

SUICIDE PREVENTION AND INTERVENTION

I. PURPOSE

The purpose of this administrative regulation is to establish suicide prevention training guidelines for certified school staff and students; and procedural safeguard actions steps for students identified as presenting with suicidal thoughts or behaviors. The goal of suicide prevention and intervention is to promote supportive wellness and safety measures, increase safeguards, identify and reduce risk, and guide the student/family towards a path of treatment and recovery.

II. DEFINITIONS

- A. Suicide - Death as a result of self-inflicted injurious behavior of which, the individual's intent is to die from this intended self-inflicted injurious behavior.
- B. Suicidal Ideation - Thoughts of suicide; harming, killing oneself without attempting to killing-self. Thoughts of engaging in suicide related behavior. Thoughts may be expressed for example verbally or nonverbally within or a part of death themed play, art work, gestures, music lyrics, poetry.
- C. Suicide Gesture - Self-injury with no formidable intent to die but instead this purposeful act sends a message to others there may have been a suicide attempt simultaneously messaging as a beacon cry for help.
- D. Suicide Threat – Verbal, non-verbal expression of engaging in self-injurious behavior with the intent to die without acting on such behavior.
- E. Suicide Plan - A projected effort of potentially acting out an idea that will lead to self-inflicted harm. This could be verbally or written.
- F. Suicide Contagion - When a suicide or suicidal behavior increases the suicide risk in others, likely occurring in adolescent and young adult populations.
- G. Suicide Cluster - Excessive number of suicides within a close period of time

(temporal) or geographic area, most likely occurring within the adolescent and young adult populations.

- H. Suicide Risk Assessment – A comprehensive evaluation of suicide risk to determine risk and lethality levels, treatment and referral recommendations, and safety planning.
- I. Risk Identification Suicide Kit2(RISK2) – A validated suicide assessment instrument originally published in 2009 and in 2018(RISK2). Used to evaluate suicide risk in youth.
- J. Low Risk – indicates someone identified as having suicidal thoughts or behaviors, but does not appear to pose a threat to self or others. Please note, Low risk does not mean No risk.
- K. Moderate/High Risk - indicates someone identified as having suicidal thoughts or behaviors and based on the results of a suicide assessment, may pose a distal threat to self or others and is a greater risk of acting on suicidal thoughts.
- L. Imminent Risk - indicates someone identified as having suicidal thoughts or behaviors and poses an immediate near threat of self-harm. This is the highest level or warning.
- M. Safety Plan Intervention (SPI) – A team developed formal plan to create self-awareness in the identification of negatively charged thoughts to preventatively disrupt and de-escalate thoughts of suicide from increasing.
- N. Mental Status Exam (MSE) – a diagnostic section embedded within the RISK2 assessment used to describe the student’s mental state and non-verbal communication during the time of the interview assessment.
- O. Safety Plan – A designed team intervention plan to create self-awareness in the identification of negatively charged thoughts to preventatively disrupt and de-escalate thoughts of suicide from increasing using coping skill strategies and supportive resources.

III. TRAINING

- A. Staff Suicide Prevention Educational Training

All certificated school personnel who have direct contact with students on a regular basis shall receive annual, by December 1, training in the prevention-intervention of youth suicide.

B. Student Suicide Prevention Training

TCPS social workers, professional school counselors, mental health coordinator, and contractual school mental health practitioners receive annual training and or refresher training on suicide risk assessment.

TCPS shall implement a suicide prevention training program in grades 3-12 which provides individualized classroom training to all students and staff that addresses the following topics.

1. Awareness of the signs and symptoms of depression
2. Awareness and difference between sadness and depression
3. The definition of suicide
4. Identifying protective factors
5. Provide each individual student resources that include a 24-hour crisis lifeline and phone numbers
6. Directions for how to access resources
7. How to identify and access a trusted adult
8. How to support a friend who is in crisis
9. Empowering students to access immediate help either at school, home, or in the community.

IV. PROCEDURES

When an individual is identified as communicating a suicidal statement, gesture, behavior, drawing, written threat (note), or threatening suicide, these Suicide Prevention and Intervention administrative regulations shall be followed. This includes identifying individuals who may present as a risk of self-harm or suicide and connecting them to community resources. In all instances whereby a student is identified as presenting with suicidal thoughts or behaviors, the school administrator would be notified and at the conclusion of an assessment of risk, the student's parents or guardians must be notified to provide safeguards.

A. Reporting Requirements

School staff and outside partners working within schools are mandated reporters. As mandated reporters, situations whereby confidentiality must not be maintained includes anytime a student has shared information indicating the student is in an imminent risk of harm or danger to self or others. The information regarding the student must be shared with those who need to intervene to keep the student safe.

In cases of health or safety emergencies involving a specific student who has come to your attention, staff may ask and question the student about any suicidal thoughts. The purpose of these questions must be to guide appropriate services and to inform the parents/guardians of the need to seek assistance. Parents must be notified of any information obtained unless the parent is the reason for the suicidal thoughts, at which time protective services would be called.

B. Intervention Process

1. All TCPS employees, volunteers, and contractors should report immediately to the designated school administrator, school counselor, contractual mental health practitioner, TCPS school social worker, professional counselor, mental health coordinator, or school resource officer any expression of intent to self-harm, related concerning behaviors or gestures that suggest an individual may have suicidal thoughts or Behaviors.
2. Upon notification and identification, the designated school staff would meet individually with the student to discern the reason for being identified as having suicidal thoughts or self-harm behaviors.
3. Once the student is identified, ***the student must remain supervised until the suicide assessment process is completed, parent/guardian notification and consultation occurs, and recommendations are provided.***
4. The suicide assessment process requires the gathering of additional information which may include consulting with those having knowledge or relevant awareness of expressed suicidal thoughts or self-harm behaviors.
5. TCPS employees aware of a student communicating suicidal thoughts and who attend another school or in the community will immediately contact that student's school administrator, school counselor, resource officer, or local authorities.

C. Assessing Suicidal Thoughts and Behaviors

1. When a threat of self-harm, suicidal thoughts or behaviors is reported, identified members of the school crisis team are alerted and the school counselor, TCPS social worker, professional counselor, contractual mental health practitioner, or mental health coordinator will begin to assess for suicide risk with the information gathered during the initial triage process.
2. The school administrator and/or school crisis team member(s) shall initiate an initial inquiry/triage, in consultation with additional crisis team members, make a determination of the seriousness of the threat to self as expeditiously as possible.
3. The RISK2 will be implemented by trained staff to determine suicide risk level with recommendations offered based on the identified risk level or recommendations from the assessor.
4. If at any time the school crisis team members or the assessor needs to troubleshoot intervention options or experiences a difficult situation or circumstance, they are to call the Mental Health Coordinator or the Director of Student Services.
5. Should the student refuse to answer questions or become uncooperative leading to an incomplete assessment and staff are unable to obtain a risk level or measure of safety, the parent/guardian must be immediately notified with recommendations to access a complete evaluation at the local emergency room or if receiving mental health services, referred to their treating psychiatrist to determine levels of risk and safety measures needed.
6. Should the student become combative, threatening, or leave the designated space, the assessor must immediately notify the designated school administrator, parent/guardian, and school resource officer or local authorities.
7. If the suicide assessment results in a score indicating a **low risk level**, the assessor or member of the crisis team must contact the parent/guardian immediately upon completion of the assessment. Any identified low risk does not mean no-risk. Action steps must include, but are not limited to: a request for a conference at school and consultation with parent/guardian and counselor to assist in referring for mental health care. The school counselor may provide care management, follow-up/check-ins, and monitor student's progress. The risk level may be shared with administrative staff. If the child has been provided a suicide assessment more than once, consider the RISK2 Safety Plan.
8. If the suicide assessment results in a score indicating a **moderate/high risk level**, this is a cautionary level. This level may or may not constitute an emergency and the assessor may carefully review and revisit the youth

responses to ensure clarity and understanding of Sections 3, 4 and 5. If found to be an emergency, follow Imminent Risk Staff Response. The assessor or member of the crisis team must contact the parent/guardian immediately upon completion of the assessment. Action steps must include, but are not limited to: requiring parent/guardian to come to school for a consultation, give parent/guardian recommendations for next steps and to increase support/protective factors at school and home. The student must not be permitted to leave school property without a parent/guardian or would result in security/police being called. If the student leaves without being in the physical custody of the parent/guardian, immediate notification must be given to the school administrator, school resource officer, or local authorities through 911. If the student is not receiving current mental health services, the school must complete and submit a school mental health referral to the Mental Health Coordinator, or assist the student and parent/guardian with accessing community resources. If the suicide assessment result is not considered imminent risk after (calling) consulting with parent or guardian(s), assessor's own clinical skill-judgement, and the RISK2 risk-level, the assessor or member of the crisis team must include and consider the following actions steps. These are not limited to: consult with parent/guardian and assist in referring for urgent mental health care if not already enrolled in treatment; School counselor will provide care management, follow-up/check-ins daily, and monitor student's progress and parent follow-through on recommendations and referrals; completion of a RISK2 Safety Plan.

9. If a student is found to be an **imminent risk**, the assessor or member of the crisis team must contact the parent/guardian immediately upon completion of the assessment. **This constitutes an emergency.** Action steps must include, but are not limited to: in-person consultation at school with the parent/guardian, review of the assessment results, and recommendations that include transporting the student to the local emergency room or an emergency appointment with an attending mental health practitioner for further evaluation. The first preference is for the parent to take the student to the emergency room. If that is not possible, the second preference is for the school resource officer to transport the student with an accompanying TCPS staff person to the emergency room. However, 911 may need to be called for assistance if the situation is unsafe. When referring to the hospital, TCPS staff is to call the emergency room in advance to speak to the ER charge nurse about the student's circumstances. If the parent/guardian is uncooperative with this process, TCPS must call the Department of Social Services Child

Protection Division to file a report for medical neglect. The student must not be permitted to leave school property without a parent/guardian. If the student leaves without being in the physical custody of the parent/guardian, immediate notification must be given to the school administrator, school resource officer, or local authorities through 911. The school counselor or school administrator must notify the Director of Student Services and the Mental Health Coordinator of the situation as soon as is practicable. The school counselor or other designated staff, should request results of ER Evaluation and discharge aftercare recommendations for safety planning upon the student's return to school.

10. If **unsure of risk level**, refer the student for a behavioral health evaluation at the local emergency room or call Mobile Crisis 1-888-407-8018. When referring to a hospital, call the ER in advance to speak to the Charge-ER Nurse about this referral. If the parent(s) or guardian(s) refuses or is uncooperative with this process, staff may need to call the Department of Social Services Child Protection Division for medical neglect.
11. A student who demonstrates chronic suicidal thoughts or behaviors must have a safety plan developed with input from the parent/guardian.
12. Students who are assessed for having suicidal thoughts or behaviors and have an IEP or 504, must have an FBA and BIP as part of their plan. If the FBA was completed within the past year, the appropriate team (IEP or 504) will meet to re-evaluate the BIP and adjust as needed. If the FBA was conducted more than a year ago, a new FBA will be completed with an updated BIP. Students will continue to be monitored through the IEP or 504 process.
13. Students who are assessed for having suicidal thoughts or behaviors and do not have an IEP or 504 shall be monitored through the MLIP process. An FBA and BIP shall be completed as determined to be appropriate by the MLIP team with input from the parent/guardian.
14. Suicide assessment results are not to be maintained in the student's cumulative files. They are to be kept in a secure separate location.

D. Post-Vention And Loss

In the unfortunate event of a loss, immediate attention would focus on tertiary prevention or post -vention programming to reduce risk for survivors. This would be directed towards preventing another loss, suicide contagion or cluster from developing. The school administration will notify the Office of Student Services immediately to identify district-wide impacts and to mobilize support needed for both students, families, and

staff. This mobilization would include contacting existing partnerships with community agencies and providers to attend to the schools affected. Community support may also be offered based on administrative guidance and community needs or requests. Guided support and empowerment directed towards students in the primary and secondary prevention efforts may include: the Yellow Ribbon Suicide Prevention Program offering classroom peer to peer help seeking behaviors, how to connect with school staff, parents, trusted adults, and school level services to increase help seeking behaviors, support groups; and additional community interagency volunteers. Yellow Ribbon Suicide Prevention Cards would be distributed and available to students and community sites.

E. Threats of Self-Harm Accompanied by Threats of Violence

If a student expresses threats against others during the course of a suicide assessment, the assessor must also complete a threat assessment per Talbot County Public Schools policy 10.37 (Behavioral Threat Assessment).