

University Place School District

Plan for **Suicide Prevention and Intervention** in **Emotional and Behavioral Crisis**

Last updated February 10, 2015

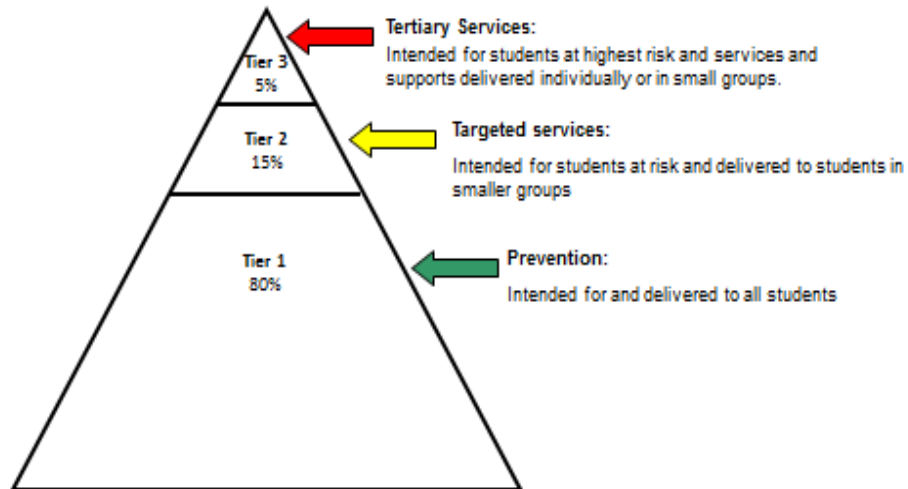
University Place School District recognizes that the school plays a unique and important role in the prevention of youth suicide, violence, and substance abuse and in the identification and treatment of mental health disorders in our community.

This plan outlines the University Place School District’s approach to prevention of and support for students experiencing emotional and behavioral distress and plans for supporting our school communities after a student’s death. The plan focuses heavily on responding to students when a risk of suicide is evident. This plan shall be available to all staff and reviewed at the beginning of each school year and updated as needed.

The RTI Triangle

We can think of suicide and violence prevention, intervention and postvention using the Response to Intervention triangle. Prevention activities fall into Tier 1 and are intended for all students, whether at risk or not. Intervention activities, depending on the situation and level of risk, fall into Tier 2 or Tier 3. Postvention activities engage all three levels, with some actions targeting the entire staff and student body, others focusing on those more affected by the crisis, and some interventions targeting students in an emergency situation after the loss of a classmate.

Response to Intervention



Plan Contents

UPSD Support Staff for Emotional Crisis and Suicide Prevention.....	3
Prevention	4
Intervention	5-6
Imminent risk	7-8
High risk.....	9-10
Moderate risk	11-12
Low risk	13-14
Student Re-Entry After Crisis	15-16
Postvention	17-21
Confirmation & Crisis Team Activation	17
Before school the next day	18-19
During the first school day.....	20
After the first school day	21
Resources.....	22-24
Appendix A- Screening Tool	25-26
Appendix B- Safety Plan.....	27
Appendix C- District Reporting Form	28
Appendix D- District and Community Resource Contact Information	29

UPSD Support Staff for Emotional Crisis and Suicide Prevention

This section will be a reference about whom to contact if a crisis arises.

Each school in University Place School District employs one or more staff members with expertise in mental health, substance abuse, threat assessment and crisis response. These individuals form the **student support team** at each site. If an incident occurs on a day when a qualified staff member is unavailable, school administrators will contact other schools and/or the district office to arrange for immediate support at their site.

The following UPSD staff can provide support in situations where a student demonstrates signs of crisis:

- School Counselors
- School Psychologists
- School Nurses (LPNs only)
- School Administrators
- District Administrators (Deputy & Assistant Superintendents)

Contact information for these individuals is available in district directories, online, on district/building emergency phone trees and crisis team lists. Administrative and office staff can assist others in contacting trained staff.

To respond to a crisis, administrators can seek support from selected district office staff including the Assistant Superintendent, Deputy Superintendent or Superintendent. In addition, administrators can activate the **district crisis team**. The **district crisis team** consists of counselors from all 8 schools. This team can be activated by any building administrator by calling the district office to speak with the Deputy or Assistant Superintendent. The size and composition of this team will vary depending on the scope and nature of the crisis.

A number of individuals within the school district and numerous agencies outside the school can be of help in a crisis. Contact information for these resources can be found in **Appendix D** of this plan.

Prevention

University Place School District recognizes that prevention of youth suicide, violence, and substance abuse and the early identification and treatment of mental health disorders are most effective when students, staff, parents, and community members have access to prevention information and resources. With this in mind, the following will occur:

For staff

This plan will be available to all UPSD staff for use and reference. Annual review of this plan will occur prior to the beginning of the school year during the time that other safety information is reviewed (typically on staff day). The review will be done by the building principal or designee. Revisions will be made to the plan when needed. Staff will be notified of changes and electronic and hard copies will be updated/replaced when such revisions are made.

Procedures for responding to severe emotional and behavioral issues affecting students will be shared on an annual basis with administrators, counselors, teachers, school health staff, and other staff who have direct student contact.

For families

School counselors and administrators will provide support to parents and families by helping them to connect with community resources and expertise when problems arise. Contact information for the school nurse, school counselor, school psychologist and other support staff within the school will be made available to parents using the district website and printed materials.

For students

Creating a supportive school environment is the first step in prevention. UPSD schools do this differently by engaging students in age-appropriate activities such as:

- anti-bullying initiatives
- social and emotional learning curricula
- groups, clubs & activities focusing on peer support
- a focus on support and compassion in disciplinary interventions

Schools also emphasize the use of Positive Behavior and Intervention Support strategies to ensure that rules are clear and that students follow them on a regular basis. **The district recognizes that it is not a safe practice to teach suicide prevention in assemblies or other large gatherings and that prevention education should be taught in classrooms or other small group settings as appropriate.**

Prevention of harassment, intimidation, and bullying will be taught in compliance with Washington State law and policy. Resource hotlines including teen crisis line (1-800-448-4663) and the National Suicide Prevention Lifeline's phone number (800-273-TALK) will be available to students through school counselors, nurses and administrators.

Intervention: Responding to reports that a student may be in crisis

The following process should be followed when a staff member becomes aware that a student is experiencing a crisis that **may** involve risk of harm to self or others. Chart 1 summarizes this process. In all cases, **school support team members** will play a critical role in this work. Each UPSD school has a school support team. Support team members include nurses, school psychologists, school counselors and building administrators. Members of the student support team have been trained in how to respond to students experiencing a crisis. In most cases, the school counselor will be the primary student support team member.

Reports made by students in crisis

If the information comes **directly from the student** to a member of the school staff, expressed either verbally or through behavior, the staff member will **immediately**:

- Obtain basic information from the student about the crisis, such as what stressors the student is facing and what they are thinking and doing in response. Stay with the student.
- Report to a counselor or administrator immediately through **direct contact via phone or in person**. Do not leave the information in emails or messages only. Share information in the presence of the student and with the student’s participation when possible and appropriate.

Reports made by peers or parents about students in crisis

If the information comes **from another person such as a peer or a parent**, the staff member will **immediately**:

- Obtain the student’s name and basic information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.
- Report to a counselor or administrator immediately through **direct contact via phone or in person**. Do not leave the information in emails or messages only. If information is received outside of school hours, report at the beginning of the next school day or via cell phone contact.

Upon receiving information or a referral related to an emotional or behavioral crisis, the counselor or administrator will:

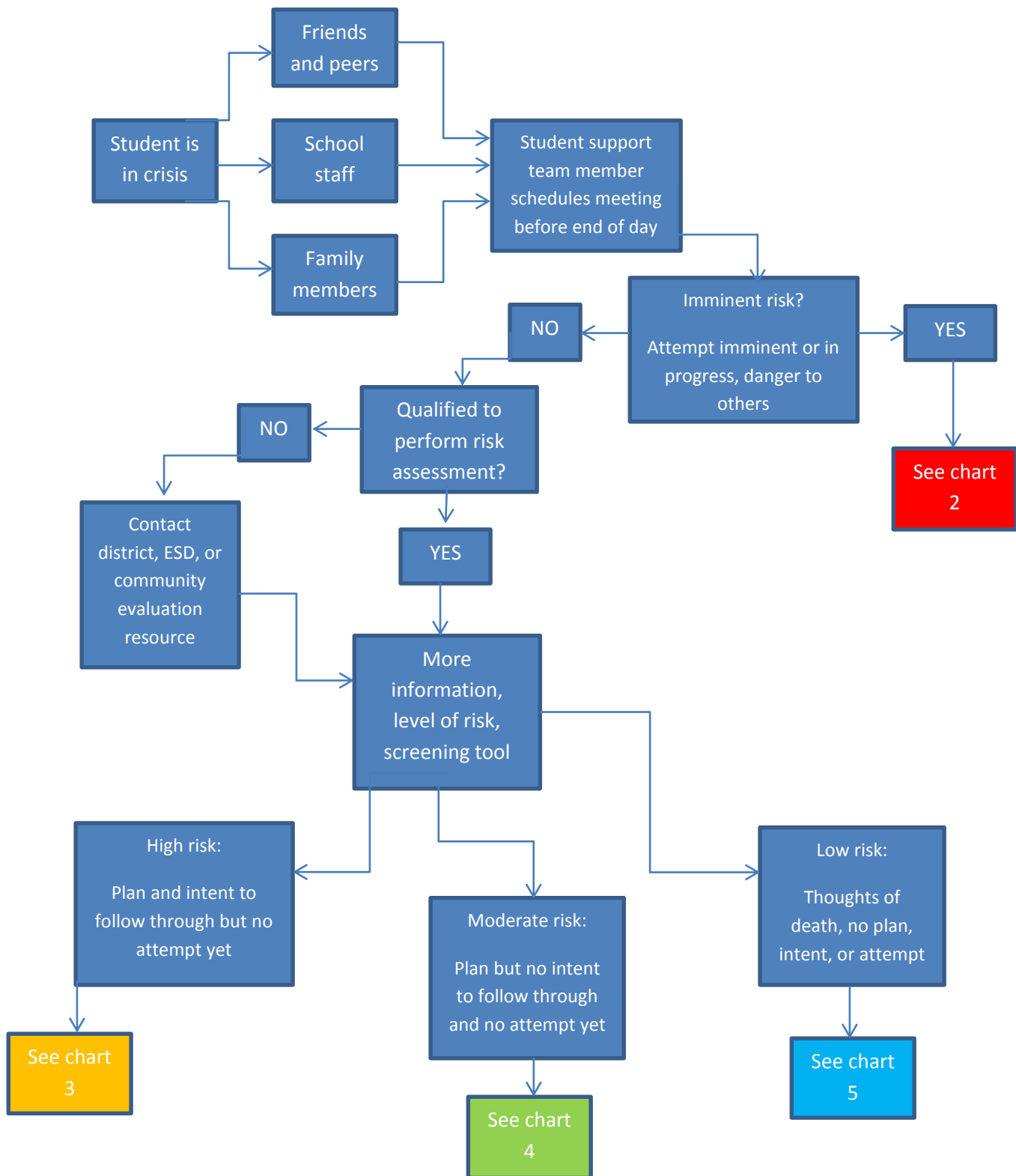
- **Schedule a meeting** with the student before the end of the school day, or at the beginning of the next school day if this information is shared outside school hours.
- Further **discuss the situation** with the student to obtain information about the crisis and evaluate their needs.
- Arrange for a trained member of the site student support team (typically the school counselor) to do further evaluation of risk using **a district-approved screening tool** (See Appendix A)
- **Contact the student’s parent**. For reports received outside of school hours, attempts should be made to contact the parent immediately to ensure student safety until they return to school

The risk evaluation will identify the student’s risk level from the continuum below:

Imminent Risk	High Risk	Moderate Risk	Low Risk
Immediate risk to self or others- Attempt in progress or imminent	Severe distress Suicide plan in place <u>Intent to follow through</u> No attempt	Severe distress Suicide plan in place No intent to follow through No attempt	Thoughts of death- No plan, intent or attempt

Intervention: Response to identified suicide risk (Chart 1)

Procedures will differ based on the level of risk revealed by this risk assessment. All actions taken need to be documented on the UPSD form and kept on file. A copy must be sent to the district office.



Updated 2-10-15

IMMINENT RISK

- There is **immediate danger** to the student or others (for example, possible presence of a weapon or other means the student intends to use to harm self or others).
- There is a **suicide attempt in progress** (for example, the student reports taking a drug or medication overdose or has injured him/herself).

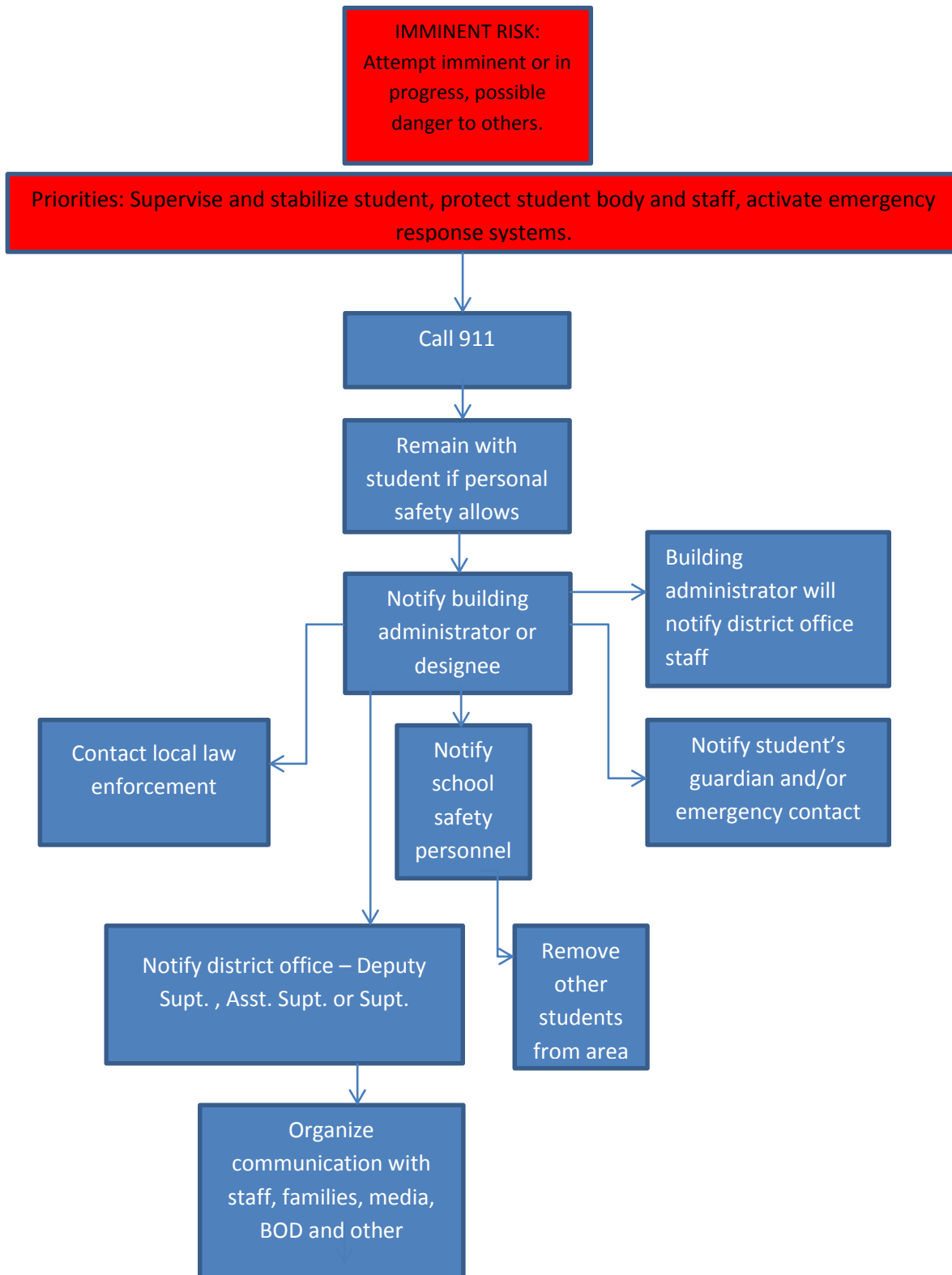
The support team member will do the following (see chart 2):

- **Provide for continuous supervision** of the student at risk until an emergency responder arrives, keeping personal safety in mind.
- **Call 911** or designate a person to call. Be mindful that in the presence of a weapon or danger to others, emergency medical personnel will need the scene secured by law enforcement personnel before they can intervene.
- **Notify the building administrator** or their designee. The building administrator will notify the superintendent or designee of the situation.
- Notify person(s) responsible for security within the building to ensure the safety of the student at risk and the staff and student body. Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed from the vicinity.
- Notify the student's guardian and/or emergency contact by telephone and document the time and content of the conversation.
- If a student has missed class time or the crisis is affecting his/her school performance, the support team member will discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- **Fill out the district's incident report form** (See Appendix C).

If necessary, the superintendent or designee will:

- Draft a statement to be given to any media who approach or call the school;
- Draft talking points for office staff answering calls from families at the school and the district;
- Create or help the administrator create a statement for students' families, summarizing:
 - Factual information about what occurred, steering clear of details.
 - What the school did to ensure safety and what will happen next.
 - Reactions families might expect from their children.
 - Reassurances that the school remains open and safe.
- If communication with families is necessary, the letter will be disseminated to families by School Messenger email or other method within one school day of the incident.

IMMINENT RISK (Chart 2)



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HIGH RISK

- The student is in severe distress due to mental health symptoms or a serious stressor.
- The student has identified a realistic suicide plan and intention to follow through on it but has not yet taken action.

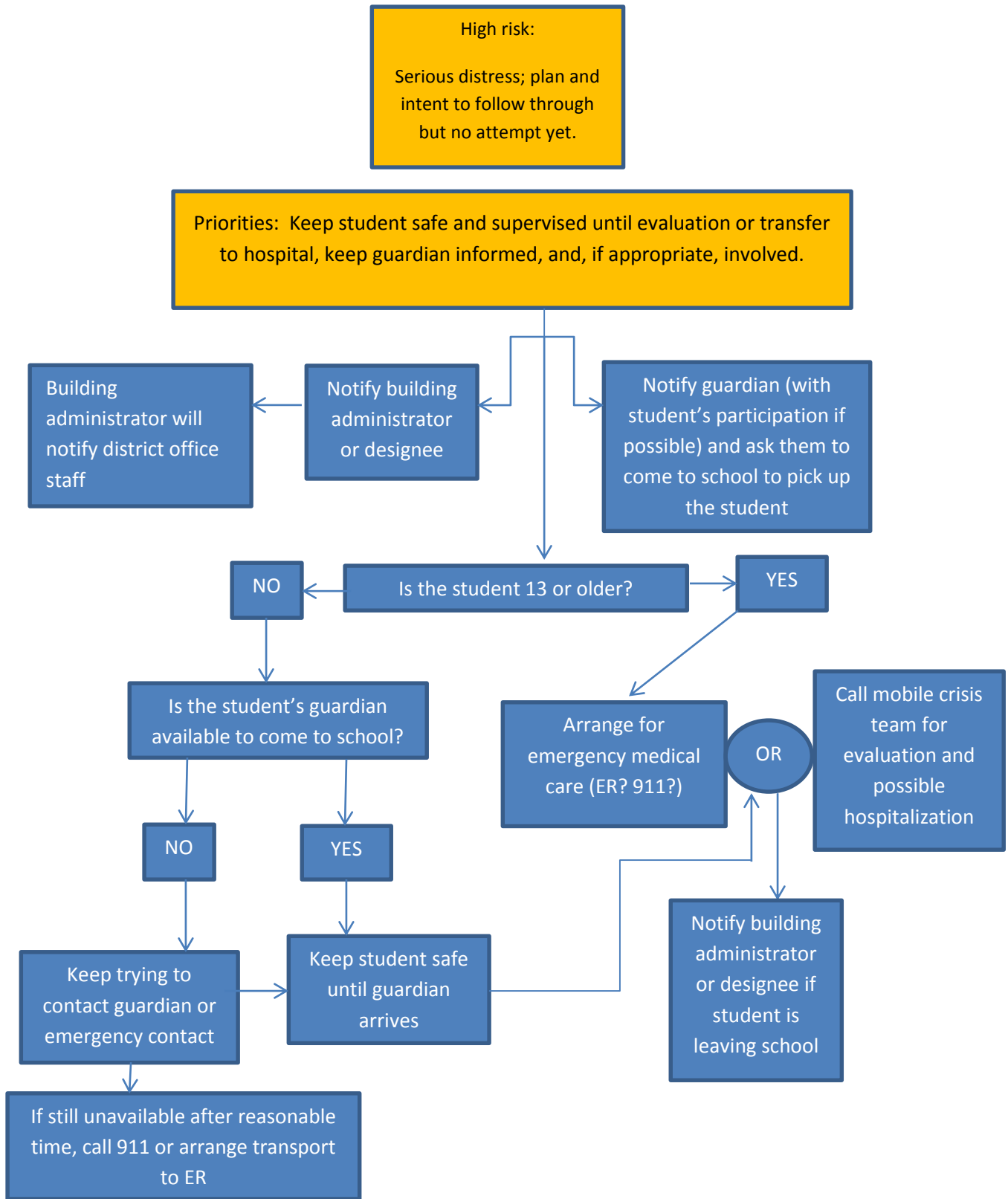
The support team member (counselor, nurse, psychologist or administrator) will (see chart 3):

- Remain with the student and provide support, safety, and **continuous supervision**. When appropriate, another staff member may be assigned to the student strictly for the purpose of continuous supervision.
- **Notify the building administrator.**
- **Notify the student's guardian(s)** by telephone that they should come to the school.
- **Obtain information** from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- With the student's guardian, the counselor or administrator may call the local crisis line to request a mobile crisis evaluation. The guardian may instead choose to bring the student to the nearest hospital for evaluation. The building administrator must be notified if the student will be leaving school grounds.
- **Develop a safety plan** with the student (see Appendix B)
- **Fill out the district's incident report form** (See Appendix C).

If the student's guardian(s) are unavailable or unable to come to the school:

- According to Washington State law (RCW 71.34.530), a student age 13 or older may independently consent for a range of mental health services without parental consent or notification. These include evaluation from mobile crisis outreach teams.
- If the student is 13 or older, the school can ask for a mobile crisis evaluation
- If the student is 12 or under, the student may remain under observation while continued efforts are made to contact her or his guardian or emergency contact.
- If a guardian for a student under 13 cannot be located within a reasonable amount of time, the student may be transported to the nearest Emergency Room (ER) by the School Resource Officer (SRO) or an administrator for further evaluation. If an administrator transports the student, a second member of the student support team- or another staff member- must accompany the administrator.
- If a student has missed class time or the crisis is affecting his/her school performance, the support team member will discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.

HIGH RISK: (Chart 3)



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MODERATE RISK

- The student is thinking about suicide and has identified a plan.
- Based on the information provided, the student has no intention of following through on the plan and has made no suicidal gestures.

The support team member (counselor, nurse, psychologist or administrator) will (chart 4):

- Remain with the student and provide support, safety, and **continuous supervision**.
- **Notify the building administrator.**
- **Contact the student's guardian(s)** and ask them to come to the school
- **Obtain information** from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- With the student's guardian, the support team member may request a mobile crisis evaluation. The guardian may instead bring the child to the hospital for evaluation.
- If the support team's assessment is that the student does not need to go to inpatient care, discuss with the student's guardian the importance of outpatient mental health care and provide a list of appropriate referrals, taking into account:
 1. The family's language, religious beliefs, and culture.
 2. The student's stressors and needs.
 3. Barriers to receiving care such as transportation, health insurance, cost, and how they can be mitigated.
- **Develop a safety plan** with the student and parent as appropriate (see Appendix C)
- Copies of the safety plan should be given to those named in it as resources.
- If a student is remaining in school but has missed class time or the crisis is affecting his/her school performance, the support team member will discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- If possible, a release of information form allowing communication between the school and the provider may be signed by the guardian and student.
- **Fill out the district's incident report form** (See Appendix B).

If the student's guardian(s) are unavailable or unable to come to the school:

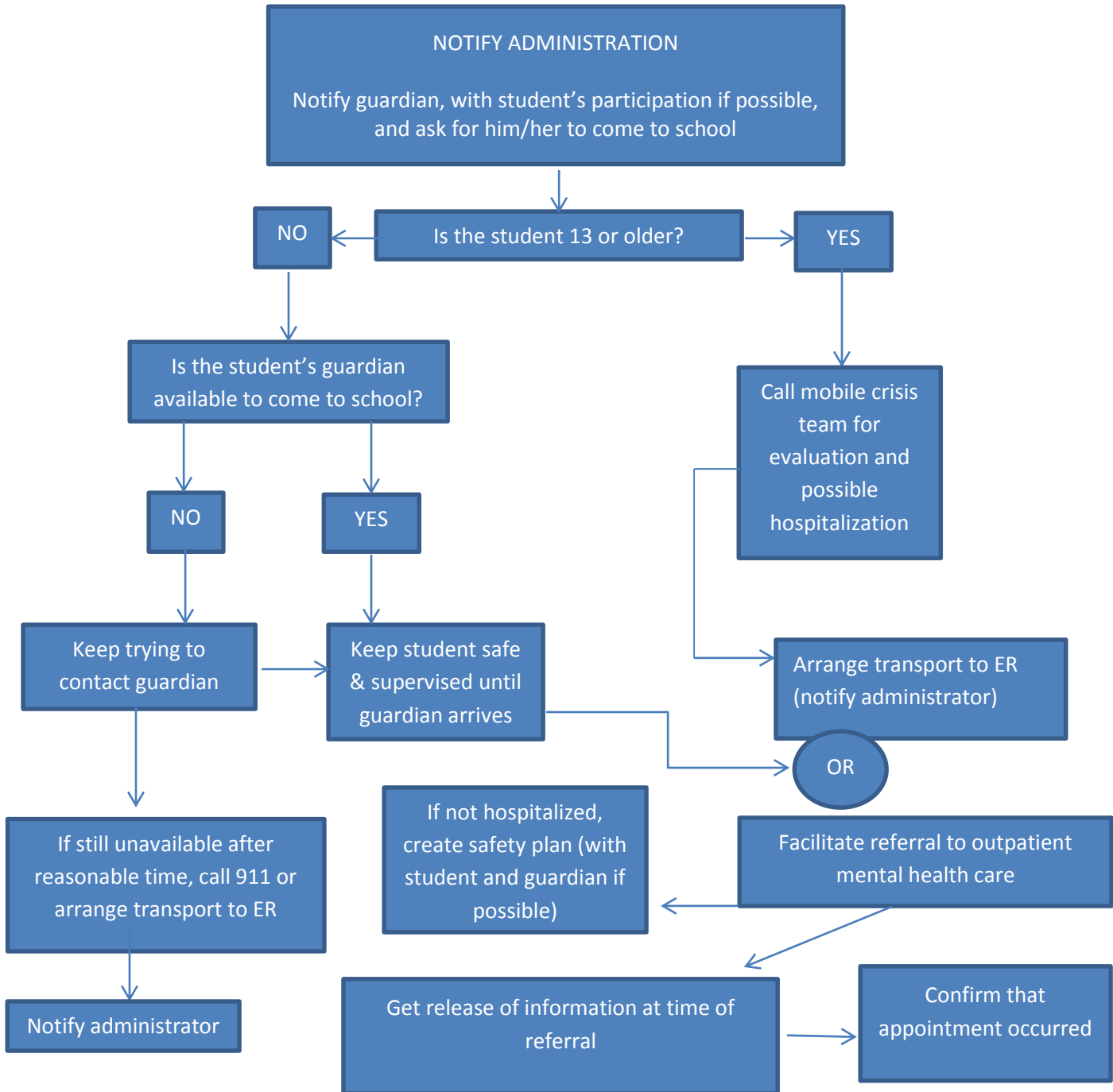
- According to Washington State law (RCW 71.34.530), a student age 13 or older may independently consent for a range of mental health services without parental consent or notification. These include evaluation from mobile crisis outreach teams.
- If the student is 13 or older, the school can ask for seek a mobile crisis evaluation
- If the student is 12 or under, the student may remain under observation while continued efforts are made to contact her or his guardian or emergency contact.
- If a guardian for a student under 13 cannot be located within a reasonable amount of time, the student may be transported to the nearest ER by the SRO or an administrator (with another staff member) for evaluation.

MODERATE RISK (Chart 4)

Moderate risk:

Plan but no intent to follow through and no attempt yet.

Priorities: Keep student safe and supervised until evaluation, ensure appropriate referral to emergency care or outpatient care, create a safety plan, keep guardian informed and engaged.



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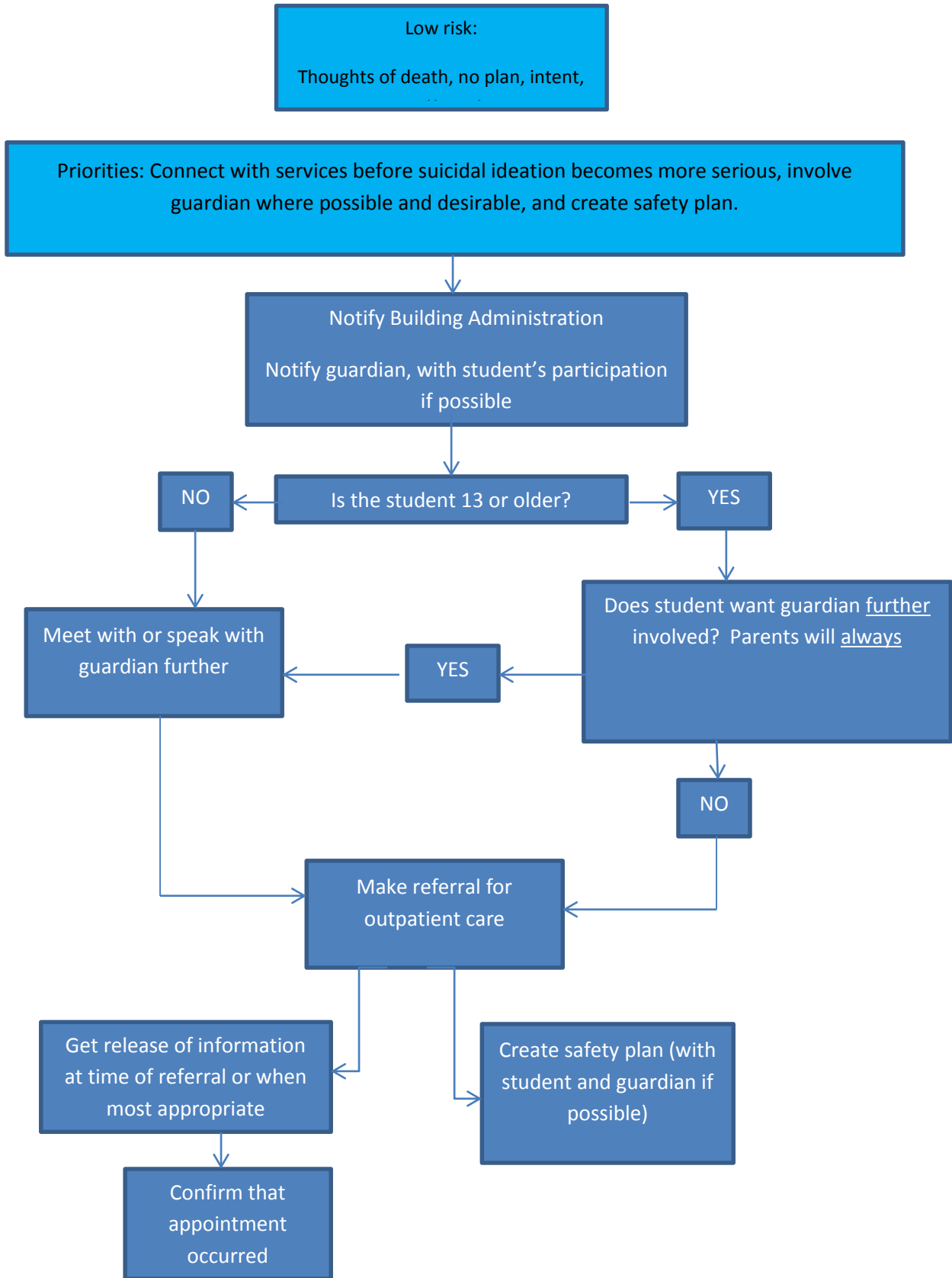
LOW RISK

- The student identifies thoughts of death but no plan, intent to die, or suicidal behavior is evident.
- The student is experiencing some stressors but also has strong supports.

The support team member will (**chart 5**):

- **Notify the building administrator.**
- **Contact the student's guardian(s)** to provide information or to invite them to school
- **Help the student create a safety plan** (See Appendix C).
- Copies of the safety plan should be given to those named in it as resources. Provide a copy to parents.
- Work with the student to describe the situation to her or his guardian(s) by phone or, if appropriate, in person. Discuss with the guardian the situation and the terms of the safety plan.
- Discuss with the student's guardian the importance of preventive mental health care and provide a list of appropriate referrals, taking into account:
 1. The family's language, religious beliefs, and culture.
 2. The student's stressors and needs.
 3. Barriers to receiving care such as transportation, health insurance, cost, and how they can be mitigated.
- **Obtain information** from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- At the time of referral, a release of information form allowing communication between the school and the provider may be signed by the guardian and student.
- If a student is remaining in school but has missed class time or the crisis is affecting their school performance, the support team member will discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- **Fill out the district's incident report form** (See Appendix B).

LOW RISK (Chart 5)



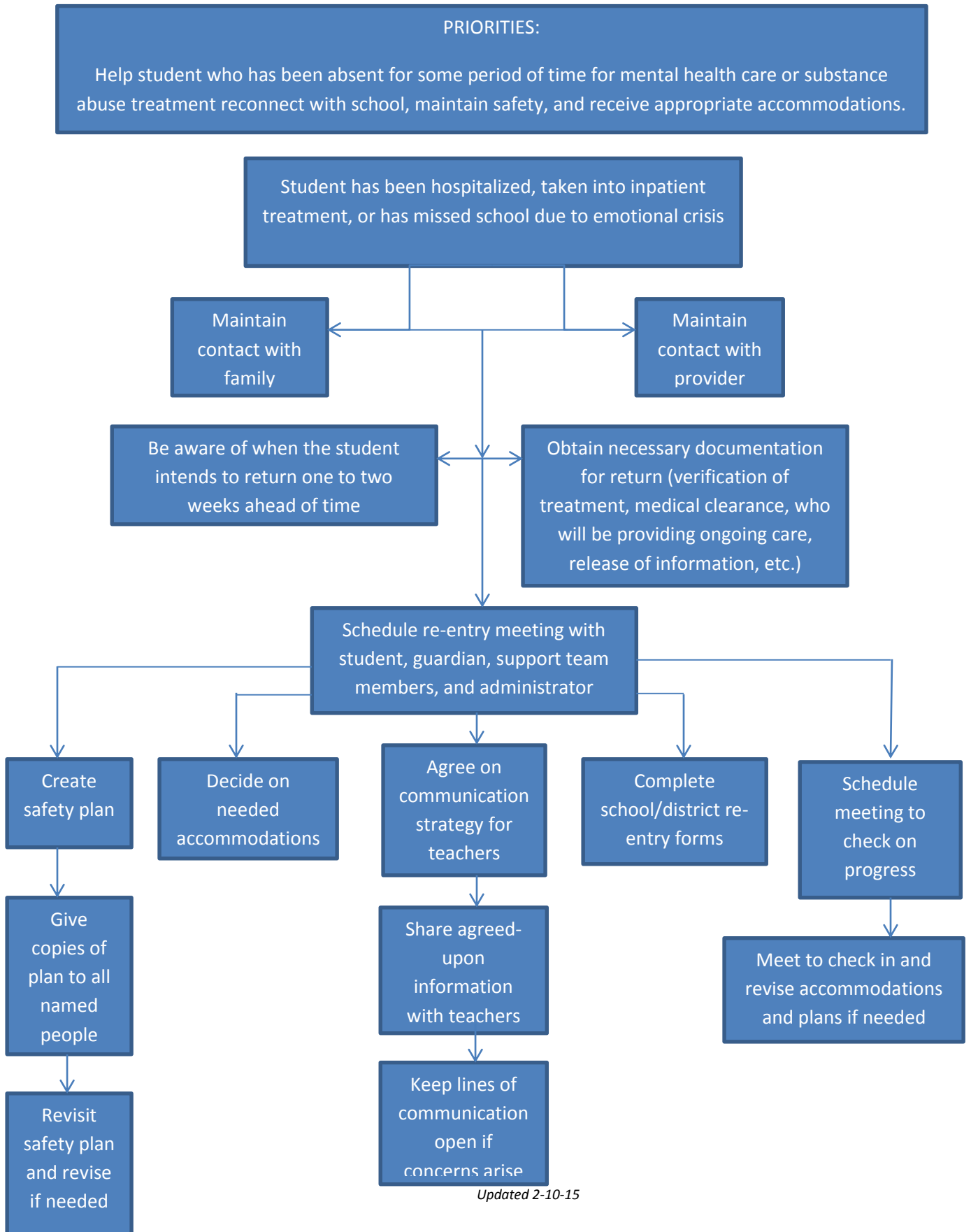
Updated 2-10-15

Re-Entry Procedures After Emotional Crisis

The following procedures should be followed when a student re-enters school after they have missed one or more days of school because of a crisis (for example, because of inpatient hospitalization or substance abuse treatment):

- A designated member of the student support team should remain in touch with the family and the provider during the student's absence when possible.
- If possible, get notification of the student's return to school one to two weeks ahead of time.
- If the student needs **medical or psychiatric clearance** to return to school or to participate in normal school activities (for example, physical education classes) upon return, obtain these documents as soon as possible after being notified of the student's plans to return.
- If the student's care is being transferred to an outpatient care provider, work with the guardian and provider to obtain a **release of information** so that the school can communicate with this provider.
- Schedule a **re-entry planning meeting** a few school days before the student's return date.
 - The re-entry meeting should include the student, the student's guardian(s), the school counselor and other appropriate staff.
 - Discuss how to support the student in phasing back into normal school life. Depending on the student's situation, this could include temporary accommodations.
 - Complete a **safety plan** (see [Appendix C](#)) at the re-entry meeting. This will be revisited on a schedule the team determines and adjusted as needed.
 - Copies of the safety plan should be given to those named in it as resources.
 - Work with the parents and student to determine what should be shared with teachers. This may include the nature of the crisis, accommodations, and student support or needs
 - Information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- Necessary accommodations may not be clear until the student has returned to school. During the student's first several days at school, a support team member should check in with the student daily and remain in contact, if appropriate, with the student's guardian and care providers.
- A check-in meeting with the student and guardian should be scheduled about a week after return or as concerns arise to review accommodations and safety plan content and make necessary adjustments.

**STUDENT RE-ENTRY AFTER ABSENCE DUE TO EMOTIONAL CRISIS OR INPATIENT CARE
(Chart 6)**



Postvention Response

The University Place School District recognizes that the death of a student, whether by suicide or other means, is a crisis that affects the entire school and community. In the event of a student's death, it is critical that the school's response be swift, consistent, and intended to protect the student body and community. In the case of a death by suicide, other concerns such as the prevention of suicide contagion will be taken into account.

Step 1: Confirming the news and convening the crisis team

Upon receiving news of a student's death, including an unconfirmed rumor, a staff member must **immediately contact the building administrator or designee**. Contact must be made whether this is during or outside school hours.

The building administrator will **confirm the accuracy of the information**. This could include communication with the deceased student's family.

- Consider the family's language, religion, culture, and relationship with the school.
- Discuss with the family how they want the death described to the school community. (For example, are they uncomfortable with it being referred to as a suicide?)
- If needed, consult law enforcement prior to communicating about cause of death

Upon confirming that the information is correct, the building administrator or designee will confer with district administration to develop a plan for the **appropriate and timely notification of staff**. Notification procedures will differ depending on circumstances. Whenever possible, a meeting will be held to share the information.

The administrator will work with the district office to **activate the district crisis team** and prepare for possible media coverage or wider notification of schools, families, etc. Employee Assistance Program supports may also be activated if necessary.

Step 2: Before the first school day after a student death. (Chart 7)



Step 2: Before school begins on the first day following a student death

- **Establish a safe room** with appropriate seating, sign-in forms, tissues, information about grief, and other necessary items. The ideal safe room is a large room with several seating areas whose location is known to all students (for example, the school library). This should be set up and ready before the staff meeting.
- **Remove the deceased student's name** from school attendance rosters, automated call systems and other places that could initiate a call home.
- The school principal will draft a **statement for teachers to share with students on the first day**.
- **A staff meeting will be held before students arrive for the school day**. ALL staff should attend.

The **staff meeting agenda** will include the following:

- Verifiable facts about the death and information about the family's needs and preferences.
- Time for staff to ask questions and express feelings.
- Information about grief counseling and support available through the Employee Assistance Program and procedures for accessing it.
- Review of the school and district's postvention plans.
- Review importance of daily routine and procedures for sending students in crisis to safe room
- Identification of crisis team members and introductions if they are not known to staff.
- Dissemination and discussion of statement to be read by teachers during the first period of the day (if needed).
- Location and purpose of the safe room
- Identification and discussion of other students who may be at risk during this crisis.
- Discussion of roles:
 - Safe room staffing and counseling support until the end of the school day. At least two adults should be in the safe room at all times. At least one should be a person with advanced training in suicide prevention.
 - Extra patrols of the halls and grounds to locate students who may be in crisis and in hiding
 - Telephone coverage at the school (Keep student volunteers off school phones today)
 - District media contact; what staff and students should do if approached by media.
- Discussion of procedures:
 - How to refer a student affected by the crisis to the safe room.
 - Whom to notify and how if a student is behaving suspiciously, or attempting to leave.

Step 3: During the school day on the first day after a student death

- **Each homeroom (or first period) teacher will read the same statement to his/her classroom when appropriate.** This statement should *not* be made in an assembly or over the school's public address system. The statement will summarize the facts of the situation, the school's response, and the importance of seeking immediate help from an adult if a student or peer is in crisis.
- Communication will go to students' families by **School Messenger Email** and be posted on the parent section of the school's and district's websites. Copies of this communication will be reviewed by district administration prior to distribution. Communication with parents should include the following:
 - Brief factual information about the crisis, avoiding focus on details of the death or means.
 - The school's condolences to the deceased student's friends and family.
 - Messages about grieving, such as that other students may feel regret, guilt, anxiety, or fear.
 - Mention of existing support and suicide prevention resources in the school.
 - Discussion of the school's crisis response, including the safe room and the time and place of the scheduled parent meeting.
 - Discussion of suicide contagion, including signs of a crisis and intervention strategies.
 - Encouragement to contact the school if any child needs extra support.
 - Contact information for a "point person" in the building for questions and support.
- (OPTIONAL) A family meeting **may** be held within the week. If a family meeting is scheduled close to the suicide, presenters' content will be the same as above. The administrator should be mindful of the fact that people beyond the student's immediate families will be affected by the crisis and that community members may need to be invited to the meeting.
- A continuing effort will be made during this school day to keep **listing students who may be in need of extra support** or at risk of suicide contagion. The following should be considered:
 1. Students who are having an unusually strong reaction to the death.
 2. The deceased student's friends.
 3. The deceased student's dating partners.
 4. Students related to the deceased student.
 5. Teammates, members of the same clubs, and other associates.
 6. Other students with a history of suicidal thoughts or behaviors.
 7. Other students who have dealt with a recent crisis or loss.
 8. Students experiencing mental health problems or other vulnerabilities.
- Crisis team members may reach out to identified students on this list for a one-on-one meeting and needs assessment within one to two school days after the crisis
- At the conclusion of this first school day another all-staff meeting **may** be held to debrief the day. Content of this meeting will include:
 - How did implementation of the plan work? (strengths and weaknesses)
 - What student needs or concerns arose? How were they addressed and what are next steps?
 - Has any new information about the incident surfaced during the day?
 - What is the plan for the following day?

Step 4: After the first day

- For at least one day after the first day, there should be before-school and/or after-school staff meetings focusing on the following:
 - Review of and adjustments to crisis plan implementation.
 - Any emerging needs among the student body or community.
 - Discussion of students identified as at risk and what they need.
 - Appreciations to helpful colleagues and self-care strategies.
- Staff meetings may be limited to the crisis team and/or student support team after the need for all-staff meetings ends. This decision will be made by the administrator and crisis team.
- The safe room will be open for multiple days after the incident if student need continues.
- The school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk.
- Students may wish to attend the deceased student's funeral. It is appropriate to make information about the date, time, and location of the funeral available to students. Students interested in attending must submit written permission from their guardian(s), and guardians will be encouraged to accompany students to the funeral. Having extra counseling staff available in the school the day of and the day after the funeral is recommended.
- Removal of the deceased student's belongings (items, desk, chair, etc.) from classrooms must be done sensitively and with clear communication to students. Considerations:
 - It is best to remove the chair or rearrange the classroom during a weekend, school break, or other time that the student body will be away from the school for multiple days.
 - A member of the student support team may wish to be present during the first class period after the chair has been removed or the seating chart rearranged.
 - Messages to students will emphasize that the action is not meant to erase or disrespect the student but to help the class adjust to the "new normal." A class discussion facilitated by the support team member may be necessary at this time.
- Removing and returning the deceased student's personal items:
 - It will be important to empty the student's locker, gym locker, cubbies, or other places personal items are stored in a timely fashion.
 - A member of the crisis team, ideally the building administrator, will consult with the student's family about who should do this and what should be done with the items.
- The district recognizes that it is not a safe practice to hold a candlelight vigil or memorial service, or to erect a permanent memorial (such as a plaque, bench, or tree) in the case of a suicide. These practices may contribute to sensationalization of suicide. Acceptable "living memorials" that decrease the risk of suicide contagion include:
 - A student-led suicide prevention initiative supervised by one or more faculty members.
 - A donation or fundraiser for a local crisis service or mental health care provider.
 - Participation as a school in a local suicide awareness event.
 - Hosting a suicide prevention or postvention training for students, staff, and/or families.
 - Placing printed prevention resources in the school.
- Well after the loss of a student to suicide, the school will be mindful of anniversaries of the death, the student's birthday, the date the student would have graduated, etc. Students identified as at risk may need extra support and observation during these times as well.

REFERENCES + RESOURCES

House Bill 1336

Bill as passed in the state legislature in April 2013 is available at <http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/House%20Passed%20Legislature/1336-S.PL.pdf>

Other states' plans

The Louis de la Parte Florida Mental Health Institute at the University of South Florida's *Youth Suicide Prevention School-based Guide Checklists* is a useful best-practice resource. <http://thequide.fmhi.usf.edu/>

The Maine Youth Suicide Prevention Program's prevention, intervention, and postvention guidelines are available at <http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>. Listed on the Suicide Prevention Resource Center's Best-Practices Registry, this document is an excellent model for schools.

The Crisis Management Institute's Crisis Response Manual (based in Oregon) is used by several districts in Washington this to inform their postvention work. The manual and other resources are available at <http://www.cmionline.org/>.

Resources on evidence-based and best-practice programs

SAMHSA's National Registry of Evidence-Based Programs and Practices: NREPP is a searchable online registry of more than 320 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. You can search for specific programs or types of program at <http://nrepp.samhsa.gov/>

SPRC best-practice registry <http://www.sprc.org/bpr>. The purpose of the Best-Practices Registry (BPR) is to identify, review, and disseminate information about best-practices that address specific objectives of the *National Strategy for Suicide Prevention*.

Resources from OSPI

The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success by Ray Wolpow, Mona Johnson, Ron Hertel, and Susan Kincaid. This book, available in full at <http://www.k12.wa.us/compassionateschools/pubdocs/theheartoflearningandteaching.pdf>, and was written by veteran educators and addresses how schools can be most supportive of youth who have experienced trauma.

School Safety Center Bullying and Harassment (HIB) Toolkit—**The Washington HIB Prevention and Intervention Toolkit** provides background information, best-practice materials for program

planning, classroom implementation, staff training, and additional resources for HIB prevention and intervention for districts, schools, students, families and others across Washington.

<https://www.k12.wa.us/safetycenter/BullyingHarassment/default.aspx>

School Safety Center Threat Assessment page—The primary purpose of a threat assessment is to prevent targeted violence. The threat assessment process is centered upon analysis of the facts and evidence of behavior in a given situation. The appraisal of risk in a threat assessment focuses on actions, communications, and specific circumstances that might suggest that an individual intends to mount an attack and is engaged in planning or preparing for that event.

<http://www.k12.wa.us/safetycenter/threat/default.aspx>

The Student Assistance Prevention-Intervention Services Program (SAPISP) is a comprehensive, integrated model of services that fosters safe school environments, promotes healthy childhood development and prevents alcohol, tobacco, and other drug abuse. SAPISP supports the Office of Superintendent of Public Instruction's mission to ensure the success of all learners through safe, civil, health, and engaging learning environments. <https://www.k12.wa.us/PreventionIntervention/>

Prevention programming

Suicide Prevention Resource Center Safe Messaging Guidelines

<http://www.sprc.org/library/safemessagingfinal.pdf>.

A 2-page document that offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem, is now available. Contains Do's and Don'ts for creating public messages for suicide prevention.

Developed through a contract with the National Association of State Mental Health Program Directors in collaboration with Education Development Center, Preventing Suicide: A Toolkit for High Schools aims at reducing the risk of suicide among high school students by providing research-based guidelines and resources to assist school personnel and leadership, providers and others to identify teenagers at risk and take appropriate measures to provide help. Drawing on key elements of evidence-based programs, the toolkit offers information on screening tools, warning signs and risk factors of suicide, statistics and parent education materials that are easily adaptable to any high school setting. http://www.sprc.org/library_resources/items/preventing-suicide-toolkit-high-schools

YSPP website www.yspp.org The Youth Suicide Prevention Program, which compiled this model plan, works to reduce youth suicide attempts and deaths in Washington state by building public awareness, offering trainings and school curricula, and supporting communities taking action.

Intervention resources

Contact numbers for the local crisis lines in each county in Washington can be found here:

http://www.nami.org/MSTemplate.cfm?Section=WA_State_Crisis_Lines&Site=NAMI_Chelan_Douglas&

A Parent's Guide to Recognizing and Treating Depression in Your Child: This booklet, written for parents but helpful for others as well, lists signs of depression for pre-school, school-age, and adolescent youth and strategies for connecting with appropriate care.

http://www.yspp.org/downloads/resources/YSPP_depression_Final_low.pdf

Safety plan template: This is a best-practice framework for a safety plan. For younger students, the language will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language. <http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf>
The Use of No-Suicide Contracts by Stacey Freedenthal, PhD, LCSW: Concise explanation of why it is best to use safety planning instead of no-self-harm contracts with individuals thinking about suicide. <http://www.speakingofsuicide.com/2013/05/15/no-suicide-contracts/>

Screening tools

List of screening tools: Despite the high prevalence of mental health and substance use problems, too many Americans go without treatment — in part because their disorders go undiagnosed. Regular screenings in primary care and other healthcare settings enables earlier identification of mental health and substance use disorders, which translates into earlier care. Screenings should be provided to people of all ages, even the young and the elderly. <http://www.integration.samhsa.gov/clinical-practice/screening-tools>

GAIN SS: The five-minute Global Appraisal of Individual Needs Short Screener (GAIN-SS) is primarily designed for three things. First, it serves as a screener in general populations to quickly and accurately identify clients who would be flagged as having one or more behavioral health disorders on the GAIN-I, suggesting the need for referral to some part of the behavioral health treatment system. It also rules out those who would not be identified as having behavioral health disorders. Second, it serves as an easy-to-use quality assurance tool across diverse field-assessment systems for staff with minimal training or direct supervision. Third, it serves as a periodic measure of change over time in behavioral health. <http://www.gaincc.org/GAINSS>

SAFE-T: Assists clinicians in conducting a suicide assessment using a 5-step evaluation and triage plan to identify risk factors and protective factors, conduct a suicide inquiry, determine risk level and potential interventions, and document a treatment plan. <http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-/SMA09-4452>

Quick Response: A Step-by-Step Guide to Crisis Management for Principals, Counselors, and Teachers by Educational Service District 105: This guide, published by ESD 105 in 1997, was a useful resource for school personnel in many kinds of crisis. While no longer in use, parts remain current and it is the source for several of the documents in the appendix.

Postvention

After a Suicide: A Toolkit for Schools includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials, all in an easily accessible format applicable to diverse populations and communities. <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf>

Suicide Clusters and Contagion by Frank Zenere: This article addresses how to recognize and address risk of suicide contagion in the school setting. http://www.nasponline.org/resources/principals/Suicide_Clusters_NASSP_Sept_%2009.pdf

SUICIDE RISK ASSESSMENT CHECKLIST

Student Name/DOB: _____ Location: _____ Date: _____

A1

The administrator/designee or the designated school site support team member will meet with the student to complete a risk assessment. The questions below should not be read to the student, but rather should be used as a guide while assessing the student:

CATEGORY	ASSESSMENT QUESTIONS	YES	NO	*
1. Current Ideation	Is the student thinking of suicide now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication of Intent	Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plan	Does the student have a plan to harm/ kill themselves now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Means and Access	Does the student have the means/access to kill themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Past Ideation	Has the student ever had thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Previous Attempts	Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Changes in Mood / Behavior	In the past year, has the student ever felt so sad he/she stopped doing regular activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated abrupt changes in behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated recent, dramatic changes in mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Stressors	Has the student ever lost a loved one by suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student had a recent death of a loved one or a significant loss (e.g., death of family member, parent separation/divorce, relationship breakup)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced a traumatic/stressful event (i.e. domestic violence, community violence, natural disaster)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced victimization or been the target of bullying/harassment/discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mental Illness	Does the student have a history of mental illness (i.e. depression, conduct or anxiety disorder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Substance Use	Does the student have a history of alcohol/substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Protective Factors	Does the student have a support system of family or friends at school and/or home?			
	Does the student have a sense of purpose in his/her life?			
	Can the student readily name plans for the future, indicating a reason to live?			

* = NEED MORE INFORMATION

RISK LEVEL		DEFINITION	INDICATORS	ACTIONS
	Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential.	Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; depressed mood/affect; evidence of thoughts in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).	Reassure and supervise student; communicate concerns with parent/guardian; assist in connecting with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; establish a follow-up plan and monitor, as needed. <i>Complete district reporting form</i>
<input type="checkbox"/>	Moderate Risk	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization).	SEE HIGH RISK <i>Complete district reporting form</i>
<input type="checkbox"/>	High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential; qualifies for immediate arrest or hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g. giving away prized possessions, good-bye messages in writing, text, on social networking sites; isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.	Supervise student at all times (including rest rooms); contact local resources for a mental health evaluation to evaluate for possible hospitalization ; notify and hand off student ONLY to parent/guardian who commits to seek immediate mental health assessment, law enforcement or psychiatric mobile responder; establish a follow-up and/or re-entry plan and monitor, as needed. <i>Complete district reporting form</i>

UPSD Student Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing.	
1.	
2.	
3.	
Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
1.	
2.	
3.	
Step 3: People and social settings that provide distraction:	
1. Name	Phone #
2. Name	Phone #
3. Name	Phone #
Step 4: People I can ask for help:	
1. Name	Phone #
2. Name	Phone #
3. Name	Phone #
Step 5: Professionals or agencies I can contact during a crisis:	
1. Clinician Name	Phone
Clinician Pager or Emergency Contact #	
2. Clinician Name	Phone
Clinician Pager or Emergency Contact #	
3. Local Urgent Care Services	Phone
Urgent Care Services Address:	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
Step 6: Making the environment safe:	
1.	
2.	

The one thing that is most important to me and worth living for is:

University Place School District – Emotional Crisis Report

SCHOOL:

Date:

Student Support Team Reporter: Name: Position:

School Administrator: Date and Time of Administrator Contact

Student: Last Name: First Name: MI:

Parent / Guardian Name: Phone Number:

Date and Time of Parent Contact

Summary of Report:

NAME AND POSITION of UPSD employee with initial report or concern:

TIME/DATE of initial report:

BRIEF FACTUAL SUMMARY of what was reported and/or observed:

BRIEF FACTUAL SUMMARY of additional actions taken in response:

Risk Level: (circle one)

Imminent

High

Moderate

Low

Signatures:

Student Support Team Member

Building Administrator

Copies Sent To: Superintendent/Designee

District and Community Resource Contact Information

Resources –Counseling	
CALL 9-1-1	CALL 9-1-1
A Common Voice: (Parenting Resources) www.acommonvoice.org	253-537-2145
Anorexia and Bulimia Crisis Line	1-800-233-4357
Catholic Community Services (don't have to be Catholic)	253-383-3697
Child Protective Services (CPS)	253-983-6100 or 1-800-422-7517
Children's Therapy Unit (insurance, maybe some medical coupons)	253 697 5200 (Puyallup)
Community Health	(Tac.) 253-597-3813 (Lakwd) 253-589-7030
Comprehensive Life Resources Comprehensive Mental Health	253-396 5800
Crisis Services - Crisis Line Pierce County	253-396-5180 or 1-800-576-7764
Department of Social and Health Services	253-983-6260
Fairfax Hospital (Inpatient option)	425-821-2000 or 800-435-7221
Family Reconciliation Services	1-800-422-7556
GLBTQ helpline	1-866-4-U-TREVOR or 1-866-488-7386
Good Samaritan Behavioral Health Care (med coupons)	253 697 8400 (Puyallup)
Greater Lakes Mental Health	253-581-7020
Greater Lakes Mental Health Crisis Line	1-800-584-8933
Hope Sparks	(253) 565-4484
Hotline for Gay, Lesbian, Bisexual and Transgendered Youth	1-800-347-8336
Mary Bridge Children's Hospital and Health Center	1-888-627-9274
National Hopeline Network	1-800-SUICIDE (1-800-784-2433)
National Suicide Crisis Line www.suicidepreventionlifeline.org	1-800-273-TALK (8255)
National Youth Crisis Helpline	1-800-999-9999
Pearl Counseling Associates (faith based counseling)	253-752-1860
Pierce County Domestic Violence Helpline	1-800-764-2420
Pierce County Warm Line (recovery support – 3pm to 11pm)	877-780-5222
Puyallup Valley Institute (insurance)	253 697 8300
Rainier Associates www.rainierassociates.com	253.475.6021
Seattle Children's Hospital (Adolescent Behavior Program)	206-987-2028
Seattle Children's Hospital Inpatient Program	206-987-2055
Sexual Assault Center of Pierce County	253-474-7273 or 1-800-756-7273 (24 hrs)
Sound Counseling Associates	253-564-5603
Sound Youth Counseling www.soundyouthcounseling.org	253-627-4264
Pediatrician or Family Doctor	
Suicide Crisis Line (Greater Lakes Mental Health)	253-581-7020 (days and weekdays) 253-584-8933 (evenings and weekends)
Suicide Prevention for Gay Youth	1-800-850-8078
Teen Crisis Line	1-800-448-4663
Teen Link (6pm – 10pm)	1-888-431-TEEN (8336)
Drug-Alcohol Resources	
Community Counseling	253-759-0852
Consejo – D&A Counseling	253-414-7461
Lakeside-Milam	253-272-2242
Other	
Associated Ministries	253-383.3056
Families Unlimited Network (FUN)	253-460-3134
Healthy Kids Now (free/low cost child health insurance)	1-877-543-7669
Lindquist Dental Clinic	253-539-7445
United Way	2-1-1
Tacoma Pierce County First Source www.pcfirstsource.org	Online info/directory of state and community providers that offer housing, support, medical treatment and advocacy or contact Tacoma Pierce County Health Department at 253-798-6500
Youth at Risk Petition Pierce County Juvenile Courts/Remann Hall	253-798-7900 or 253-798-7990

