

1

SB 52

2

Prevention & Intervention Protocols

3

Level 1

4

Safety Plan template

5

Classroom resources

6

Trainings

7

Implementation Guide

8

Planning Checklist

9

Example Plan

10

Planning notes

11

12



## Enrolled

# Senate Bill 52

Sponsored by Senators WAGNER, ROBLAN, Representatives SMITH WARNER, DOHERTY, NOSSE, POWER, WILLIAMSON; Senators BURDICK, COURTNEY, DEMBROW, FAGAN, FREDERICK, GELSER, GOLDEN, HASS, MANNING JR, MONNES ANDERSON, PROZANSKI, RILEY, STEINER HAYWARD, TAYLOR, THATCHER, Representatives ALONSO LEON, BARKER, BARRETO, BOLES, BONHAM, BOSHART DAVIS, DRAZAN, FAHEY, FINDLEY, GOMBERG, GORSEK, HAYDEN, HELM, HELT, HERNANDEZ, KENY-GUYER, KOTEK, LEIF, LEWIS, LIVELY, MARSH, MITCHELL, NERON, NOBLE, PILUSO, POST, REARDON, SALINAS, SANCHEZ, SCHOUTEN, SMITH DB, SOLLMAN, SPRENGER, STARK, WILLIAMS, WITT, ZIKA (at the request of Basic Rights Oregon) (Presession filed.)

CHAPTER .....

### AN ACT

Relating to policies on student suicide prevention; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1.** (1) This section shall be known and may be cited as Adi's Act.

(2) In accordance with rules adopted by the State Board of Education in consultation with the Oregon Health Authority, each school district shall adopt a policy requiring a comprehensive district plan on student suicide prevention for students in kindergarten through grade 12.

(3) A plan required under this section must include:

(a) Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;

(b) Identification of the school officials responsible for responding to reports of suicidal risk;

(c) A procedure by which a person may request a school district to review the actions of a school in responding to suicidal risk;

(d) Methods to address the needs of high-risk groups, including:

(A) Youth bereaved by suicide;

(B) Youth with disabilities, mental illness or substance use 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 identities and sexual orientations;

(e) A description of, and materials for, any training to be provided to school 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; and



(f) Any other requirement prescribed by the State Board of Education by rule, based on consultations with state and national suicide prevention organizations, suicide experts and school-based mental health providers, and based on reviews of national models.

(4) A school district may consult with state or national suicide prevention organizations, the Department of Education, school-based mental health professionals, parents, guardians, school employees, students, administrators and school board associations when developing the plan required under this section.

(5) The plan required under this section:

(a) Must be written to ensure that a school employee acts only within the authorization and scope of the employee's credentials or licenses. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

(b) Must be:

(A) Made available annually to the community of the school district, including students of the school district, parents and guardians of students of the school district, and employees and volunteers of the school district.

(B) Readily available at the school district office and on the school district website, if applicable.

(6) A school district that does not comply with the requirements of this section is considered to be nonstandard under ORS 327.103.

**SECTION 2.** (1) Section 1 of this 2019 Act becomes operative on July 1, 2020.

(2) Notwithstanding the operative date set forth in subsection (1) of this section, the Department of Education and school districts may take any action before the operative date set forth in subsection (1) of this section that is necessary for a school district to adopt a policy on student suicide prevention by the beginning of the 2020-2021 school year.

**SECTION 3.** This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect on its passage.

Passed by Senate March 5, 2019

.....  
Lori L. Bocker, Secretary of Senate

.....  
Peter Courtney, President of Senate

Passed by House May 17, 2019

.....  
Tina Kotek, Speaker of House

Received by Governor:

.....M.,....., 2019

Approved:

.....M.,....., 2019

.....  
Kate Brown, Governor

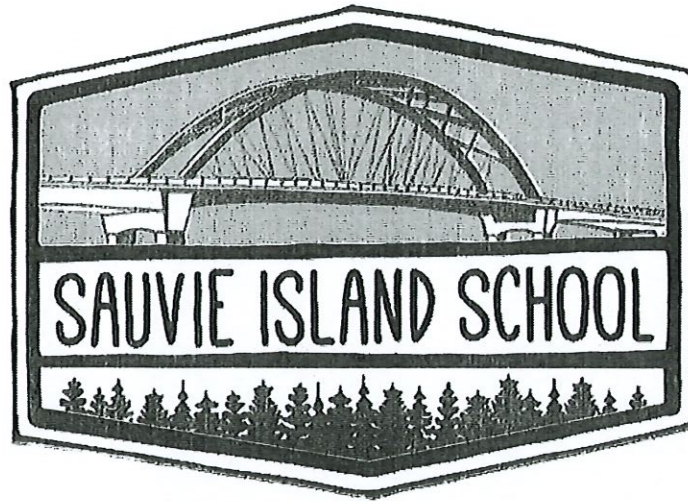
Filed in Office of Secretary of State:

.....M.,....., 2019

.....  
Bev Clarno, Secretary of State



# SIS Suicide Prevention Plan



*A Guide to Youth Suicide Prevention, Intervention and Postvention procedures  
adopted from the Willamette Education Service District Manual*



**Willamette**  
EDUCATION SERVICE DISTRICT



# 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. 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.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning.

## Quick Notes: 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 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 supports in place may lessen this 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.

# Suicide Prevention Protocol

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

## Staff:

All staff should 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. The RESPONSE curriculum and/or the QPR Suicide Prevention model provide training on best practices.

- **RECOMMENDATION:** All staff to receive QPR training once a year. Preview prevention, intervention, and postvention protocols.

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

- **RECOMMENDATION:** Identify at least two staff members to be ASIST trained and be the “go-to” people within the school. All staff should know who the “go-to” people are within the school and are familiar with the intervention protocol.

## Students:

Students should receive information about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

- **RECOMMENDATIONS:** (1) Use curriculum in line with Oregon State Standards for health such as RESPONSE. Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources.

## Parents:

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

- **RECOMMENDATIONS:** (1) List resources in the school handbook or newsletter. Partner with community agencies to offer parent information nights using research based programs such as QPR or RESPONSE. (2) Ensure cross communication between community agencies and schools within bounds of confidentiality.



# Suicide Intervention Protocol

## Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

### **Warning signs that indicate an immediate danger or threat:**

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

**If a suicidal attempt, gesture, or ideation occurs or is recognized**, report it to the school counselor or school administrator. Call 911, if there is imminent danger. A Suicide Risk Assessment: Level 1 is performed by a trained school staff member. The screener will do the following:

- ✓ Interview student using Suicide Risk Assessment: Level 1 screening form
- ✓ Complete a Suicide Safety Plan, if needed
- ✓ Contact parent to inform and to obtain further information
- ✓ Determine need for a Suicide Risk Assessment: Level 2 based on level of concern
- ✓ Consult with another trained screener prior to making a decision to not proceed to a Level 2
- ✓ Inform administrator of screening results