



Board Policy

4.30.050-P

Student Suicide Prevention

Portland Public Schools recognizes that suicide is a leading cause of death among youth and that even more youth consider and attempt suicide. The possibility of suicide and suicidal ideation requires vigilant attention from all PPS staff. This policy is required by Oregon law, which was passed in 2019 in response to the advocacy of the family of a former PPS student, Adi Staub, who identified as transgender and died by suicide in 2017.

As a result, we must engage in best practices to provide school-wide suicide prevention and intervention strategies to minimize suicidal ideation and prevent attempts and deaths. We also must create safe and nurturing schools that increase connections and build strengths and self-worth in students. These efforts align with the PPS Racial Equity and Social Justice framework and center on BIPOC (Black, Indigenous, and People of Color) students and LGBTQIA+ (A common abbreviation for lesbian, gay, bisexual, pansexual, transgender, genderqueer, queer, intersexed, agender, questioning, and two-spirited), students living with mental and/or substance use disorders, who engage in self harm or have attempted suicide, living in out-of-home settings, experiencing houselessness, bereaved by suicide, and those with medical conditions or certain types of disabilities because these students are at higher risk for suicide. The emotional wellness of students greatly impacts school attendance and educational success. This policy is based on research and best practices in suicide prevention and has been adopted with the understanding that effective suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those at risk of suicide, and decrease suicidal behaviors.

District Plan for Suicide Prevention

The District will collaborate with local and national experts to create and maintain a comprehensive approach to address suicide prevention, intervention, and postvention (a crisis intervention strategy designed to reduce the risk of suicide and 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 on the suicide death of a member of the school community). The District will continually review, update, and implement the plan with consultation with subject-matter experts that may include state or national suicide prevention organizations, the Oregon Department of Education (ODE),



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school-based mental health professionals, parents/guardians, employees, students, administrators, and school board associations.

The District plan shall include:

1. Training

- A. All PPS staff will be trained on the risk factors and warning signs of suicidal risk and on the skills to connect students, families, and staff to resources in and out of the school building. Training materials must include self-review options.
- B. All school social workers, school counselors, and school psychologists, in addition to any other school staff designated by the building administrator, shall be responsible for responding to and implementing a suicide screening after a report of suicidal risk, and they shall receive enhanced training in procedures relating to suicide prevention, intervention, mental health systems navigation, and activities that reduce risk and promote healing after a suicide.
 - a. The enhanced professional development for designated staff will include training to identify, support, and respond to groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self harm or have attempted suicide, those in out-of-home settings, those experiencing houselessness, American Indian/Alaska Native students, LGBTQIA+ students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
 - b. All school social workers, school counselors, and school psychologists, in addition to other school staff designated by the building administrator, will be trained on processes for re-entry into a school environment following hospitalization or behavioral health crisis¹.

The plan will require that District employees act at all times within the scope of their



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individual credentials and licenses and that they not deliver services or support when they do not have the credentials or license to do so.

2. Youth Suicide/Mental Health Prevention Education for Students

- A. All PPS students shall receive annually evidence-based, student-centered suicide prevention programming that is culturally and linguistically responsive and developmentally appropriate. The suicide prevention programming will include:
 - a. The importance of safe and healthy choices and coping strategies
 - b. How to recognize risk factors and warning signs of mental disorders and suicide in oneself and
 - c. Help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.
 - d. Opportunities for students to practice suicide prevention skills.

B. Suicide prevention materials and curriculum options must be reviewed annually by a multi-disciplinary group, consisting of administrators, parents, teachers, school-employed mental health professionals, representatives from community suicide prevention services, and other individuals with expertise in youth mental health, under the administration of a District prevention staff member.

These reviews should include data from surveys including but not limited to the National Youth Risk Behavior Survey and the PPS Successful Schools Survey.

3. Requirement that Every School Has its Own Suicide Prevention Plan



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- A. School-based suicide prevention plans shall include but are not limited to the following components:
- One or more suicide-prevention point(s) of contact
 - Scheduled staff training on suicide prevention
 - Scheduled student health and wellness education, suicide prevention curriculum, and social emotional learning
 - Opportunities for students to feel seen, heard, and valued through the development of racial, cultural, and/or other identity groups
 - Defined school-based resources and referral processes to support students facing documentation status, housing and food insecurity, health care, and other concerns that increase suicide risk
 - System for tracking school-specific suicide screenings and referrals and
 - Training of school-specific staff members in postvention supports including contacting the Student Success and Health Department after a suicide death in your school program.

4. Tracking and Accountability

- A. The District's Student Success and Health Department will:
- a. Be the office of record for suicide screenings and provide consultation
 - b. Organize the annual suicide prevention staff training
 - c. Identify and support the suicide prevention point of contact for each school program
 - d. Maintain an inventory of the suicide prevention curriculum/plan at each PPS school via the school-based suicide prevention point of contact
 - e. Provide crisis response and best practice postvention recovery supports for schools experiencing a suicide

5. Notification and Family Engagement/Education

All students, families, employees, and contractors and volunteers who provide services to students will be notified annually of this policy, suicide prevention best practices for families, paths to an informal discussion of concerns about actions related to suicidal



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risk, as well as the process for review of actions taken in response to suicidal risk.

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. R5/01/20 | PH Student Suicide Prevention** – JHH ^{1,2}

END OF
POLICY

Legal
Reference(s):

ORS 332.107 ORS 339.343 OAR 581-022-2510

OSBA: JHH

Adopted 1/2021