Bend-La Pine Schools

Suicide Prevention Protocol

A Guide to Youth Suicide Prevention, Intervention and Postvention for Bend-La Pine Schools

2026-2027

Table of Contents

Introduction: Purpose & Equity Stance 3
Review and Feedback Process 5
Quick Notes: What Schools Need to Know 6
Confidentiality 7
Definitions 8
Groups at Increased Risk for Suicidal Behavior 11
Comprehensive Suicide Prevention Plan: Prevention 16
Comprehensive Suicide Prevention Plan: Intervention 24
Student Re-entry 27
Comprehensive Suicide Prevention Plan: Postvention 29
Memorialization 32
Resources 37
Acknowledgments 38

*This document has links removed. To access any information from an indicated link, please reach out to the Executive Director of Student Services, Sean Reinhart (sean.reinhart@bend.k12.or.us).

Introduction: Purpose & Equity Stance

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. All community-based organizations in public and private sector settings can take an active role in preventing suicide and creating communities where people can thrive, including schools (U.S. Department of Health and Human Services, 2024, p.22). 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. The Oregon Administrative Rules around SB 52 are OAR 581-022-2510 and ORS 339.343.

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

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.

Bend-La Pine Schools

- Recognizes that physical and mental health underpin all learning. Physical and mental health and wellness are integral components of student outcomes, both educationally and beyond graduation.
- Further recognizes that suicide is a leading cause of death among young people aged 10-24 in Oregon and is the leading cause of death for 10-17 year

olds in Deschutes County from 2011-2020 (Deschutes County Suicide Data & Trend Report, 2023, p.28).
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- Acknowledges the school's role in providing a culture and 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.
- Will publish its policy and plan on the district website and will revisit and refine the plan as needed.

Equity Stance

Bend-La Pine Schools is committed to the principle of equity. Equity supersedes the notion of equality, where all are treated the same. Pursuing equity requires the removal of barriers and the promotion of inclusive practices so that all students fully benefit. This document was created in consideration of and using the lens of our Equity Stance.

Bend-La Pine Schools recognizes that in order to promote belonging and connectedness for all students, we must continue to identify and disrupt areas of bias, discrimination and racism in our schools. BLS continues to center wellness promotion activities through an equity lens. This means we are committed to continuing to grow in supporting our culturally and linguistically diverse students and families, as well as uncovering and changing systemic inequities for students with persistent patterns of outcome gaps – in particular, our multilingual students, students with disabilities, and students in poverty. We also acknowledge that our schools have felt unsafe to some students more than others – in particular our LGBTQIA2S+ community, and our students and families of color.

Review and Feedback Process

This plan is a living document and will be reviewed each year by the Student Services Team with feedback from community partners and the Adi's Act Steering Committee.

Bend-La Pine Schools believes in lifelong learning. Rooted in this belief, a procedure has been created for a student, parent, and/or legal guardian to request the school district review the actions that a school takes when responding to suicidal risk. Any parent, or legal guardian, with concerns about the district's actions with regard to suicide preveniton and response may contact the Executive Director, Student Services, to discuss such concerns. A person wishing to make a formal complaint may do so following the district's complaint process at blschools.org/about/engage.

All Bend-La Pine stakeholders are notified of our comprehensive suicide prevention, intervention and postvention plan yearly and encouraged to review the plan and protocols. For further review, see our Policy Governance page to search JHH-AP: Student Suicide Prevention and our Suicide Prevention Protocol, Adi's Act.

Bend-La Pine Schools has a multidisciplinary Adi's Act Steering Committee made up of community and school district stakeholders that meet regularly to review and update the Adi's Act Plan. As a part of that process, we seek feedback from all stakeholders. For any specific questions or comments, please contact the Executive Director below.

Executive Director, Student Services
Sean Reinhart
sean.reinhart@bend.k12.or.us
541-355-1000

Quick Notes: What Schools Need to Know

Take every suicidal behavior and warning sign seriously EVERY time. Take IMMEDIATE action.
Contact the School Screener and a building administrator to inform them of the situation.

- 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 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 parents, making appropriate referrals, and help 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 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. See: Kalafat, J., & Elias, M. (1992). Adolescents' experience with and response to suicidal peers. Suicide and Life-Threatening Behavior, 22, 315-321.
- School Personnel, parents, caregivers, 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.

Confidentiality

School employees are bound by laws of the Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information.

If at any time, a student has shared information that indicates the student is in imminent risk of harm or 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.

Definitions

CRISIS RESPONSE AND SUPPORT TEAM

The Bend-La Pine Schools Crisis Response and Support Team (CRST) is composed of BLS staff (school counselors, school psychologists, and other school based mental health staff) from around the district who work in collaboration with school administrators to address crisis preparedness, intervention, response, and recovery.

LETHAL MEANS:

Lethal means safety is an evidence-based suicide prevention practice that involves making a suicide attempt method less available or more difficult to access immediately, therefore less likely to cause a fatal suicide attempt. Putting time and space between someone experiencing suicidal thoughts and their access to lethal means reduces the risk of harm and can save lives. In the United States, the most common and most lethal method of attempting suicide is by firearms.

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.

PROTECTIVE FACTORS

Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples are feeling connected to home and community, presence of supportive adults, and availability of physical and behavioral health care.

RISK SCREEN

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school based mental health staff (e.g. school counselor, school psychologist, school social worker, or other school based mental health staff).

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, and other risk factors. A risk screen offers point in time information and cannot predict suicide outcome. The goal is to gather information for parents/guardians and to offer resourcing and assistance.

RISK FACTORS FOR SUICIDE

Characteristics or conditions that inrease 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 inrease the long-term risk of a future suicide attempt or accidental suicide. BLS Protocol states that self-harm must be addressed by school based mental health staff and parents informed the same day for resourcing and notification.

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 CLUSTER

A group of suicides, suicide attempts, or self-harm events that occur close together in time, space or both that would normally be expected in a given community. The cluster may represent a greater-thanexpected number of the three listed (e.g. suicide, suicide attempt, selfharm) within a time period in a specific location Additionally, suicide clusters may represent a greater-than-expected number of suicides or suicide attempts spread out geographically in a time period.

SUICIDE CONTAGION

A phenomenon by which the suicide, or suicidal behavior, of one or more persons influences others to attempt suicide.
https://www.cdc.gov/suicide/resources/suicide-clusters.html

POSTVENTION

Postvention refers to the community outreach and comprehensive response to those individuals and groups who were impacted by a suicide death in order to provide secondary prevention efforts with the goal to lower community risk. Overall goals of postvention include: identify those at risk for suicide to help refer to care and/or resource-share, support those impacted by suicide and promote healing, promote help-seeking behaviors, de-stigmatize the conversation of suicide, and to safely speak of the suicide death by following best practice guidelines in order to do no harm.

Groups at Increased Risk for Suicidal Behavior

While the following groups have been identified through research as having a statistically higher risk for suicidal behavior, it is important to recognize that **suicide does not discriminate.** Mental health challenges can affect any student, regardless of background, identity, or perceived risk level.

The inclusion of these specific categories is intended to help staff and peers remain vigilant to unique stressors; however, it is not an exhaustive list. Every student's experience is valid, and we remain committed to supporting the safety and well-being of our entire school community. No student should be overlooked because they do not fall into a specific "at-risk" category.

INTERSECTIONALITY

Youth who have multiple marginalized social identities (for example, both a racial or ethnic minority and a sexual or gender minority, or a disability and racial or ethnic minority) may experience compounded forms of oppression and have greater challenges in accessing mental health services as well as intensified feelings of alienation, hopelessness, and despair that makes these youth especially vulnerable to suicidal thoughts and behaviors.

BULLYING

Research has shown that bullying victimization and offending is an identifying risk factor to youth suicide. In 2023, 16% of high school students in the United States reported they had been electronically bullied and 19.2% of high school students reported being bullied on school property in the last year.
https://yrbs-explorer.services.cdc.gov/#/

FAMILIAL FACTORS

Various familial factors have been linked to youth suicide, such as: Adverse Childhood Experiences (ACES), parental loss from divorce, abandonment, or death, as well as maltreatment. CDC data shows that roughly 3 in 4 high school students

experienced at least on ACE during the pandemic resulting in these students reporting poor mental health and suicidal behavior. https://www.cdc.gov/mmwr/volumes/71/wr/mm7141a2.htm

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, one study found that 70 percent 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 as 88 percent of 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, parental 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. As much as 60 to 70 percent of 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. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the

last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

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

Different cultural contexts, ethnic backgrounds, and life experiences may influence the risk of suicidal ideation and suicide. Multilevel risk and protective factors are associated with suicidal thoughts and behaviors in underserved youth. For further information, see the SAMHSA publication on Suicide Prevention Strategies for Underserved Youth.

AMERICAN INDIAN/ALASKA NATIVE (AI/AN) YOUTH

AI/AN youth have the highest suicide rate among all racial and ethnic groups. Suicide rates for this population increased by 16.7 percent (from from 31.1 to 36.3 per 100,000) between 2018 and 2021. AI/AN high school aged male individuals reported attempted suicide at higher rates than their White counterparts. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. Protective factors include intergenerational and cultural connectedness, as well as positive relationships with adults in the home.

BLACK YOUTH

The rate of suicide for Black/African American youth ages 10-19 increased by 54 percent between 2018 and 2022. A significant association has been observed between experiencing racism and suicidality, and some precipitating circumstances leading to suicide

among Black/African American children ages 5-17 include interpersonal issues, problems at school, being diagnosed with a mental disorder, and alcohol or other substance use. Protective factors include having a strong racial and ethnic identity, increasing positive self esteem, a sense of purpose, religiosity, and positive parenting.

LATINO/A/X YOUTH

The rate of suicide in Hispanic or Latino children younger than age 12 increased by 92.3 percent from 2010 to 2019. Between 2018 and 2021, the suicide rate increased by about 8 percent (from 7.3 to 7.9 per 100,000 for Hispanic or Latino youth ages 10-24. In 2021, Hispanic or Latino high school students in grades 8-12 reported higher rates of attempted suicide requiring medical treatment, comparing with their White counterparts. Risk factors include alienation - including disconnection from family or family origin, acculturative stress and family conflict, hopelessness and fatalism, discrimination, immigration issues, and racism. Protective factors include positive relationships with caring adults, school connectedness, a strong sense of ethnic identity, and familism.

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

Research shows that high school students who identify as sexual minorities have a higher prevalence of suicide attempts compared to heterosexual students. In 2021, more than a quarter (26.3%) of high school students identifying as lesbian, gay, or bisexual reported attempting suicide in the prior 12 months. This was five times higher than the prevalence among heterosexual students (5.2%).
Protective factors include supportive schools and communities, acceptance by parents, cisgender heterosexual friends and other peers, choice in use of gender-affirming names and parent-family connectedness.
https://www.cdc.gov/suicide/disparities/index.html

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. Children and youth with intellectual disabilities are a vulnerable and marginalized population who may be at risk for suicidal thoughts and behaviors.

Comprehensive Suicide Prevention Plan Components

Prevention

Prevention: Educate students, staff, and families to be prepared to recognize and respond to signs of suicide risk. Beyond early identification, prevention also includes programs to promote resiliency and support a positive school environment.

*Staff training cadence and offerings may change due to availability and updated best practice recommendations.

Bend-La Pine Suicide Prevention Trainings/Curricula/Resources

STAFF		
Prevention Effort	Description, Cadence	Target Audience
Messaging to students related to health behaviors and outcomes	Student-facing content and proposed guest speakers teaching or delivering Tier 1 messaging to students about health behaviors and outcomes must be referred to District Curriculum and Instruction Directors for review and district approval as Health instructional tools or approved guest speakers. Curriculum and Instruction Directors will consult with Adi's Act committee for health instruction related to topics that cause student death or losses of life that could affect students.	All District Staff / Students
Policy, Procedure, Best Practices Review	Each year, staff review district suicide prevention policies and refine building-level mental health referral workflows. These protocols and plans are accessible through the district handbook and mental health webpage, and are reinforced during	All District Staff

	annual meetings, training, and professional development sessions.	
QPR or BSBB	Question, Persuade, Refer 1.5 hour training where participants learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help; culturally infused. Be Sensitive Be Brave is a 2 hour evidence-based training program focused on mental health awareness and suicide prevention. It teaches everyday community members how to recognize distress and connect people to support through a culturally responsive lens.	All Bend-La Pine staff, every 3-4 years, by building, program, or department.
Mental Health Staff Training Workflow	Licensed mental health staff, including school counselors, school social workers, school psychologists, and other clinically licensed staff, shall complete a training cadence as follows: ASIST, CALM, Safety Planning for Youth Suicide Prevention, and when available, SP 201: Advancing Suicide Prevention & Clinical Management. ASIST trained non clinical staff may use the model to identify, ask the question, and refer immediately to school based mental health staff members, who will follow protocol/policy around suicide risk.	Trained Risk Screeners: Licensed staff: school counselors, school social workers, school psychologists, and other clinically licensed staff.

ASIST	Applied Suicide Intervention Skills Training is a two-day course that will provide guidance and suicide first aid to a person with thoughts of suicide that meet their individual safety needs, and identify the key elements of an effective suicide safety plan. Required in the screener's first year of employment (subject to change due to availability and best practice recommendations).	Trained Risk Screeners: Licensed staff: school counselors, school social workers, school psychologists, and other clinically licensed staff.
CALM	Counseling on Access to Lethal Means allows greater competency in describing strategies for raising the topic of lethal means and explaining to stakeholders that reducing access to lethal means is an evidence based strategy for suicide prevention. Year two; one time, repeat as the training is updated and/or the screener cycles through the training cycle.	Licensed school mental health staff authorized to facilitate safety planning: school counselors, school social workers, school psychologists, and other clinically licensed staff.
Safety Planning for Youth Suicide Prevention	Participants will learn the core elements of the safety planning intervention, strategies for collaborating with young clients and their families, and ways to overcome challenges. One time, repeat as the training is updated and/or the screener cycles through the training cycle.	Licensed school mental health staff authorized to facilitate safety planning: school counselors, school social workers, school psychologists, and other clinically licensed staff.
Connect Postvention	4-hour training designed to teach staff best practices on how schools can respond to a sudden death, which includes suicide, in order to prevent contagion and promote healing. One time, repeat as the training is updated and/or the screener cycles through the training cycle.	Crisis Response and Support Team, District Leadership

Suicide Prevention and Intervention for the Latine Communities	This three-hour on-demand training for mental health professionals focuses on using culturally responsive practices to improve suicide prevention, assessment, and intervention for Latine individuals. Optional additional training; subject to change.	Licensed school mental health staff
Youth SAVE	Youth SAVE provides skills for providers to deliver suicide screens and interventions to youth and increases provider confidence in working in the field of suicide intervention. Optional additional training; subject to change.	Licensed school mental health staff
Workshops	Topics around best practice for student suicide prevention; topics update yearly.	Licensed school mental health staff
Sources of Strength Adult Advisor	A 4-6 hour training for admin and staff who are working with Peer Leaders in their school. The adults are trained to implement Sources of Strength to fidelity with the evidence-based program, which includes facilitating Peer Leader meetings and mentoring Peer Leaders through implementing school-wide safe messages of hope, help, and strength. Yearly.	Any adults in the school buildings who work with small groups of students promoting student mental health school-wide.

Students		
Prevention Effort	Description	Target Audience
Policy, Procedure, Best Practices Review	Access to and reminders about the district suicide prevention plan. BLS Adi's Act is available on the Student Mental Health Website, as well as in the Family	Students

	Calendar/Handbook. Students also receive information on prevention & intervention during health curriculum instruction.	
Project Wayfinder	CASEL aligned skills designed to improve student outcomes and school culture, built for academics and life. Students learn the six core skills for future ready students: purpose, self awareness, adaptability, empathy, collaboration, and agency.	K-12
Sources of Strength "Connecting to Help"	The Connecting to Help Resource includes a series of 6 lessons from the Sources of Strength Elementary curriculum. This package includes the Tier I suicide prevention lessons and explores protective factors, normalizes help seeking, and identifies trusted adults.	Grades 3-5, Counselor delivery
Evidence-Informed/ -Based Suicide Prevention Education programs aligned with Oregon Health Standards and best practices for suicide prevention	Grades 3-5: Sources of Strength Connecting to Help Grades 6-8, Heath 1-2, Online Health: Erika's Lighthouse and/or Signs of Suicide.	Upper Elementary and Secondary Students

Sources of Strength	A best practice youth mental health promotion and suicide prevention program designed to harness the power of peer social networks to create healthy norms and culture, ultimately preventing suicide, violence, bullying, and substance misuse.	Secondary Students
Student iPad apps for safety	Resources and tools for youth needing help for themselves or a friend. Resources include Safe Oregon Tip Line and 988.	Secondary

Parents		
Prevention Effort	Description	Target Audience
Bend – La Pine Schools website	Mental Health Resource Page Curated links to local and national resources for suicide prevention and intervention, including crisis intervention information.	Families, parents, guardians
QPR (Question, Persuade, Refer)	Question, Persuade, Refer 1.5 hour training where participants learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Lines for Life offers training in a virtual model to	Families, parents, guardians

	Oregon residents for both QPR and BSBB. COSPA (Central Oregon Suicide Prevention Alliance) offers free community QPR events as well in Central Oregon.	
Hope, Help, Heal	Annual community event to connect families, parents, and guardians with education, awareness and discussion around youth mental health in Deschutes County. Spanish interpretation and closed captioning included. Spanish language workshops and events also included.	Families, parents, guardians

Resources & Supports for the Multilingual Community		
Prevention Effort	Description	Target Audience
Suicide Prevention Training	Lines for Life Bilingual Training Program: QPR and Be Sensitive Be Brave (BSBB) Trainings (virtual) in Spanish made available free of cost by Lines for Life	Families, parents, guardians
BLS Información	Helpful Information	Families, parents, guardians
BLS Facebook	Event information	Families, parents, guardians

Boletin Familiar	Family Newsletter	Families, parents, guardians
Latino Family Liaisons	Bilingual family support to help improve the educational experience and academic outcomes of our Latino students.	Families, parents, guardians; Reach out to the Welcome Center at 541-355-6820 or by email at: welcome-center@bend.k12.or.us

Intervention

Intervention strategies promote the importance of intervening with youth at risk and connecting them with the needed help. This protocol will address the process taken by staff when concerned about a student. This includes how to support the student, where to bring them for support, staff roles in a crisis, internal and external communication, referrals and follow up.

Our School Community		
Intervention Effort	Description	Target Audience
Care Solace: 24/7/365 mental health care coordination service; 200+ languages spoken	Care Solace for BLS	Students, Families, Staff
Safe Oregon	Tip line to report school threats, violence, drugs, self-harm, or any safety concerns. Available 24/7/365.	Students, Families, Staff

Staff Response		
Intervention Effort	Description	Target Audience
Risk Screen C-SSRS: Screener (The Columbia-Suicide Severity Rating Scale with Triage Points for Schools)	This screen is used as an information gathering tool that offers point in time information; a screen cannot predict suicide outcome. BLS does not assign or negate risk of potential harm to self. The goal is to gather information for parents/guardians and to offer resourcing/ assistance	Students and Families, completed by Trained Risk Screeners: Licensed staff: school counselors, school social workers, school psychologists, and other clinically licensed staff.

	by school based mental health staff members.	
Safety Planning Intervention	A Safety Planning Intervention is a brief intervention intended to provide intentional support for students experiencing suicidal ideation, including coping strategies to implement while at school.	Students and Families
Lethal Means Counseling	When a student indicates suicidal intent, schools shall attempt to discuss safety at home, or "means safety" with parent or guardian, limiting the student's access to mechanisms for carrying out a suicide attempt e.g., guns, knives, pills, etc. Safe Storage Resources	Student, Families, parents, guardians
Care Solace: 24/7/365 mental health care coordination service; 200+ languages spoken	Care Solace for BLS	Students, Families, Staff
NSSI (Non-suicidal Self-Injury)/Self Harm Protocol	Protocol for immediate response to self-injury or suspected self-injury; includes Information gathering, resourcing, safety planning, and same day notification home to parent/guardian by school based mental health staff.	Students and Families

Upshift	A proven approach to reduce current substance use; delivered in individual counseling sessions.	Secondary

Staff Response:
If a suicidal attempt, gesture, or ideation occurs or is recognized, staff ensure the supervision of the student and report it to a trained school mental health staff member or a school administrator right away. If the situation is critical or suicide risk is imminent (Ex. having possession of means, if the student is not at school or has left the campus and a plan to kill oneself is discovered, or if the person is unwilling or unable to keep themselves safe), staff will call law enforcement for immediate assistance.

All threats of self-harm and suicidal ideation must be taken seriously, student screened, and parent/guardian notified same day by a school based mental health staff member. If a parent/guardian cannot be reached, staff will reach out to emergency contacts for assistance, and/or contact the police department non-emergency line, a School Resource Officer, or Community Crisis Response Team (CCRT) for notification assistance. If a Spanish speaking staff member is needed to make a call home around SI or NSSI, staff have access to Latino Family Liaisons, Linguist Link, or 988.

Trained school mental health staff will use the C-SSRS: Screener with Triage for Schools (The Columbia-Suicide Severity Rating Scale) to guide the suicide inquiry and determine course of action, following the BLS Suicide Risk and Response Protocol.

All Safe Oregon notifications regarding suicidal ideation or non-suicidal self-injury initiate an immediate referral to the building's School Based Mental Health Team after the tip is triaged and immediate physical safety is stabilized. These tips are processed through the district's Suicide Risk and Response Protocol, ensuring screening and a safety planning intervention for every student.

Intervention Steps:

- Suicide Risk Concern Flowchart

School District Designees:

- Sean Reinhart, Executive Director Student Services
- Jennifer Hauth, Director of Student Well-being
- Jamie Gunter, Suicide Prevention Coordinator

Building Designees:

- Each building has a point of contact for Suicidal Ideation and Non-Suicidal Self-Injury/Self-Harm. Parents/guardians can contact the Building Administrator and/or School Counselor(s) for more information.
    - Bend-La Pine Schools:
        - Contact information for all schools

Student 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; the goal is for all members of the student's team (parents, caregivers, school staff, outside mental health professionals, etc.) to work together utilizing evidence-based prevention protocols to monitor the student and establish a support system.

The Re-Entry Meeting and/or School Safety Plan is scheduled by the designated school counselor or school based mental health staff with the student, parent, caregiver, nurse (if necessary) and administrator. The district Suicide Prevention Coordinator may be available to help, as needed, to complete the Safety Plan and Return to School Plan.

1. A re-entry meeting should occur when students are returning to school following a higher level of care or returning after a suicide attempt as a best practice approach contributing to student safety.

2. The Safety Plan should be completed upon the student's return to school, prior to attending classes. The team will agree which staff members need to be informed about the safety plan in order to keep the student safe at school.
3. After staff are notified of a visit to the Stabilization Center or Emergency Department, it is best practice to review and revise the safety plan as well.
4. If a student left school due to a behavioral health safety concern or if the student was unwilling or unable to keep themselves safe at school around NSSI (non-suicidal self-injury) or suicidal risk, a meeting with parent/caregiver and student and school team to review safety plan is best practice as well.

Postvention

Postvention Response Plan

Postvention refers to an organized response in the aftermath of a suicide or sudden death to facilitate healing from grief and distress, mitigate negative effects of suicide exposure, prevent suicide contagion among high-risk individuals, and restore a safe learning environment. Pursuant to **Oregon Revised Statute (ORS) 418.735**, Bend-La Pine Schools prioritizes postvention efforts focused on healing and risk reduction.

Because individuals who lose someone to suicide are at increased statistical risk for suicidal thoughts or behaviors, timely and appropriate postvention interventions offer vital support to survivors while reducing secondary risk. The District activates a long-term postvention response led by the BLS Student Services team in direct partnership with the Deschutes County Postvention Response Lead and their team.

Primary Objectives

- **Support Recovery & Climate:** Support the grieving process, foster a connected school environment, and restore standard school operations while balancing community recognition of the loss.
- **Reduce Risk & Contagion:** Identify individuals at elevated risk, encourage help-seeking behavior, and model accessible support services.
- **Maintain Long-Term Surveillance:** Track postvention data, conduct system reviews, provide proactive outreach, and schedule check-ins around key anniversaries.
- **Ensure Equity:** Deliver all postvention responses in a trauma-informed, culturally responsive manner that honors diverse community needs.

Postvention Cautions & Safe Messaging

- **Do Not Sensationalize:** Do not glorify, romanticize, eulogize, or sensationalize the death.
- **No Mass Assemblies or Intercom Announcements:** Avoid releasing information over the intercom or in large assembly settings.

- **No School-Based Memorials:** Do not conduct school-wide memorial services or establish permanent physical memorials.
- **Stick to Approved Facts:** Share only district-approved facts (e.g., sudden death or death by suicide). Never share details regarding means, location, or specific circumstances.
- **Reduce Stigma:** Avoid judgmental or unsafe language, and recognize that individuals experience grief and trauma differently. Focus messaging on recovery, support, and hope.

Implementation Protocols

- **Consistent Response:** Maintain consistent protocols across all sudden deaths, regardless of the cause (suicide, accident, illness).
- **Safe Messaging & Outreach:** Utilize evidence-informed communication frameworks and provide proactive outreach to heavily impacted students, staff, and groups.
- **Community & Partner Engagement:**
    - Collaborate with community partners to support families and school communities.
    - Host structured community gatherings focused on education, healing, and protective factors.
- **Staff Support:** Monitor and support staff and response team members through their own grief and vicarious trauma.
- **Continuous Improvement:** Review lessons learned after each crisis response to continuously refine district procedures.

Postvention planning will include:

- Postvention responses aim to function consistently across deaths regardless of manner (suicide, sudden death, accident, etc.).
- Understanding the risk of contagion and promoting strategies for reducing this risk.
- Understanding warning signs in persons who may be at risk after a suicide death help audiences understand best practices for effective suicide response.

- Helping the survivors of suicide loss deal with the loss and grief in an appropriate way.
- Addressing cultural factors that involve the survivors and students at high risk.
- Engaging with community partners to provide additional supports
- Provide safe and effective messaging after a suicide, including resources and communication that follow best practice framework
- Coordinate community gatherings as a resource and opportunity for education, healing and concerted effort to strengthen protective factors and reduce risk factors as well as educate around risk and warning signs.
- Be sensitive to staff and response team's need to grieve and need for assistance.
- Recognize that the impact lasts for months and years, with anniversaries often as higher risk times.
- Provide promotion and modeling of help-seeking and resource sharing.

BLS Sudden Death Postvention Response Procedures

Notification: Once information has been verified, notification to community partners will take place immediately. (See Deschutes County Postvention Protocol)

District Protocols: In the event of any crisis in which a near death, suicide, or sudden death (in which the cause of death is unavailable) event occurs that impacts students, staff or part of the school community, BLS staff will follow district postvention response procedures.

BLS Postvention Crisis Response Team
Deschutes County Health Department Prevention and Promotion: Jessica Jacks, Caroline Suiter
Bend-La Pine Director of Safety: Scott Bojanowski
Bend-La Pine Director of Communication: Scott Maben
Bend-La Pine Executive Director Student Services & District Crisis Response Team: Sean Reinhart

Crisis Response Team Leads: Jennifer Hauth, Jamie Gunter

District Crisis Team Postvention Team Checklist

BLS Sudden Death Response Procedures for Building Admin and Staff

Memorialization

- **BLS Policies involving memorialization can be viewed at https://meetings.boardbook.org/public/Organization/2413**
    - FFA-AR Memorials
    - KG-AR Facilities
    - KG-AP Community Use of District Facilities
    - IGDB-AR Student Publications
- **Memorials:** The BLS Executive Director of Student Services and the School Principal will address the content and timing of memorials that arise after a death, following BLS Administrative Regulations.
    - Safe temporary memorials allow a community to grieve collectively while protecting vulnerable individuals from suicide contagion. Leading postvention organizations, like the Suicide Prevention Resource Center (SPRC), recommend options that are time-limited, life-affirming, or action-oriented.
        - **Locker or desk tributes**: Allowing peers to place messages, flowers, or photos on a locker or desk for a specific, pre-announced timeframe (e.g. after approximately 5 days). Items are then gently packed and privately gifted to the family.
        - **Controlled banner or poster**: Placing a single banner or poster in a supervised room where individuals can write personal notes. This avoids unmonitored "spontaneous shrines" in high-traffic public walkways.

        - **Memory books or journals**: Keeping a shared scrapbook or blank journal in a counselor's office or quiet room for people to write recollections or attach photographs.
    - **In all cases, memorializing will be considered equally** and the following items should be considered:
        - Emptiness of the deceased student's chair can be unsettling for students. After approximately 5 days (or after the funeral), it is suggested to set up a new seating arrangement to shift the learning environment. Teachers should always explain in advance that the intention is to strike a balance between compassionately honoring the student who has died while at the same time returning the focus back to the classroom curriculum.
        - Discourage student requests for memorial t-shirts, buttons, or team jersey/helmet modifications following a loss.
        - Cross cultural considerations should be accepted and responders need to accommodate requests to the best of their ability.
        - Timing: **Schools can leave such memorials in place until after the funeral or memorial service, up to approximately 5 school days.** Items should then be removed and offered to the family after the Crisis Team or school counselors have read all items for appropriateness and to consider students at risk.

- **Permanent Memorials and Scholarships:** Some families and/or communities wish to establish a permanent memorial, sometimes physical, such as planting a tree or installing a bench or plaque; sometimes commemorative, such as a scholarship. It is highly recommended that all memorials be established off school grounds. As difficult as this can be, schools can play an important role in channeling the energy and passion of the students and greater community in a positive direction, balancing the need to grieve with the impact that the proposed activity will likely have on students, particularly those who were

closest to the student or staff member who died. Review the BLS Administrative Regulation FFA-AR for more guidance and information.

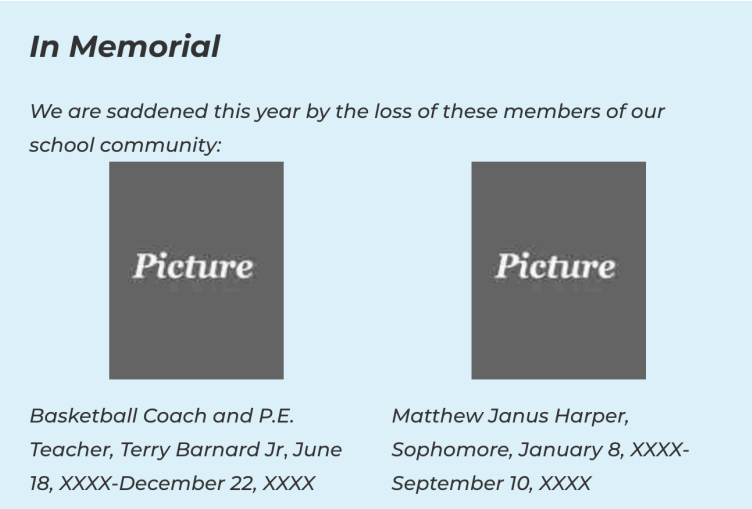
- Action Oriented and Living Tributes
  - **Charity drives or service days**: Organizing a community service activity or program, fundraiser, or blood drive in memory of the person.
  - **Resource donations**: Collecting funds to purchase books for a local library that focus on resilience, mental health, or coping with loss.
  - **Prevention event sponsorship**: Sponsoring or participating as a community group in an out-of-the-darkness or suicide awareness walk or mental health awareness day.

- **Cultural Considerations:** When approaching memorialization with a cultural lens, demonstrate awareness and sensitivity toward culturally related expressions, practices, and activities. Consider setting up time with students to better understand the needs and where cultural heritage components reside within the desire for memorialization as well as to identify steps that memorialize the culture rather than the individual who passed.

- **Funerals and Memorial Services:** It is highly recommended not to hold a memorial service on a school campus. There are emotional and psychological impacts of grief and activating traumatic experiences for students, and a shift of focus from academics that can negatively impact the learning environment regardless of if the memorial was held during or outside of school operating hours. BLS policy around funerals and memorial services is included in Administrative Policy Code KG-AP.

- **School Newspapers and Yearbooks:** The guiding principle is that all deaths will be treated the same way and be consistent. It is acceptable to have an "In

Memory" section of the yearbook each year that lists the names of any students or faculty who have died with a picture that is consistent with the student and staff photos in the class or staff section with a born and died date. The policy is equally applicable to a student who has died by suicide, provided that the final decisions are approved by a school administrator and the Executive Director of Student Services. It is also recommended as best practice to have an appendix page dedicated to mental health resources each year.



- Coverage of the student's death in a school newspaper may be seen as a kind of memorial; all articles should be informed by using best practices (include warning signs and resources, use appropriate language, emphasize help and hope, ask an expert). All articles should be reviewed by a school administrator and the Executive Director of Student Services with the considerations of safe messaging practices (see recommendations for safe messaging). BLS policy around obituaries and student publications are listed in Administrative Regulation Code IGDB-AR.

- **Events:** The student's family or classmates may wish to dedicate an event (such as a dance, performance, concert, or sporting event) to the deceased. The recommendation is that all deaths should be treated the same way. It is

also highly recommended to not use the aftermath of a death by suicide as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high risk students at a higher risk of acting on their own suicidal thoughts. Principals can reach out to the Executive Director of Student Services for guidance.

Graduation options

- Graduation recognition should be standardized by using the phrase, “for those who started and did not finish,” without naming individuals, displaying photos, setting up empty chairs, or engaging in other activities that may increase emotional distress and suicide risk.
- When appropriate, the district will consider the family’s wishes in planning any recognition and will consult with the Deschutes County Suicide Prevention Program regarding any specific requests.
- Graduation ceremonies should not include activities that may unintentionally glorify or romanticize a death.

Resources

After a Suicide Toolkit, 2nd Edition:
This second edition of After a Suicide: A Toolkit for Schools was written in 2018 by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), Education Development Center (EDC).

Recommended Local Mental Health Resources

Recursos Recomendados De Salud Mental

Bend - La Pine Schools Student Mental Health Resources

Care Solace Mental Health Care Coordination Service for Bend-La Pine Students, Staff, and their Families

Risk and Protective Factors: Suicide Prevention Resource Center Guide

COSPA Safe Firearm Storage: Resource Guide for Central Oregon

https://www.ruralhealthinfo.org/toolkits/suicide/2/postvention

Suicide Prevention Resource Center (SPRC)

Acknowledgements

About this Guide

In 2009, Deschutes County received a Garrett Lee Smith Memorial Act Youth Suicide Prevention Grant award from the Oregon Health Authority. The funding required the Deschutes County Children & Families Commission and Health Services to work in partnership with the community and four high schools to implement a comprehensive approach to suicide prevention in schools and to bring awareness to the community. The initial Adi's Act plan for Bend-La Pine Schools was a result of that partnership. The current plan is the result of the partnership between the Student Services team at BLS and the Deschutes County Suicide Prevention Program and can be applied to any school district seeking to proactively address suicide. Information for this guide was derived from resources that uphold evidence based approaches. For more information please contact the Deschutes County Mental Health Promotion Strategist at 541-322-7420.

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Deschutes County Suicide Prevention Program
Bend-La Pine Schools Student Services Team
Bend-La Pine Schools Adi's Act Steering Committee

Research Sources

Information for this guide were derived from the following sources:

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Substance Abuse and Mental Health Services Administration: Suicide Prevention Strategies for Underserved Youth. Publication No. PEP24-06-005. Substance Abuse and Mental Health Services Administration, 2024.

Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.

www.oregon.gov/DHS/ph/ipe

www.surgeongeneral.gov

Reporting on Suicide