SUICIDE PREVENTION PROTOCOL
A SCHOOL-BASED APPROACH

Revised Feb 2020
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Created by NEWESD101 Student Support Services:
https://www.esd101.net/services/student_support_services

Adapted from North Clackamas School District:
https://www.nclack.k12.or.us/
WHAT SCHOOLS NEED TO KNOW

Policy:
- a) School districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students: substance abuse, violence, and youth suicide. RCW 28A.320.127
- b) The Office of the Superintendent of Public Instruction (OSPI) is prioritizing suicide prevention training for school employees in all Washington State Public Schools. RCW 28A.300.288
- c) School nurses, counselors, and social workers are required to complete a suicide screening and referral training to maintain certification. RCW 28A.410.226

*Note: this protocol should not be used as a school district’s policies or procedures. Rather, this protocol should complement existing suicide policies and procedures in your school district. NorthEast Washington Educational Service District 101 (NEWESD101) acknowledges that specific policies and procedures will vary depending on your school district. Please review and take into consideration your district’s policies and procedures while reading and utilizing this protocol.

Purpose:
The purpose of this protocol is to provide a guide to school districts outlining school procedures for responding and intervening to students, and to offer guidelines to school level teams in the aftermath of a student death by suicide.

- School staff are frequently considered the first line of contact in reaching suicidal students.
- Expertise is not required for caring staff to assist students in crisis.
- Research has shown talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.
- All school staff and students need to know that a protocol exists and to feel confident that help is available if/when they raise concerns.
- An effective crisis response requires preparation and a team-based approach.
- School Screeners are staff trained and delegated with the responsibility of following this Suicide Prevention Protocol.

Resources:
- OSPI Youth Suicide Prevention, Intervention & Postvention:
  - CARE Online Training
  - Authorizing Legislation
  - Training for School Professionals
  - Media & Online Communications and Resources

HIPAA and FERPA
All school employees are bound by the laws of The Family Education Rights and Privacy Act (FERPA) of 1974.

Outside partners providing services like mental health or primary care who are working in schools with students are bound by the Health Insurance Portability and Accountability Act (HIPAA). Both school staff and outside partners working in schools are mandatory reporters.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information indicating the student is an imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.”
SCHOOL SCREENER

You Can Help
School Screeners are staff delegated with the responsibility of following the Suicide Prevention Protocol, and are designated by an administrator. The School Screener is willing to do this work and has been appropriately trained. Each building should have a minimum of two School Screeners at all times. In addition to an administrator, suggested School Screener staff includes, but is not limited to: nurses, counselors, and student assistance professionals. Expertise is not required for caring staff to assist students in crisis. Research has shown talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.

Threats
This Protocol was designed for use with students who are engaged in thoughts/behaviors that suggest the potential for suicide. It is not designed for use with students who are at risk of aggression directed at others, unless they are doing so in addition to behavior that indicates risk of suicide. If a Threat Assessment is needed, contact your building administrator.

Confidentiality
There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is an imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.” For more information regarding mandatory reporting, please review the Department of Children, Youth and Families (DCYF’s) training resources.

Parent/Guardian
If a student discloses thoughts of suicide or if a School Screener has reason to believe there is current risk of suicide, a School Screener will request that parent/guardian come to school to participate in Level 1 or Level 2 Process. If a student does not want the screener to notify their parents/guardians, the School Screener can say “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents.

EXCEPTIONS for Parental Notification: Abuse or Neglect
Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The school staff will need to let the student know that other people would need to get involved on a need to know basis. If there is reasonable cause to suspect that a student has been or is likely to be abused or neglected, a School Screener must make a report of suspected abuse or neglect to DCYF at (509) 363-3333 or 1-866-“ENDHARM”.

Under no circumstances will a student of concern be sent home alone or left alone during the screening process.

Recommended Training:
- NEWESD101 Suicide Prevention Protocol Webinar
- C-SSRS Interactive Training Module

Frontier Behavioral Health 24/7 Regional Crisis Line (Adams, Ferry, Lincoln, Pend-Oreille, Spokane, Stevens): 1-877-266-1818
Whitman County Crisis Line: 1-888-544-9986
Palouse River 24/7 Crisis Line (Whitman County): (509) 332-1133
NEWESD101 SUICIDE PREVENTION PROTOCOL FLOWCHART

SUICIDAL EVENT IS RECOGNIZED (THOUGHTS/BEHAVIORS)

EVENT IS REPORTED TO A SCHOOL SCREENER
(Do not send emails or leave voicemails)

IF STUDENT HAS HARMED OR IS IN DANGER OF HARMING THEMSELVES
• Inform administrator(s)
• Call parents/guardians
• Complete Level 2 Documentation Form
• Call current provider (if applicable)
• Call Regional Crisis Line:
  - Adams, Ferry, Lincoln, Pend-Oreille, Spokane, Stevens: 1-877-266-1818
  - Whitman County: 1-888-54 4-9986
  - Palouse River Counseling: 509-334-1133

IMMINENT DANGER
• Call 911
• Inform Administrator(s)
• Call parents/guardians
• Support transportation to hospital

SCHOOL SCREENER(S) MEETS WITH STUDENT
& COMPLETE C-SSRS SCREENER*
(One of the following 3 scenarios will occur)

“NO” TO QUESTIONS 1-6

UNFOUNDED CONCERN
• Inform administrator(s)
• Call parents/guardians
• Support student’s return to class

“YES” TO ANY QUESTIONS 1, 2, & 3
“NO” TO ALL QUESTIONS 4, 5 & 6

LEVEL 1 RESPONSE
• Inform administrator(s)
• Call parents/guardians
• Complete Level 1 Documentation Form
• Screener contacts 1 of the following:
  - Current Provider (if applicable)
  - Qualified School Provider
  - Community Behavioral Health Provider

“YES” TO ANY QUESTIONS 4, 5 & 6

LEVEL 2 RESPONSE
• Inform administrator(s)
• Call parents/guardians
• Complete Level 2 Documentation Form
• Call current provider (if applicable)
• Call Regional Crisis Line:
  - Adams, Ferry, Lincoln, Pend-Oreille, Spokane, Stevens: 1-877-266-1818
  - Whitman County: 1-888-54 4-9986
  - Palouse River Counseling: 509-334-1133

*In exceptional circumstances a student may be uncooperative. Screener will inform administrator, call parents/guardians, and then call the regional crisis line for consultation.
The risk of suicide is raised when anyone identifies a student as potentially suicidal because s/he has directly or indirectly expressed suicidal thought (ideation) or demonstrated other clues or warning signs. Any school employee who has knowledge of this information must report immediately and directly to a School Screener so that the student of concern receives appropriate attention. A suicide risk screening will need to be completed for every student expressing thoughts of suicide.

If imminent danger exists, phone 911. This is especially important if the student of concern has skipped school altogether or left the campus and concerns for safety exist.

A *Suicide Risk Screening* is conducted by a School Screener when risk of suicide is identified. The School Screener interviews the student and completes the C-SSRS Screener.

- **A Level 1 Response** is required when a student answers “Yes” to any questions 1, 2, & 3.
- **A Level 2 Response** is required when a student answers “Yes” to any questions 4, 5, & 6.

Note: Permission to see a mental health provider requires parental permission unless the student is 13 years of age or older. The school district will follow the Re-Engagement Plan to prepare for the student’s return to school.
PARENT/GUARDIAN NOTIFICATION

Parents/guardians should always be notified when there are concerns for risk of suicide.

- If a student discloses thoughts of suicide or if the School Screener has reason to believe there is current risk of suicide, the School Screener will request that parent/guardian come to school to participate in the process.
- If a student denies having thoughts of suicide and the School Screener does not have reason to believe there is current risk of suicide, the Screener will still notify parent/guardian to share concerns.
- The Parent/Guardian Letter and Student Resource Document should be reviewed with and provided to parents/guardians (hard copy).
- If all methods to reach the student’s parent/guardian are exhausted and contact cannot be made, call DCYF at (509) 363-3333 or 1-866-“ENDHARM”. Use 911 if the risk of self-harm is imminent. Per RCW 26.44.030, schools are mandatory reporters for abuse or neglect.
- If guardian is nonresponsive or refuses to assist, School Screener (as required by mandatory reporting law) must inform DCYF regarding a potential neglectful situation. Document the date, time, and parent/guardian’s response.

Request from Student to Withhold from Parents/Guardians
The School Screener can address the fear by asking, “What is your biggest fear?”; this helps reduce anxiety and the student gains confidence to tell parents/guardians. It also increases the likelihood that the student will come to that school staff again if s/he needs additional help. The school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parents/guardians needs to be involved.

EXCEPTIONS for Parent/Guardian Notification: Abuse or Neglect
Parents/Guardians need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The School Screener is in the best position to make this determination. If there is reasonable cause to suspect that a student has been or is likely to be abused or neglected, the School Screener must make a report of suspected abuse or neglect to DCYF at (509) 363-3333 or 1-866-“ENDHARM”.

1. **Risk Is Identified:** A concern for risk of suicide is brought to the attention of the School Screener by a staff member, student’s peers, or from direct referral by the student. Contact the School Administrator. If the student is in possession of lethal means (such as guns, weapons, knives, medications), secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call law enforcement to remove lethal means. If student has harmed self or is in danger of harming self, call 911 immediately.

2. **Use Supervision:** A school staff person must stay with the student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student. If possible, this should be the person who identified the student at risk. All efforts should be taken to avoid leaving the student alone or sending home before completing the assessment.

3. **Use the Columbia Suicide Severity Rating Scale (C-SSRS):** Read the C-SSRS questions exactly as they are written to ensure the validity of the tool. There are many evidence based suicide risk screening and assessment tools available. We chose the C-SSRS because it is an evidence based tool that is simple and effective. This protocol uses the shorter “Screener” version of the C-SSRS. Longer versions of the C-SSRS and other helpful documents are available at [http://cssrs.columbia.edu/](http://cssrs.columbia.edu/).

4. **Interpret Suicide Risk Screening Form Results:**
   - If the answer is “no” to all questions 1-6, there is an **unfounded concern.** Next steps are:
     a) Inform administrator(s)
     b) Call parents/guardians
     c) Support student’s return to class
   - If the answer is “yes” to any questions 1, 2 & 3 and “no” to all questions 4 & 6, there is a **Level 1 Response needed.** See Level 1 Documentation Form for next steps.
   - If the answer is “yes” to questions 1, 2, & 3, and “yes” to any questions 4, 5 & 6, there is a **Level 2 Response needed.** See Level 2 Documentation Form for next steps.
<table>
<thead>
<tr>
<th>Question</th>
<th>Past Month</th>
<th>Lifetime</th>
<th>Past 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Have you actually had any thoughts about killing yourself?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Have you thought about how you might do this?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>Always Ask Question 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Have you done anything, started to do anything, or prepared to do anything to end your life?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
</tbody>
</table>

Any YES to 1, 2 or 3 requires a Level 1 response: Assessment from a qualified mental health provider.

Any YES to 4, 5 or 6 requires a Level 2 response: Assessment from regional crisis line.

DON’T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP.
LEVEL 1 DOCUMENTATION FORM

Use this form if “yes” to any questions 1, 2 & 3 and “no” to all questions 4, 5, & 6.

C-SSRS RESULTS: 1. ☐ Yes ☐ No 2. ☐ Yes ☐ No 3. ☐ Yes ☐ No 4. ☑ Yes ☐ No 5. ☐ Yes ☐ No 6. ☐ Yes ☐ No

1. COLLECT STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Date of Initial Contact</th>
<th>Student Name</th>
<th>Gender</th>
<th>Student ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.O.B</td>
<td>Age</td>
<td>Grade</td>
<td>Name of School Screener</td>
</tr>
<tr>
<td>Parents/ Guardians</td>
<td></td>
<td></td>
<td>Best Contact Number</td>
</tr>
<tr>
<td>Second/ Additional Contact</td>
<td></td>
<td></td>
<td>Best Contact Number</td>
</tr>
<tr>
<td>Language of Student</td>
<td>Language of Parent/Guardian</td>
<td>Interpreter Name</td>
<td></td>
</tr>
</tbody>
</table>

2. COLLECT REFERRAL INFORMATION

☐ Student Self-referred ☐ School Staff ☐ Parent ☐ Friend ☐ Other

What information was shared that raises the concern about suicide risk?

________________________________________________________________________
________________________________________________________________________

3. NOTIFY ADMINISTRATOR

Name of notified Administrator: ________________________________

4. CONTACT PARENT/GUARDIAN

Name of Parent/Guardian contacted | Date/Time of contact | Parent/Guardian could not be reached ☐

Yes ☐ No ☐ Was Parent/guardian aware of suicidal thoughts/ plans?

Yes ☐ No ☐ Does student have a mental health therapist or counselor?

Other student health concern/medications?

Parent/Guardian perception of suicidal risk:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. TAKE ACTION

1) In collaboration with School Screener, Parent/Guardian is referred to one of the Qualified Mental Health Providers. Options available:

   a) Contact with **student's mental health therapist/agency (if applicable)**
      - Immediate phone conversation (leaving a voicemail not acceptable)
      - Therapist comes to school
      - Student transported from school to therapist
      - Name of Therapist: ____________________________
      - Therapist Phone: ____________________________

   b) Referral to **qualified school provider**
      - Phone referral
      - In-person referral

   c) Referral to **community provider**
      - Phone referral
      - Fax referral

2) Assist parents/guardians with the following:

   - Provide Printed Parent/Guardian Letter and copy of Resources page (required)
   - Student Resource Document (optional)
   - Student Support & Safety Plan with student (optional)
   - Request parents/guardians to sign Release of Information (ROI) (if applicable)

3) Outcomes:

   - Please specify outcome of intervention: __________________________________________
     __________________________________________
     __________________________________________
LEVEL 2 DOCUMENTATION FORM
Use this form if “yes” to any questions 1, 2, & 3, and “yes” to any questions 4, 5 & 6.

C-SSRS RESULTS: 1. ☐ Yes ☐ No 2. ☐ Yes ☐ No 3. ☐ Yes ☐ No 4. ☐ Yes ☐ No 5. ☐ Yes ☐ No 6. ☐ Yes ☐ No

1. COLLECT STUDENT INFORMATION

<table>
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<tr>
<td>D.O.B</td>
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<td>Name of School Screener</td>
</tr>
<tr>
<td>Parents/ Guardians</td>
<td>Best Contact Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second/ Additional Contact</td>
<td>Best Contact Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Language of Student | Language of Parent/Guardian | Interpreter Name |

2. COLLECT REFERRAL INFORMATION

☐ Student Self-referred ☐ School Staff ☐ Parent ☐ Friend ☐ Other

What information was shared that raises the concern about suicide risk?
__________________________________________________________________________
__________________________________________________________________________

3. NOTIFY ADMINISTRATOR

Name of notified Administrator: ________________________________

4. CONTACT PARENT/GUARDIAN

<table>
<thead>
<tr>
<th>Name of Parent/Guardian contacted</th>
<th>Date/Time of contact</th>
<th>Parent/Guardian could not be reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ Was Parent/guardian aware of suicidal thoughts/ plans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐ Does student have a mental health therapist or counselor?</td>
<td></td>
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<tr>
<td>Other student health concern/medications? ____________________________</td>
<td></td>
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<tr>
<td>Parent/Guardian perception of suicidal risk: _________________________</td>
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</tbody>
</table>
5. TAKE ACTION

1) In collaboration with School Screener, parent/Guardian is to contact student’s current mental health therapist/agency (if applicable):

- [ ] Immediate phone conversation (leaving a voicemail not acceptable)
- [ ] Therapist comes to school
- [ ] Student transported from school to therapist

  Name of Therapist: ___________________________
  Therapist Phone: ___________________________

2) Screener makes referral to the Regional Crisis Line:

- [ ] Frontier Behavioral Health 24/7 Regional Crisis Line (Adams, Ferry, Lincoln, Pend-Oreille, Spokane, Stevens): 1-877-266-1818
- [ ] Palouse River: Counseling 24/7 Crisis Line (Whitman County): (509) 332-1133
- [ ] Whitman County: 24/7 Crisis Line: 1-888-544-9986

3) Provide parents/guardians with the following documents:

- [ ] Printed Parent/Guardian Letter and Resources (required)
- [ ] Student Support & Safety Plan with student (required)
- [ ] Request parents/guardians to sign Release of Information (ROI)

4) Outcomes:

- [ ] Please specify outcome of intervention: _____________________________________________________________
  _____________________________________________________________
  _____________________________________________________________
  _____________________________________________________________
Dear Parent/Guardian:

As a follow-up to our conversation earlier today, we are concerned about your student’s safety and welfare. All expressions of suicidal thought/behavior are taken very seriously, and we would like to support you and your student as much as possible during this crisis.

It is our expectation that your child will be seeking professional support. If you need assistance in finding a provider, please ask us. We are here to help.

To ensure the safety of your student, we recommend the following:
(Maintain as many normal routines as deemed safe)

- Secure and lock up all firearms and ammunition
- Secure and lock up:
  - Medications, over-the-counter drugs (including vitamins, aspirin, etc.), sharps (knives, razors, box cutters, etc.), alcohol and other substances, ropes (belts, cords, etc.)
- Monitor social media, phone, and internet activities
- Provide supervision
- Limit access to vehicles and keys
- Keep in communication with school personnel
- Follow up with medical and counseling appointments

If you have an immediate concern for your student’s safety, please call:
- Frontier Behavioral Health 24/7 Regional Crisis Line (Adams, Ferry, Lincoln, Pend-Oreille, Spokane, Stevens): 1-877-266-1818
- Palouse River 24/7 Crisis Line (Whitman County): (509) 332-1133

Counselors are available 24 hours a day and can advise you on the most appropriate action to help keep your student safe. In case of emergency, call 911 or go to a hospital emergency room. Should your student need time away from school, please contact our office upon re-entry.

If you have questions or need further assistance from the school, please contact:

Name: ___________________________ Phone: ___________________ Email: ___________________

Other School Contact:

Name: ___________________________ Phone: ___________________ Email: ___________________

Tips for supporting someone experiencing thoughts about suicide:
- Keep their environment calm and supportive
- Remind them that you are here, and they are not alone in this
- Give reassurance and love
- Take their feelings and thoughts seriously
- Remind them that their safety is your priority
- Let them know that thoughts of suicide are common and do not have to be acted o
# Student Resource Document

**Student Name:**

**Completed By:**

**Date:**

## Warning signs that I might be having a crisis:

1. 
2. 
3. 

## Coping strategies that might help me when I’m struggling:

1. 
2. 
3. 

## People & activities that provide a positive distraction to me when I’m struggling:

1. 
2. 
3. 

## People who I can ask for help:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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## Professionals I can contact during a crisis:

<table>
<thead>
<tr>
<th>Clinician Name</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Local Urgent Care Name</th>
<th>Phone</th>
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## Resources
- **Frontier Behavioral Health 24/7 Regional Crisis Line (Adams, Ferry, Spokane, Stevens, Lincoln, Pend-Oreille):** 1-877-266-1818
- **Palouse River Counseling 24/7 Crisis Line (Whitman County):** (509) 334-1133
- **Trevor Project Lifeline:** 1-866-488-7386

## Things I can do to make my environment safe:

1. 
2. 
3. 

## One thing that is most important to me and/or makes my life worth living is and/or gives me hope:

Student Name:

Completed By:

Date:
RE-ENGAGEMENT PLAN
(REQUIRED FOR LEVEL 2)

A student who has experienced a mental health emergency is at great risk for another in the period following the crisis. Therefore, it is of vital importance to closely monitor the student’s re-engagement into school and to maintain close contact with parents/guardians and mental health professionals.

While the student is away from school:

- Request parent/guardian (or youth 13+) sign a Release of Information (ROI) from provider.
- Ask student what may be shared with teachers and staff.
- Inform the student’s teachers and appropriate school personnel regarding the number of potential days of absence and date of return for student.
- Request teachers to provide the student with assignments.

When student returns to school, the School Screener, or an appropriate designee will:

- Meet with the student to complete Student Support & Safety Plan.
- Maintain regular check-ins with the student. (If the student has a positive relationship with another trusted staff member, that staff member can be a part of this ongoing contact.)
- Continue to follow up with the student’s health provider if an ROI is in place.
- Keep confidential information regarding services on a need-to-know basis.

DEVELOPING THE STUDENT SUPPORT & SAFETY PLAN
(OPTIONAL FOR LEVEL 1 - REQUIRED FOR LEVEL 2)

A Student Support & Safety Plan is optional after a Level 1 Response, and required following the Level 2 Response. The development of a Student Support & Safety Plan may include the school administrator and counselor as well as the parents/guardians and the student (as appropriate). The Student Support & Safety Plan provides structure, designates the responsibilities of each person, and includes a review date to ensure follow-through and coordinated decision-making. The Student Resource Document can also be used to assist with the development of the Student Support & Safety Plan.

Following all Level 1 and Level 2 response, the School Screener serves as the point person for follow-up communication with parents/guardians and any existing community providers for each student that has been screened. The School Screener ensures the school follows the Re-Engagement Plan (shown below).

Note: The student’s therapist may create a Resource Document or Safety Plan with the student. Whenever possible, incorporate therapist recommendations into the student’s school documentation and supports. This continuity of care will help establish more effective coping strategies.
# STUDENT SUPPORT AND SAFETY PLAN

**Must complete as part of the Level 2 process**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>School:</th>
<th>Grade:</th>
<th>Date:</th>
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</thead>
</table>

- **School Screener (name):** ________________________________
  Will review this plan by (date): ______________

### General Supports:
- ☐ Student Resource Document
- ☐ Frontier Behavioral Health 24/7 Regional Crisis Line (Adams, Ferry, Lincoln, Pend-Oreille, Spokane, Stevens): 1-877-266-1818
- ☐ Palouse River 24/7 Crisis Line (Whitman County): (509) 334-1133

### School Support Options:
- ☐ Decrease or eliminate pass time or unsupervised time
- ☐ Increase supervision in the following settings: __________________________
- ☐ Designated safe place at school: __________________________
- ☐ Alert staff & teachers on a need-to-know-basis
- ☐ Late arrival/early dismissal
- ☐ Other schedule changes: __________________________
- ☐ Drug & alcohol assessment/intervention with: __________________________
- ☐ Update existing 504/IEP, if applicable
  - Check-ins: ☐ Daily ☐ weekly with: __________________________
- ☐ Administrator ☐ School Counselor ☐ SRO ☐ Referral to Care or Youth Service Team
  - Other: __________________________
- ☐ Student will seek out the following staff: 
  1. __________________________
  2. __________________________
  3. __________________________
  4. __________________________
  5. __________________________

### Family/Home Options:
- ☐ Safety measures at home
- ☐ Increase supervision
- ☐ Pursue mental health services: __________________________

### Permission:
- ☐ Permission to Release Information form allows communication between school and providers

### Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

| Student Signature: __________________________ | Date: ______________ |
| Parent/Guardian Signature: __________________________ | Date: ______________ |
| Form Completed By: __________________________ | Name: ______________ | Position: ______________ | Date: ______________ |

Copies to: ☐ School Counselor ☐ School Screener ☐ Parent/Guardian ☐ Student ☐ Administrator
Authorization to Use and Disclose Health/Service Information
Release of Information (ROI) Form

<table>
<thead>
<tr>
<th>Client</th>
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<tbody>
<tr>
<td>Client Name:</td>
<td>Birth Date:</td>
</tr>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Released By</th>
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<tbody>
<tr>
<td>I authorize:</td>
<td>This/these entity(ies) (name/address of recipient(s)):</td>
</tr>
<tr>
<td>Attention:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>To use and/or disclose a copy of the health/service information described below for the above named client.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Released To</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Purpose</th>
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<tbody>
<tr>
<td>For the purpose(s) of:</td>
<td></td>
</tr>
<tr>
<td>☐ This information may be used or disclosed in connection with mental health treatment/services and healthcare operations.</td>
<td></td>
</tr>
<tr>
<td>☐ Other purposes (specify each purpose):</td>
<td></td>
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<thead>
<tr>
<th>Information to be Disclosed</th>
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<tbody>
<tr>
<td>Description or nature of information to be used and/or disclosed: (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☐ Assessment/Intake Summary</td>
<td>☐ Psychiatric Reports</td>
</tr>
<tr>
<td>☐ Service/Treatment Plan</td>
<td>☐ Progress Report</td>
</tr>
<tr>
<td>☐ Safety/Crisis Plan</td>
<td>☐ Other records (specify):</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Mental Health</th>
<th></th>
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<tbody>
<tr>
<td>☐ Yes ☐ No ☐ N/A</td>
<td>My records may contain information regarding mental health diagnosis and/or treatment. I give my specific authorization for these records to be released.</td>
</tr>
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<thead>
<tr>
<th>Substance Use</th>
<th></th>
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<tbody>
<tr>
<td>☐ Yes ☐ No ☐ N/A</td>
<td>My records may contain information regarding diagnosis and/or treatment for drugs, alcohol use, substance use. I give my specific authorization for these records to be released.</td>
</tr>
</tbody>
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<tr>
<th>Notices</th>
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<tbody>
<tr>
<td>I understand that, if the recipient of the information disclosed under this authorization is not a health plan or provider covered by federal or state privacy laws, the information may be re-disclosed by the recipient and no longer protected by those laws. If the information being disclosed under this authorization includes HIV/AIDS, sexually transmitted diseases, mental health, genetic testing, and drug/alcohol abuse diagnosis, treatment or referral information, federal law and regulation including 42 CFR Part 2 and 45 CFR Parts 160 and 164 or state law may prevent the recipient from re-disclosing this information. I understand that I may revoke this authorization in writing at any time.</td>
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<tr>
<th>Expiration</th>
<th></th>
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<tbody>
<tr>
<td>I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.</td>
<td></td>
</tr>
<tr>
<td>Unless sooner revoked, this authorization is valid for 180 days from the signature date below, or for the following time period:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
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<tr>
<th>Signatures</th>
<th></th>
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<tbody>
<tr>
<td>I have read this authorization, I understand it and I have been offered a copy.</td>
<td></td>
</tr>
<tr>
<td>Signature of client</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of legal/personal representative</td>
<td>Relationship to client</td>
</tr>
</tbody>
</table>

Update of Authorization
Signature 1: Signature 2: Date: Date:

NEWSD101 1.28.2020
POSTVENTION: WHAT SHOULD A SCHOOL DO?

Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented. It is equally as important to be prepared for prevention and intervention of suicide, as it is to be prepared in the event of attempts or completed suicides.

The school’s primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community that has been impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents/guardians, community, media, law enforcement, etc.

- Identify staff that will take the lead in the event of a suicide attempt or completion.
- Identified staff should review and discuss the resource *After a Suicide: A Toolkit for Schools Second Edition*. This resource is the latest comprehensive document dealing with this subject. It can be found at: [www.sprc.org](http://www.sprc.org) or [www.afsp.org](http://www.afsp.org).
- Identified staff should meet once a year to establish roles and responsibilities in the event that there is an attempt or completion.
- After an attempt or completion, consult the website resources referenced above. In addition, communicate with appropriate community partners for assistance and resources.
- Work with community partners to address the immediate needs of students, staff and parents/guardians.
- Be aware that persons may still be traumatized months after an event. Refresh staff on prevention protocols and be responsive to signs of risk. [OSPI Postvention - Recovery](http://www.ospirecovery.org)

### Key Points *(derived from After a Suicide: A Toolkit for Schools Second Edition):*

Prevention after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion (increased risk for suicide). It is important to not “glorify” the suicide and to treat it sensitively when speaking about the event, particularly with the media.

It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide. Families and communities can be especially sensitive to the suicide event. Know your resources.
Warning Signs of Suicide
This is not a definitive list
- Ideation – Thoughts of Suicide
- Suicide Plans
- Unbearable Pain
- Displaying Signs of Depression
- Making Final Arrangements
- Self-Destructive Behavior
- Changes in Behavior

Risk Factors for Suicide
This is not a definitive list
- Previous Attempt
- Exposure to Suicide
- Abuse
- Social Isolation
- Depression, Anxiety, Agitation
- Access to Lethal Means
- Perceived Major Trouble
- Peer Victimization

5 Steps to Help a Suicidal Student
Take all suicidal behavior seriously
1. Establish rapport. Express your concern about what you are seeing in their behavior.
2. Ask the question, “Are you thinking about suicide?”
3. If “Yes”, then do not leave the student alone.
4. Offer comforting things such as, “Thanks for telling me. I am here to help.”
5. Escort student to a School Screener. Tell an administrator.

NATIONAL SUICIDE LIFELINE
- 1-800-273-8255

CRISIS TEXT HOTLINE
- “HEAL” TO 741-741

TREVOR PROJECT LIFELINE LGBTQ
- 1-866-488-7386
RESOURCES

The Columbia Lighthouse Project
Columbia Lighthouse Suicide Website
Website for the Columbia C-SSRS tool used in this protocol.

Frontier Behavioral Health
24/7 Regional Crisis Line
Counties Served: Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens
1-877-266-1818

Palouse River Crisis Line: (509) 334-1133
Whitman County Crisis Line: 1-888-544-9986
24/7 Crisis Line
County Served: Whitman County

National Suicide Prevention Lifeline
National Suicide Prevention Website
1-800-273-TALK (8255)
En Espanol: 1-888-628-9454
Deaf & Hard of Hearing: 1-800-799-4889
National Suicide Prevention
Learn the Warning Signs wallet card or brochure

Free Mental Health Referral Service
Seattle Children’s Hospital
Washington’s Mental Health Referral Service
for Children and Teens
1-833-303-5437; M-F

The Trevor Project
Trevor Project Lifeline – LGBTQ
1-866-488-7386
Trevor Project brochure

Washington Apple Health (Medicaid): Find a provider
  • Amerigroup
    1-800-600-4441
  • Community Health Plan of WA
    1-800-440-1561
  • Coordinated Care
    1-877-644-4613
  • Molina Healthcare of WA
    1-800-869-7165
  • United Healthcare Community Plan
    1-877-542-8997

Washington Health Plan Finder
Uncovered by insurance, or unsure if you are covered?
Washington Health Plan Finder Website
1-800-562-3022