent. Add any additional supports the parent wants to work on.]

FINAL CHECKLIST

1. Your name and position: _____

2. Notify administrator - date and time notified: _____
3. Consult with colleague - name: _____
4. Contact parent/guardian and complete parent/guardian perspective form: __YES
5. Complete Student Safe For Now Plan (if needed): __YES __NO
6. Communicate resources to family (follow up email), attaching Safe Plan “For Now” (if needed): __YES __NO
7. Mental health provider/MCMH/PCMH referral (if available): __YES __NO
8. ROI signed for outside agency collaboration (if needed): __YES __NO
9. Consider scheduling a student safety and support plan meeting if:
    - There are complex risk factors
    - Multiple Level 1s have happened for this student.
    - The team feels that this would be beneficial for the student and family.
10. Other: _____
11. Print a copy of all SPP forms and seal in a Confidential Folder and place in student CUM folder. Create “CF” flag in Synergy. __YES __NO
12. Print a copy of all SPP forms and seal in a Confidential Folder and place in student CUM folder. Create “CF” flag in Synergy. __ COMPLETE

Postvention in the Event of a Death by Suicide – QAM INS-A038

Immediately following a student’s death by suicide, the administrator and crisis team will develop an action plan to guide the school’s response according to the Crisis Team Manual. The action plan may include, but is not limited to:

- Administrator will contact the family of the deceased to provide support.
- Administrator will contact the Office of Community Relations and Communications to notify appropriate offices and determine crisis team response.
- The administrator, Office of Community Relations and Communications, and crisis team will assess the situation to determine postvention supports.
- Designated staff will collaborate with Local Mental Health Agency (LMHA) and administrators to initiate community support services for the impacted school(s).