Culver School District

Suicide Prevention, Intervention, and Postvention Plan

Culver School District #4
PO Box 259
Culver, Oregon 97734
Phone: 541-546-2541
Fax: 541-546-7517
www.culver.k12.or.us

Table of Contents

Introduction

This plan is a guide to youth suicide prevention, intervention, and response for the Culver School District. 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 (Source: Oregon School Suicide Protocol Toolkit, OHA Public Health Division Youth Prevention Program). This document is intended to help school staff understand their role, provide a practical response protocol and policies, and provide accessible tools.

The Oregon Health Authority states that “suicide is among the leading causes of death in Oregon and is the third leading cause of death among youth aged 15-24 in the United States.” (Source: Oregon Health Authority: Working to Prevent Deaths From Suicide: Suicide Prevention). We aim to implement preventive and supportive measures in the Culver School District while equipping school personnel with knowledge and understanding of warning signs and practical response protocol.

Alignment and coordination with outside agencies are imperative for preventing and intervening with suicidal students; legislative mandates also support joint efforts. ***Senate Bill 52, also known as Adi’s Act, requires Oregon school districts to develop comprehensive Student Suicide Prevention Plans***, which is essential to creating an educational environment centered on student safety with an emphasis on assisting students prone to a high risk of suicide.

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 schools in their planning. The guidelines do not constitute legal advice, nor are they intended to do so. This plan will be reviewed and made available annually to the Culver School District community, including school personnel, students, and families.

Quick Notes: Helpful Information For CSD Employees

- School staff is frequently considered the first line of contact with potentially suicidal students.
- School staff is responsible for taking reasonable actions to help at-risk students, such as notifying administrators, School Counselors, parents/guardians, making appropriate referrals, and securing outside assistance when needed.
- School personnel must know protocols exist to refer at-risk students to trained professionals so that responsibility does not rest solely with the individual "on the scene."
- Research has shown talking about suicide or asking someone if they are having thoughts of suicide will not put the idea in their head or cause them to kill themselves.
- School staff, 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 may lessen this reluctance to speak up when students are concerned about a peer.
- Advanced planning is critical to providing an effective crisis response.

Suicide *Prevention* Protocol

Suicide can be Prevented

Following these simple steps will help ensure a comprehensive school-based approach to suicide prevention for all.

Staff

Staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students at risk for suicide. The Vector Solutions Youth Suicide Awareness, Prevention, and Postvention module provides training on best practices. Staff members in specific roles should receive specialized training, such as ASIST: Applied Suicide Intervention Skills Training, to intervene, assess, and refer students at risk for suicide.

- **Recommendations:**
    - All staff members are assigned Vector Solutions Youth Suicide Awareness, Prevention, and Postvention training annually, typically completed during in-service week before students return to campus.
    - School Counselors and one (1) additional staff member from each building should be ASIST trained (or another best-practice program) and be the "go-to" people within each school. All staff should know the "go-to" people within the school and be familiar with the intervention protocol.
        - ASIST Training should include two 1-hour "refreshers" annually and recertification every 3 years.
        - Define School and/or District-based Crisis Response Teams
    - Use a curriculum that aligns with the Oregon State Health Education Standards and the American School Counselor Association (ASCA) Mindsets and Behaviors.

Students

Students should receive developmentally appropriate, student-centered education about suicide and suicide prevention in their specific health class/unit or through School Counselor-led guidance lessons. This content aims to teach skills and inform students how to access help for themselves, their peers, or others.

- **Recommendations:**
    - Consider including students when selecting a curriculum to help increase engagement.
    - Consider providing supplemental small-group suicide prevention intervention for at-risk students.
    - Distribute print materials, social media messages, and crisis information to students.

Parents

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

- **Recommendations:**
    - List resources in student handbooks, newsletters, and in other public settings.
    - Partner with community-based mental health agencies to offer parent information nights using research-based programs such as QPR.
    - Encourage cross-communication between community agencies and schools within the bounds of confidentiality.

Suicide *Intervention* Protocol

Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. These signs usually last for two weeks or more. However, some youth behave impulsively and may consider suicide as a solution to their problems.

Warning signs that may indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves.
- Someone looking for ways to kill themselves, seeking access to pills, weapons, or other means.
- Someone talking or writing about death, dying, or suicide.

If a suicidal attempt, gesture, verbalization, or ideation occurs or is recognized:

- Call 911 if there is immediate danger.
- Staff will take all suicidal ideation, behavior, and/or comments seriously ***every time.***
    - Students and/or parents who become aware of suicidal ideation should inform the School Counselor.
- Any school employee who knows someone with suicidal thoughts or behaviors must communicate this information immediately and directly to a School Counselor, Administrator, or an ASIST-trained "gatekeeper."
- Responding staff will stay with the student until relieved by a School Counselor, Administrator, designated ASIST-trained "gatekeeper," or Law Enforcement.

If it is determined that a Suicide Risk Assessment - Level 1 (SRA-1) needs to be completed, it will be done by a trained school staff member. The screener may complete the following:

- Complete a student interview using the SRA-1 screening form.
- Contact the parent to inform and to obtain further information.
- Complete a Student Support Plan (SSP).
- Consult with another trained screener to determine if a Suicide Risk Assessment - Level 2 (SRA-2) is necessary.
- Inform the building-level Administrator of screening results.
- Make appropriate referrals to community resources.

Suicide *Postvention* Protocol

Crisis Response Readiness

School Districts must be prepared to act and provide postvention support in the event of a suicide attempt or completion. The school's primary responsibility in these cases is to respond to the tragedy in a manner that appropriately supports students and the school community. This includes having a system to work with many groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

- A thoughtful response after a suicide attempt or completion is critical. Schools should be aware that adolescents and others associated with the event are vulnerable to increased risk for suicide (suicide contagion).
- It is essential to **not** "glorify" suicide and to treat it sensitively, mainly when speaking with the media.
- **Schools should treat all student deaths in the same way.** For example, having one approach for a student who dies of cancer and another who dies by suicide reinforces the negative association that often surrounds suicide.
- Be aware that the extent to which people are comfortable talking about suicide varies greatly.

Postvention Goals

- Support the grieving process.
- Provide immediate and long-term response.
- Identify and refer at-risk survivors.
- Reestablish a healthy school climate.

Postvention Response Protocol

- The District-Based Crisis Response Team should immediately confirm the death of a student before continuing.
- Upon confirmation, immediately implement a coordinated crisis response:
    - Appropriately manage the situation.
    - Activate the Tri-County Response Team.
    - Provide opportunities for grief support.
    - Maintain normal educational activities.
    - Help students cope with their feelings.
    - Minimize the risk of suicide contagion.

Risk Identification Strategies

- Identify any students/staff that may have witnessed the suicide or its aftermath, had a personal connection with the deceased, have previously demonstrated suicidal ideation/behavior, have mental health challenges, have a history of familial suicide, or have experienced a recent loss.
- Monitor student absences and members of specific groups (LGBTQ, teammates, etc.) in the days following a student suicide.
- As necessary and appropriate, notify parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement, and community agencies.

Key Points to Emphasize to Students, Parents, and Media

- Warning signs, risk factors, etc.
- Survivors are not responsible for the death.
- Causes of mental illness.
- Normalize anger; help students identify/healthily express emotions.
- Teach positive coping skills.

Cautions

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

Confidentiality

HIPAA and FERPA

School employees (except for nurses and psychologists who follow HIPAA laws) are bound by The Family Education Rights and Privacy Act of 1974 laws, 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 at imminent risk of harm/danger to self or others, that information must be shared. Details regarding the student can be discussed with those who must intervene to keep the student and/or others safe. This complies with the spirit of FERPA and HIPAA, known as "minimum necessary disclosure.".

Request From Student to Withhold Contact With Parent/Guardian

The screener can say, "I know that this is scary for you, but this is too big for me to handle alone." If the student still doesn't want to tell their parent/guardian, the screener can address the fear by asking, "What is your biggest fear about contacting your parents?" After listening, it may be beneficial to offer the student a couple of different options. Options may include the student initiating the phone call to parents/guardians or calling home on speakerphone with staff taking the lead.

This helps reduce anxiety, and the student may gain confidence. It also increases the likelihood that the student will come to that staff member again if they need additional help.

Exceptions For Parental Notification: Abuse or Neglect

Parents/Guardians need to know about a student's suicidal ideation unless the conversation may lead to student abuse or neglect. The School Counselor or screener is in the best position to make the determination. School staff will need to let the student know that other people (Administration, DHS, etc.) 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 abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent/guardian needs to be involved.

Resources for Additional Training and Support

- QPR - Question, Persuade, Refer: Suicide Prevention and Risk Reduction
    - QPR Gatekeeper Training is designed to teach "gatekeepers" the warning signs of a suicide crisis and how to respond.
    - www.linesforlife.org/training/qpr
- ASIST Workshop - Applied Suicide Intervention Skills Training
    - LivingWorks ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations. At a LivingWorks ASIST workshop, you'll learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Because ASIST is a more intensive gatekeeper training, schools often benefit from having at least one staff member trained in the curriculum.
    - www.livingworks.net/asist
- Youth Mental Health First Aid
    - It is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help adolescents experiencing mental health challenges, addiction challenges, or crises.
    - www.mentalhealthfirstaid.org
- Connect Suicide Postvention Training For School-Based Mental Health Professionals and Administrators
    - Suicide Postvention is a planned response after a suicide loss to help with healing and to reduce the risk of further suicide incidents. This training focuses on best practices to coordinate a comprehensive, safe response to a suicide. Audiences appropriate for this training are organizations such as social services, educational institutions, law enforcement agencies, and behavioral health agencies.
    - www.theconnectprogram.org

Source Material & References

The source material used to create this handbook has been referenced directly in the body of the text in this document.

Acknowledgments

This plan was adapted and modified for the Culver School District using the Malheur County School-Based Suicide Prevention Policy Guide, High Desert Education Service District's Adi's Act Toolkit (developed by Whitney Schumacher (MPH), Mental Health Strategist for HDESD & Program Manager and Kara Nystrom Boulahanis (Ph.D.))Community Engagement and Wellness Specialist for ODE. Contributing members of the Culver School District Adi's Act creation and implementation include Dawn Kessi-Foss (CES School Counselor 2022-Present), Kaily Filkins (CES School Counselor 2020-2022), Carter Spear (CMS School Counselor, 2019-Present), and Tyler Davenport (CHS School Counselor, 2017-Present).

Appendix A: Suicide Risk Assessment - Level 1 (SRA-1)

1. Screener Information

Screener Name: Date: Elevated to Level 2?: Yes No

2. Referral Information

Who reported the concern? Student Peer Staff Parent/Guardian Other:

Contact Information (Name, Phone, etc.):

3. Summary of Concern Reported

4. Student Information

Student Name: School: Grade:

Date of Birth: Age: Special Programs:

5. Family Information

Parent/Guardian Name: Parent/Guardian Phone:

Address: Who does the student live with?:

6. Student Interview

Yes No Does the student admit to thinking about suicide?

Yes No Does the student admit to thinking about harming others?

Yes No Does the student admit to having a plan to harm themself or others?

Yes No Does the student have access to the means necessary to complete the plan?

Yes No Does the student have a history of previous suicidal ideation, gesturing, or attempts?

Yes No Does the student have a history of suicide in their family or social group?

Yes No Has the student been exposed to suicide (ideation, attempts, completion) by others?

Yes No Has the student recently been discharged from medical or psychiatric care?

Yes No Does the student have a support system?

Trusted Adult at Home: Trusted Adult at School:

Additional supports:

What has kept the student here until this point?

7. Identify Risk Factors

- ☐ Current plan to complete suicide
- ☐ Current suicidal ideation
- ☐ Access to means to complete suicide
- ☐ Previous suicide ideation/attempt
- ☐ Family history of suicide
- ☐ Exposure to suicide by others
- ☐ Recent discharge from hospitalization
- ☐ History of mental health challenges
- ☐ Current drug/alcohol use
- ☐ Sense of hopelessness
- ☐ Self-hate
- ☐ Current psychological/emotional pain
- ☐ Loss (Relationship, Pet, Work, Financial, etc.)
- ☐ Discipline problems (Home, School, Work)
- ☐ Current Conflict with others (Friends/Family)
- ☐ Feeling isolated/alone
- ☐ Current/past trauma (Sexual Abuse, DV, etc.)
- ☐ Bullying (Aggressor or Victim)
- ☐ Discrimination (Real or Perceived)
- ☐ Severe illness/health problems
- ☐ Impulsive or aggressive behavior
- ☐ Unwilling to seek help
- ☐ LGBTQ, BIPOC, TAG, Male, etc.
- ☐ Other:

8. Identify Protective Factors

- ☐ Engaged in physical/mental healthcare
- ☐ Feels well connected to family/peers
- ☐ Positive problem-solving skills
- ☐ Positive coping skills and resiliency
- ☐ Restricted access to means to complete suicide
- ☐ Stable living environment
- ☐ Willing to access support/help
- ☐ Positive self-esteem
- ☐ Emotional regulation
- ☐ Cultural/religious beliefs that discourage suicide
- ☐ Positive school experience
- ☐ Has responsibility for others
- ☐ Participates in extracurricular activities
- ☐ Other:

9. Actions Taken (Check all appropriate boxes)

- ☐ Call 911, if necessary. **Date, Time, Name of Operator:**
- ☐ Call DHS if necessary. **Date, Time, Name of Operator:**
- ☐ Complete Student Interview.
- ☐ Call Parent/Guardian. **Date, Time, Name of Parent/Guardian:**
- ☐ Create a Student Support Plan (SSP).
- ☐ Provide copies of the SSP to all appropriate parties (Student, Parent, Working File, etc.).
- ☐ Follow-up appointment scheduled with student and screener. **Details:**
- ☐ The School Administrator was notified. **Details:**
- ☐ Additional Notes:

10. Assessment Summary

- ☐ Limited or no risk factors/concerns noted. Inform parents that SRA-1 was completed. No follow-up is necessary.
- ☐ Several risk factors/concerns were identified, but no imminent danger exists. Inform parents that SRA-1 was completed. Follow up as necessary.
- ☐ Several risk factors/concerns are identified, and imminent danger is present. Referred for SRA-2 from Jefferson County Mental Health or the student's private mental health provider.
- ☐ Consulted with another trained screener to confirm the appropriate response.

Appendix B: Student Support Plan (SSP)

1. **Staff Information**

Staff Name: Date: Title:

2. **Student Information**

Student Name: School: Grade:

Date of Birth: Age: Special Programs:

3. **Warning signs that I am not being safe:**

4. **Things I can do to keep myself safe:**

5. **An adult at *home* I can trust:**

6. **An adult at *school* I can trust:**

7. **Three activities that bring me joy:**

8. **My plan to reduce/stop the use of drugs/alcohol (Optional):**

I can call any of the numbers below for 24 Hour Crisis Support:

- Suicide & Crisis Lifeline call or text 988.
- Oregon Youthline 1-877-968-8491 or text "teen2teen" to 839863.
- National Suicide Prevention Lifeline 1-800-273-8255.

Appendix C: Sample Language for Student Handbook

Protecting the health and well-being of all students is the top priority of the Culver School District. The school board has adopted a suicide prevention policy in compliance with Senate Bill 52, also known as Adi's Act, that will help to protect all students through the following steps:

- Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, accessing support systems, and seeking help for themselves and others.
- When a student is identified as at-risk, a trained school staff member will complete a risk assessment, usually the School Counselor, who will work with the student and help connect them to appropriate resources.

School staff and students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or others. Students are encouraged to tell any staff member if they or a friend are having thoughts of suicide or need assistance. While confidentiality and privacy are essential, students should know that when there is a risk of suicide, safety comes first. For a more detailed review of the Culver School District's Suicide Prevention, Intervention, and Postvention plan, please visit www.culver.k12.or.us.

Appendix D: Prevention, Intervention & Postvention Timeline

Culver School District

Suicide Prevention, Intervention, & Postvention Timeline

1

Prevention

Culver School District Employees receive annual training covering suicide awareness, prevention, intervention, and postvention. Curriculum aligned with state standards is covered through health courses and by school counselor guidance lessons and individual student support. Mental health resources are posted across campus.

2

Intervention

Upon learning of a student that is at risk of suicide, staff should immediately report the information to the school counselor and/or administrator in their building. If it is perceived that the student is at significant risk, never leave the student alone. Consult with another building if the above-mentioned staff members are unavailable in your building.

3

Assessment & Support

The school counselor or other staff member available (screener) will complete a series of assessments to determine the level of support necessary moving forward. The screener may contact the reporting party to gather additional information to appropriately address the concern. Contact with parents/guardians, law enforcement, mental health professionals, and colleagues may occur.

4

Postvention

In the event of a student suicide attempt or completion, the District-Based Crisis Response Team will verify a student death before continuing. Schools should treat all deaths in the same manner, regardless of cause. Be aware that the extent to which people are comfortable talking about suicide varies greatly. The Tri-County Crisis Response Team will be activated if necessary.

Appendix E: Culver School District Mental Health Resources

Culver School District
Mental Health Resources

If you are experiencing a Mental Health Emergency, call or text the Suicide & Crisis Lifeline @ 988.

Culver School District Staff
ALL school staff members are here to support you. We come to work daily to help students in any way we can. Not sure who to talk with? Your School Counselor is specifically trained to help you manage your mental health. ***We might not have all the answers, but we will do our best to help you or find someone who can.***

BestCare
BestCare is the county-based mental health provider for Jefferson County. Outpatient mental health programs provide mental health assessments and counseling services to children, families, and adults.
Call: 541-475-6575
Online: www.bestcaretreatment.org

Culver School District has partnered with BestCare to provide students access to on-campus counseling services with a Mental Health Professional. To begin the referral process, please see your School Counselor.

SafeOregon
Students, Staff, and Community Members can anonymously report student & community safety concerns.
Call or Text: 844-472-3367
Report: www.safeoregon.com
Download the SafeOregon app.

See Something, Say Something.
#BulldogStrong

National Suicide Prevention Lifeline
We can all help prevent suicide. The Lifeline provides 24/7, free, confidential support for people in distress and prevention and crisis resources for you or your loved ones.
Call: 1-800-273-8255
Text "see" to 741741
Chat: www.suicidepreventionlifeline.org

Saving Grace
Provides family violence and sexual assault services; promotes the value of living life free from violence.
Call: 541-389-7021
Chat: www.saving-grace.org

YouthLine
A free, confidential teen-to-teen crisis and helpline.
Call: 877-968-8491
Text "teen2teen" to 839863
Chat: OregonYouthLine.org

LGBT National Help Center
Serving gay, lesbian, bisexual, transgender & questioning people by providing free & confidential peer support and local resources.
Call: 1-800-246-7743
Chat: www.lgbthotline.org

Crisis Text Line
Open to anyone experiencing a crisis of any kind. Live, trained counselors are available 24/7.
Text "HOME" to 741741

This flyer was last updated in March 2025.