

REEDSPORT SCHOOL DISTRICT 105

ADI'S ACT

COMPREHENSIVE SUICIDE RESPONSE PLAN

PREVENTION – INTERVENTION – POSTVENTION



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Introduction

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 as well as the entire school community. In 2019, the Oregon legislature passed Senate Bill 52, also known as “Adi’s Act”, which requires school districts to develop and implement a comprehensive student suicide prevention plan.

Suicide is the second leading cause of death among individuals between the ages of 10-24 in Oregon and increasing numbers of youth are reporting feelings of anxiety, depression, and hopelessness. School personnel support students in learning healthy coping strategies and developing resiliency. They may also be the first to identify signs that a student is struggling and needs help. Reedsport School District is committed to preventing youth suicide and supporting our students, families, and community when tragic events do occur.

Many people are uncomfortable talking about suicide. We worry that we might plant the idea or that we won’t know what do to if a student tells us they are thinking about ending their life. Yet, social stigma and fear regarding talk around mental health issues keeps students feeling isolated and alone in their pain. By encouraging open discussion about mental health, we send students a message – I’m here and you can talk to me.

The purpose of the plan is to:

- Prepare and train staff to recognize the signs of a potential suicide
- Identify how we will respond to a suicide or suicide attempt
- Identify the steps that will be taken after a suicide or suicide attempt

This plan is divided into three sections: Prevention, Intervention and Postvention. It contains easy to use communication flow-charts, designates the staff responsible for various duties, and provides a checklist that can be used to help staff follow protocol and document our District’s timely, thorough, and caring response to a crisis.

Reedsport School District has identified key personnel to serve the District as our **RSD Crisis Intervention Team (CIT)**. The Team will work in collaboration with school administrators to address crisis preparedness, intervention, response and postvention. Each building will identify and train at least two staff to compose a school crisis team, often the school counselor and a school administrator. Factors to consider are availability during the day, extent of student

contact, level of comfort in crisis situations, access/familiarity in communicating with parents and community agencies.

There will always be circumstances that fall outside the best attempts to plan for every crisis. School personnel should use their best judgement in any emergency that might arise. When in doubt about a situation, staff should always err on the side of student and staff safety, take suicidal behavior and comments seriously every time, and report this information *immediately* to trained staff.

This document will be reviewed annually. We encourage questions and suggestions. It is our hope that you'll view this as a crisis resource, and educational tool and an invitation to make mental health conversations as normal as physical health conversations.

PREVENTION PROTOCOL

Suicide prevention is the intentional action that our schools take to create a school culture which encourages positive coping skills, reaching out for help with mental health, and talking about suicide in a safe and healthy way. It includes training for staff, mental health education for students and partnering with parents to support the wellbeing of our students.

Staff

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. Staff are responsible for taking reasonable and prudent actions to help at-risk students be safe, such as staying with the student and getting them to a trained screener or school administrator.

Specific staff members receive specialized training to intervene, screen, and refer students at risk for suicide using ASIST (Applied Suicide Intervention Skills Training). These staff are considered the “go-to” people within the school and are familiar with our intervention protocols.

<http://www.asistsafetalkor.com/>

Staff receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. QPR (Question – Persuade – Refer) is our current training program and will be provided as part of in-service training.

<https://www.linesforlife.org/qpr-trainings/>

Staff will review our Comprehensive Plan – Prevention, Intervention and Postvention protocols annually.

All staff are aware of their responsibility to act when they become aware of a student at risk for suicide.

School Personnel Must:
<ul style="list-style-type: none">• Take Suicidal behavior seriously EVERY time. Take immediate action.
<ul style="list-style-type: none">• Know who is trained to conduct a screening at your school.• Contact the School Screener (usually the School Counselor) and a building administrator to inform them of the situation.

- Stay with the student until they get to the screener or administrator. NO student expressing suicidal thoughts should be sent home alone or be left alone during the screening process.

Promoting Positive Mental Health

We are committed to creating and maintaining a school culture that values adaptability, resiliency, and compassion in our students. We know that when mental health declines, so do grades and positive school engagement. Students thrive when they know their own capacity, better understand their mental health, and know that it is okay to ask for help.

Activities/actions to promote wellness:

- Partner with parents. Positive conversations about students build rapport and set the stage for the cooperative relationship that is needed when students struggle.
- Encourage helping others.
- Provide opportunities for small successes and then celebrate them.
- Acknowledge feelings. Students can be overwhelmed by expectations from school, family and societal pressures. Normalize conversations about feelings.
- Teach and reinforce positive behaviors and decision-making.
- Incorporate wellness activities – wellness week, guest speakers, wellness collages, videos on mental health topics.
- Encourage connections – activities that get students talking to others they don't normally talk to
- Lunchtime and after school clubs
- Zero tolerance for bullying
- Watch for behavior changes and signs that a student is struggling and take action.
- Promote the idea that mental health is real and deserves attention.

Confidentiality: School employees are bound by the laws of The Family Education and Privacy Act of 1974 (FERPA), which generally precludes schools from disclosing student information without first obtaining consent. There are, however, exceptions including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information. If at any time, a student shares information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA and HIPAA.

Students

Students will receive information about suicide and suicide prevention in health class or through a specialized training/curriculum which teaches students how to recognize the warning signs for suicide and how to seek help for themselves, their peers, or others in the community.

All students K-12 will receive direct instruction on social emotional learning/mental health and wellness promotion.

Activity / Program / Curriculum	Grade
Second Steps Program: https://www.secondstep.org/ PBIS Behavior Principles: https://www.pbisworld.com/	K-6
Student Support Specialist Available	7-12
Pacer's National Bullying Prevention Center Curriculum https://www.pacer.org/bullying/classroom/mid-high-curr/	7-8
QPR suicide prevention education provided by ADAPT Integrated Health Care	9, 11,12
Suicide prevention education provides as part of Health Class curriculum	10
School Climate & Culture <ul style="list-style-type: none"> • Student Clubs • Advisory Class Activities • High School Leadership Class connection with younger students 	K-12

At the beginning of each school year, students are made aware of the school staff who have specialized training to help students at risk for suicide.

Promoting a healthy, caring school culture is everyone's responsibility. Staff cannot address behavior, intervene, or help students seek help unless they know about the issue. Students often later report that they were aware of suicidal indications expressed through social media or text messages. Students are encouraged to always immediately report these messages to a parent, trusted adult, or school personnel.

Bullying is closely associated with suicide and will not be tolerated. Bullying often happens using social media or text messaging. Students themselves often have the biggest impact on school culture and what is considered acceptable behavior. We ask our students not to tolerate bullying behavior when they see it happening around them. If they are not comfortable

confronting the behavior directly, we ask that they report it to a teacher, counselor, or other school staff.

There are three types of bullying:

<p>Verbal bullying is saying or writing mean things. Verbal bullying includes:</p> <ul style="list-style-type: none">○ Teasing○ Name-calling○ Inappropriate sexual comments○ Taunting○ Threatening to cause harm
<p>Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:</p> <ul style="list-style-type: none">○ Leaving someone out on purpose○ Telling other children not to be friends with someone○ Spreading rumors about someone○ Embarrassing someone in public
<p>Physical bullying involves hurting a person's body or possessions. Physical bullying includes:</p> <ul style="list-style-type: none">○ Hitting/kicking/pinching○ Spitting○ Tripping/pushing○ Taking or breaking someone's things○ Making mean or rude hand gestures

Parents/Guardians

Each school year, parents will be provided with informational material to help them identify signs that a student or other individual may be at risk for suicide. This will include how to access school and community resources who can help. This information will be available on the school district website and will be provided in written format through newsletters and/or emails.

Partnering with community resources, such as ADAPT, schools will offer a suicide prevention training event each school year for parents and other community members when possible.

Identifying Suicidal Behavior – Risk Factors

Risk factors are characteristics, behaviors, experiences, situations, or events that might increase the likelihood of thinking about suicide.

- Previous suicide attempt
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from psychiatric hospital

- History of mental health issues
- Alcohol / drug use
- Sense of hopelessness
- Self-hate
- Giving away valued possessions
- Current psychological/emotion pain
- Loss (relationship/work/financial)
- Difficult transition (moving/parents' divorce)
- Embarrassing event or disappointing outcome
- Discipline problems
- Conflict with others (friends/family)
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwillingness to seek help
- Engaging in risk-taking behaviors
- LGBTQ+, Native American, Alaska Native
- Male

Usually signs last for a period of two weeks or longer, but youth often behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

Parents may not be aware that their child is being bullied, or bullying others, at school or online. Open conversations between parents and students about bullying behaviors and their consequences let students know that parents are available and willing to help if needed. Some tips for starting these conversations: <https://www.stopbullying.gov/resources/how-to-talk-about-bullying>

Additional Resources:

If you are in an emergency, or at immediate risk of harm to yourself or others, please contact emergency services at 911, or to [Get Help Now](#), [call](#) or [text 988](#).

Resilience Guide for Parents and Teachers: <https://www.apa.org/topics/resilience/guide-parents-teachers>

Teen Suicides: What Are the Risk Factors? <https://childmind.org/article/teen-suicides-risk-factors/>

Prevention: Learn How to Identify Bullying and Stand Up to it Safely:
<https://www.stopbullying.gov/>

Risk and Protective Factors: <https://www.cdc.gov/suicide/factors/index.html>

Suicidal Thinking and Threats: Helping Handout for Home:
file:///C:/Users/kluck/Downloads/S3H14_Brock_Reeves_Parents_Suicide.pdf

Suicide Grief: Coping with a Loved One's Suicide:
<https://www.helpguide.org/articles/grief/coping-with-a-loved-ones-suicide.htm>

Parent's Guide: What to do When Your Child's Friend Dies by Suicide:
<https://www.variationspsychology.com/blogs/parents-guide-what-to-do-when-your-childs-friend-dies-by-suicide>

INTERVENTION PROTOCOL

When a suicidal attempt, gesture or ideation occurs or is recognized, report it immediately to the school counselor or school administrator. Ideations may be expressed indirectly through writing assignments, drawings, notes left in classrooms, etc. It is important to take these signs just as seriously as verbal statements.

These factors indicate an *immediate danger or threat*:

- Someone has already taken action to kill themselves (i.e. swallowed pills)
- Someone has a current plan to end their life
- Current suicidal ideation and access to means to kill self (such as a gun)

If there is *imminent* danger, call 911.

Response to Warning Signals:

1. Do not, under any circumstances, leave a suicidal child alone.
2. Take the student to the office where another adult and telephone are nearby.
3. A counselor and/or administrator will assess the risk and take appropriate action.
4. The counselor will follow-up to determine if help was obtained.

A Suicide Risk Assessment: Level 1 is performed by a trained school staff member. The screener or school administrator will do the following:

- Interview student using the Columbia Suicide Severity Rating Scale (CSSRS)
- Inform administrator or screening results
- Contact parent/guardian to inform and obtain further information.
 - No immediate suicide concern: Contact parent, give resources and safe home precautions
 - Moderate Concern: Contact parent, provide mental health resources and suggest clinician screening, provide information about maintaining safety at home
 - Immediate Concern: Direct parent/guardian to take student to the ER and provide information about maintaining safety at home

If unable to reach parent or emergency contact, they do not respond, or they indicate they will not take student for further assessment/treatment, a team member will contact DHS to make a report and/or ask for assistance.

- Request Medical Release of Information and/or contact outside therapist if known at this point
- Coordinate with teacher to obtain school work that student may miss during their absence, if appropriate
- Determine if there are other students that may have been directly affected by suicidal behavior and need immediate attention

Documentation:

Documentation of all intervention steps and phone calls should be completed using the “Report of Suicide Risk” form which will be completed by the school counselor, screener, or administrator. This documentation will remain securely stored with other information (such as the Safety Plan).

Guidelines for Return to School after Suicidal Behavior:

Meeting with parents about their child prior to his/her/their return to school is integral to making decisions concerning needed support. Students who have made a suicide attempt are at increased risk of attempting to harm themselves again and effective handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for the return to school, allowing them a sense of control of the process and their well-being.

- If not already obtained, seek Release of Medical Information so school can communicate with therapist on any aftercare, on-going treatment recommendations or modified re-entry plan
- Develop a Safety Plan with student prior to or upon return to school. This plan will be shared with relevant staff and parents
- Follow up with student about their plan in 1-2 days and weekly for duration of plan (generally 90 days but can be extended)
- Confidentiality will be maintained to the strictest extent possible while still supporting student’s needs and providing for student’s safety.
- Designated staff will maintain contact with parents to provide progress reports and other appropriate information and be kept informed of any changes in the aftercare/treatment plan

POSTVENTION PROTOCOL

In the event of a suicide attempt or completed suicide, we are prepared to act and provide postvention support and action. The school’s primary responsibility in these cases is to respond in a manner which appropriately supports students and the school community. This includes a plan to work with students, staff, parents/guardians, community, media, law enforcement, and outside counseling supports.

The Reedsport School District has a detailed plan which clearly outlines key staff and their areas of responsibility in the event of an emergency or critical incident such as the death of a student or staff member.

School staff will work to identify students/staff who may most be impacted by the suicide and provide appropriate support. Schools will monitor student absences in the days following a suicide attempt or completion as well as groups of students who may be at higher risk. School staff will notify parents of highly affected students and provide recommendations for community-based mental health services.

Postvention Goals	Postvention Cautions
<ul style="list-style-type: none"> • Support the grieving process • Prevent suicide contagion • Reestablish a healthy school climate • Minimize school disruption as much as possible • Integrate and strengthen protective factors • Treat all deaths the same • Provide resources for students, parents and staff 	<ul style="list-style-type: none"> • Avoid romanticizing or glorifying the event or vilifying the victim • Do not provide excessive details • Do not eulogizing the victim or conduct school-based memorial services • Do not releasing information in a large assembly or over the intercom • Keep any school-based memorials or gatherings outside of school hours

Postvention activities can be grouped together and viewed on a timeline as follows:



Immediate: 1 Hour to 1 Week

The goals of this phase are:

- Support the grieving process
- Prevent suicide contagion
- Reestablish a healthy school climate
- Integrate and strengthen protective factors

Key points to be emphasized to student, parents and community:

- Prevention (warning signs and risk factors)
- Survivors are not responsible for the death
- Mental illness etiology
- Feelings of grief and/or anger are normal
- Stress alternatives – suicide is preventable
- Help is available

Safe Reporting

It is important and considered best practice in trauma response to gain permission from family/guardian to share the facts about a crisis, death or trauma. If the family is resistant to this, let them know that you only want to share facts because it is better that students/staff hear facts from supportive adults rather than rumor or inflated stories via social media or by student word-of-mouth.

The way that news outlets and others (through social media) shares news that someone has died by suicide can impact safety for others in the community. Safe reporting can help reduce the risk of suicide contagion and/or clusters.

What to disclose:

<p>Unconfirmed Cause of Death</p> <ul style="list-style-type: none">• Do not disclose cause of death before an official cause is determined• Ongoing investigation: Check with local law enforcement before speaking with students who may need to be interviewed
<p>Family Declines Sharing Cause</p> <ul style="list-style-type: none">• Respect family wishes• Trusted administrator speaks with family about benefits of sharing mental health resources• Use opportunity to give students info/resources: grief, suicide, suicide prevention, seeking help, how to get help for a friend
<p>Rumors</p> <ul style="list-style-type: none">• Educate staff on danger in rumors• Acknowledge to students that there are rumors (which are often inaccurate) and remind students that rumors can be deeply hurtful and unfair to the deceased person, their family, and their friends

Notification Steps	
Crisis Team	On-going planning of communication
Share with Staff	Have a Plan Identify impacted staff Tell in person Provide support
First Students	Siblings are told by family first Closest impacted students are told first together Provide support
Impacted Groups	Identify impacted student groups Prepare additional supports
Disclose News	Trauma-informed script and resources Small groups (classrooms) Have supports in place

Safe Messaging:

- One designated person handles all media interaction
- Spokesperson should encourage media not to speculate about the reason for the suicide, instead offer the community information on suicide risk factors, warning signs and resources available
- Advise students to avoid interviews
- Oversee school social media and use as part of crisis response
- Monitor social media and social networking sites

Before School Meeting (Run by Admin with Crisis Team):

- A. Invite all building personnel
- B. Provide current facts (share the basic details and dispel rumors)
- C. Introduce Crisis Team and discuss teams role
- D. Outline the day / Share overview of the plan
- E. Provide ideas for dealing with students in crisis and how to refer students for additional support if needed
 - Use direct language – be honest – do not discuss details – respect confidentiality
 - Stress that all feelings are okay
 - Crisis events can trigger unresolved trauma for some students
 - Provide some form of activity students can use to express their feelings such as artwork, cards or letters to the family
- F. Support for staff – are subs available if needed? How should they request extra support if needed?
- G. Maintain normal routine as closely as possible

- H. Media – encourage staff to refer media to designated media contact person – media is not allowed in the building – request that students do not talk to media
- I. Arrange to meet with any staff directly involved
- J. Announce plans for after school meeting

After School Meeting (Run by Admin with Crisis Team):

- A. Review day's events and any new information
- B. Process and validate staff's feelings about the crisis
- C. Discuss students' reactions
- D. Ask staff to identify students they have concerns about
- E. Provide information about funeral arrangements if known
- F. Discuss staff concerns regarding support for the family
- G. Future plans – crisis team's role
- H. Encourage staff to acknowledge and address their own emotional needs this evening and in the days ahead
- I. Provide Employee Assistance Program (EAP) information for staff
- J. Acknowledge the staff's efforts and thank them

Mid-Term Postvention: One Week to Two Months

Avoid Suicide Contagion

Actively triage particular risk factors for contagion:

- Emotional proximity – siblings, friends, teammates
- Physical proximity – witness, neighbor
- Pre-existing mental health issues or trauma

Explain to all staff that one reason for identifying and providing services to other high-risk students is to prevent another death or suicide attempt. The Crisis Response Team will work with teachers to identify students most significantly affected by the death, or who exhibit changes indicating increased risk. The Team will review suicide warning signs with staff and the procedure for referring students who present with increased risk.

Develop Memorial Plans

Memorializing a student who has died by suicide can be a difficult process. Staff, students, and the family of the deceased may have different ideas of what is appropriate or useful. It is important to respond and channel the need of people to grieve into activities that will not raise the suicide risk of vulnerable students or escalate the emotional crisis. The person designated as the liaison with the family needs to consult the family and be prepared to explain the memorialization policy while respecting their wishes as well as the grieving traditions associated with their culture and religion.

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes or flying the flag at half-staff. These activities may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Spontaneous memorials may occur from students expressing their grief. These should be monitored by staff. Cards, letters, and pictures may be given to the student's family after being reviewed by the school administration. The school shall leave a notice advising when the memorial items will be removed and given to the family.
- Online memorial pages shall use safe messaging, including resources to obtain information and support. These pages shall be monitored by an adult and be time limited.
- School shall not be cancelled for the funeral or for reasons related to the death.
- Any school-based gatherings shall include a focus on how to prevent future suicides and prevention resources available.

Ongoing Support

The Crisis Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports which may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning

- Pause of all suicide prevention training for 6-9 months
- Targeted supports for identified and/or at-risk students

Long-Term Suicide Postvention: Two Months to One Year

Preparing for Significant Dates and Events

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be upsetting for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death. Anniversaries are a good time to increase discussion of mental health support resources and mental health awareness activities.

Consider Ongoing Support

The Crisis Team will continue to monitor students' reaction to the crisis, anniversary dates and other events that may impact students and staff. These supports may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Targeted supports for identified and/or at-risk students
- Additional and ongoing training and education
- Frequent mental health and suicide prevention communication

Reedsport School District

Code: JHH
Adopted:

Student Suicide Prevention**

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

[The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.]

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide;
 - b. Youth with disabilities, mental illness or substance abuse disorders;
 - c. Youth experiencing homelessness or out of home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. 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.
6. Supports that are culturally and linguistically responsive;
7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis¹; and

¹ "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.

8. 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.

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.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)

[ORS 339.343](#)

[OAR 581-022-2510](#)

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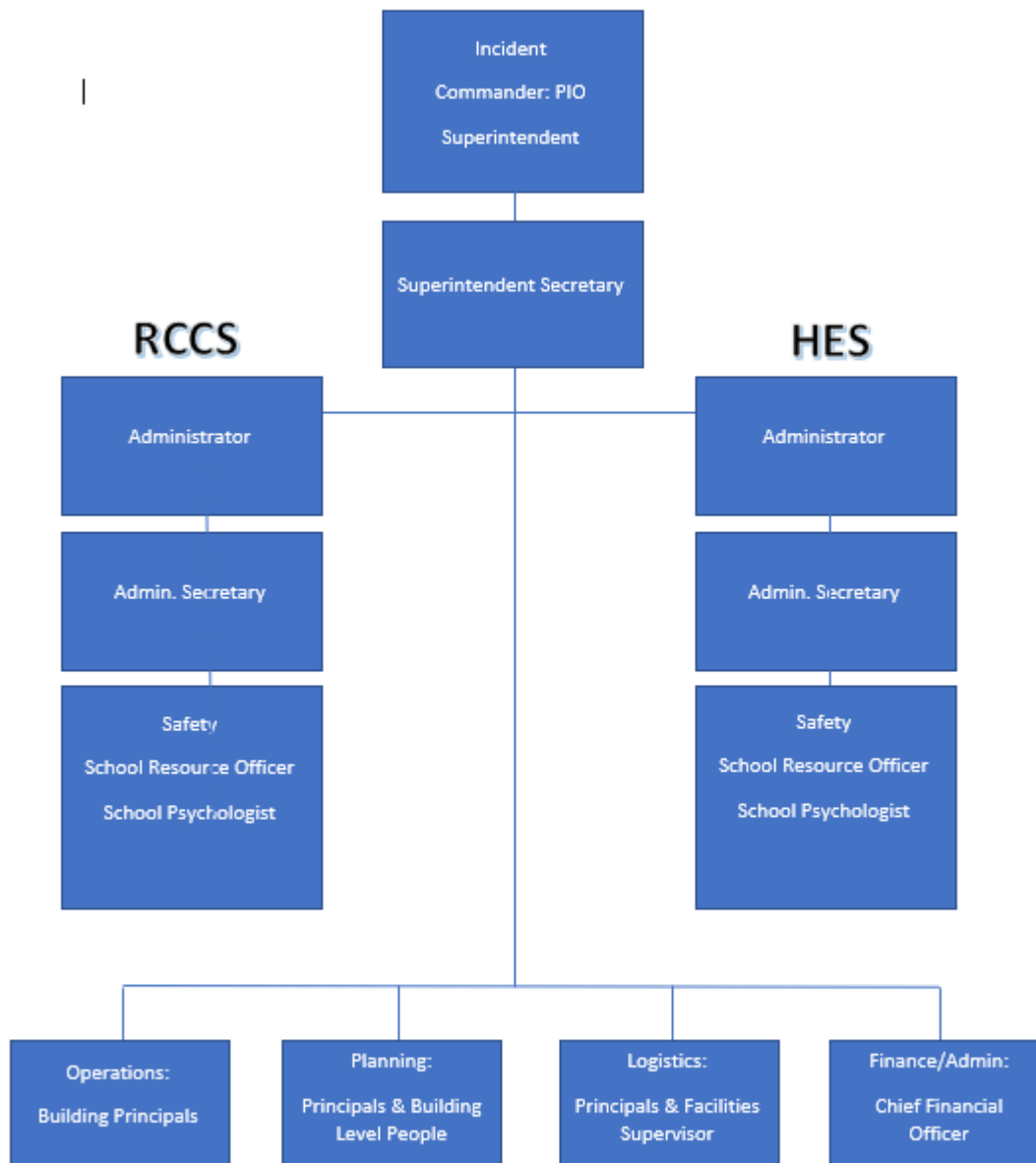
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² ODE will provide a list of available programs.

Reedsport Incident Command Flow Chart



**Reedsport School District Crisis Intervention Team
By School**

The team point person is the District Superintendent

Highland Elementary School

Position	Phone Number
School Principal	541-271-3616 Ext. 303
School Psychologist	541-271-9114 Ext. 114
Dean of Students	541-271-3616 Ext. 315
School Resource Officer	541-393-4049

Reedsport Community Charter School

Position	Phone Number
School Principal	541-271-2141 Ext. 502
School Counselor	541-271-2141 Ext. 504
School Psychologist	541-271-9114 Ext. 114
Dean of Students	541-271-2141 Ext. 509
School Resource Officer	514-393-4049

Adi's Act Plan

Developed by Reedsport School District

Suicide Prevention/Response Plan:

PREVENTION (BEFORE)			
Situation: The time before an identified suicide or suicide attempt			
Goal: The Reedsport School District will prepare staff and its community to recognize and assess the signs and symptoms of a possible suicide.			
Objective 1.1: To prepare and train staff to recognize the signs and symptoms of a potential suicide.			
WHO IS RESPONSIBLE	COURSE OF ACTION	DUE DATE	FOLLOW-UP REQUIRED
Superintendent	Review and Update Agency Policy SB 52	March 1	As laws change
Superintendent	Designate staff member to plan, coordinate policy implementation	September 1	Designate annually
Mental Health Team	Purpose Statement	March 1	Review annually
Mental Health Team	Policy implementation including training plan	Ongoing	Review annually
Mental Health Team	Integrate crisis prevention/response plan into agency emergency operations plan mental health annex	January 2024	Review annually
Superintendent	Confirm agency suicide prevention/response team members for school year	September 1	Review annually
	Training plan		
Mental Health Team	Identify the research-based suicide prevention training to be provided for staff	Ongoing	Review annually
Mental Health Team	Participate in regional mental health prevention/response team	Monthly Sept-June	Review annually

Superintendent	Train staff on roles in Incident Command Structure	Ongoing	Review annually
Superintendent / Building Admin	Training for key staff to be trainers for initial suicide prevention response (QRP)	Ongoing	Contract expiration
Mental Health Team	Assess suicide prevention training	Ongoing	Review annually
Objective 1.2: Provide training and information for recognizing the signs and symptoms of potential suicide to students, families, and the community			
Mental Health Team	Implement SEL and suicide awareness training for students at each grade level	Ongoing	Review annually
Mental Health Team	Share resources and information through District website, emails and newsletters	Ongoing	Review annually
Mental Health Team	Agency to offer family/community suicide prevention resources.	Ongoing	Review annually
Mental Health Team	Agency to publish and review current suicide prevention contact information, handbooks, and resources on Agency website	September 1	Review annually

INTERVENTION (DURING)

Situation: The time DURING an identified suicide or suicide attempt

Goal: The Reedsport School District will support the school districts, staff, students, and community by responding with care and compassion during a suicide crisis.

Objective 2.1: Respond to suicide or suicide attempt.

WHO IS RESPONSIBLE	COURSE OF ACTION	DUE DATE	FOLLOW-UP REQUIRED
Superintendent/ Designated Administrator	Activate Incident Command Structure	ASAP	Review within 2 weeks after event
Superintendent/ Designated Administrator	Activate Communication Annex	ASAP	Review within 2 weeks after event
Superintendent/ Designated Administrator	Initiates contact with immediate family or guardian	ASAP	Review within 2 weeks after event
Superintendent /Designated Administrator	Activate Mental Health Team	ASAP	Review within 2 weeks after event
Mental Health Designee	Activate Mental Health Suicide Response Plan	ASAP	Review within 2 weeks after event
Mental Health Team	Determine Postvention (after) Plan	ASAP	Review within 2 weeks after event

POSTVENTION (AFTER)

Situation: The time AFTER initial response to an identified suicide or suicide attempt

Goal: The Reedsport School District will monitor the current crisis and mitigate additional crises.

Objective 3.1: provide care and support for students, families, community.

WHO IS RESPONSIBLE	COURSE OF ACTION	DUE DATE	FOLLOW-UP REQUIRED
Mental Health Team	Continue to support students identified at risk	ongoing	1 year
Superintendent or Designated Administrator	Continued communication to family, guardian	ongoing	1 year
Superintendent/ Designated Administrator	Debrief with peer group and/or teachers	1 week	1 year
Superintendent/ Designated Administrator	Debrief mental health team	Each day up to 2 weeks	1 year
Mental Health Designee	Debrief with regional mental health prevention/response team	Next scheduled regional team meeting	No
Superintendent	Support non-permanent memorial/annual remembrance	1 year	No

Objective 3.2: Evaluate mental health support for improvement

Superintendent/ Designated Administrator	Evaluate mental health response for improvement	Within 1 month of event	1 year
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