

SUICIDE RESPONSE POLICY & PLAN



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This document was adapted from the following resources:

North Bend School District Suicide Prevention Policy & Plan (5/31/2023)

"Model School District Policy on Suicide Prevention," AFSP, NASP, ASCA, Trevor Project

Lines for Life & Willamette ESD, "Suicide Prevention, Intervention, Postvention: Step By Step"

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SECTION I: INTRODUCTION

Purpose

NBSD Purpose: “The purpose of this plan is to follow board policy to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.”

The purpose of adapting this plan is to specifically address the needs of Evergreen Virtual Academy by providing clarity, resources, and procedural guidance for students and staff in the virtual environment.

Senate Bill 52 Policy

“Senate Bill 52 (SB 52), also known as Adi’s Act (ORS 339.343 OAR 581-022-2510), requires that every school district adopts a Student Suicide Prevention plan (K-12) by July 1, 2020. Each school district school board shall adopt a policy requiring a Student Suicide Prevention plan, and SB 52 plans must be made available annually to students and the school district community.” - [Senate Bill 52 \(Adi’s Act\) Draft Guidance, October 2020](#)

EVA shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12. This plan will be created by utilizing the North Bend School District Suicide Prevention and Policy Plan (2023), which can be found on the [North Bend School District website](#) (Family Resources > Health Resources) as well as model policies and resources from Lines For Life and the American Foundation for Suicide Prevention. This plan shall be adapted to meet the unique needs and considerations of students and staff functioning in an online learning environment.

Per best recommendations, the plan shall include, at a minimum:

- Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
- Identification of the school officials responsible for responding to reports of suicidal risk;
- A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
- Methods to address the needs of high-risk groups, including:
 - Youth bereaved by suicide;
 - Youth with disabilities, mental illness or substance abuse disorders;
 - Youth experiencing homelessness or out of home settings, such as foster care; and
 - Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
- A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
 - a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.
- Supports that are culturally and linguistically responsive;
- Procedures for reentry into a school environment following a hospitalization or behavioral health crisis (1); and
- A process for designating staff to be trained in an evidence-based suicide prevention program (2).
- The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee's credentials or licenses.

Per the [NBSD Suicide Prevention Policy & Plan](#), "the plan must be available annually to the community of the district, including district students, their parents and guardians, and

employees and volunteers of the district, and readily available at the district office and on the district website.”

- “Behavioral health crisis” as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health.
- ODE will provide a list of programs.

Quick Notes

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 that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to die by suicide.

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 support in place may lessen this reluctance to speak up when students are concerned about a peer.

Confidentiality

FERPA: School employees are bound by laws of The Family Education Rights and Privacy Act of 1974 (FERPA). These are situations when confidentiality must NOT BE MAINTAINED; If, at any time, a student has shared information that another student is at 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 known as “minimum necessary disclosure”.

Glossary

Talking about mental health and suicide can be challenging and sometimes, even we adults don't know how to start the conversation. In this section, you will find some terminology that will help normalize the conversation. These definitions are adapted from the Trevor Project's Model School Policy for Suicide Prevention and the Suicide Prevention, Intervention, Postvention manual from Lines for Life and the Willamette ESD.

At Risk

Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including access to means and a plan for their death. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has expressed the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. There are typically multiple warning signs and external factors contributing to a high-risk students' wish to die.

Crisis Team

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to help support students and staff in the event of a crisis or death.

Mental Health

Someone's state of being in regard to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective Factors

Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Factors

Risk factors are parts of someone's life stressors, or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and the environment.

Suicide Response Protocol Assessment

An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attend suicide.

Stigma

A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized, with societal messages such as those that live with mental illness are weak, dangerous, or unstable.

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 kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or dangerous suicide attempt.
Suicide Contagion/Clusters
The research pattern shows that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily “contagious” to otherwise mentally healthy individuals. Usually, suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.
Suicide/Crisis Intervention
The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.
Suicide Prevention
The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out to 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 activities.
Suicide Postvention
Postvention is a crisis response strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Suicidal Thoughts or Ideation
Thoughts about killing oneself or ending one’s life. These thoughts can range from “I wish I could go to sleep and not wake up” to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

SECTION II: POSITIVE MENTAL HEALTH MESSAGES

Promoting Positive Mental Health Messages

Why
<p>To be successful, schools must embrace student mental wellness with the same priority as academics and extracurriculars. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more. We know that students are trying to manage a lot and many report that they are feeling overwhelmed. Many students have perceived messages that they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement. We believe that teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know it's okay to ask for help.</p>
What
<p>We believe our schools have the power to reduce stigma and increase students' sense of well-being. We can ensure that students know where and how to get help when they need it without feeling the shame and guilt often associated with stigma. An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention is an undercurrent that ultimately pushes schools toward stronger suicide prevention.</p>
How
<p>All staff ultimately play a role in prevention of youth suicide and promoting ways for students to get help during distressing times. Teachers are empowered to help students that disclose stress and distress and help students learn to identify and assess their mental health symptoms and stressors to get the help that they need and deserve.</p>
Examples of ways EVA promotes positive mental health messages
<ul style="list-style-type: none"> ● Brochures: Mental health psychoeducation resources available at in-person events, like Open House (example) ● Affinity group to support safety and intentionally inclusive spaces for LGBTQ+ students [Alliance Clubs (GSA) for Middle School & High School] ● Inclusion of StrongMind curriculum delivers age-appropriate content around mental health and wellness for grades [K-8] ● Developmentally-appropriate social-emotional learning (SEL) lessons, curricula, and resources implemented in homeroom classes (K-8) and in monthly assemblies (K-8) ● Developmentally-appropriate social-emotional learning (SEL) lessons, curricula, and resources implemented weekly in Class Connection (9-12)

- Educationally focused Mental Health, short-term supports available to all students (counseling staff)

Prevention, Intervention, and Postvention synopsis

Prevention

- QPR (Question, Persuade, Refer) training for all staff
 - a. QPR Trainers on staff
- Select staff trained with ASSIST Training
- 9th Grade student receive Signs of Suicide (SOS), evidence-based suicide prevention curriculum
- Social Emotional Learning lessons delivered in assembly format and in-class, provided by Character Strong
- Crisis and Tip Lines and Youth Line information made available
 - a. Families: [Family Resource Guide \(FRG\)](#) regularly updated with community-based services
 - b. Students: information via Health & Wellness classes, access to FRG, access by request
- Anonymous tips available by [Vector/SafeSchools](#) and monitored during school hours by Crisis Intervention Team
- Bi-annual Crisis Intervention Team meetings to review processes
- Crisis Intervention Team trained in YouthSAVE, specifically designed to support students in a virtual environment
- School computers are monitored for safety concerns (e.g. searches involving harm to self, harm to others)
- Share crisis response protocol and steps with staff throughout school year
- Monthly grade-level student-focused staff meetings identify and discuss students with escalating needs/behaviors

Intervention

- Brief Risk Screening performed by trained staff when available
- Follow developed protocols depending on level of risk
- Notify Parent/Legal Guardian when risk statements arise
- Alert necessary staff
- Document risk statements in [Vector/SafeSchools](#)
 - a. Update as appropriate
- Provide individual supports/safety-plan tailored to fit student needs
- Referrals to community supports
- Phone or in person consult with Coos County Mobile Crisis Team Provide follow up meetings/supports post-screening

Postvention

The purpose of the postvention work group is to define and outline the best practices, steps, and strategies to use for helping staff, students, and families after a crisis situation has occurred. This would include messaging/communicating, providing counseling and support as needed, identifying resources, following up to try and prevent long term damage and effects from the crisis. The following postvention support has been condensed and adapted using the [Model School District Policy on Suicide Prevention](#) from the American Foundation for Suicide Prevention.

- Under the direction of the Crisis Intervention Team Leads, the designated CIT members assist in classrooms, provide small group counseling, large scale debriefings, and assists in other crisis response duties such as:
 - a. Meet with EVA administrators and key staff to formulate an action plan
 - b. Assist in the facilitation of staff meetings to provide information related to the crisis
 - c. Support school staff
 - d. Help teachers process information with students
 - e. Work with students individually or in groups
 - f. Be available for parents/community
 - g. Provide factual information to parents

Action Plan Steps

Step 1: Get the Facts

The school's Executive Director (or designated administrator) shall confirm the death and determine the cause of death through communication with the student's parent or guardian, the coroner's office, local hospital, or police department. Before the death is officially classified as a suicide by the coroner's office, the death shall be reported to staff, students,

and parents or guardians, with an acknowledgement that its cause is unknown. When a case is perceived as being an obvious instance of suicide, it shall not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be disclosed, the school may release a general statement without disclosing the student's name (e.g., "We had a ninth-grade student die over the weekend"). If the parents do not want to disclose cause of death, an administrator or mental health professional from the school who has a good relationship with the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students. If the family refuses to permit disclosure, schools may state "The family has requested that information about the cause of death not be shared at this time."

Step 2: Assess the Situation and Identify/Notify Close Contacts

The administrators and crisis intervention team shall meet to prepare the postvention response according to the crisis response plan. The team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected. The crisis response team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. The team and principal shall triage staff first, and all teachers directly involved with the victim shall be notified directly and offered the opportunity for support.

Step 3: Share Information

Inform the faculty and staff that a sudden death has occurred, preferably in an all-staff meeting. The crisis response team shall provide a written statement for staff members to share with students and assess staff's readiness to provide this message in the event a designee is needed. The statement shall include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Staff shall respond to questions only with factual information that has been confirmed.

Staff shall dispel rumors with facts, be flexible with academic demands, encourage conversations about suicide and mental health, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student. Avoid public address system announcements and school-wide assemblies in favor of small group and classroom discussions. The crisis response team may prepare a letter — with the input and permission from the student's parent or guardian — to communicate with parents which includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. If

necessary, a parent meeting may also be planned. Staff shall direct all media inquiries to the designated school or district spokesperson.

Step 4: Avoid Suicide Contagion

Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma. Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death. The crisis response team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk.

In the staff meeting, the crisis response team shall review suicide warning signs and procedures for referring students who present with increased risk. For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Step 5: Initiate Support Services

Students identified as being more likely to be affected by the death will be assessed by a school mental health professional to determine the level of support needed. The crisis response team shall coordinate support services for students and staff in need of individual and small group counseling as needed. School-employed mental health professionals will provide on-going and long-term support to students impacted by the death of the student, as needed. If long term intensive services by a community provider are warranted, the school-employed mental health professional will collaborate with that provider and the family to ensure continuity of care between the school, home, and community. Together with parents or guardians, crisis response team members shall provide information for partner community mental health providers, or providers with appropriate expertise, to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs. These discussions may include debriefing (orientation to the facts), reflection on memories, reminders for and re-teaching of coping skills, and encouraging spending time with friends and caregivers as soon as possible. Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

Step 6: Postvention as Prevention

Following a student suicide, schools may take the initiative to review and/or revise existing policies.

Memorials/Notifications:

In the event of the death of an EVA student, the following procedures will be permissible:

- Formal letter sent to EVA staff stating the pertinent information regarding the situation from the Head of School
- Formal letter and/or card sent to the family by administration
- EVA online groups and classroom meetings offered for student support and discussion
 - Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
 - The school shall also leave a notice for when the memorial will be removed and given to the student's family. Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited. School shall not be canceled for the funeral or for reasons related to the death. Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.
 - The school or district-appointed spokesperson shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to the spokesperson. The spokesperson shall:
 - Keep the administrative team and crisis intervention team informed of school actions relating to the death
 - Prepare a statement for the media, which may include the facts of the death, postvention plans, and available resources — the statement shall not include confidential information, speculation about victim motivation, means of suicide, or personal family information
 - The school or district-appointed spokesperson shall answer all media inquiries. If a suicide is to be reported by news media, the spokesperson shall encourage reporters to follow safe messaging guidelines (e.g. not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic") to mitigate the risk of suicide contagion. The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

SECTION III: PREVENTION

Populations at Elevated Risk for Suicidal Behavior
Youth living with mental and/or substance use disorders
While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorder, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia, and other psychotic disorders, borderline personality disorder, conduct disorder and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.
Youth who engage in self-harm or have attempted
Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at an elevated risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive the necessary follow up care.
Youth in out of home settings
Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.
Youth experiencing homelessness
For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have had some kind of suicidal ideation.
American Indian/Alaska Native (AI/AN) youth
In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice 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.
LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth

The CDC finds that LGB youth are four times more likely, and questioning youth are three times more likely, to attempt suicide than their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter have reported having made a suicide attempt. 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 disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ which elevate the risk of suicidal behavior for LGBTQ youth.

Youth bereaved by suicide

Studies show that those who have experienced suicide loss, through the death of a friend or a loved one, are at increased risk for suicide themselves.

Youth living with medical conditions and 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 styles 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.

Staff Training and Education

All staff should receive training on the policies, procedures, and best practices for intervening with students and/or staff at risk of suicide.

Informed by [OHA Big River Training Programs](#).

Who	What	When
	<i>Training or refresher on policies, procedures, and best practices for intervention with students at risk for suicide through:</i>	
All District Staff	Question, Persuade, Refer (QPR)	Annually
	Access to and review of district suicide prevention policy and plan.	Annually through staff handbook and staff meetings

	Vector Training required by all staff at start of each new school year	Open access and part of all new staff onboarding processes.
Suicide Response Protocol Screeners	Applied Suicide Intervention Skills Training (ASIST) YouthSAVE	School Social Worker (ASIST); All crisis intervention team (CIT) members (YouthSAVE)

Student Training and Education Students should receive information about suicide and suicide prevention in health class. The purpose of the curriculum is to teach students the importance of safe and healthy choices and coping strategies, and how to access help at their school for themselves, their peers, or others in the community.		
Who	What	When
Kindergarten - 5th grade	Character Strong	Engagement Coach Grade band Assemblies; Classroom guidance lessons
6th - 7th grade students	Character Strong Suicide Prevention Unit (StrongMind)	Engagement Coach Grade band Assemblies; Classroom guidance lessons; Health class
8th grade students	Suicide Prevention Unit (StrongMind) Character Strong	Engagement Coach Grade band Assemblies; Classroom guidance lessons; Health class
9th grade students	Signs of Suicide	SOS lesson delivered by HS Counselors
9 th – 12 th grade students	Wayfinder	Lessons delivered by HS Counselors

All students and families	Access to and reminders about the district suicide prevention plan through the Student and Parent Handbook. Suicide Plan and Prevention Policy posted on EVA website.	Annually through Student/Parent Handbook
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SECTION IV: INTERVENTION

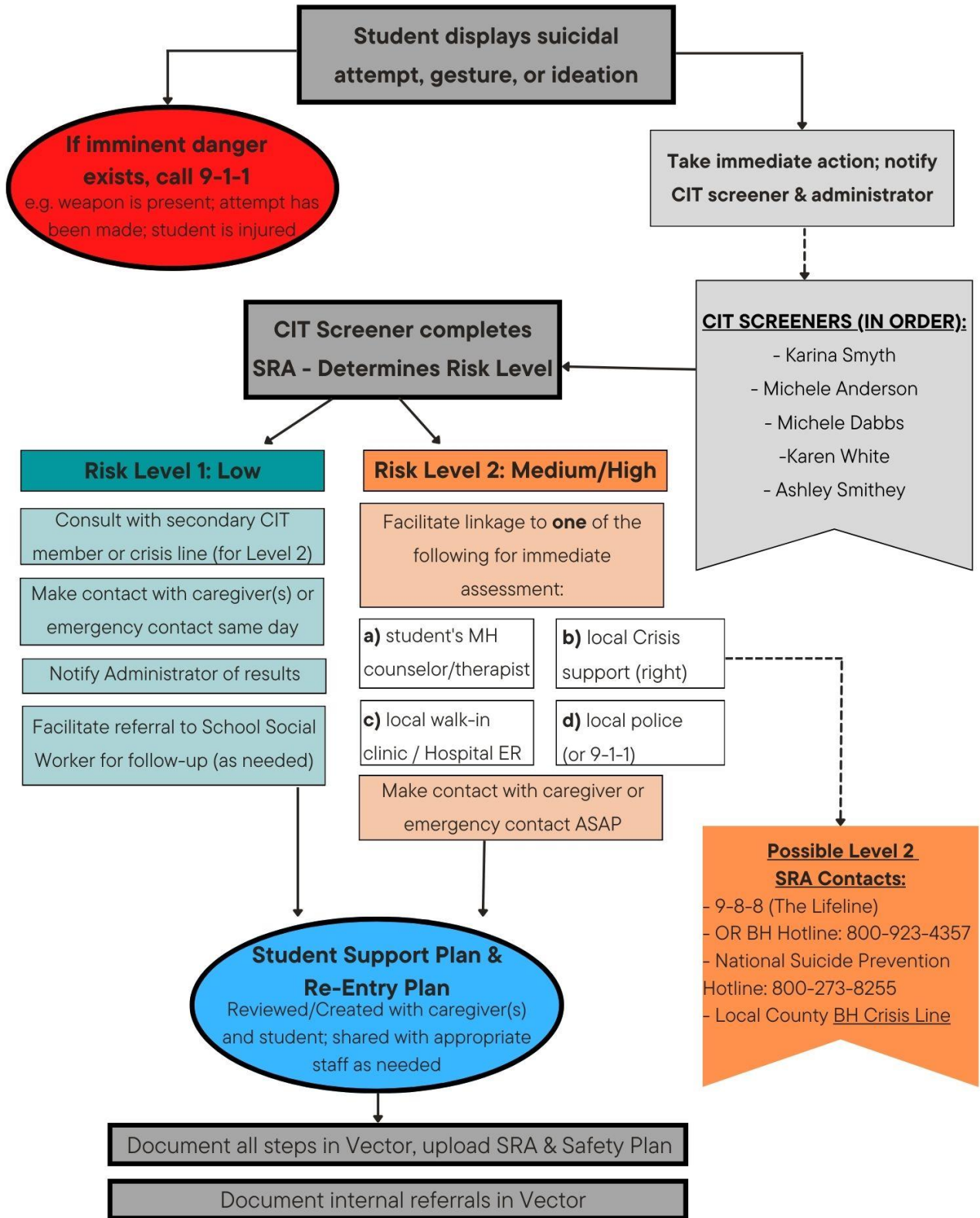
The following pages should serve as a guide for school teams. As in all our work, the purpose of this guidance is to make the most educated decision to promote outcomes for our students. All documents assume some professional judgment as reflected by the American School Counselor Association Ethical Standard (2016) and the National Association of School Psychologist Principles of Professional Ethics (2010).

As a school, we agree to:

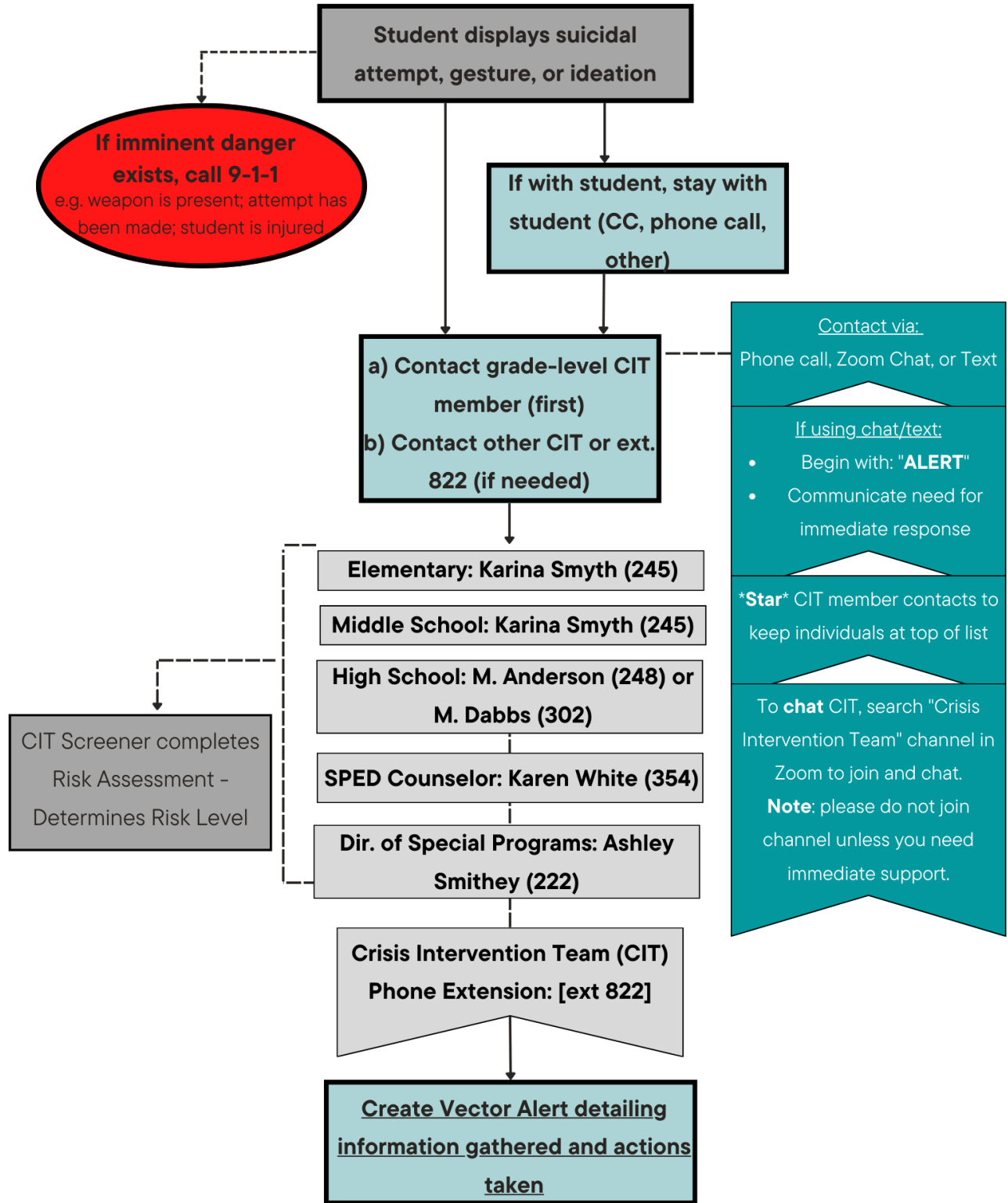
- Take all suicidal behavior and comments seriously every time
- Interview students the same day the concerns are reported, whenever possible
- Understand that risk of suicide is increased when any peer, teacher or other staff identifies someone who has directly or indirectly expressed suicidal thoughts (ideations) or exhibited warning signs (writing, drawing, social media comments, etc)
- Communicate knowledge of someone with suicidal thoughts and/or behaviors, immediately with a member of the Crisis Intervention Team
- Communicate knowledge of someone with suicidal thoughts and/or behaviors with legal guardian or learning coach unless safety concerns prevent this communication, in which case, consult with administrator to determine next steps for escalation to support student safety (e.g. DHS report, local police, mental health crisis support)
- Considering the online format of the Evergreen Virtual Academy, it is especially important to have direct communication with a responsible adult who may have contact with the student and

IF THE SITUATION IS CRITICAL OR SUICIDAL RISK IS IMMINENT CALL LAW ENFORCEMENT (911), such as having possession of the means (razor, gun, rope, pills, etc). If the person is not at school and a plan to kill oneself is discovered, or if the person is unwilling/unavailable to make a plan to keep themselves safe (or they do not have someone who can keep them safe) call 911.

EVA Suicide Intervention Protocol Flow



All-Staff EVA Suicide Intervention Protocol Flow



Suicidal Behavior Risk and Protective Factors	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> ● Current plan to die by suicide ● Current suicidal ideation ● Access to lethal means ● Previous suicide attempts ● Family history of suicide ● Exposure to suicide by others ● Recent discharge from psychiatric hospitalization ● History of mental health issues (major depression, panic attacks, conduct problems) ● Current drug/alcohol use ● Sense of hopelessness ● Self-hate ● Current psychological/emotional distress ● Loss (relationship, work, financial) ● Discipline problems ● Conflict with others (friends/family) ● Current agitation ● Feeling isolated/alone ● Current/past trauma (sexual abuse, domestic violence) ● Bullying (as an aggressor or as victim) ● Discrimination ● Severe illness/health problems ● Impulsive or aggressive behavior ● Unwilling to seek help ● Some populations have higher rates of suicide: LGBTQ+, Native-American and Alaskan Native, Male 	<ul style="list-style-type: none"> ● Engaged in effective health and/or mental health care <ul style="list-style-type: none"> ● Feel well connected to others (friends, family, school) ● Positive problem-solving skills ● Positive coping skills ● Restricted access to lethal means ● Stable living environment ● Willing to access support/help ● Positive self esteem ● Resiliency ● High frustration tolerance ● Emotion regulation ● Cultural and/or religious beliefs that discourage suicide ● Does well in school ● Has responsibility for others <p>* Keep in mind, a person with an array of protective factors in place can still struggle with thoughts of suicide.</p>

Suicide Response Protocol

Warning signs that may indicate an immediate danger or threat:

- Someone who has already acted to die by suicide
- Someone threatening to hurt themselves or die by suicide
- Someone looking for ways to die by suicide- seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

Staff response:

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student if possible and report it to a member of the crisis intervention team or school administrator right away. If there is imminent danger, call 911. A trained school staff member will directly interview the student. The screener will do the following:

- Students should be encouraged to use their microphone and camera for best information gathering and to support safety
 - a. Should student be unwilling or unable (i.e. technical difficulties) to utilize microphone or camera:
 - i. Consider including another crisis intervention team member
 - ii. Remain in contact with student to the best extent possible and gather as much information as possible.
 - iii. Communicate with an adult who is in the student's physical vicinity and can support in-person safety
 - iv. If no adult is available, and it is determined that risk cannot be effectively assessed remotely, contact local mental health crisis support team to conduct an in-person evaluation and/or contact local police for a welfare check.
- Interview the student as informed by required training, Youth SAVE.
- Complete a Student Safety Plan, if needed.
- Contact parent/guardian to inform and gather additional information
- Determine need for a Level 2 assessment conducted via in-person provider (e.g. local mental health crisis team, Emergency Room) based on level of concern and noted risk factors through the student interview and guardian conversation
- Consult with another trained screener prior to making a decision regarding a Level 2.

- Inform administrator of screening results.
- Document steps taken and plans made in [Vector/Safe School](#) (confidential reporting system)

Trained school staff members:

Only trained school staff members should act as screeners who perform suicide response protocols and safety planning. Examples of trained screeners in your school are:

- School Counselors
- School Social Workers
- School Psychologists
- Mental Health Specialists
- Mental Health Care Coordinators
- If you are uncertain who the specific trained screeners are in your building, contact the building suicide prevention contact at the top of this document.

Given the online nature of the EVA school format, communication with legal guardian or another trusted adult with physical access to the student is of critical importance. If no adult is available, and it is determined that risk cannot be effectively assessed remotely, contact local mental health crisis support team to conduct an in-person evaluation and/or contact local police for a welfare check.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g. suicide attempt or psychiatric hospitalization), a school employed counselor or mental health professional, the principal, or designee, will communicate with the student's parent or guardian, and if appropriate, communicate with the student to discuss re-entry and appropriate next steps to ensure the student's safe return to school.

A school employed counselor or mental health professional, or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

The school will advise on the following:

- If requested, the parent or guardian may provide documentation from the hospital or mental health provider and/or sign a release of information to allow the school to share information with the hospital or outside mental health provider.
- A designated person will be available to periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

SECTION V: POSTVENTION

Suicide Postvention

The EVA crisis intervention team with the administrative team will develop an action plan to guide the school response in the event of a death by suicide in the school community, in accordance with the district crisis team manual and postvention best practices.

SECTION VI: RESOURCES

Community Resources

National Suicide Prevention Lifeline

- Phone Number: 988
- The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline consists of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.

The TREVOR Lifeline

<ul style="list-style-type: none"> ● Phone Number: 1-866-488-7386 ● TREVORtext: Text START to 678-678 ● Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.
Gettrainedtohelp.com
<ul style="list-style-type: none"> ● Gettrainedtohelp.com focuses on empowering communities to learn more about mental health and suicide prevention. ● Free community trainings in the areas of suicide prevention and mental health literacy offered in Coos County.
Resource List
<ul style="list-style-type: none"> ● BIPOC Mental Health Resource List from OHA ● Culturally-Specific Mental Health Resource List

Administrative Review Procedures
To request the school to review the actions of a school in responding to suicidal risk make a written request to the Executive Director

APPENDIX A: Staff Handbook Information

Protecting the health and well-being of all students is of the utmost importance to the Evergreen Virtual Academy. The school board has adopted a suicide prevention policy, which will help to protect all students through suicide awareness, prevention, intervention, and postvention.

Please review the following information around your responsibility as a staff member. More comprehensive information on the school’s Suicide Prevention Plan can be found on the EVA website. Additional professional development on suicide awareness and prevention can be accessed at any time through Vector Trainings at <https://eva-or.safeschools.com/login>. Please contact your Crisis Intervention Team member or administrator if you have any questions about this information.

Suicide Response Protocol

Warning signs that may indicate an immediate danger or threat:

- Someone who has already acted to die by suicide
- Someone threatening to hurt themselves or die by suicide
- Someone looking for ways to die by suicide- seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

Staff response:

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student if possible and report it to a member of the crisis intervention team or school administrator right away. If there is imminent danger, call 911. A trained school staff member will directly interview the student. The screener will do the following:

- Students should be encouraged to use their microphone and camera for best information gathering and to support safety
 - a. Should student be unwilling or unable (i.e. technical difficulties) to utilize microphone or camera:
 - i. Consider including another crisis intervention team member
 - ii. Remain in contact with student to the best extent possible and gather as much information as possible.
 - iii. Communicate with an adult who is in the student's physical vicinity and can support in-person safety
 - iv. If no adult is available, and it is determined that risk cannot be effectively assessed remotely, contact local mental health crisis support team to conduct an in-person evaluation and/or contact local police for a welfare check.
- Interview the student as informed by required training, Youth SAVE.
- Complete a Student Safety Plan, if needed.
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Given the online nature of the EVA school format, communication with legal guardian or another trusted adult with physical access to the student is of critical importance. If no adult is available, and it is determined that risk cannot be effectively assessed remotely, contact local mental health crisis support team to conduct an in-person evaluation and/or contact local police for a welfare check.

APPENDIX B: Student Handbook Information

Protecting the health and well-being of all students is of utmost importance to the Evergreen Virtual Academy. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in health classes in age-appropriate language.
2. All students will have access to school-based mental health professionals (i.e. counselor, school social worker, school psychologist) for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school employed counselor or mental health professional who will work with the student and family to help connect them with appropriate resources.
4. Students will have access to national resources which they can contact for additional support, such as:
 - The National Suicide Prevention Lifeline: 988
www.suicidepreventionlifeline.org
 - The Trevor Lifeline: 1.866.488.7386 www.thetrevorproject.org

5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Students should also know that because of the serious nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For more detailed information, please see the school's full suicide prevention policy and plan. This policy and other suicide prevention plan information can be accessed on the EVA website. If you have concerns about your student, please contact their school counselor to discuss how the school can best provide support. If you need immediate assistance, please contact 911 or your local behavioral/mental health crisis line.