Bellingham Public Schools
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Plan for Prevention and Intervention in Emotional and Behavioral Crisis and Postvention After a Student Death or Other Crisis

Bellingham Public Schools

Last updated (2/28/2018) Rev.5 SRM

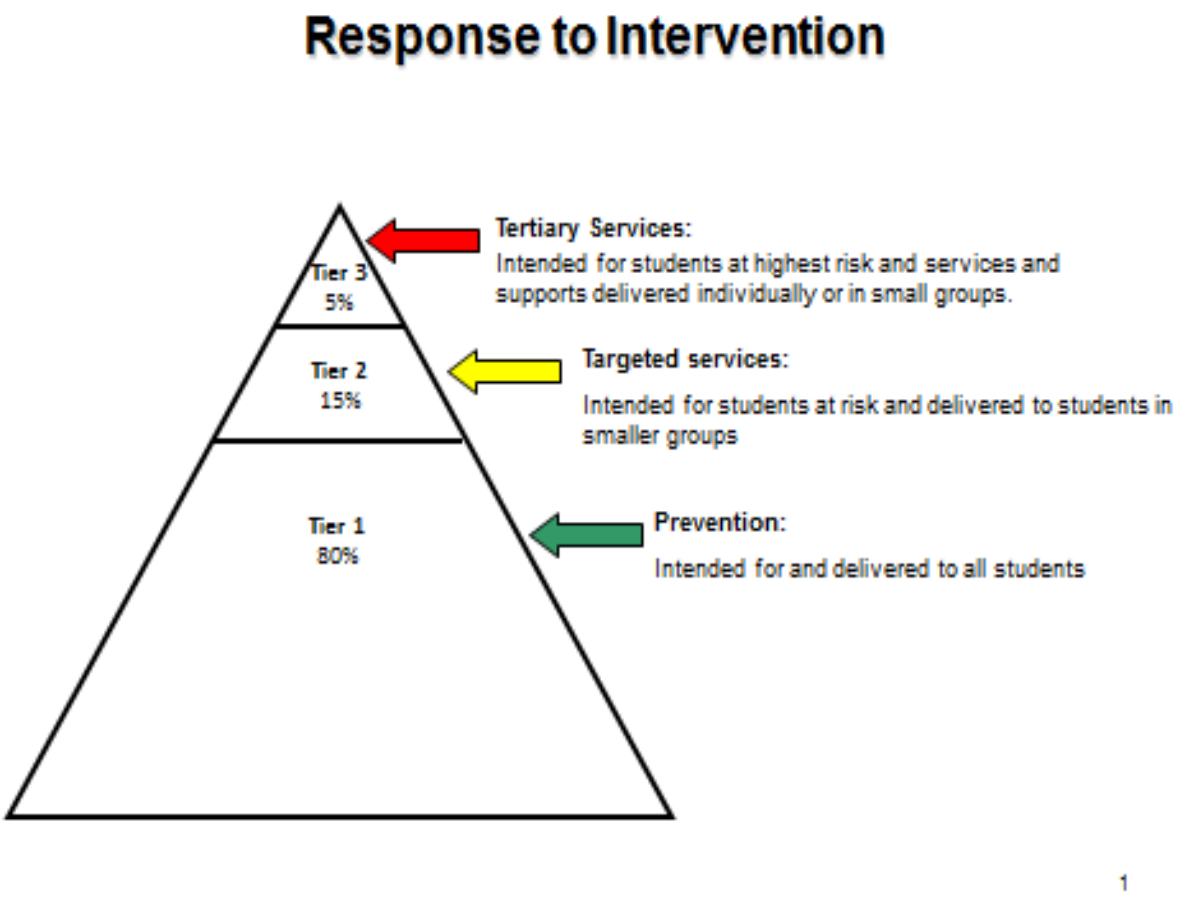
In our state, an average of two young people under 25 die by suicide every week and as many as one out of five students have seriously considered suicide in the last year. One in five tenth grade students acknowledged on the 2012 Healthy Youth Survey that they had used an illegal drug in the last 30 days and about one in four had consumed alcohol in the last 30 days. One in 12 tenth grade students reported a physical fight on school property in the last month and one in three sixth grade students reported being bullied on school property in the last 30 days. About a third of Washington students report signs of depression within the last year. All of these problems have a greater impact among more vulnerable populations of students, such as those experiencing poverty, contact with the child welfare system and identity-based discrimination. These issues have a serious impact on students and families in schools and communities across the state of Washington.

In Bellingham, 17% of 10th grade students reported that they had made a suicide plan in the past year and 9% of 10th grade students reported that they had attempted suicide in the past year on the Healthy Youth Survey. (see Appendix A, B, C) Bellingham Public Schools 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. Prevention begins with building a healthy school culture, where students feel loved and cared for.

This plan outlines Bellingham Public Schools' 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. This plan shall be available to all staff and reviewed and updated at the beginning of each school year. The district began a mandatory annual suicide awareness training for **all staff** in 2014-15.

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 or friend.



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INFRASTRUCTURE

The following is a list of staff and others at the district and in each school building who have expertise in mental health, substance abuse, threat assessment and crisis response. This list includes counselors, school psychologists, and the mobile response team.

Location	Position	Name	Office
Central Services	Superintendent	Greg Baker	360/676-6400 ext. #6501
Central Services	Deputy Superintendent	Mike Copland	360/676-6400 ext. #6512
Central Services	Nursing Supervisor	Jessica Sankey	360/676-6400 ext. #4456
Central Services	Counseling Supervisor	Steve Morse/Keith Schacht	360/676-6400 ext. #4456
Central Services	Communications Officer	Jaqueline Brawley	360/676-6400 ext. #6520
Central Services	SPED/Special Services	Mike Haberman	360/676-6400 ext. #6477
Central Services	Safety/Security	Jonah Stinson	360/676-6400 ext. #6532
Central Services	Threat Assessment Coordinator	Jonah Stinson	360/676-6400 ext. #6532

Other Resources

Program	Name	Phone
Employee Assistance Program/Health Promotion NW		1-800-244-6142
Law Enforcement Officer	Melissa Kranzler	815-1684 or 676-6911 Request a call back
Certified Mental Health Provider	Kate Haskell	360/255-2505
State Mental Health Local Crisis Line		911 or 1-800-584-2999
Peace Health St. Joseph Medical Center		360/734-5400

Bellingham Public Schools - Prevention/Intervention Specialist

Location	Position	Name	Office
Bellingham	Prevention/ Intervention	Jeff McKenna	676-6575 ext. #7131
Squalicum	Prevention/ Intervention	Kathleen Peterson	676-6471 ext. #7730
Sehome	Prevention/ Intervention	Meghan Lever	676-6481 ext. #6481

To respond to a crisis, administrators can seek support from the following:

Mobile Response Team

To convene this group, administrators should contact the following person(s):

Location	Position	Name	Office	Email
Central Services	Student Services	Steve Morse	360/676-2787	Steve.morse@bellinghamschools.org
Central Services	Superintendent	Greg Baker	360/676-6501	Greg.Baker@bellinghamschools.org

PREVENTION

Bellingham Public Schools 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:

Bellingham Public Schools Staff

Annual mandatory training in suicide awareness will be provided for **all staff** (teachers, classified, bus drivers, food service, etc.).

Annual mandatory training in harassment, intimidation and bullying will be provided for **all staff.**

A training will be provided for counselors and nurses including the following information:

- Background and scope of emotional and behavioral issues affecting students and their impact on the school environment, including review of school and district Healthy Youth Survey data;
- Information about the signs of stress, depression and other mental health issues;
- Information on risk factors and warning signs for youth violence;
- Information about youth substance abuse, how to identify signs of substance abuse, and where to send students for help;
- Information on risk factors for suicide and signs of suicidal thinking;
- Information about steps to intervene when a student presents signs of suicidal thinking;
- Information about the district's policies and procedures for responding to emotional and behavioral distress among students; and
- Identification of school safety and support team members and their roles in a crisis.

We will continue to emphasize the portion of the Bellingham Promise that states that "every child will be loved." We will also continue to emphasize creating strong school cultures, positive behavior interventions, and reducing exclusionary discipline. (Suspensions have been reduced from 936 in 2011-12 to 384 in 2016-17. The number of days out of school has been reduced from 2473 days in 2011-12 to 649 in 2016-17.)

We have added licensed mental health therapists in the schools. Bellingham Public Schools went from no mental health therapists in the schools to four in 2017-18 through partnerships with Sea Mar and Compass.

The district has increased counseling support. In 2004, BPS only had 3.4 FTE elementary counselors and 18.4 K-12 counselors. We now have 13.6 FTE elementary counselors and 34.6 K-12 counselors. We now have full-time kindergarten support for every child and have added several preschool partnerships and programs. We added Promise Kindergarten. This program brings about 100 students not enrolled in preschool to a full-day kindergarten program starting in February every year. We have also formed a district task force to look at teaching and supporting Social Emotional Learning in a more intentional way. We believe that increased counseling and mental health support early for children will make a difference.

We will continue and grow the MAD-HOPE peer suicide awareness and prevention training. This year we trained over 400 people in peer suicide prevention training. We believe that peers are often the first to notice suicidal tendencies.

The district will continue to emphasize listening to and caring for our LGBTQA students.

Parent and staff training opportunities for depression and anxiety will be offered.

An annual review of this plan and plan revisions will occur in the fall of the school year, during the time that other safety information is reviewed. The review will be done by the following person(s):

Location	**Position**	**Name**	**Office**	**Email**
Central Services	Student Services	Steve Morse	360/676-2787	Steve.morse@bellinghamschools.org

The following tasks should be completed as part of the review and revision process:

- Update contact and community resource lists to confirm accuracy.
- Update any Memoranda of Understanding between the district and local agencies.
- Update in-school and in-district resources to ensure that names, roles, and contact information are current.
- Update contact information in all print and electronic copies of this plan.
- Update contact information in all communications and educational materials, including the school's website, student handbooks, resource guides, parent education materials, procedure manuals, student ID cards, and other forms and publications.

Access to online and written copies of this plan will be on Bellingham Public Schools Intranet site under Student Services for staff to access.

Bellingham Public Schools Students' Families

In partnership with each school's parent and family organization, an annual training will be offered including the following:

- Background and scope of emotional and behavioral issues affecting children and youth of the appropriate age and their impact on the family, including school and district Healthy Youth Survey data;
- Information about the signs of stress, depression and other common mental health issues and the family's role in helping;
- Information about youth substance abuse and how to identify signs of substance abuse;
- Information on risk factors and warning signs for youth violence and the family's role in prevention and intervention;
- Information on risk factors for suicide and signs of suicidal thinking and the family's role in prevention and intervention; and,
- Resources in the school and community for families and how to access them.

Written information about prevention of and family intervention in emotional and behavioral crises will be offered to schools to publish in their newsletters or distribute at parent events and in intervention meetings.

Bellingham Public Schools Students

Part of prevention for students is creating a supportive school environment. Schools do this differently – with anti-bullying initiatives, social and emotional learning curricula, student-led clubs focusing on peer support and a focus on support and compassion in disciplinary interventions. The Bellingham Promise states that we collectively commit that all of our students will be cared for and respected. We believe that all children should be loved and we are committed to creating a positive culture. One resource on creating a supportive school environment is *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success* by Ray Wolpow, Mona Johnson, Ron Hertel, and Susan Kincaid.

- The district recommends that social and emotional learning be taught. The following resources for social and emotional learning have been approved by the school or district:

Title	Number of lessons	Publisher	Grade(s)
K-12 Health and Fitness Curriculum	3-12 per year	Various	K-12
The Great Body Shop	2-6	Children's Health Market	K-5
Social Thinking	2-12(tier 1, 2, 3)	Michelle Garcia Warner	K-5
Riding the Waves	6	WA Youth Suicide Program	K-5
The Why Try Program:	2	Christian Moore, Copyright 2001	6-8
Bully Proofing Your School:	2-4	Marla Bonds, Sally Stoker, Copyright 2000	6-8
Owning Up:	2	Rosalind Wiseman, Copyright 2009	6-8

Chicken Soup for the Teenage Soul Series: LIFE Strategies for Teens: Jay McGraw Ophelia Speaks: Sara Shandler	2-6 2-8	Jack Canfield et al. Various	6-8 6-8
Academic Development Self-Knowledge School Success Skills Career & Postsecondary planning Life Skills & Work Ethic "Who Am I & How Do I Fit in The World", Interacting to respect differences, coping skills and Learning for Life. Specific work on depression with our health classes QPR – Question, Persuade & Refer MAD-Hope Suicide Training (peer training)	Equivalent to 2 hours Equivalent to 2 hours 2 Equivalent to 2 hours Equivalent to 3 hours	High School Counselors High School Counselors High School Counselors Intervention/Prevention Specialist Intervention/Prevention Specialist	9-12 9-12 9-12 9-12 9-12, parents, and community members

More information on evidence-based programs and practices can be found in SAMHSA's National Registry of Evidence-Based Programs and Practices.

Prevention of harassment, intimidation and bullying will be taught in compliance with Washington State law and policy. See the OSPI School Safety Center website for more information.

A list of resources and curricula following best practices in suicide prevention can be found on the Suicide Prevention Resource Center's Best Practices Registry.

Student leadership on prevention of violence, bullying, suicide and substance abuse will be carried out by the following clubs and student organizations:

Club or Organization	Faculty Advisor	Phone	Email
MAD HOPE Suicide Prevention	Jeff McKenna	676-6575 ext. #7131	Jeff.mckenna@bellinghamschools.org
LGBTQA Clubs	Bethany Barrett	676-6470 ext. #7649	Bethany.Barrett@bellinghamschools.org
LGBTQA Clubs	Jeff Smith	676-6481 ext. #5324	Jeffrey.Smith@bellinghamschools.org
Prevention and/or Leadership Clubs at all MS and all 3 comprehensive HS	Kathleen Peterson	676-6471 ext. #7730	Kathleen.Peterson@bellinghamschools.org

Bellingham Public Schools 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.

INTERVENTION

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.

UNDERSTANDING THE SCOPE OF THE CRISIS AND THE RISK OF SUICIDE

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:

1. 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.
2. Refer the situation to a student support team member before the end of the school day or at the beginning of the next school day if this information is shared outside school hours.
3. Refer the student to the school counselor/school social worker/intervention prevention specialist for assessment.
4. The school counselor/social worker/intervention prevention specialist will complete the suicide assessment form.
5. Complete the student resource form if needed. (page 37)
6. Ensure adequate supervision for the student at school.

Upon completion of the suicide assessment form, the support team member (school counselor/social worker/intervention prevention specialist) will:

- Contact parent/guardian and agree upon an intervention plan using the suicide intervention form. (If parent/guardian cannot be reached, police will be contacted to transport to the emergency room.)
- Contact Whatcom County designated mental health professional as needed.
- If trained and qualified to do further evaluation of risk, administer a district-approved screening tool to further explore the student's risks.
- Inform a building administrator of the situation and the intervention plan.
- Send a copy of the intervention plan and assessment form to student services.

Screening tools used in the district are as follows:

- Suicide Assessment Form (page 12)
- Suicide Intervention Form (page 13)
- Student Resources Form (page 14) (If needed.)
- Suicide Risk Assessment Checklist (page 36) (If needed. This is a more detailed checklist that you can use if you want more detailed information.)

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SUICIDE ASSESSMENT

Bellingham Public Schools Counselors

Student's Name: _____ Date: _____ Interviewer: _____

Reason for assessment:
_____
_____
_____
_____

1.	Are you thinking about suicide?	Yes	No
2.	Do you have a plan?	Yes	No
	a. If, YES, where/when/how? _____		
	b. Do you have access to the necessary materials for the plan?	Yes	No
3.	Do you really want to die?	Yes	No
4.	Have you ever attempted suicide in the past?	Yes	No
	a. If, YES, where/when/how? _____		
5.	Do you think about suicide often?	Yes	No
6.	Have you taken steps to say goodbye to your loved ones?	Yes	No
7.	Have you made arrangements to give away anything special to you?	Yes	No
8.	Has anyone you care about attempted suicide?	Yes	No
9.	Are there people who would miss you, if you were no longer around?	Yes	No
10.	Do you want your problems to go away?	Yes	No

Notes:
_____
_____
_____

****

Consult with: _____ Date: _____

Risk Assessment: Low Moderate High

Next Steps: *Check all that apply*

__ No further action at this time *(Save assessment in counselor file)*
__ Notify parent/guardian *Name*: _____ *Date/Time*: _____
__ Notify Police *Name:* _____ *Date/Time*: _____
__ Notify CPS *Name:* _____ *Date/Time*: _____
__ Contact CDMHP *Name:* _____ *Date/Time*: _____
__ Student Resources Plan *Copies to*: _____
__ Contact Therapist *Name*: _____ *Date/Time*: _____
__ Other:
_____

Working file

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BELLINGHAM PUBLIC SCHOOLS
Suicide Intervention Form

Student's Name:		Grade: Gender:
School:	Referral Date:	Time:
Person Recording Data:		Occupation:
REASON FOR REFERRAL:		
INTERVENTION CONFERENCE:		
FOLLOW-UP PLAN: (If the student is working with a mental health therapist, include this person in the plan. Also include a copy of the follow-up agreement with parent(s).		

Plan of Action:	**Name of Person Contacted:**	**Date:**	**Time:**	**By Whom:**
Notification of Parents				
Administrator Notified				
Agencies Notified				
Other				

This form is to be completed by a school counselor or social worker only.

Redact student and parent names and send copy to Student Services Secretary. Keep your copy in working file.

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Student Resources Form

NAME: _____ DATE: _____

Things that I can <u>say to myself</u> to make me feel better:

Things that <u>I can do</u> to make me feel better:

I can call these adults who care about me to talk with them when I feel overwhelmed:

NAME	RELATIONSHIP	NUMBER

Hotlines that I can call- I will put these numbers in my phone right now so I have them if I need them:

<u>National Suicide Prevention Lifeline</u>
1-800-273-TALK
(1-800-273-8255)
Open 24 hours a day, 7 days a week

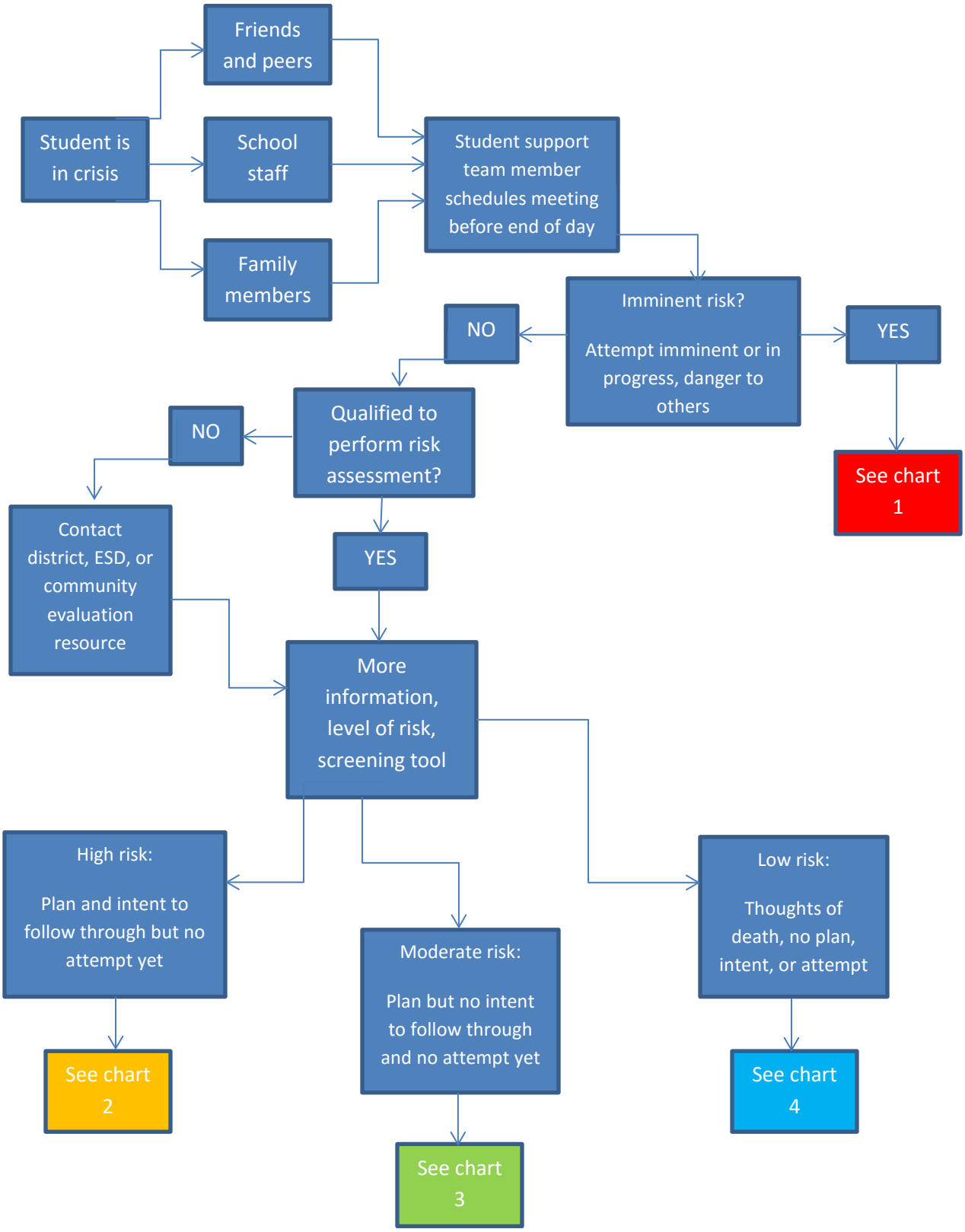
<u>National Hopeline Network</u>
1-800-SUICIDE
(1-800-784-2433)
Open 24 hours a day, 7 days a week

***** *<u>You can always call **911** to ask for help if you are feeling suicidal.</u>*

Copy to student and copy in working file.

REPONSE TO IDENTIFIED SUICIDE RISK

Procedures will differ based on the level of risk revealed by this risk assessment. All actions taken need to be documented and documentation placed in the student's file.



IMMINENT RISK

- There is immediate danger to the student's self 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 has taken a drug or medication overdose).

The support team member or other staff will do the following:

- 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 proxy.

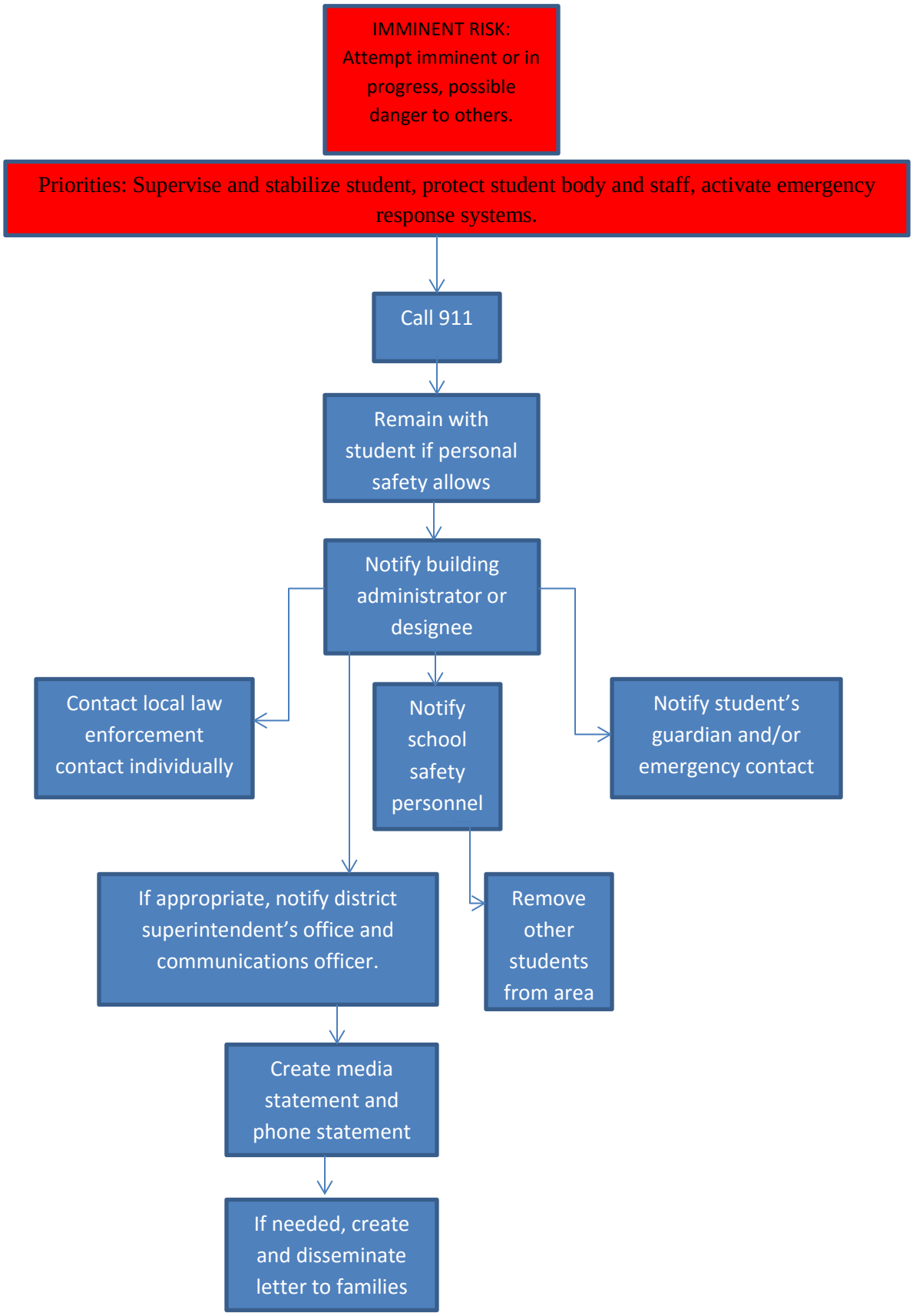
Depending on the situation, the support team member, building administrator or proxy will:

- Notify the 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 quickly and calmly from the vicinity.
- Notify the student's guardian and/or emergency contact by telephone and document the time and content of the conversation.
- Fill out the district's incident report forms.
- Notify the district superintendent and the communications office of the situation.

If necessary, the Department of Communications and Community Relations media contact 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.
  - Re-assurances that the school remains open and remains safe.
- If communication with families is necessary, the letter will be developed for families by the communications office within one school day of the incident.

CHART 1: IMMINENT RISK



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 will do the following:

- Remain with the student and provide support, safety and continuous supervision.
- Obtain information from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- Notify the building administrator.
- Notify the student's guardian(s) by telephone that they should come to the school.
- With the student's guardian, the support team member may call the local crisis line to request a mobile crisis evaluation. The guardian may instead choose to bring the child to the nearest hospital for evaluation. The building administrator must be notified if the student will be leaving school grounds.

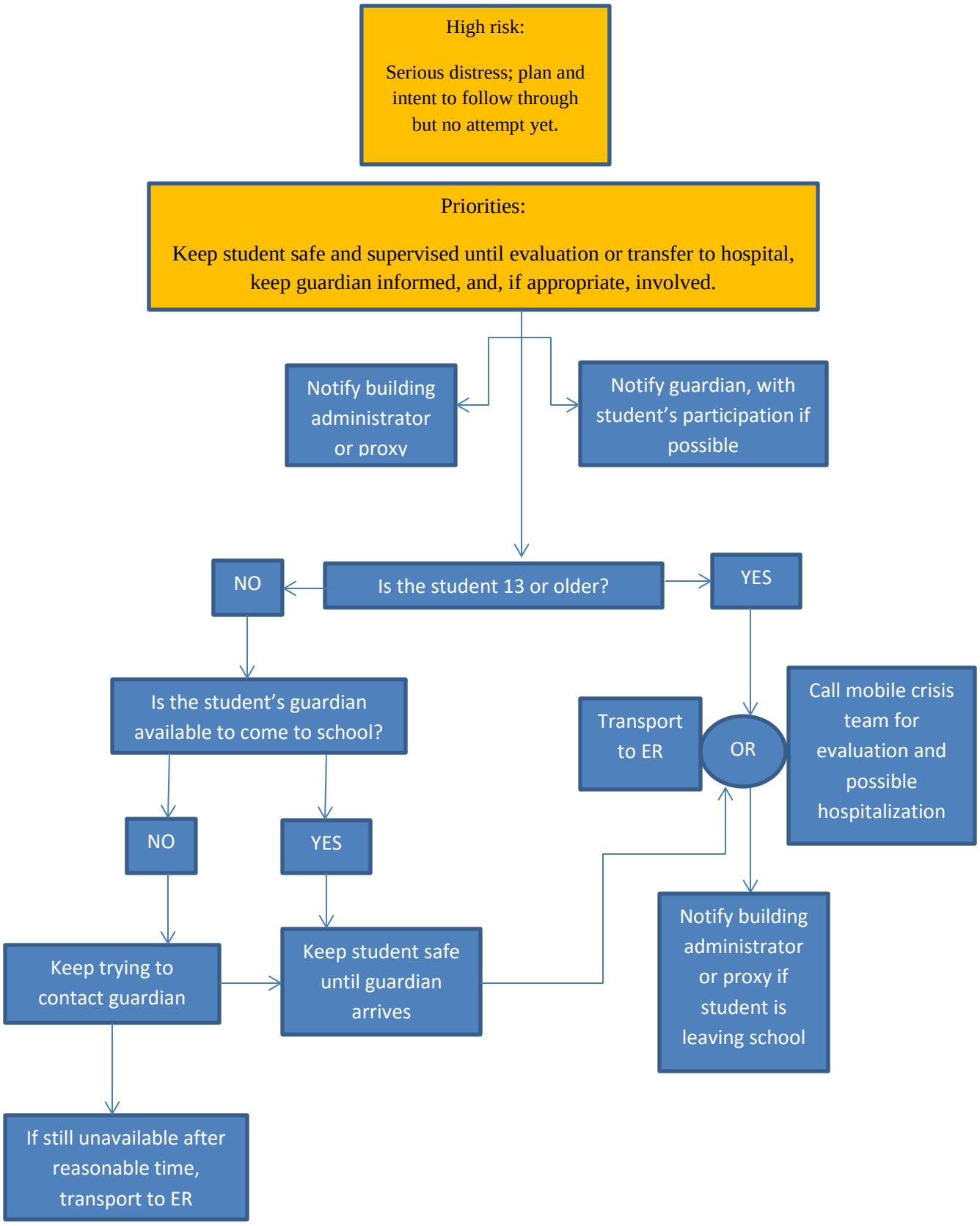
If the student's guardian(s) are unavailable or unable to come to the school:

- 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 by contacting:

Location	Position	Name	Office	Email
Central Services	Student Services	Steve Morse	360/676-2787	Steve.morse@bellinghamschools.org

- 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) for evaluation by the School Resource Officer (SRO), a member of the student support team or an administrator.
- At the time of referral, a release of information form allowing communication between the school and the provider should be signed by the guardian and student.

CHART 2: HIGH RISK



MODERATE RISK

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

The support team member will do the following:

- Remain with the student and provide support, safety and continuous supervision.
- Obtain information from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- Request that the student's guardian(s) come to the school before the end of the school day.
- 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. To request evaluation, contact:

Organization	**Phone number**
Peach Health St. Joseph Medical Center	360/676-5400

- If the crisis 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:
  - The family's language, religious beliefs and culture.
  - The student's stressors and needs.
  - Barriers to receiving care such as transportation, health insurance, cost and how they can be mitigated.
  - The district's policies on referrals that protect the district from undue liability or risk.

At the time of referral, a release of information form allowing communication between the school and the provider should be signed by the guardian and student.

- A student at moderate risk who does not need to go to inpatient care should also create a safety plan. (One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. 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.)
- Copies of the safety plan should be given to those named in it as resources.

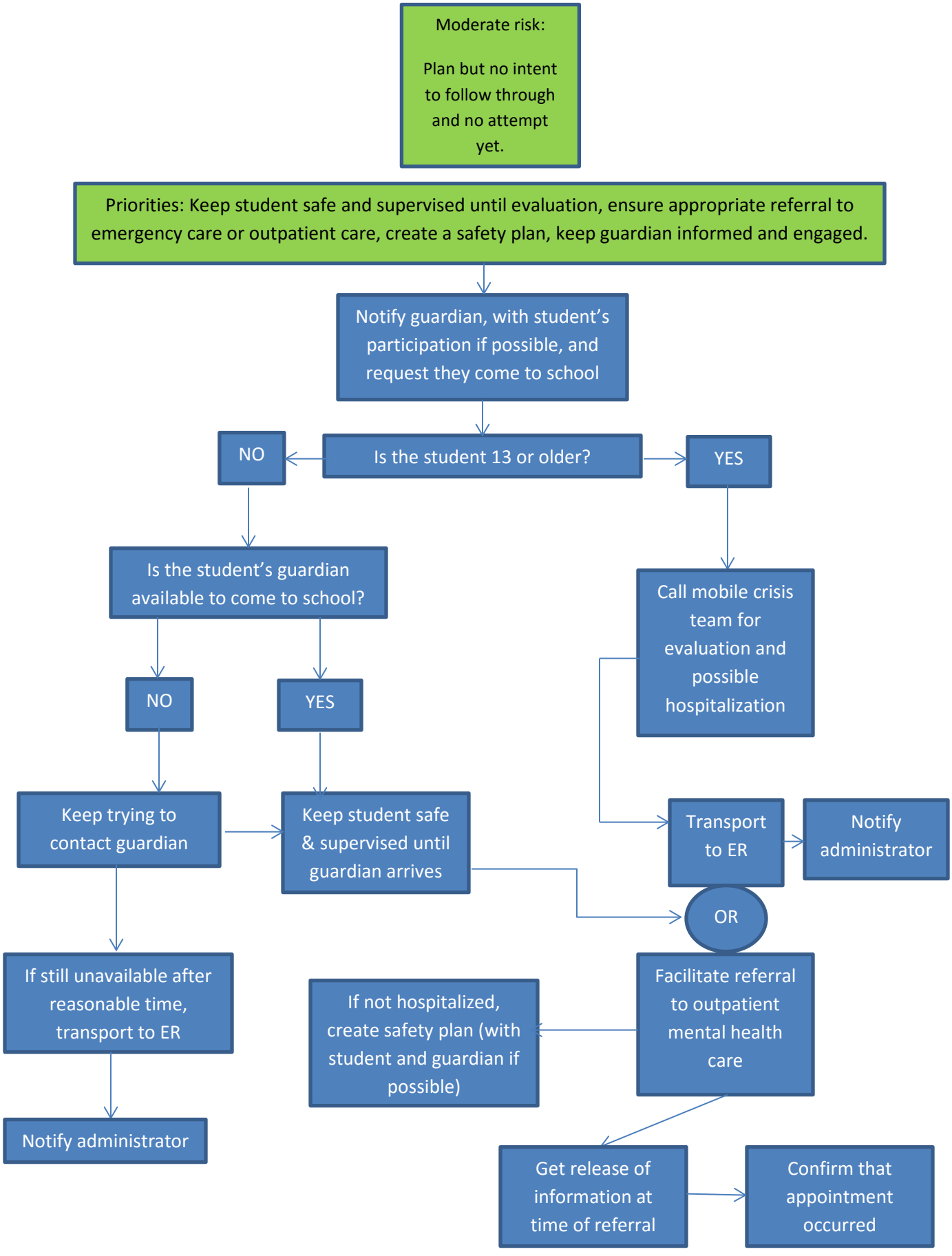
If the student's guardian(s) are unavailable or unable to come to the school:

- 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 by contacting:

Organization	**Phone number**
Care Crisis	360/676-5400

- 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 for evaluation by the SRO, a member of the student support team or an administrator.
- A student at moderate risk who does not need to go to inpatient care should also create a safety plan. (One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. 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.)
- Copies of the safety plan should be given to those named in it as resources.
- Confirm that the appointment occurred.

CHART 3: MODERATE RISK



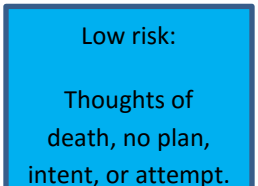
LOW RISK

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

The support team member will:

- Obtain information from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- Help the student create a safety plan. (One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. 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.)
- Copies of the safety plan should be given to those named in it as resources.
- 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(s) the situation and the terms of the safety plan.
- Discuss with the student's guardian(s) the importance of preventive mental health care and provide a list of appropriate referrals, taking into account:
  - The family's language, religious beliefs and culture.
  - The student's stressors and needs.
  - Barriers to receiving care such as transportation, health insurance, and how they can be mitigated.
  - The district's policies on referrals that protect the district from undue liability or risk.
  - Confirm that the appointment occurred.

CHART 4: LOW RISK



RE-ENTRY

If a student has missed one or more days of school because of a crisis (for example, because of inpatient hospitalization or substance abuse treatment):

- Remain in touch with the family and the provider during the student's absence.
- If possible, get notification of the student's return to school one to two weeks ahead of time. Especially after a long absence or an absence after a dramatic crisis, students may be very fearful and hesitant about returning to school, and more planning and processing time can ease the stress of this difficult transition.
- 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 will be attended by the student's guardian(s), appropriate support team members, the building administrator and, for at least part of the meeting, the student.
    - During the meeting, the team will discuss how to support the student in phasing back into normal school life. Depending on the student's situation, this could include accommodations such as beginning with a lighter course load or workload.
    - Along with re-entry paperwork, a safety plan will be filled out at the re-entry meeting. This will be revisited on a schedule the team determines and adjusted as needed.
    - One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. For younger students, the language from a tool like this 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. Copies of the safety plan should be given to those named in it as resources. Decisions will be made in this meeting, with the input of the student and, if applicable, the student's guardian, what should be shared with 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.
- Depending on the student, other re-entry accommodations may be appropriate. These could include exemption from classes with potentially triggering content (for example, a student who has been hospitalized for an eating disorder may need to be excused from the eating disorder unit in health class), adjustments in examination schedules or other accommodations.
- Again, depending on the situation, it could be appropriate to engage the student's friends in helping with the transition. Appropriate roles for friends include working to quash rumors or bullying in the school and on social media, helping the student understand when to seek help and finding ways to be supportive within appropriate peer boundaries.
- 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.

CHART 5: RE-ENTRY AFTER INPATIENT CARE FOR MENTAL HEALTH OR SUBSTANCE ABUSE

POSTVENTION

Bellingham Public Schools 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.

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 veracity 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. Will you need the assistance of a translator or community leader? How will you ensure cultural competency and a compassionate, supportive stance?
- 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? Is an ongoing investigation hampering communication?)

Upon confirming that the information is correct, the building administrator or designee will activate the school's phone tree or school messenger to notify all staff that there has been a student death and there will be a staff meeting of at least an hour before school the next morning.

The administrator or designee will activate Bellingham Public Schools Mobile Response Team. To convene this group, administrators should contact the following person(s):

Organization	Contact Person	Phone Number	Cell Phone
Bellingham Public Schools	Steve Morse	360/676-6400 ext. #4456	360-961-8540

The administrator and Mobile Response Team contact will discuss:

- The team's feedback on how to handle the crisis.
- Who from the mobile response team will attend the morning staff meeting and what their roles will be.
- The Mobile Response Team's presence in the school and role in Safe Room coverage.
- The needs of other district schools, such as feeder schools and family members' schools.

The administrator will also contact the Department of Communications and Community Relations. All media inquiries will be directed to this department and students and staff will be directed not to speak with any representatives of the media.

The Department of Communications and Community Relations will:

- Prepare a statement for media and a bulleted list of talking points.
- Prepare a short statement for office staff answering phones at the school and district.
- Designate who is the media contact and share the above with that person and building administrators.

The Mobile Response Team will also refer employees to the Employee Assistance Program.

Program	**Phone**
Employee Assistance Program/Health Promotion NW	1-800-244-6142

Additionally, Communications will notify administrators at feeder schools and family members' schools. Depending on the situation, these administrators may need to:

- Convene a staff meeting tomorrow morning following the agenda listed in the next section, or alert staff about the planned staff meeting at the deceased student's school.
- Discuss with the Mobile Response Team leader placing extra counseling staff at their school for the week.
- Discuss with the EAP the possibility of placing counselors for staff during the next week.
- Reach out to family members of the deceased student (the student's family of origin and/or relatives who attend the school) and offer support.
- Provide office staff with the same statement being read at the deceased student's school.

CHART 6: UPON HEARING OF A STUDENT'S DEATH: BEFORE THE NEXT SCHOOL DAY

BEFORE SCHOOL BEGINS ON THE FIRST DAY

- The deceased student's name will be immediately removed from the school's attendance roster, automated call system, and any other place that a call home could be initiated.
- A staff meeting (about an hour long), will be held and conclude before students arrive for the school day. ALL staff should attend, including instructional staff, health staff, available transportation staff, school security staff, food service workers, maintenance staff, and any contractors or outside workers present in the building (for example, construction workers working on the building).

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.
- Identification of Mobile Response Team members and introductions if they are not known to staff.
- Dissemination of statement to be read by teachers during the first period of the day.
- Location of the Safe Room and what will take place there.
- Discussion of students who immediately come to mind as 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.
  - Which support team member will follow the deceased student's schedule for the day.
    - This person's role will be to help facilitate discussions in the classroom and provide 1:1 support for any student in crisis.
  - Extra patrols of the halls and grounds.
  - Telephone coverage at the school and who will instruct student volunteers not to answer 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.

Documentation of each staff member's role during the day will be completed at the end of this meeting.

DURING THE SCHOOL DAY ON THE FIRST DAY

- Each homeroom teacher will read the same statement to their classroom. 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 plan and the importance of seeking immediate help from an adult if a student or their peer is in crisis.

  For more information about tailoring a statement to the situation and what topics to avoid in this conversation see the Suicide Prevention Resource Center's publication, *After a Suicide: A Toolkit for Schools*.
- Communication will go to students' families. Communication with parents is dependent on the wishes of the deceased student's family and might 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.
  - Discussion of suicide contagion, including signs of a crisis and intervention strategies.
  - Encouragement to contact the school if there is any indication their child needs extra support.
  - An invitation to be in touch with resources within the school with questions or concerns and contact information for a point person.

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 should be included in 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:
  - Students who are having an unusually strong reaction to the death.
  - The deceased student's friends.
  - The deceased student's dating partners.
  - Students related to the deceased student.
  - Teammates, members of the same clubs and other associates.
  - Other students with a history of suicidal thoughts or behaviors.
  - Other students who have dealt with a recent crisis or loss.
  - Students experiencing mental health problems or other vulnerabilities.
  - Where possible, parents may be encouraged to add their children to the list if they have concerns.
- Mobile response team members will reach out to each student on this list for a one-on-one meeting and needs assessment within one to two school days after the crisis. Intervention procedures (see above) will be followed in these meetings.
- At the conclusion of this first school day, there will be another all-staff meeting to debrief the day. Content of this meeting will include:
  - How did implementation of the plan work during the day? What worked well? What was difficult?
  - What student needs or concerns arose during the day? How were they handled and what outstanding next steps remain?

- Has any new information about the incident surfaced during the day?
- What is the plan for the following day? The staff responsibilities form will be filled out again if necessary.

AFTER THE FIRST DAY

- For at least the day after the first day, there should be before-school and 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.
  - Next steps.
- Staff meetings may be limited to the Mobile Response Team after the need for all-staff meetings ends. This decision will be made by the administrator and MRT.
- 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. Accommodations should be discussed on a case-by-case basis and provided in accordance with the district's intervention procedures.
- 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. 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 desk or chair 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 Mobile Response 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, hold a memorial service or erect a permanent memorial (such as a plaque, bench, or tree) at the school in the case of a suicide, as these practices could contribute to sensationalization of suicide or students considering suicide a means to gain admiration or attention. 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, such as the anniversary of the death, the student's birthday, the date the student would have graduated, etc. Students identified as at risk will receive extra support and observation during these times as well.

POST-CRISIS ACTIONS

- Crisis debriefing:
  - Debriefing after a crisis helps staff, students and Mobile Response Team members reflect on the successes and challenges of the school and district's responses.
  - Debriefing is critical to handling the next crisis better.
  - Debriefing should be approached with humility and an emphasis on quality improvement rather than the assessment of blame.
- Cycling back to prevention:
  - One outcome of quality postvention will be enhanced and improved prevention.
  - When postvention in the aftermath of the crisis has been completed, a task force including members of the building's support team and the district Mobile Response Team will convene to determine whether adjustments need to be made in the school's prevention plan moving forward.

Risk Assessment Checklist

Performance/Degree	RISK PRESENT, BUT LOWER	MEDIUM RISK	HIGH RISK
1. Suicide Plan a. Details	□ vague	□ some specifics	□ well thought out, knows when, where, how
b. Availability of Means	□ not available, will have to get	□ available, have close by	□ have in hand
c. Time	□ no specific time or in future	□ within a few hours	□ immediately
d. Lethality of Method	□ pills, slash wrists	□ drugs and alcohol, car wreck, carbon monoxide	□ drug, gun, hanging, jumping
e. Chance of Intervention	□ others present most of the time	□ others available if called upon	□ no one nearby, isolated
2. Previous Suicide Attempts	□ none or one of low lethality	□ multiple of low lethality or one of medium lethality, history of repeated threats	□ one high lethality or multiple of moderate lethality
3. Stress	□ no significant stress	□ moderate reaction to loss and environmental changes	□ severe reaction to loss or environmental changes
4. Symptoms **a.** Changes in Behavior	□ daily activities continue as usual	□ some daily activities disrupted; disturbance in eating, sleeping, school work	□ gross disturbances in daily functioning
b. Depression	□ mild, feels slightly down	□ moderate, some moodiness, sadness, irritability, loneliness and decrease of energy	□ overwhelmed with hopelessness, sadness and feels worthless
5. Resources	□ help available; significant others concerned and willing to help	□ family and friends available but unwilling to consistently help	□ family and friends not available or are hostile, exhausted, injurious
6. Communication Aspects	□ direct expression of feelings and suicidal intent	□ inter-personalized suicidal goal (“They’ll be sorry – I’ll show them”)	□ very indirect or nonverbal expression of internalized suicidal goal (guilt, worthlessness)
7. Life Style	□ stable relationships, personality and school performance	□ recent acting out behavior and substance abuse, acute suicidal behavior in stable personality	□ suicidal behavior, unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers
8. Medical Status	□ no significant problems	□ acute but short term or psychosomatic illness	□ chronic debilitating or acute catastrophic illness

Suicide Intervention Resources

● **Compass Health**

-Description: The Compass Health Crisis Prevention and Intervention Team (CPIT) is a 24 hour, community based outreach team with the ability to respond to and provide services in the community (e.g., homes, schools, or hospitals). CPIT serves adults, adolescents, and children who are located in Whatcom and Snohomish Counties, and who are experiencing a behavioral health crisis. Offers short term crisis intervention and prevention services, urgent walk-in appointments during business hours, community outreach, urgent follow up appointments, and care planning services for up to 2 weeks.
360-752-4545 press 2
Monday – Friday 8:30 am – 5:00 pm

● **Volunteers of America Western WA 24 hour Crisis Line**

-Description: Volunteers of America 24 Hour Crisis Line offers emotional support and crisis intervention to individuals in crisis or considering suicide. They also offer crisis services through their Care Crisis Chat if people prefer communication online rather than by telephone.
Crisis Line: **1-800-584-3578**
Care Crisis Chat: http://www.imhurting.org/

Suicide Prevention

● **NWYS:**

-Description: A non-profit organization serving young people ages 13-24 experiencing homelessness in Whatcom and Skagit Counties. NWYS support youth in identifying goals and building the skills necessary to reach their own sense of stability. Northwest Youth Services offers housing, street outreach, help finding a job or enrolling in school, connection to mental health services, support for LGBTQ youth, restorative justice for juvenile offenders, and referrals to other services in the community. The Queer Youth Project is a NWYS program dedicated to supporting and advocating for at-risk and homeless LGBTQ youth.

-Contact:

Page (Queer Youth Project Coordinator): Page@nwys.org
Kelsey Peronto (PAD Program Manager): KelseyP@nwys.org

● **NAMI:**

-Description: NAMI Whatcom is an affiliate of NAMI, the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.We provide free support groups, educational classes, and education forums to the community. NAMI Whatcom is fully inclusive of individuals with mental illness and their families of all backgrounds and cultures. Our affiliate collaborates with others to advocate for system change and public policies that best serve to support recovery and resiliency for those whose lives are affected by mental illness.

-Contact:

Kim Sauter (Education Coordinator): KSauter@NAMIWhatcom.org
Melanie Estes (Director): MEstes@NAMIwhatcom.org

● **Western Washington University Suicide Prevention Program:**

-Description: WWU's Suicide Prevention Program provides a systematic approach to preventing suicide and promoting emotional well-being on campus. We work to promote "upstream" approaches to emotional well-being and suicide prevention. Among the approaches we utilize are programs that assist students in developing life skills, strengthening relationships, improving wellness and academic performance. We also collaborate with campus partners to end the stigma associated with mental illness.

-Contact:

KaSandra Church (Suicide Prevention Coordinator): suicideprevention@wwu.edu

● **MAD HOPE:**
-Description: For the past three years, the Whatcom County Health Department and the Whatcom Prevention Coalition have partnered with Bellingham Public Schools in order to provide youth suicide prevention workshops throughout the county. The MAD–HOPE workshop is a baseline informative training session aimed to teach people to look for warning signs and build connections.
-Contact:
Jeff McKenna (Bellingham High School Prevention Interventionist):
Jeff.McKenna@bellinghamschools.org
Riley O'Leary (Suicide Prevention Specialist): rileyoleary@wfcn.org

● **Cover Me Veterans:**
-Description: A nonprofit organization partnering in the fight to address the disproportionately high rate of suicide in the Veteran population. They offer Veterans and current service members the opportunity to have a personally-relevant and meaningful image placed directly on their firearm(s) with the hope that seeing this image will prompt them to "think twice," should they have thoughts of suicide and the firearm within reach. Seeing this image is likely an effective way to intervene at this incredibly dangerous time.
-Contact:
Heidi Sigmund (Executive Director): admin@CoverMeVeterans.org

● **WWU Counseling Center:**
-Description: The Mission of the Counseling Center is to facilitate student success and psychological well-being through culturally sensitive clinical services, outreach, and consultation. They offer free individual and couples counseling to Western students and faculty as well as workshops and support groups.
For appointments: 360-650-3164,
for help after-hours select "option 1"

● **Adolescents Coping With Depression:**
-Description: A cognitive behavioral treatment intervention that targets issues typically experienced by adolescents with depression. These issues include discomfort, anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities. The program consists of 16 two-hour sessions conducted over an eight-week period. Organized by Kaiser Permanente Center for Health Research.
To purchase the program:
http://www.saavsus.com/store/adolescent-coping-with-depression-course

● **Signs of Suicide**
-Description: A suicide prevention program designed for middle school or high school students. The goals are to decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, encourage personal help-seeking and/or help-seeking on behalf of a friend, reduce the stigma of mental illness, engage parents and school staff, and encourage community-based partnerships to support student mental health. Implemented using educational DVDs and group discussions. Organized by Screening for Mental Health non-profit organization that provides educational programs for mental health conditions.
To purchase the program:
https://shop.mentalhealthscreening.org/collections/youth-programs

● **Good Behavior Game**
-Description: The Good Behavior Game (GBG) is a universal classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student. It aims to reduce aggressive, disruptive classroom behavior, which is a shared risk factor for later problem behaviors, including adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), violent and criminal behavior, and suicidal thoughts and behaviors. Organized by American Institutes for Research.
To purchase the program
http://www.blueprintsprograms.com/program-costs/good-behavior-game

● **Animals as Natural Therapy**
-Description: offers healing programs for at-risk youth & veterans based on the knowledge that animals can teach humans important life skills: respect for self and others, trust-building, and clear communication. ANT's equine-based experiential methods are highly effective in helping overcome many personal challenges in areas such as impulse control, anger management, attachment, PTSD, grief and anxiety. ANT's projects successfully aid in preventing school drop outs; avoiding repeated incarcerations; circumventing gang, prostitution or drug involvement; and preventing suicide attempts.
(360) 671-3509

● **Washington 2-1-1**
-Description: When you dial 2-1-1 , trained Information and Referral Specialists answer your questions and get you connected with the resources you need. Whether you're in need of help with rent assistance, job training, food, shelter, or support groups, these are just some of the hundreds of social services and health and wellness programs that 2-1-1 can help you access. Our Information and Referral Specialists are here when you need them, available 24/7 for your convenience.

● **Catholic Community Services**
-Description: CCS provides community mental health services to Medicaid eligible children and their families in Whatcom, Skagit and Snohomish Counties. After an initial assessment and determination of need for ongoing help, core mental health services available at CCS include individual and/or family counseling/therapy, medication evaluation/management and coordination with primary care physicians, and case management. CCS also provides groups for children and adolescents that focus on managing behaviors and emotions, and developing self-care and interpersonal relationship skills.
1133 Railroad Ave., Suite 100, Bellingham, WA 98225
(360) 676-2164
M-Th: 8am-6pm, F: 8am-5pm

● **Unity Care Northwest**
-Description: Mental and emotional health is an important part of overall health and wellness. Our behavioral health providers work closely with you and your Primary Care Provider (PCP) to help you meet your healthcare goals. We provide short-term counseling or help in a crisis. We can help you address such concerns as depression, anxiety, post-traumatic stress disorder, smoking cessation, substance use, and chronic conditions. Unity Care NW offers other wellness programs to help you improve your health. Our behavioral health groups provide a safe environment to work through symptoms, decrease isolation, and provide support.
1616 Cornwall Ave.
Ste. 205

Bellingham, WA 98225
(360) 676-6177
7:45 AM – 6:00 PM Mon – Fri
5616 3rd Avenue
Ferndale, WA 98248
(360) 676-6177
7:45 AM – 6:00 PM Mon – Fri

● **Sources of Strength**
-Description: A best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention. This upstream model strengthens multiple sources of support (protective factors) around young individuals so that when times get hard they have strengths to rely on. The program implements peer advisors within each school as contact people for anyone expressing interest in talking about mental health and suicide. These student advisors are overseen by adult supervisors for the program.
https://sourcesofstrength.org/

REFERENCES

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* are a useful best-practice resource.
http://theguide.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 on 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.

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