

Updated 11-2025

Scio School District 095

Suicide Prevention Plan



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SECTION I: INTRODUCTION

Purpose

The purpose of this policy is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. Scio School District integrates QPR (Question, Persuade, Refer) into all prevention, intervention, and postvention efforts as an evidence-based best practice.

Scio School District:

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

This policy is intended to be paired with other policies that support students' overall emotional and behavioral health.

Scio School District Policy

Senate Bill 52, also known as "Adi's Act", was passed in Oregon in 2019. This legislation requires school districts to develop and publicly post their suicide prevention, intervention, and postvention response plans, beginning no later than the start of the 2020-2021 school year. This plan should be reviewed annually. School staff are frequently considered the first line of contact with potentially suicidal students. All staff are trained in QPR. Asking about suicide does not cause suicide. Use direct, non-judgmental language.

Legal Reference(s): ORS 332.107, ORS 339.343, ORS 581-022-2510

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

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;
 - d. Lesbian, gay, bisexual, transgender, 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 crisis(1); and
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.

Quick Notes
School staff are frequently considered the first line of contact with potentially suicidal students. All staff are trained in QPR.
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. Staff are not expected to provide clinical care, but must apply QPR and notify administration and refer out to appropriate agencies/ supports.
All school personnel need to be aware of the protocols for referring at-risk students to trained professionals, ensuring the burden of responsibility does not rest solely on the individual “on the scene.” Help is available 24/7 via call/text/chat at 988.
Research has shown that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to die by suicide. Asking about suicide does not cause suicide. Use direct, non-judgmental language.
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 can help reduce the reluctance to speak up when students are concerned about a peer.

Supports that are Culturally and Linguistically Responsive
<p>Scio Schools should be aware of the community’s cultural and linguistic diversity. When developing plans for district-wide suicide prevention, consideration should be given to the information, delivery, cultural references, and presentation options. Community members should represent Scio’s diversity and have opportunities for input.</p> <p>These measures should enhance the program's effectiveness by aligning with the values, needs, and strengths of the groups we aim to reach. <i>The suicide prevention response should be respectful and responsive to groups’ beliefs, practices, and cultural and linguistic needs and preferences.</i> (Suicide Prevention Resource Center, sprc.org/keys-success/culturally-competent)</p> <p>Additionally, engagement strategies should intentionally include neurodivergent students and families, ensuring supports are accessible, strengths-based, and affirming of diverse ways of communicating, processing, and connecting. Schools should foster mentorship opportunities that link students and families with trusted</p>

peers, staff, or community members who can provide culturally and neurologically responsive support. Affirming identity practices—such as recognizing and valuing students’ lived experiences, personal identities, and family structures—are essential for creating a sense of safety, belonging, and authentic connection in prevention and intervention efforts.

Factors that the Scio Suicide Prevention Policy should consider are:

- Race
- Ethnicity
- Age
- Education
- Physical and Mental Health
- Gender Identity
- Sexual Orientation
- Occupation
- Religion
- Housing status
- Poverty
- Accessibility to resources and other factors as made aware

Actions to take:

- Research and understand the community of Scio
- The team should include members of the diverse population represented in Scio
- Information should be tailored to address the needs of all represented diversities
- An open dialogue should be created to meet the specific needs of our district's cultural diversity and linguistic differences

Materials for suicide prevention are most effective when consideration of the community diversity and linguistic needs is addressed with clear objectives and goals. An understanding of the purpose of the information and materials being shared should guide the communication strategies.

Confidentiality

School staff should make every effort to respect student privacy when concerns about suicide risk arise. However, confidentiality must NOT be maintained if a student is at immediate risk of harm to self or others.

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), school employees are bound by federal laws regarding student privacy. There are specific circumstances when information must be shared in order to protect safety.

- **Immediate Risk:** If a student discloses that they or another student is at imminent risk of harm/danger to self or others, that information **MUST** be shared immediately with appropriate staff to ensure intervention and safety.
- **Minimum Necessary Disclosure:** The details regarding the student should only be shared with individuals who need to know in order to intervene and provide protection. This aligns with the principle of FERPA known as “*minimum necessary disclosure*.”
- **Compliance and Safety:** This approach ensures that the school balances student privacy with its legal and ethical responsibility to protect life and safety.

Glossary

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

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

Flight Team

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

Mental

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

Protective Factors

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

Risk Factors

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

Suicide Response Protocol Assessment

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

Self-Harm Behavior

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

Stigma

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

Suicide

Death caused by self-directed injurious behavior with the intent to die as a result of the behavior.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or dangerous suicide attempt.

Suicide Contagion/Clusters

The research pattern suggests that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily 'contagious' to otherwise mentally healthy individuals. Usually, suicide contagion occurs when a suicidal feeling activates in others who are otherwise already at-risk for suicide.

Suicide Crisis Intervention

The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.

Suicide Prevention

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

Suicide Postvention

Postvention is a crisis response strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Suicidal Thoughts or Ideation

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

SECTION II: POSITIVE MENTAL HEALTH MESSAGES

Promoting Positive Mental Health Messages

To be successful, schools must prioritize student mental wellness alongside academics and extracurricular activities. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more. We recognize that students are juggling a multitude of responsibilities, and many report feeling overwhelmed. Students often have perceived messages that they need to deal with problems alone or that they cannot trust the adults in their lives. We know that as mental health declines, so do grades, school connectedness, and positive school engagement. Teens are strong, resilient, and can learn healthy coping skills. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know it's okay to ask for help.

Promoting Mental Wellness

We believe schools have the power to reduce stigma and increase students' sense of well-being. We can ensure that students know where and how to get help when they need it without feeling the shame and guilt often associated with the stigma. An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention, is an undercurrent that ultimately pushes schools toward stronger suicide prevention.

Supportive Relationships

All staff play a role in the prevention of youth suicide and promoting ways for students to get help during stressful times. Teachers are empowered to help students who disclose stress and distress and help students learn to identify and assess their mental health symptoms and stressors to get the help they need and deserve.

Examples of ways Scio School District Promotes Mental Wellness

1. A licensed school counselor or behavior specialist is in each building.
2. A strong, comprehensive SEL program, along with lessons focused on mental health topics and resources.
3. AVID and fostering a Growth Mindset.
4. Access to a Linn County Mental Health therapist.
5. Referrals to outside resources and agencies.
6. Support from a student Support and Family Liaison.
7. Small group opportunities.
8. Mental Health opportunities are posted on the district website or communicated to families through individual schools.

SECTION III: PREVENTION

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

Who	What	When
All Scio School District Staff	Training or refresher on policies, procedures, and best practices for intervention with students at risk for suicide through:	Annually
All Scio School District Staff	Safe Schools online module	Annually

All Scio School District Staff	QPR Gate Keeper Training (evidence-based, equips staff to recognize warning signs, ask directly about suicide, persuade to accept help, and refer to resources).	Initial training within 90 days of hire; refresher every 2 years.
All Scio School District Staff	Annual review of Scio Suicide Prevention Plan	Annually, at the beginning of the school year.
Counselors, Admin, Behavior and Mental Health Specialist	ASIST (Applied Suicide Intervention Skills Training) or Suicide Safety for Staff	Within 1 year of hire, a refresher is required every 5 years.

Student Training and Education

Students will receive developmentally appropriate instruction on suicide and suicide prevention in their required health classes. The purpose of this curriculum is to promote safe and healthy choices, teach coping strategies, and ensure that all students understand how to access help for themselves, their peers, or others in the community.

Instruction will explicitly align with the Oregon Health Education Standards:

- **HE.1.12.46** – *Analyze the relationship between feelings of depression, suicide, and other self-destructive behaviors.*
- **HE.1.12.47** – *Analyze signs, symptoms, and potential consequences of common mental illnesses.*

Through this alignment, students will:

- Learn to recognize risk factors and warning signs of suicide.
- Understand the impact of depression and mental illness on decision-making and overall well-being.
- Practice healthy coping strategies and help-seeking behaviors.
- Increase awareness of available support services within the school and the broader community.

The intent of this instruction is not only to raise awareness but also to build protective factors, reduce stigma, and empower students to take positive, proactive steps for themselves and others.

Who	What	When
Kindergarten through 5th-grade students	Panorama RULER Logger Links Lifeskills	Classroom Instruction Targeted Intervention with the counselor (8 Weeks, 4th Grade) District Wide
6th-grade-8th-grade students	Panorama CharacterStrong District Adopted Health Curriculum Lifeskills Logger Links	Health / PE/ Classroom District Wide
9th - 12th grade students	Panorama Health I, Standard Addressed: HE.1.12.46 Logger Links Health II, Standard Addressed: HE.1.12.47	Health / PE District Wide Health / PE
All students and families	Access to and reminders about the district suicide prevention plan through the Scio School District website and Scio School District communication	Scio School District website

Populations at Elevated Risk for Suicidal Behavior
Youth living with mental and/or substance use disorders
While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorders—particularly depression, bipolar (manic-depressive) disorder, alcohol or substance use, schizophrenia and psychotic disorders, borderline personality disorder, conduct disorder, and anxiety disorders—are important risk factors for suicidal behavior among young people. The majority of those suffering are not engaged in treatment; therefore, school staff may play a pivotal role in recognizing warning signs and referring students to treatment.
Youth who engage in self-harm or have attempted

Suicide risk among those who engage in self-harm is significantly higher than in the general population. Regardless of reported intent, self-injurious behaviors predict future suicide risk. A history of attempts remains one of the strongest predictors of future suicide death. Many adolescents who have attempted suicide do not receive necessary follow-up care, which underscores the need for proactive referral.

Youth in out-of-home settings

Youth in the juvenile justice or child welfare systems face layered vulnerabilities. Suicide rates among youth in juvenile justice settings are about **four times greater** than those of their peers. Research indicates that youth in foster care are **twice as likely to consider suicide** and **nearly four times as likely to attempt** compared with peers not in care. Intersections with other identities—such as being LGBTQIA+ or neurodiverse—can amplify risk, highlighting the importance of **intersectional approaches**.

Youth experiencing homelessness

Homeless and runaway youth attempt suicide at significantly higher rates than the general adolescent population. These young people also experience elevated rates of trauma, mood disorders, and PTSD. Studies show more than half report suicidal ideation, often compounded by a lack of stable supports, safety, and belonging.

American Indian/Alaska Native (AI/AN) youth

AI/AN youth die by suicide at rates more than twice that of the general youth population. Risk factors include substance use, systemic discrimination, barriers to care, and **historical and intergenerational trauma**. Protective factors include strong connections to cultural identity, traditional practices, tribal mentors, and supportive community engagement.

LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and gender non-conforming) youth

CDC data shows LGBTQIA+ youth are **four times more likely** to attempt suicide, with questioning youth at **three times the risk** of straight peers. Nearly half of transgender youth have seriously considered suicide, and one-quarter have attempted. Discrimination, family rejection, bullying, harassment, and violence all contribute to heightened risk. When combined with other vulnerabilities (e.g., foster care, disability, neurodiversity), risk is **further compounded**. Supportive families, affirming school environments, and access to mentors and identity-affirming resources act as critical protective factors.

Youth bereaved by suicide

Youth who experience suicide loss—whether of a friend, peer, or family member—face increased risk of suicidal behavior themselves. Trauma-informed responses and early connection to grief supports are essential.

Youth living with medical conditions and disabilities

Chronic pain, loss of mobility, disfigurement, or other medical limitations are associated with increased suicidal behavior. Studies link asthma, multiple sclerosis, and spinal cord injuries with higher rates of ideation and attempts. Youth with disabilities may also face social exclusion or a lack of accessible supports, which can compound risk.

Neurodiverse youth (ASD, ADHD, learning differences)

Updated 2025 CDC/NIMH findings recognize youth with autism spectrum disorder (ASD), ADHD, or other neurodevelopmental differences as an elevated risk group. While neurodiversity itself is not a cause of suicidal behavior, co-occurring conditions such as anxiety, depression, bullying, and social isolation increase vulnerability. Challenges with emotional regulation, peer rejection, and stigma can further heighten risk. Protective factors include mentorship, affirming supports, opportunities to build on strengths, culturally responsive services, and family engagement in care and identity-affirming practices.

Protective Factors Across Populations

Protective factors can mitigate suicide risk and strengthen resilience. Key supports include:

- **Mentorship and trusted adult relationships** (school staff, coaches, elders, community leaders).
- **Cultural identity and belonging**, including affirmation of language, traditions, and spirituality.
- **Family engagement and acceptance**, with emphasis on neurodivergent-affirming and LGBTQIA+-affirming practices.
- **Peer connection and inclusive school climate**, reducing stigma and isolation.
- **Accessible mental health care**, with equity-centered and trauma-informed approaches.

Immediate Action and Support

Notify an administrator and refer according to the district suicide prevention protocol.

If imminent danger is present, call 911 immediately.

Help is available 24/7 via 988 (call, text, or chat).

SECTION IV: INTERVENTION

Suicidal Behavior Risk and Protective Factors	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Current plan to die by suicide 	<ul style="list-style-type: none"> • Engaged in effective health and/or mental health care
<ul style="list-style-type: none"> • Family history of suicide 	<ul style="list-style-type: none"> • Social support
<ul style="list-style-type: none"> • History of maltreatment/abuse 	<ul style="list-style-type: none"> • Self-esteem
<ul style="list-style-type: none"> • Exposure to violence 	<ul style="list-style-type: none"> • A sense of purpose and future orientation
<ul style="list-style-type: none"> • Witnessing/experiencing family abuse 	<ul style="list-style-type: none"> • Problem-solving skills
<ul style="list-style-type: none"> • Previous attempt 	<ul style="list-style-type: none"> • Healthy coping tools
<ul style="list-style-type: none"> • Isolation 	<ul style="list-style-type: none"> • Cultural and religious beliefs
<ul style="list-style-type: none"> • Hopelessness 	<ul style="list-style-type: none"> • Social competence
<ul style="list-style-type: none"> • History of substance abuse 	<ul style="list-style-type: none"> • Access to multiple intervention/support avenues for help
<ul style="list-style-type: none"> • History of mental health diagnoses 	<ul style="list-style-type: none"> • Responsibilities
<ul style="list-style-type: none"> • Trauma 	<ul style="list-style-type: none"> • Academic success
<ul style="list-style-type: none"> • Limited access to behavioral health care 	<ul style="list-style-type: none"> • School climate
<ul style="list-style-type: none"> • Chronic illness 	<ul style="list-style-type: none"> • Secure housing and food
<ul style="list-style-type: none"> • Lack of social support 	<ul style="list-style-type: none"> • Pets (having to care for)
<ul style="list-style-type: none"> • Access to lethal means 	<ul style="list-style-type: none"> • Sense of duty to others
<ul style="list-style-type: none"> • LGBTQIA+, Native American, Alaskan Native 	<ul style="list-style-type: none"> • A reasonably safe and stable environment
<ul style="list-style-type: none"> • Perceived burdensomeness 	<ul style="list-style-type: none"> • Connectedness to family
<ul style="list-style-type: none"> • Multiple losses in the family 	<ul style="list-style-type: none"> • Connectedness to peers/school

• A significant disruption in the family	• Connectedness to trusted adults
• Learning difficulties	• Connectedness to community

Suicide Response Protocol

Warning signs that may indicate an immediate danger or threat:

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

Staff Response:

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to a school suicide prevention team member (counselor) or administrator right away. If there is imminent danger, call 911. A Suicide Response Protocol Level 1 is performed by a trained school staff member. The screener will do the following:

- Interview the student using the Scio School District Suicide Response Protocol
- Complete a Student Safety Plan, if needed
- Contact parent/guardian to inform and gather additional information
- Determine the need for a Level 2 assessment based on the level of concern and noted risk factors through the Suicide Response Protocol
- Consult with another trained screener prior to making a decision regarding a Level 2
- Inform administrator of screening results

Trained School Staff Members:

The following protocols outline the immediate steps trained staff will take when a student is identified as being at risk of suicide. Only trained school staff members are authorized to act as screeners who perform Level 1 suicide response protocols and safety planning.

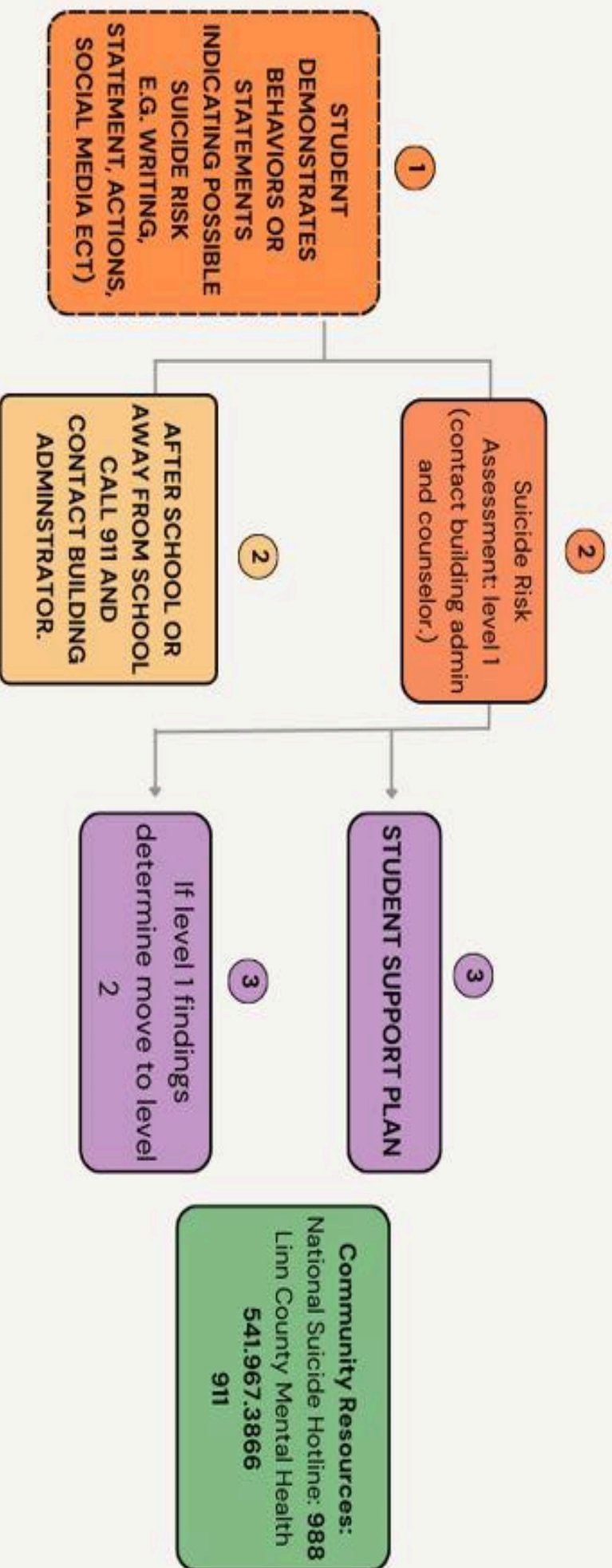
In accordance with the QPR (Question, Persuade, Refer) model, trained screeners will:

- **Question** the student directly regarding suicide risk.
- **Persuade** the student to accept help and support.
- **Refer** the student immediately to a counselor, administrator, or other qualified professional for further assessment and safety planning.

Examples of trained screeners in the school include:

- School Counselors
- Behavior Specialist
- Mental Health Therapists from Linn County Mental Health
- School Psychologists from LBL ESD

SCIO SCHOOL DISTRICT SUICIDE INTERVENTION PROCESS



SCIO SCHOOL DISTRICT CONTACTS

Centennial Elementary
503.394.3265
Principal: Lindsay Alsop
Behavior Support: Michelle Henderson

Scio Middle School
503.394.3271
Principal: Jacob Alburn
Behavior Support: TJ Kelley

Scio High School
503.394.3276
Principal: Kyle Braa
Counselor: Libbie Dark

Scio School District
503.394.3261
Superintendent: Kim Roth
Behavior Consultant: Erica Hendricks

V: POSTVENTION (after a suicide or a suicide attempt) PROTOCOL

Linn County Mental Health is available for Scio School District to access supports and resources from the county or state in the event of a student suicide death. Contact: Nova Sweet at novasweet@linncountyhealth.org or (541) 619-0833 for support.

Regardless of how comprehensive suicide prevention and intervention may be in a school community, not all suicidal behavior will be prevented. It is equally essential to be prepared for prevention and intervention of suicide as it is to be ready in the event of a suicide, whether a student dies by suicide or not.

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 impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

After a Suicide: Postvention Guidance & Checklist

Alignment with 2024 CDC Guidance

Linn County Mental Health is available for Scio School District to access supports and resources from the county or state in the event of a student suicide death.
Contact: Nova Sweet novasweet@linncountyhealth.org | (541) 619-0833

Regardless of how comprehensive suicide prevention and intervention may be in a school community, not all suicidal behavior will be prevented. It is equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of a suicide, whether a student dies by suicide or not.

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 impacted. This includes having a system in place to work with students, staff, parents, community, media, law enforcement, and others.

- ➡ *One caring adult asking directly about suicide can be lifesaving.*
- ➡ *All communications must now include 988 (Suicide & Crisis Lifeline).*

Key Points (From *After a Suicide: A Toolkit for Schools*, 2011)

- Postvention after a suicide — whether a death results or not — is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion.

- Do not glorify the suicide. Treat it sensitively when speaking about the event, particularly with the media. The method or means of death should never be disclosed.
- Address all deaths consistently. Having one approach for cancer and another for suicide reinforces stigma.
- The toolkit is your go-to resource to help plan, brainstorm ideas, and provide resources/supports to students and families in the aftermath of a suicide.

SECTION VI: RESOURCES

Suicide Safety Resources
<p>❑ YouthLine: Call 877-968-8491 Text: “teen2teen” to 839863</p> <p>❑ TrevorLifeLine (for students identifying as LGBTQ+) Call: 866-488-7386</p> <p>❑ National Suicide Hotline: Call or Text 988</p> <p>❑ Linn County Crisis Line: Call 541-967-3866 or 800-304-7468</p> <p><i>Include a copy of the School Safety Plan with the Suicide Screening in the Confidential File, and keep a copy for your records in a secure and confidential location. Only distribute as needed to those involved in the safety plan.</i></p>

Request for Review from District
<p>A procedure by which a person may request the Scio School District to review the actions of a school in responding to suicidal risk.</p>
<p>To request that the district review the actions of a school in responding to suicidal risk, make a written request to the superintendent of schools.</p>

Scio School District

Suicide Risk Screening Form – Level 1 (Initial Concern)



This tool is for school-based use when a student expresses suicidal thoughts, behaviors, or concerning indicators. It is not a diagnostic tool. The purpose is to assess immediate risk, provide safety, and determine next steps.

Student Information

- Name: _____
- DOB: _____ Grade: _____
- Date/Time of Screening: _____
- School/Location: _____
- Screener Name/Role: _____

Presenting Concern

- ☐ Student self-disclosed suicidal thoughts
- ☐ Staff observed concerning behavior/statement
- ☐ Peer reported concern
- ☐ Parent/guardian reported concern
- ☐ Other: _____

Describe presenting concern (exact words/behaviors if possible):

Suicide Risk Screening Questions

1. Thoughts of Suicide – Have you had thoughts of wanting to die or kill yourself?
☐ Yes ☐ No If yes, when was the last time? _____
2. Plan – Do you have a plan for how you would do this?
☐ Yes ☐ No If yes, describe: _____

3. Means – Do you have access to the means (e.g., pills, weapons, rope)?
☐ Yes ☐ No
4. Past Behavior – Have you ever tried to kill yourself before?
☐ Yes ☐ No If yes, when and how? _____
5. Intent – Do you feel like you might act on these thoughts today or soon?
☐ Yes ☐ No Scale 1 (no intent) → 10 (definite intent): ____

Risk & Protective Factors

Risk Factors (check all that apply)

- ☐ Recent loss (death, breakup, move)
- ☐ History of trauma/abuse
- ☐ Mental health concerns
- ☐ Substance use
- ☐ Social isolation/bullying
- ☐ Previous suicide attempt(s)
- ☐ Family history of suicide
- ☐ Other: _____

Protective Factors (check all that apply)

- ☐ Supportive family/friends
- ☐ Connection to staff/mentor
- ☐ Engagement in activities (sports, clubs, 4-H, etc.)
- ☐ Strong cultural/spiritual beliefs
- ☐ Hope for future / personal goals
- ☐ Willingness to access help
- ☐ Other: _____

Determination of Risk

- ☐ Low Risk – Passive thoughts, no plan/intent, protective factors present
- ☐ Moderate Risk – Thoughts, vague plan, limited protective factors
- ☐ High Risk – Specific plan, intent, access to means, past attempts, few protective factors

Immediate Action Plan

- Parent/guardian notified: ☐ Yes ☐ No (explain if not)
- Crisis team notified: ☐ Yes ☐ No
- Referral to mental health provider: ☐ Yes ☐ No
- Safety plan developed with student: ☐ Yes ☐ No
- Student not left alone: ☐ Yes ☐ No
- Emergency services contacted: ☐ Yes ☐ No

Notes:

Next Steps & Follow-Up

- Assigned staff for follow-up: _____
- Date/time of follow-up meeting: _____
- Additional referrals/resources provided: ☐ Yes ☐ No
- Copy filed with school counselor/administrator: ☐ Yes ☐ No

Confidentiality & FERPA

School employees are bound by the Family Educational Rights and Privacy Act of 1974 (FERPA). Confidentiality must not be maintained if a student is at immediate risk of harm to self or others. In such cases, information must be shared with individuals who need to intervene to ensure the student's safety. This follows FERPA's principle of "minimum necessary disclosure."

Signature of Screener: _____ Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
Ask questions that are bolded and <u>underlined</u> .		YES	NO
Ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you actually had any thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <u>Have you been thinking about how you might do this?</u> 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) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>			
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or 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 actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>		YES	NO

- Low Risk
- Moderate Risk
- High Risk

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
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Student Coping & Support Plan

(To be completed after Suicide Risk Screening – Level 1)

Student Information

- Name: _____
- DOB: _____ Grade: _____
- Date of Plan: _____
- School/Location: _____
- Plan Created By (Name/Role): _____

Student Strengths & Protective Factors

(List at least 3–5 things that help the student feel supported, hopeful, or safe)

Student's Warning Signs

(What do I notice when I'm starting to feel overwhelmed or unsafe?)

- ☐ Withdrawing from friends/classes
- ☐ Changes in mood/irritability
- ☐ Talking or writing about death
- ☐ Change in appearance/energy
- ☐ Other: _____

Coping Strategies

(What I can do by myself to cope when I notice warning signs)

- ☐ Take deep breaths/grounding exercise
- ☐ Use a fidget or stress item
- ☐ Listen to music
- ☐ Write/draw
- ☐ Walk or move to a safe space
- ☐ Other: _____

Supportive Adults in School

(People I can go to when I need help)

1. _____ (Teacher/Staff)
2. _____ (Counselor/Behavior Specialist)

3. _____ (Administrator/Other)

Preferred way for me to ask for help:

☐ Talking directly ☐ Hand signal ☐ Note/pass ☐ Other: _____

Supportive Contacts Outside of School

- Parent/Guardian/Family Member: _____
- Trusted Adult (coach, mentor, etc.): _____
- Crisis Resources:
 - 988 Suicide & Crisis Lifeline
 - Text HOME to 741741 (Crisis Text Line)
 - Local Resource (Linn County Mental Health): Nova Sweet —
novasweet@linncountyhealth.org | (541) 619-0833

Safety Planning

- Things to avoid that may make me feel worse:
 - Places I can go in school when I need space:
 - Items/objects I should not have access to:
-
-

Follow-Up & Review

- Staff Assigned to Follow Up: _____
- Next Check-In Date: _____
- Frequency of Check-Ins: ☐ Daily ☐ Weekly ☐ Other: _____
-

Confidentiality & FERPA

This plan will be shared with only those who need to know in order to support the student's safety and well-being. Confidentiality must not be maintained if the student is at imminent risk of harm to self or others. Information will be disclosed under FERPA's "minimum necessary disclosure" standard.

Student Signature (optional): _____

Parent/Guardian Signature: _____

Staff Signature: _____ Date: _____

School Parent/Guardian Contact Acknowledgment Form

This is to verify that I have spoken with
school staff member:

_____ On: _____ (date)

Concerning my child's suicidal ideation. I have been advised to seek the services of a mental health agency or therapist immediately. I understand a follow-up check by this staff person will be made with my child, the treating agency, and me within two weeks of this date.

Parent Signature: _____

Date: _____

Counselor/Administrator Signature: _____

Date: _____

Additional contacts made with parents/guardians on:

Suicide Safety Resources

- ☐ YouthLine: Call 877-968-8491 Text: "teen2teen" to 839863
- ☐ TrevorLifeLine (for students identifying as LGBTQ+) Call: 866-488-7386
- ☐ National Suicide Hotline: Call or Text 988
- ☐ Linn County Crisis Line: Call 541-967-3866 or 800-304-7468

Include a copy of the School Safety Plan with the Suicide Screening in the Confidential File, and keep a copy for your records in a secure and confidential location. Only distribute as needed to those involved in the safety plan.

Parent / Guardian Letter

We are concerned about the safety and welfare of your child. We have been made aware that your child has made statements or gestures that may indicate a risk for a suicide attempt. All expressions of suicidal behavior are taken very seriously within our school district, and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons, at your house or at the home of neighbors, friends, or other family members. The sheriff department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms. Free trigger locks are available through the Albany Police Department.

When a child is at risk for suicide, it is vital that they be seen by a qualified mental health professional for assessment. Someone from your child's school can assist you in finding resources, or you can contact your insurance company directly.

_____ (Insert Counselor Name and Contact Information)

Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she need. Experts recommend being sensitive to their needs by being patient and calm, conveying concern, and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.

We may need to develop a plan to ensure that your student feels safe and supported before returning to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the National Suicide Prevention Lifeline (988). *Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe. If you have questions or concerns or need further assistance from the school,*

Please Contact: _____ *Phone:* _____



Postvention Checklist

Immediate Response (first hours)

- ☐ Confirm facts with reliable sources (avoid rumors)
- ☐ Activate Crisis Response Team and assign roles
- ☐ Contact the family of the deceased student, coordinate wishes
- ☐ Notify superintendent/district officials
- ☐ Prepare staff briefing with accurate information & guidance
- ☐ Identify safe spaces for student support

Communication

- ☐ Craft clear, factual messages (no speculation, no method details)
- ☐ Provide scripts & letters for staff to share with students/parents
- ☐ Designate media spokesperson; follow safe messaging guidelines
- ☐ Monitor & guide social media for harmful posts or glamorization

Student & Staff Support

- ☐ Deploy counselors/mental health staff in classrooms and safe rooms
- ☐ Identify high-risk students/staff (close friends, prior attempts)
- ☐ Provide individual and group support; referrals as needed
- ☐ Remind staff of self-care resources and EAP

Memorials & Honoring

- ☐ Avoid permanent/public memorials that glamorize suicide
- ☐ Offer safe alternatives (service projects, private remembrance)
- ☐ Monitor anniversaries for increased risk

Ongoing Actions (days → months)

- ☐ Maintain contact with family and community partners
 - ☐ Continue outreach to at-risk students; track attendance/behavior
 - ☐ Document the response (successes, gaps, improvements)
 - ☐ Integrate lessons learned into prevention/crisis planning
 - ☐ Provide staff & student training (QPR, gatekeeper skills).
-



Acknowledgment of Sources:

Updated November 2025

This policy would not be possible without the contributions, guidance, and materials adapted from leading organizations, school districts, and evidence-based frameworks. Scio School District acknowledges and expresses gratitude to the following sources for their expertise and commitment to suicide prevention:

- QPR Institute – for providing the evidence-based Question, Persuade, Refer model that is integrated throughout this plan as a best practice.
- Model School District Policy on Suicide Prevention – American School Counselor Association, National Association of School Psychologists, The Trevor Project, and the American Foundation for Suicide Prevention.
- Oregon Schools Suicide Protocol Toolkit – developed for consistent statewide prevention and intervention practices.

- After a Suicide: A Toolkit for Schools – National resource providing postvention guidance and best practices.
- Forest Grove School District – Suicide Prevention Policy and Plan (adapted for rural Oregon district context).
- Greater Albany Public Schools (GAPS) – Suicide Prevention Manual.
- Prevention, Intervention, and Postvention: Step by Step – Lines for Life and the Willamette Education Service District.
- Linn Benton Lincoln ESD – for training, consultation, and regional expertise in school-based suicide prevention.
- Centers for Disease Control and Prevention (CDC) & National Institute of Mental Health (NIMH), 2025 Updates – for current data and recognition of elevated risk among neurodiverse youth, intersectional populations, and protective factor strategies.
- Suicide Prevention Resource Center (SPRC) – guidance on culturally and linguistically responsive supports and practices.
- State of Oregon, Senate Bill 52 (“Adi’s Act”) – requiring comprehensive suicide prevention, intervention, and postvention plans in all districts.
- Willamette Education Service District, & Lines for Life. (n.d.). Suicide prevention, intervention, postvention: Step-by-step guide.

Scio School District extends appreciation to our administrators, counselors, behavior specialists, and community partners who continue to refine this plan annually to reflect best practices, current research, and the evolving needs of our students and families.