



# **Clatskanie School District**

## **SUICIDE PREVENTION PLAN**

June 2024



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# INTRODUCTION

Senate Bill 52, also known as "Adi's Act", was passed in Oregon in 2019. This legislation requires school districts to develop and publicly post the school district's plan for suicide prevention, intervention, and postvention response activities.

## WHY IS THIS NEEDED?

Suicide is the second leading cause of death for teens in Oregon. Teens face a barrage of pressures and stressors that, if uncared for, can amplify the mental health risk factors most commonly associated with suicide. When teens feel connected to their schools, friends, and a caring adult, they are better equipped to cope with life in a healthy way.

## PURPOSE

The purpose of this plan is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

### **Clatskanie School District:**

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



## ***QUICK NOTES:***

### **WHAT SCHOOLS NEED TO KNOW**

- School staff are frequently considered the first line of contact with potentially suicidal students. 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 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.
- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- 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.



# SUICIDE PREVENTION OVERVIEW

## What is Suicide Prevention?

The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out for help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness campaigns.

## Training and Prevention Practices

### **Staff:**

- All licensed staff will receive annual suicide prevention training through the Vector online learning module
- All licensed building staff will receive suicide awareness training every 3 years.
- All counselors, school psychologists, and building administrators will attend a 2 day intensive ASIST (Applied Suicide Intervention Skills) training every 4 years
- All counselors, school psychologists, and school administrators receive CSD Suicide Response Protocol training or refresher annually.

### **Students:**

- All students K12 will receive direct instruction on social emotional learning/mental health promotion.
- All MS/HS students will receive up to 3 lessons per year on suicide prevention (defining depression, dispelling suicide myths, encouraging help seeking behaviors, and building resilience.
- The Suicide Response Protocol requires staff work with the student and parent/guardian on safety planning and connecting with resources at school and in community



# At-Risk Student Populations

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

## *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 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. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

## *Youth Who Engage in Self-Harm or Have Attempted Suicide*

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 youth experiencing homelessness, 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 homeless youth experience suicidal ideation.



### *American Indian/Alaska Native (AI/AN) Youth*

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see [ihs.gov/suicideprevention](https://ihs.gov/suicideprevention).

### *LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth*

The CDC finds that LGBTQ+ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

### *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. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.



# SUICIDE INTERVENTION

## OVERVIEW

School counselors, school psychologists, and administrators often become aware of a student who poses a risk for suicide through concerns brought to them by staff, the student's peers, parents, or from direct referral by the student. A suicide risk screening needs to be completed for every student expressing thoughts of suicide.

If imminent danger exists, phone 911 or local police immediately. This is especially important if the student of concern has skipped school altogether or left the campus and a plan to suicide is discovered.

If a student is having thoughts of suicide, there is suicide risk. If imminent danger is not present but a concern about suicide risk exists, the School Screener initiates the screening process. If suicidal thoughts are not present, a full screening is not necessary. The screener can still complete the support plan and implement other interventions as needed.

- 1) A **Level 1 Suicide Screening** is conducted by a School Screener. The School Screener interviews the student, talk to parent/guardian and completes the Suicide Screening Form. The School Screener consults with another trained School Screener to determine if a Level 2 Suicide Assessment is warranted. The Screener can also consult the Columbia County Crisis Line at (503) 782-4499.
- 2) A **Level 2 Suicide Assessment** by a Qualified Mental Health Professional may be necessary based upon information gathered in the Level 1 Screening.

## 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; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that 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".

### 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 he/she 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.

## **GUIDELINES FOR WHEN THE RISK OF SUICIDE HAS BEEN RAISED**

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat reports this information immediately and directly to a School Screener (counselor, school social worker, psychologist, or Administrator) so that the student of concern receives appropriate attention. Every effort should be made to interview the student the same day that concerns are reported.

- **TAKE SUICIDAL BEHAVIOR SERIOUSLY EVERY TIME.**
- **TAKE IMMEDIATE ACTION. CONTACT THE SCHOOL SCREENER AND A BUILDING ADMINISTRATOR TO INFORM HIM/HER OF THE SITUATION.**
- **NO STUDENT EXPRESSING SUICIDAL THOUGHTS SHOULD BE SENT HOME ALONE OR LEFT ALONE DURING THE SCREENING PROCESS.**
- **IF THERE IS REASON TO BELIEVE A STUDENT HAS THOUGHTS OF SUICIDE, EVERY EFFORT SHOULD BE MADE TO AVOID SENDING THE STUDENT HOME TO AN EMPTY HOUSE.**

## **LEVEL 1 SCREENING—STUDENT INTERVIEW**

1. **Lethal Means.** A concern for risk of suicide is brought to the attention of the School Screener and school administrator by a staff member, student’s peers, or from direct referral by the student. If the student is in possession of lethal means (razor, gun, rope, pills, etc.), secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call law enforcement to remove lethal means.



2. **Supervision.** A school staff person must stay with the identified student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student. If possible, this should be the person who identified the student at risk.
3. **Use the Suicide Screening Form.** The School Screener interviews the student and conducts a Level 1 Suicide Screening to determine immediate suicide risk. If the student admits that s/he is thinking about harming someone else, refer the student to the school administrator to initiate a Behavioral Safety Assessment to respond to a possible threat. The *Suicide Screening Form* is used by the School Screener to document the Level 1 suicide screening and to ensure that the Clatskanie School District Suicide Intervention Procedures are followed.
4. **Parents/guardians must always be notified when there appears to be any risk of self-harm.**
  - a. If the student discloses thoughts of suicide or if the School Screener has reason to believe there is a current risk for suicide, the School Screener will request that a parent/guardian come to school to participate in the screening process and safety plan. *This can be completed over the phone, though it is not preferred.*
  - b. If the student denies experiencing thoughts of suicide and the Suicide Screener does not have reason to believe there is a current risk of suicide, it is still recommended that the Suicide Screener notify parent/guardian to share concerns.
  - c. The *Parent Letter/Information Sheet* should be reviewed with and then provided to parents when any suicidal thoughts are present (hard copy or sent electronically), as appropriate.
  - d. If the School Screener has exhausted all methods to reach the parent/guardian (including Emergency contacts and sibling schools), call the Columbia County Crisis Line (503-782-4499) to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Protective Services) or local law enforcement if the risk of self-harm may be imminent.
5. **Child abuse and/or neglect.** When the School Screener or other staff person knows, or has reasonable cause to suspect that an identified student has been, or is likely to be abused or neglected if/when parents are contacted, he or she must make a report to the Child Welfare hotline through the Department of Human Services at **503-681-6917**.
6. **Consultation.** Upon completion of the Level 1 Suicide Screening, the School Screener will consult with another School Screener or the Columbia County Crisis Line to determine if a Level 2 Suicide Assessment is appropriate. Sharing decision-making with another professional is best practice. The outcome of the consultation will be one of the following:
  - a. **Level 2 Assessment is not warranted.** School Support Plan is completed with the student (and parent/guardian if possible).



- b. **Level 2 Assessment is warranted.** After consultation, if concern about suicidal ideation is sufficiently high, the School Screener refers student to a **Level 2 Suicide Assessment** by a Qualified Mental Health Professional. A School Support Plan is developed upon the student's return to school.
- 7. **Columbia County Crisis and Consultation line (503-782-4499).** At any point during the Level 1 screening, the School Screener can call the Columbia County Crisis Line to consult about the student or the situation.
- 8. **Home safety.** If there is reason to believe a student has thoughts of suicide, every effort should be made to avoid sending the student home to an empty house.

## **LEVEL 2 SUICIDE ASSESSMENT (by a Qualified Mental Health Professional)**

After consultation with another staff person who has been trained in the Suicide Screening Procedures (Counselor, Psychologist, Administrator or Columbia County Crisis Line), the School Screener determines that it is appropriate to proceed with a Level 2 assessment by a Qualified Mental Health Professional. A Level 2 Assessment requires parental permission unless the student is 14 years of age or older. If a parent/guardian is unavailable or unwilling to consent to a suicide assessment by a Qualified Mental Health Professional, the School Screener should contact the Columbia County Crisis Line (503-782-4499) to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Welfare Hotline: 503-681-6917), local law enforcement if the risk of self-harm may be imminent and parents/guardians are unwilling to seek services. The School Screener facilitates a referral to one of the following Qualified Mental Health Professionals (listed in order of preference):

- 1. **Student's primary mental health therapist:** The School Screener calls the therapist, provider, or agency. The therapist or agency makes an immediate plan with the student and family to conduct the Level 2 Suicide Assessment. If the School Screener cannot reach the therapist, the Screener will utilize other options listed below. It is **not** sufficient to simply leave a voicemail message for the therapist.
- 2. **School staff arrange transportation with parent/guardian to School Based Health Center for Suicide Assessment.**

**Clatskanie School-Based Health Center (staffed by Columbia Health Services)**  
**(503) 728-5090**  
**471 SW Belair Drive**  
**Clatskanie, OR 97016**



3. **Columbia County Crisis Line (503-782-4499):** The School Screener calls the Crisis Line (with student, if appropriate) and requests a suicide assessment. Make sure to indicate if an interpreter is needed. Possible Crisis Line actions include:
  - a. Assessment and development of a safety plan with student and parent/guardian via phone.
  - b. Request to bring student to local Emergency Dept.
  - c. Activation of Crisis Team to come to the school.
4. **Hospital:** Arrange student transportation to the hospital. Transportation options:
  - a. Parent/Guardian
  - b. Law Enforcement
  - c. Ambulance

## DEVELOPING THE SCHOOL SUPPORT PLAN AFTER A LEVEL 1 OR LEVEL 2 SUICIDE SCREENING

After every suicide screening, the School Screener must complete a School Support Plan. The School Support Plan provides a structure for intentional support, designates the responsibilities of each person, and includes a review date to ensure follow-through and coordinated decision-making. A Plan Manager should be designated to serve as the school point person for follow-up communication with parents and community providers for students who have been screened for suicide (level 1 AND 2).

**Level 1 Screening-** Support Plan needs to be completed with student (involve parent or guardian as appropriate) immediately.

**Level 2 Assessment-** School screener or designated Plan Manager schedules a **REENTRY MEETING** with student, parent, and **administrator** to complete the Support Plan. The Counselor or Psychologist/Case Manager (if SPED) should be involved in this meeting, as appropriate. The Support Plan needs to be completed upon the student's return to school (prior to attending classes).

**Please note that, with few exceptions, students should not be kept out of school due to suicide concerns**

\*\*\* A Reentry meeting is also necessary when students are returning to school following a suicide attempt, even if the school did not complete a suicide screening.



# CONFIDENTIALITY

Privacy is of utmost importance, and every effort will be made to respect the confidentiality of the student while attending to the safety needs of the student and school building. The student and parent/guardian should be informed of the limited information sharing that the district requires:

- For safety reasons, the building administrator will be notified of every suicide concern.
- Depending on the School Support Plan, specific school staff might receive certain information about concerns as part of a plan to maintain safety and provide support to the student. Student and parents/guardians are invited to help develop this plan.
- The Suicide Screening Form will be kept in a confidential file and will not become part of the student's permanent education record.



# SUICIDE POSTVENTION OVERVIEW

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or completion is very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event. The school’s primary responsibility in these cases is to respond to the suicide attempt or completion in a manner which appropriately supports students and the school community impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

## Purpose

- Not all suicide behavior can be prevented, therefore it is important to be prepared in the event of attempts or completed suicides.
- The school’s primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy.
- It is important to not “glorify” the suicide and to treat it sensitively when speaking about the event, particularly with the media, as contagion can be a concern.
- It is important to address all completed suicides in a consistent manner.

## Response

- CSD follows a Flight Team model to support students, families, and staff following a crisis or other traumatic event.
- The Flight Team’s objective is to assist the school community in achieving stability and returning to normalcy as soon as possible.
- The Clatskanie School District is a member of the Columbia County Flight Team. This team coordinates responses in the event a district needs additional assistance responding to a tragedy.



- Families and communities can be especially sensitive to the response to suicide. The district will respond appropriately according to the [SPRC Postvention Guidelines](#).

## Postvention Goals:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term surveillance
- Integrate and strengthen protective factors (ie community, positive coping skills, resiliency, etc)

## How do we reach these goals?

- Do not glorify or romanticize the suicide.
- Treat it sensitively when speaking about the event, particularly with the media
- Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- Research and identify the resources available in your community.

## Key Actions:

- Verify the suicide attempt or completion
- Mobilize the Flight Team by contacting the FT rep from NWRESO.
- Estimate level of response resources required
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom)
- Inform faculty and staff
- Identify at-risk students and staff
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk.
- Be aware that persons may still be traumatized months after the event.

## Key Points To Emphasize To Students, Parents, Media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Normalize anger
- Stress alternatives
- Help is available



## Cautions:

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school based memorial services
- Address loss but avoid school disruption as best as possible

## Additional Postvention Resources:

[After a Suicide: A Toolkit for Schools](#)