Klamath Falls City School District
Klamath County School District

Suicide Prevention Policies and Procedures Manual

A School-Based Guide to Youth Suicide Prevention, Intervention, and Postvention Procedures

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SECTION 1: Information

Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. Oregon Senate Bill 52 - Adi's Act - requires school districts to adopt a policy requiring a comprehensive district plan on suicide prevention for students in kindergarten through grade 12. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

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 that 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 support in place may lessen their 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.

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."

How to Manage a Request a Student to Withhold Information from Parents

In working with youth who do not want their parents notified, a staff member could say, "I know this is scary to you, and I care, but this is too big for me to handle alone." "This is about your safety, so it is important that we talk with your parent/guardian." If the student still does not want to tell their parents, staff can address the fear by asking, "What is your biggest fear?" Which can start a conversation about what the concerns are in the moment. This helps reduce anxiety and addressing the fears can help the student gain confidence to tell their parents. It also increases the likelihood that the student will come to that school staff member again if they need additional help. As staff are consistent in setting this expectation, and following through, while being compassionate to the student's fear, increases the likelihood that they will see the staff as someone they can trust. Regardless, parents/guardians must be notified if a student is determined to have a level of suicide risk (exception for abuse/DHS involvement outlined below.)

Exceptions for Parental Notification: Abuse or Neglect

Parents/guardians need to know about a student's suicidal ideation. However, if there is suspected neglect or abuse connected to the students' statements of suicide and disclosing the information in the moment will create more harm, staff should contact the State of Oregon Child Abuse Hotline at 855-503-7233. If the Department of Human Services (DHS) chooses to respond in the moment, they will guide notification of the parent. If DHS chooses to not involve themselves in the matter, a plan will need to be made to notify the parents with supports in place.

Suicide Prevention Protocol Responsibilities: Staff, Students, and Families

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Suicide can be prevented. Following these simple steps will help ensure a comprehensive school-based approach to suicide prevention for staff and students.

Staff

Staff will receive training (or a refresher) on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. Klamath County and Klamath Falls City School Districts will use evidence-based training program(s). Training will be developed and implemented by the beginning of the 2021-2022 school year.

Specific trained staff members (e.g., administrators, school counselors, school social workers) will complete a C-SSRS Screener Training Video and will be trained to utilize the C-SSRS screener.

Specific school counselors and school social workers will receive additional, specialized training to intervene, assess, and refer students at risk for suicide. These staff members will be the "go-to" people within the school building/district, and will complete a Level 1 assessment, make referrals for Level 2 assessments, and assist with a student support plan if needed. All staff will know who the "go-to" individuals are within the building/district and will be familiar with the intervention protocol.

The Klamath Basin Behavioral Health (KBBH) Mobile Crisis Team will provide further assessments and referrals as needed.

Students

By the beginning of the 2021-2022 school year, districts will make annual evidence-based prevention trainings available to students in grades 7-12. Students will be made aware each year of the staff that have received specialized training to help students at risk for suicide. Students will be provided with school, community, and outside resources.

Parents

The Suicide Prevention Policies and Procedures Manual is available annually to the community of the district, including district students, their parents and guardians, employees, and volunteers of the district, and readily available at the district office and on the district website. School handbooks should direct students and parents to this resource.

School Not in Session

When students are not in session, school administrators will strive to coordinate a school response in partnership with community resources.

Identifying Students at Potential Risk

Identification

Potentially serious problems in adolescence are often overlooked. These problems and mood swings during adolescent development can be mistakenly considered common. However, feelings of hopelessness, depression, and despair are no more typical for adolescents than they are for adults. Early identification of a youth at-risk for suicide means a chance for early intervention, which ultimately can save a life.

The Suicidal Youth

There is no single profile for suicidal youth. Suicidal behavior may be manifested in a variety of ways:

- High achieving youth with rigid expectations for perfect grades may be as vulnerable as a delinquent youth with a long history of behavior problems and school failure. Youth considered to be loners by their peer group may experience increased isolation and loneliness and may entertain thoughts of suicide. Even youth with impulse control problems have higher risk because an impulse to die by suicide may seem compelling to them in a moment of anger or vulnerability. Youth who experience sexual orientation issues also are at greater risk for suicide.

- Suicidal youth often experience depression, whether chronic or acute. When a depressed youth also experiences personal loss, feels hopeless about the future, or is in an agitated emotional state, the risk for self-harm behavior or suicide increase.

- Students with an emerging mental health disorder such as schizophrenia or bi-polar disorder have an increased risk for suicide. Risk further increases with any youth who has alcohol or substance abuse problems. Using either drugs or alcohol can lower inhibitions to suicide.

Several studies investigating common factors among youth who had attempted suicide found the following factors significant:

- Depression
- Loneliness
- Feelings of hopelessness and helplessness
- Drug or alcohol abuse
- Turmoil within family
- Severe stress
- Confusion
- Negative feelings
- Lack of friends
- Poor problem-solving skills
- Unrealistic expectations of self
- Fear
- Anger
- Trauma history (high ACE scores)
- Bullying
- Past attempts to take their own life

Motives, Myths, and Facts

The Motive for Suicide

The primary motive for suicide is not to end one's life but to stop overwhelming emotional pain. The suicidal person is seeking relief from what they view as an intolerable, hopeless situation. Suicide is a desperate act, attempted by those who feel they have exhausted all other alternatives.

When people choose suicide to solve their problems and to stop the pain, they are choosing a permanent solution to a temporary problem. People who are suicidal experience much ambivalence about life and death. They are confused by contradictory feelings but most of them desperately want to live. A suicidal person, while signaling a need for help, wants to maintain control of their own destiny.

Myths and Facts About Suicide

MYTH: Talking to someone about their suicidal ideation might cause them to attempt suicide.
FACT: The opposite is often true. Direct questioning about someone's suicidal intent will frequently deter suicidal behavior by creating an opportunity for ventilation of emotions, and to experience the care and concern of another person.

MYTH: When people talk about killing themselves, they are just looking for attention.
FACT**:** Rarely is attention-seeking the only factor involved. Ignoring these remarks is the worst thing to do. Without needed attention, the likelihood of an attempt increases.

MYTH: Suicide tends to occur more frequently in the lower socioeconomic group.
FACT**:** No particular socioeconomic group is more susceptible to suicide.

MYTH: All people who complete suicide exhibit signs of depression.
FACT**:** While depression is highly correlated with suicide, other emotional disturbances can lead to suicide. Even when a person is depressed, a lifting from the depression may occur after a decision has been made by an individual to kill themselves.

MYTH: Someone attempting suicide is safe after an initial intervention takes place.
FACT: Risk may remain following an intervention. It is important to stay connected and involved with the student.

Communicating with at Risk Students

REMEMBER WHAT TO DO AND NOT TO DO!

MAKE SURE TO...
Be Accepting. Even if you do not agree with the student's perceptions of the problems or solutions, it is important that you compassionately accept those perceptions as theirs for the moment and acknowledge their right to them.
Use Active Listening. Take the time to listen carefully to the student and focus on the student's feelings. Validate with the student your understanding of what the student is saying and feeling by paraphrasing what they are telling you. Attend to your own perceptions and intuition.
Use Constructive Questions. This can help the student separate and define problems, remove confusion, and provide some clarity on the availability of options.
Be Resourceful. Help the student define alternatives and explore other sources of support. Explore previously used coping strategies, affirming positive efforts, actions, and identifying further options.
Get Help for Yourself. The best way to get help for yourself when you have talked to a student at risk for suicide is to share such information with others while maintaining confidentiality. It may be helpful when faced with this decision to ask yourself, "If the student committed suicide tonight, whom would I wish I had told today?"

MAKE SURE NOT TO...
Act shocked. This may be interpreted as rejection.
Be judgmental about what the student is saying.
Minimize the student's problems or reactions.
Argue about the moral aspects of suicide.
Tell the student to go see a counselor, unsupervised, and then avoid any further contact with them.
Try to make a student feel guilty about the pain their suicide would cause family or friends; that pain may be exactly what they are trying to accomplish!
Treat the student as different or fragile.
Remove normal behavioral expectations for the student. However, decreasing or eliminating identified stressors can be extremely helpful to a student who is feeling overwhelmed.
Agree to keep student's suicide ideation, threats, or attempts confidential.

Warning Signs

Most Suicidal Youth Give Warning

Very few suicides occur spontaneously. Most suicidal people are ambivalent about dying and usually want to be rescued. They are likely to serve notice that they are thinking about killing themselves by presenting various clues. School staff are in an opportune position to pick up the early warning signs given by a suicidal youth and may be able to prevent a suicide from happening. While there are a variety of early warning signs that may indicate a risk for suicide, it is most important to look for a constellation of signs. Indicators may include the following:

Actions

- Strongest behavioral indicator is a previous attempt
- Possessing items related to or talking about suicide (guns, pills)
- Verbal comments in class and/or content in art, writing
- Giving away possessions
- Withdrawal (family, friends, school, work)
- Loss of interest in hobbies
- Abuse of alcohol and/or drugs
- Reckless behaviors
- Extreme behavior changes
- Impulsivity
- Self-mutilation
- Making special preparations; making a will, saying goodbye
- Leaving messages with friends indicating that the student is thinking about suicide
- Poor Communication Skills: The inability to discuss angry or uncomfortable feelings within the family.

Stressful Events/Situational

- Personal failure/shame: high standards (the student's or parent's) that are not met, even after only one setback, may set off a downward spiral.
- Feelings of loss
- High achieving students with rigid expectations for perfect grades
- Students with a history of being a victim to bullying
  LGBTQ+ (Lesbian, Gay, Bi-Sexual, Transgender, Queer) and other minority gender identity and sexual orientation.
- Native American, Black, Latinx, and Asian students, males
- Family history of suicide
- Exposure to suicide in friends or media.
- Family violence: violence in the home teaches youth that the way to resolve conflict is through violence.
- History of physical or sexual abuse
- Social isolation: the student does not have social supports or skills to find alternatives to suicide.
- Recent loss/death of close friends or family, divorce, romantic breakup, or a move

Thoughts

- “I won’t need these things anymore.”
- “I can’t do anything right.”
- “I just can’t keep my thoughts straight anymore.”
- “I just can’t take it anymore.”
- “I wish I were dead.”
- “Everyone will be better off without me.”
- “All of my problems will end soon.”
- “No one can do anything to help me now.”
- “Now I know what they were going through.”

Feelings

- Desperate
- Angry
- Guilty
- Worthless
- Lonely
- Sad
- Hopeless
- Helpless
- Depression
- Fear

Physical

- Lack of interest in appearance
- Change/loss in sex interest
- Disturbed sleep
- Change/loss of appetite, weight loss or gain
- Physical health complaints

When speaking with a student who is at risk for suicide, communicate the following:

- "Suicide is a permanent solution to a temporary problem." Emphasize that all people experience emotional highs and lows in their lives. Emphasize the temporary nature of problems and that the crisis will pass in time.
- "Problems must be handled one at a time." Focus on problem solving and help the student explore options. Try to take a positive approach by emphasizing the student's most desirable alternatives.
- "There is hope for the future." Immediately upon sensing the possibility of suicide, it is important to introduce the concept of hope to the student. Focus on the future.
- "People care." Tell the student that you care and offer support. Those who attempt to take their own life may feel worthless, alone, and unloved. Letting the student know that they are not alone and that you and others care is important.
- "There is help available." Assure the student that you will help them in addition to referring them to another resource person. Sometimes students are referred to a counselor and then abandoned by the person making the referral. If a student picks you to talk to, then there is already some trust in you.

Self-injury

What it is and how to respond

Cutting and other forms of self-injury, described as the act of inflicting physical harm serious enough to cause tissue damage to one's body, are typically not an expression of suicidal intent. Rather they are coping mechanisms used to reduce psychological or physiological distress or tension.

If a student discloses to you that they are engaging in such behavior, listen without judging and nurture a positive relationship with the student by being supportive and available. Do not be afraid to talk with them about the behavior because doing so reduces shame and encourages connection. Affirm the pain behind the behavior (e.g., "I am so sorry you hurt so much inside.")

As an educator your goal cannot be to "treat" self-harming behavior. Instead, your goal is to build a relationship of trust that will allow you to successfully encourage the student to get professional help. In a therapeutic relationship, the student can work with a therapist to develop the ability to identify and express feelings in nondestructive ways and can learn to use behavioral alternatives to self-injury.

Risk and Protective Factors

Risk Factors: 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.

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- 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/helplessness
- Self-hate
- Current psychological/emotional pain
- 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 aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBTQ+, Native American, Black, Latinx, Asian, male

Protective Factors: parts of someone's life experience that might increase their ability to cope with stressors.

- Engaged in effective health and/or mental health care
- Feel well connected to others (family, school, friends)
- Positive problem-solving skills
- Positive coping skills
- Restricted access to means to kill self
- Stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Has responsibility for others

SECTION 2: Assessment Tools & Resources

Suicide Intervention Protocol and Flowchart

Warning Signs for Suicide

Many signs of suicide are similar to the signs of depression. However, keep in mind that depression is a risk factor for suicide, not a cause. Usually, these signs last for a period of two weeks or longer, but many youths behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to lethal means to kill self.

Warning signs that indicate an immediate danger or threat:

- Someone who has already taken action to kill themselves
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves (seeking access to pills, weapons)
- Someone talking, joking, or writing about death, dying, or suicide

Step 1:

A suicidal event is recognized (attempt, gesture, or thoughts). **If there is imminent danger, call 911 or a school resource officer.** If NO imminent danger, IMMEDIATELY refer to the specific school staff member for your building (e.g., administrator, counselor, social worker).

NOTE: STUDENT SHOULD BE KEPT IN LINE OF SIGHT AND NOT LEFT ALONE!

Step 2:

A specific building designated, trained employee (e.g., Administrators, school counselors, school social workers), will complete the Columbia Suicide Severity Rating Scale (C-SSRS).
The C-SSRS is a measure used to identify and assess individuals at risk for suicide. Questions are phrased for use in an interview format but can be completed as a self-report measure if necessary. The C-SSRS measures four constructs: the severity of ideation, the intensity of ideation, behavior, and lethality. It includes "stem questions," which if endorsed, prompt additional follow-up questions to obtain more information.

After screening, be sure the student is monitored and safe. Then consult with the school team to determine next steps and follow the C-SSRS response protocol at the bottom of the screening tool. Next steps are always a team decision. Document and call parent/guardian.

Step 3:

If needed, per C-SSRS response protocol a Suicide Risk Assessment: Complete Level 1 by an appropriately trained staff member (e.g., school counselor, social worker, KBBH employee). The trained staff member will do the following:

- Interview student using Suicide Risk Assessment Level 1 screening form (see pg. 17)
- Contact parent/guardian to inform and obtain further information
- Consult with another trained screener, prior to making decisions regarding additional support
- Determine need for additional Level 2 screenings with mental health providers (KBBH).
- Inform administrator of screening results
- Contact DHS if necessary and/or KBBH Mobile Crisis Team if indicated based on responses to C-SSRS and Level 1 assessment.
- Complete a Support Plan if necessary, with student, parent/guardian, and school team.

Step 4:

If necessary, per C-SSRS and Level 1 assessment response protocols, KBBH crisis team is called and additional assessments, interviews and information gathering are done to make risk determinations, interventions, recommendations, and plans for the student. KBBH will share these concerns and plans with the school team and parent/guardian.

KBBH will work with the school on procedures for a safe re-entry to the school environment following a hospitalization or behavioral health crisis.

Student Support Plan:

Will be completed if necessary, with the student, parent/guardian, and school team. The support plan will cover coping skills, future planning, a support system both within the school, family, and community, as well as a discussion over precautionary removal of lethal means from the student's environment. With parent participation, provide the support plan to KBBH for help with follow up and future planning.

MAINTAIN A CONFIDENTIAL WORKING FILE (CUMULATIVE FILE) OF ALL SUICIDE SCREENINGS IN YOUR BUILDING. FILES SHOULD BE KEPT UNTIL THE STUDENT GRADUATES OR IS NO LONGER ENROLLED IN KCSD/KFCS. WHEN A STUDENT TRANSFERS TO ANOTHER SCHOOL, THIS INFORMATION SHOULD BE SHARED WITH THE RECEIVING SCHOOL.

_____Klamath Falls City Schools_____

Suicide Prevention Policies and Procedures

Systems Flow Chart

MAINTAIN A CONFIDENTIAL WORKING FILE (CUMULATIVE FILE) OF ALL SUICIDE SCREENINGS IN YOUR BUILDING. FILES SHOULD BE KEPT UNTIL THE STUDENT GRADUATES OR IS NO LONGER ENROLLED IN KFCS/KCSD. WHEN A STUDENT TRANSFERS TO ANOTHER SCHOOL, THIS INFORMATION SHOULD BE SHARED WITH THE RECEIVING INSTITUTION.

Suicidal Event is recognized (attempt, gesture, or thoughts.)

If NO Imminent Danger, refer to:

_____

_____

_____

to complete a C-SSRS screener.

Level 1 Assessment

Who: _____

_____

_____

- Interview student using Assessment tool.
- Contact parents to inform and obtain more information.
- Consult with team members.
- Further action based on level of concern.
- Inform administrators of results.
- Student support plan
- Call KBBH and/or DHS if necessary: Level 2 Support plan if necessary.

Level 2 Assessment

Who: **Klamath Basin Behavioral Health Crisis Team: 541-883-1030**

- Requires parent involvement unless 14 or older. If parent is unavailable or unwilling to participate, and the risk is high, the school team calls KBBH or law enforcement.
- KBBH interviews student, collects information, makes risk determination.
- KBBH determines need for immediate intervention.
- KBBH shares concerns and recommendations with school team and parent.

If imminent danger: Call 911 or School Resource Officer

May include:
Student ingests medication or harmful substance.
Attempts to leave campus.

- Document
- Consult with school team immediately.
- Call Guardians

Ongoing information sharing between protective response teams.

Student Support Plan

- School team with parent and student
- Coping skills
- Future planning
- Support system
- Precautionary removal of lethal means from student's environment.
- With parent participation, notify KBBH crisis, complete screening, forward plan.

Local Resources

- KBBH: 541-883-1030
- Klamath Tribes Behavioral Health: 541-884-1841 Option 1 or ext. 427
- Lutheran Community Services: 541-883-3471

Columbia Suicide Severity Rating Scale (C-SSRS)

To be completed by a trained staff member.

	Past Month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you had any actual thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* E.g. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."*		
4) *Have you had these thoughts and had some intention of acting on them?* as opposed to "*I have the thoughts, but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will/suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; OR took pills, tried to shoot self, harm self, hang self, etc. **If YES, ask: *Was this within the past 3 months?***	**Lifetime**	
	Past 3 Months	

Response Protocol to C-SSRS Screening: Student answered YES to:

- Question 1: Document; consult with team IMMEDIATELY; call guardians
- Question 2: Document; consult with team IMMEDIATELY; call guardians
- Question 3: Document; consult with team IMMEDIATELY; Level 1 assessment. CONSIDER Consultation with KBBH, Klamath Tribes Behavioral Health, and Student Support Plan, call guardians.
- Question 4: Document; consult with team IMMEDIATELY; Level 1 assessment; call guardians; Level 2: call KBBH Crisis Team. Student support plan.
- Question 5: Document; consult with team IMMEDIATELY; Level 1 assessment; call guardians; Level 2: call KBBH Crisis Team. Student support plan.
- Question 6: Document; consult with team IMMEDIATELY; Level 1 assessment. CONSIDER Consultation with KBBH, Klamath Tribes Behavioral Health, and Student Support Plan, call guardians.
- Question 6, 3 months ago, or less: Document; consult with team IMMEDIATELY; call guardians, Level 2: call KBBH Crisis Team. Student support plan.

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Level 1 Assessment

To be completed by a trained staff member.

PLEASE COMPLETE AND ATTACH TO C-SSRS SCREENER

1. IDENTIFYING INFORMATION

Name:_____School:_____
DOB:_____ Age:_____ Grade:_____ IEP/504? _____
Address:_____Phone: _____
Parent/Guardian #1 name/phone# _____
Parent/Guardian #2 name/phone # _____
Screener's name: _____
Contact Number: _____
Position: _____
Screener consulted with: _____at the school.

2. REFERRAL INFORMATION

Who reported concern: Self ◯ Peer ◯ Staff ◯ Parent/Guardian ◯ Other_____
Contact information of reporter: _____
What information did this person share that raised concern about suicide risk?

_____
_____

3. DOES THE STUDENT EXHIBIT ANY OF THE FOLLOWING WARNING SIGNS?

◯ Written statements, poetry, stories, electronic media about suicide
◯ Withdrawal from others
◯ Preoccupation with death
◯ Feelings of hopelessness
◯ Substance Abuse/Mental Health Issues
◯ Current psychological/emotional pain
◯ Discipline problems
◯ Conflict with others
◯ Experiencing bullying or being a bully
◯ Recent personal or family loss or change (i.e., death, divorce)
◯ Recent changes in appetite
◯ Family problems
◯ Giving away possessions
◯ Current trauma (domestic/relational/sexual abuse)
◯ Crisis within the last 2 weeks
◯ Stress from: gender ID, sexual orientation, ethnicity
◯ Other signs _____

Is there a family history of suicide? Yes ◯ No ◯ Explain: _____
Has the student been exposed to suicide by others? Yes ◯ No ◯ Explain: _____
Has the student been recently discharged from psychiatric care? Yes ◯ No ◯
Date/Explain:_____

Does the student have a support system? Yes ◯ No ◯
List an adult the student can talk to **at home**: _____
List an adult the student can talk to **at school**: _____
Additional supports: _____
Protective Factors (see Risk & Protective Factor sheet):
_____
_____

4. PARENT/GUARDIAN CONTACT
1. Name of parent/guardian contacted: _____
   Date: _____Time: _____
2. Was the parent/guardian aware the student is having suicidal thoughts/plans? Yes ◯ No ◯
3. Parent/Guardian's perception of threat?

_____
_____

5. ACTION(S) TAKEN
Yes ◯ No ◯ Called 911 (date/time)_____
Yes ◯ No ◯ Called **KBBH Mobile Crisis Team** **(**date/time): _____
Yes ◯ No ◯ Parent/guardian contacted
Yes ◯ No ◯ Support Plan created with student/parent/agency (Copy given and put in cumulative file)
Yes ◯ No ◯ Released back to class. Parent and/or Agency confirmed plan and follow up plan established. Notes: _____
Yes ◯ No ◯ Released to parent/guardian: **Parent Signature**: _____
Yes ◯ No ◯ Parent/guardian took student to hospital
Yes ◯ No ◯ Parent/guardian scheduled mental health evaluation appointment
Notes: _____
Yes ◯ No ◯ Provided student and family with resource materials and phone numbers
Yes ◯ No ◯ School Counselor/Social Worker/Psychologist/Nurse follow up scheduled:
Date: _____Time: _____
Yes ◯ No ◯ School Administrator notified (date/time): _____

Consulted with and approved by: 1. _____2._____
Follow up with student: Date/time/location: _____

◯ Several risk factors noted in C-SSRS and Level 1 Assessment. Team referred to: _____
_____

◯ Procedures discussed/plan in place, with agency and parent for re-entry to the school environment.
Re-entry Date: _____

Klamath Basin Behavioral Health: 541-883-1030
Klamath Tribes Behavioral Health: 541-884-1841 option 1 or ext. 427
Lutheran Community Services: 541-883-3471
For Emergencies: 911, Sky Lakes ED: 541-883-6176

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Student Support Plan

To be completed with student, parent, and school team.

Student Name: _____DOB_____ Date _____

Things I notice when I start to feel symptoms:	**Coping skills** I can use to get help and manage the symptoms:
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4**
Future Planning:	**Reasons to live:**
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**

Call Klamath Basin Behavioral Health (KBBH) 24 hours a day at 541-883-1030 (Local)
Text "HOME" to 741741 (National Text Line) or Call 800-273-8255 (National Lifeline)

People in my support system that I can call:
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Immediate Plan: (Next 24-48 hours):_____
_____

Substance Abuse: Yes No Comments: _____
All Weapons have been identified and secured? Yes No Comments: _____
All Medications have been identified and secured? Yes No Comments: _____

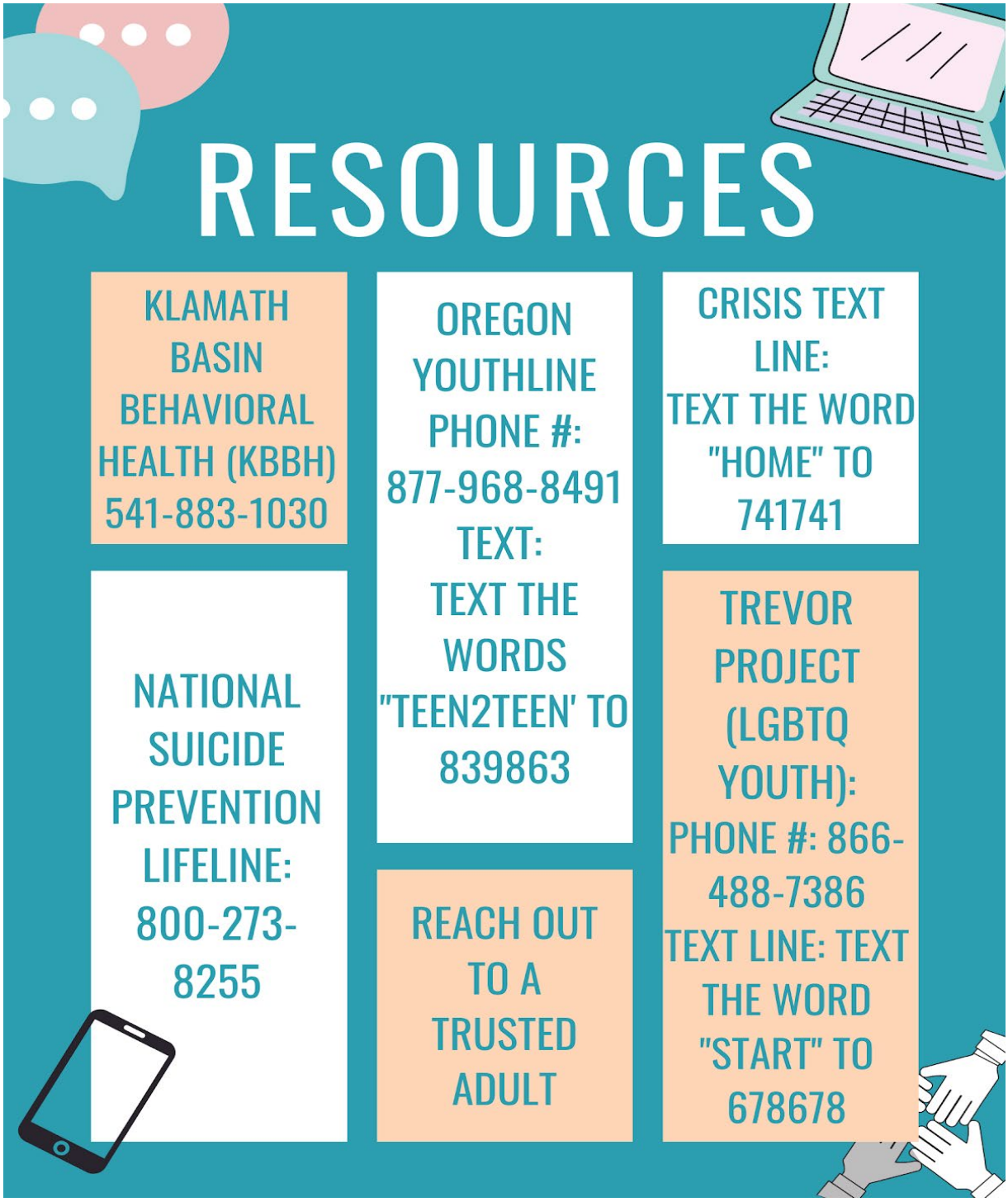
Follow-Up Plan (Over the Next 7 days):_____
_____

Date: _____ **Student Signature**: _____
Date: _____ **Parent Signature**: _____
Date: _____ **Staff Name**: _____

Recommendations for Parent and Guardian Contact

1. Inform the guardians you believe their child is at risk for suicide and why you are making this contact. If you are uncomfortable making this call alone, seek support from other trained colleagues.
2. Suggest that the guardians can reduce the risk of suicide by removing and restricting access to lethal means (guns, knives, prescription medications, sharp objects, material that could be fashioned into a noose, razor blades, cleaning supplies, etc.).
3. Educate guardians about different ways to dispose of, or at the very least limit access to lethal means (e.g., use of law enforcement in disposal/removal of firearms in the home.)
4. Note significant changes in behavior (isolating themselves, withdrawn, acting-out behaviors, increased drug, or alcohol use; or is unusually sad, excited, energetic).
5. Suggest heightened observation of youth (check-ins periodically throughout the evening, encouraging engaging in family/social activities, increasing family quality time, not allowing locked doors, monitoring extended periods of time in the bathroom/out of sight.
6. Discuss the development and implementation of a support plan and the importance of enforcing the support plan (if warranted).
7. Provide guardians with school, community and outside community resources that admit and treat youth.

Additional Resources



To speak with a counselor or schedule an appointment:
Klamath Basin Behavioral Health: 541-883-1030
Klamath Tribes Behavioral Health: 541-884-1841 option 1 or ext. 427
Lutheran Community Services: 541-883-3471
For Emergencies: 911, Sky Lakes ED: 541-274-617

SECTION 3: Postvention

Postvention Information and Protocols

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or death. 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 suicide death is especially 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 death 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 in the response, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

Postvention Goals:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term surveillance
- Integrate and strengthen protective factors (i.e. 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

Resources

School Based: _____
Community: _____
County Supports: _____
Grief Support: _____
Friends and Family: _____

Generally, postvention response includes, but is not limited to, the following actions:

- Verify the suicide attempt or completion
- 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)
- Mobilize the Crisis Response Team. If your school has a Crisis Response Team, how are they contacted?

  _____
  _____
- Inform faculty and staff
- Identify at-risk students and staff (see "risk identification strategies")
- 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.
- Who is your trained school staff member that initiates this response?

  _____
  _____

Key Points to Emphasize to Students, Parents, Media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Connected to Mental Illness
- 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

Risk Identification Strategies:

- **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- **MONITOR** student absentees in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.
- **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.

THEMES OF RESPONSIBLE POSTVENTION:

- Grief is normal
- Help is available
- Youth and young adults are resilient
- Healthy coping skills can be learned
- Suicide loss survivors are not responsible for the death
- Suicide is preventable

Suicide Rapid Response Team

Program Summary: The Rapid Response Postvention Program is a collaborative effort between the Oregon Health Authority and Lines for Life. The program's purpose is to help communities heal after a loss to suicide and to limit further losses to suicide in the community. The Rapid Response program offers support and services to school-based communities that have been impacted by a loss to suicide of students age 10-24.

Reporting: Throughout the Rapid Response process, reporting is critical. Your local Community Mental Health Program (CMHP) holds the primary responsibility to report completed suicides to the Oregon Health Authority. Community-based surveys and evaluations take place after the Rapid Response has completed in order to strengthen our response. As awareness grows for the Rapid Response Program, this reporting process will become a standard procedure for local health authorities and systems.

CMHPs The Rapid Response will involve coordination and collaboration with your local Community Mental Health Program (CMHP). They have a responsibility to report completed suicides to the Oregon Health Authority.

Your local CMHP is:
Klamath Basin Behavioral Health
541-883-1030
info@kbbh.org

Key staff include:
Stan Gilbert, CEO
Amy Boivin, Director of Clinical Services
Jay Otero, Child Program Services Director
Steven N. Ware, Mobile Crisis Team Supervisor

Klamath Area Schools Postvention Response Checklists

Immediate Postvention Response Suggested Checklist

Day 1 (24-72 hours)

- Notify Flight Team Leads for respective school district of a possible loss
- Validate loss through proper administrative channels per district guidelines
- Notify the Principal of the affected school
- Identify individuals/groups at risk
- Assess level of impact on students, staff
- Verify if survivor(s)/family have any specific wishes/thoughts
  - Consider culturally relevant context
- Activate the appropriate Flight Team
- Establish "Safe room"
- Communicate with other community partners to coordinate outreach/support if required
- Develop Communication plan to inform school/community of resources available for support
- Monitor memorials/observances for possible contagion/assess for appropriateness
  - Follow district guidelines regarding memorials on school grounds
- Identify individuals that can provide surveillance of social media

Day 2 (4-7)

- Reassess need for "safe room"
- Reassess level of impact on students, staff
- Continue surveillance of social media
- Identify and respond to individuals at risk
- Convene group to discuss memorial activities
- Communicate with family about their possible needs/plans for funeral
- Continue social media surveillance

Week 2 - Week 12

- Set meeting to reassess affected school needs at three months
- Monitor individuals that were identified to be high risk
- Continue to assess for impact on students, staff.
- Consult with team relative to any memorials, follow school policy
- Do intermittent surveillance of social media
- When appropriate hold meeting to debrief response with team members

Mid-term Postvention Suggested Checklist

- Hold meeting to assess on-going needs
- Identify any potential needs of the survivors/family the school district can assist with.
- Identify any community resources that might be more appropriate to engage
- Review any social media surveillance information.
- Set meeting to review progress in three months

Long-term Postvention Suggested Checklist

- Identify how on-going risk assessment of impacted individuals is being provided through school or community resources
- Update on survivor(s)family needs
- Identify any additional supports or resources that might be offered to the survivor(s)family
- Reassess process for any changes or improvements

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Thank you to our KCSD, KFCS, KBBH, and KTHFS multi-disciplinary team:

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Information for this guide was derived from the following sources:

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American Foundation for Suicide Prevention. (2018). After a Suicide: A Toolkit for Schools. Retrieved from: https://chapterland.org/wp-content/flipbooks/afterasuicide/index.html?page=1

Resources:

- After A Suicide: A Toolkit for Schools www.afsp.org
- Suicide Prevention Resource Center www.sprc.org
- American Foundation for Suicide Prevention www.afsp.org
- Lines for Life, Suicide Rapid Response: SRR@linesforlife.org