

February 1, 2014

Dear District and School Administrators:

As you may know, House Bill 1336, passed by the state legislature in April 2013, requires that each Washington school district have in place a plan for how it will handle emotional and behavioral distress, including suicidal thinking, behavior, and threats of violence, during the 2014–15 school year. This will help districts and schools respond quickly and effectively in a crisis.

This model plan, compiled by the Youth Suicide Prevention Program (www.yspp.org), draws on best practices in crisis response and the knowledge and experience of a large group of people involved in education across the state of Washington. Within this Plan, you will find:

- A framework for detailed district and building plans for prevention and intervention in emotional and behavioral crises.
- A framework for postvention to support students and staff and prevent suicide contagion after a student's death.
- Links to best-practice resources and publications for use by schools.
- Sample forms and other resources for plan development and implementation.

Although there is not a mandate to use this model plan, it is hoped that it will be useful to districts that have well-honed crisis procedures as well as to those just starting or refining plans to comply with House Bill 1336.

**PLAN FOR PREVENTION AND INTERVENTION IN EMOTIONAL
AND BEHAVIORAL CRISIS AND
POSTVENTION AFTER A STUDENT DEATH OR OTHER CRISIS
DISTRICT**

LAST UPDATED FEBRUARY 1, 2014

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 10 graders 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 twelve 10 graders reported a physical fight on school property in the last month and one in three 6 graders 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.

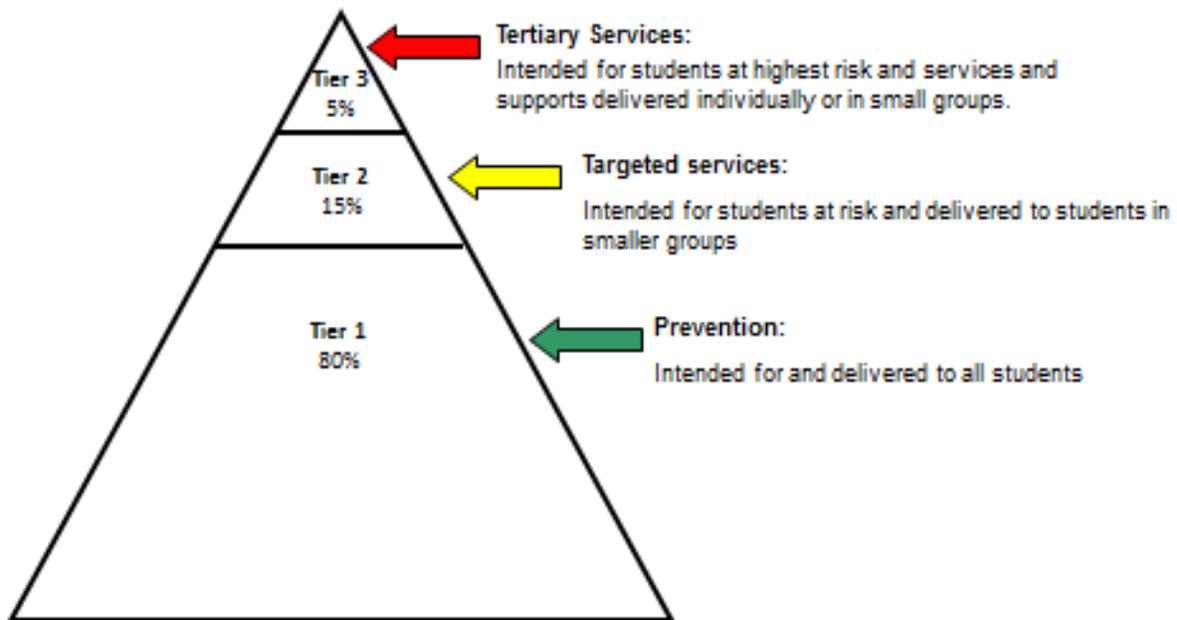
District recognizes that the school plays a unique and important role in the prevention of youth suicide, violence, and substance abuse and in the identification and treatment of mental health disorders in our community.

This plan outlines District's approach to prevention of and support for students experiencing emotional and behavioral distress and plans for supporting our school communities after a student's death. This plan shall be available to all staff and reviewed and updated at the beginning of each school year.

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.

Response to Intervention



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INFRASTRUCTURE

THIS BASIC INFORMATION SHOULD BE COMPLETED BEFORE STARTING THE PROCESS OF DEVELOPING A CRISIS PLAN. THIS SECTION WILL BE A REFERENCE ABOUT WHOM TO CONTACT IF A CRISIS ARISES.

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, including their contact information and days in the office.

Location	Position	Name	Office phone	Email	Days at this location	Personal phone
District	Superintendent					
	Assistant Superintendent					
	Nursing Supervisor					
	Counseling Supervisor					
	Communications Officer or Designated Person					
	Special Education/Special Services Supervisor					
	Safety/Security Supervisor					
	Threat Assessment Coordinator					
Elementary School 1	Principal					
	Assistant Principal					
	School Counselor					
	School Nurse					
	School Social Worker					
	School Psychologist					
	PTSA President					
	SRO/SSO/Security Person					

Middle School 1	Principal					
	Assistant Principal					
	School Counselor					
	School Nurse					
	School Social Worker					
	School Psychologist					
	Prevention and Intervention Specialist					
	Chemical Dependency Counselor					
	PTSA President					
	SRO/SSO/Security Person					
High School 1	Principal					
	Assistant Principal					
	School Counselor					
	School Nurse					
	School Social Worker					
	School Psychologist					
	Prevention and Intervention Specialist					
	Chemical Dependency Counselor					
	PTSA President					
	SRO/SSO/Security Person					

The following persons and agencies outside the school can be of help in a crisis:

Location	Position	Name	Office phone	Email	Days at this location	Personal phone
District Employee Assistance Program						
Local ESD SAPISP Coordinator						
Local Law Enforcement Contact						
Certified Mental Health Provider						
Mobile Crisis Response or Evaluation Team						
Local Crisis Line						
Local Hospital with Emergency Beds for Adolescents						
Local Faith Community Leader						
Other						

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

[List resources here](#)

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

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

In order to support students and families from diverse linguistic and cultural groups, it is recommended that there be at least one staff member who can communicate in at least the five most common languages in the district. At least one person able to communicate in each of these languages should receive crisis intervention training.

Language	Staff who speak this language	Available translators and/or interpreters	Community resources with services in this language	Community leaders who can assist families in this language

PREVENTION

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

FOR STAFF

Annual review of this plan and plan revisions will occur prior to the beginning 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 phone	Email

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.
- Updating contact information in all print and electronic copies of this plan.
- Updating 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.

A training of at least one hour in length will be provided for all teachers, school health staff, and other staff who have direct student contact, 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.

Access to online and written copies of this plan in [multiple locations](#).

FOR STUDENTS' FAMILIES

In partnership with each school's [parent and family organization](#), an annual training will be provided 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;
- 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 included in [places](#) and distributed at parent events and in intervention meetings. This information will be available in at least the five most common languages besides English in the district.

At least twice per school year, families will be notified in writing of contact information for the school nurse, school counselor, and other support staff within the school. This information will be available in at least the five most common languages besides English in the district.

[District](#) will follow the [Suicide Prevention Resource Center's Safe Messaging Guidelines](#) in suicide prevention education with families.

FOR 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. One resource on creating a supportive school environment is [The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success](#) by Ray Wolpov, Mona Johnson, Ron Hertel, and Susan Kincaid.

- The district recommends that social and emotional learning be taught in [class](#) during [grades](#) for a minimum of [number](#) lessons. The following resources for social and emotional learning have been approved by the school or district:

Title	Number of lessons	Publisher	Grade(s)

- The district recommends that substance abuse prevention will be taught in [class](#) during [grades](#) for a minimum of [number](#) lessons. The following resources for substance abuse prevention education have been approved by the school or district:

Title	Number of lessons	Publisher	Grade(s)

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.

The district recommends that suicide prevention education be taught in [class](#) during [grades](#) for a minimum of [number](#) lessons. The following resources for suicide prevention education have been approved by the school or district:

Title	Number of lessons	Publisher	Grade(s)

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](#).

Resource hotlines including the [local crisis line](#) and the National Suicide Prevention Lifeline’s phone number (800-273-TALK) will be available to students in [locations](#) and be distributed to students at least twice per year.

At least once per semester, at least one of the following student support staff will visit classrooms to remind students of resources within the school:

Location	Position	Name	Office phone	Email

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	Faculty advisor phone	Faculty advisor email	Student president

[District](#) recognizes that it is not a safe practice to teach suicide prevention in assemblies or other large gatherings and that prevention education should be taught in classrooms or other small group settings.

[District](#) will follow the [Suicide Prevention Resource Center's Safe Messaging Guidelines](#) in suicide prevention education with students.

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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:

- 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.
- Share this information with a member of the student support team, in the presence of the student and with the student's participation whenever possible.

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

- Obtain the student's name and basic information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.
- 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.

Upon receiving information or a referral related to an emotional or behavioral crisis, the support team member will:

- Schedule a meeting with the student before the end of the school day, or at the beginning of the next school day if this information is shared outside school hours.
- Further discuss the situation with the student to obtain information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response, and evaluate their needs.
- If trained and qualified to do further evaluation of risk, administer a district-approved [screening tool](#) to further explore the student's risks.

[Screening tools used in the district](#) are as follows:

Name	Issues the tool assesses	Who is trained to use it	Appropriate for what ages?

- If the support team member is not trained and qualified to do further evaluation of risk, a risk assessment will need to be performed by a person with appropriate training. This person must have received qualifying training in suicide risk as part of their certification or professional development. The following are appropriate people to carry out this evaluation:

Within the school:

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

Within the district and local ESD:

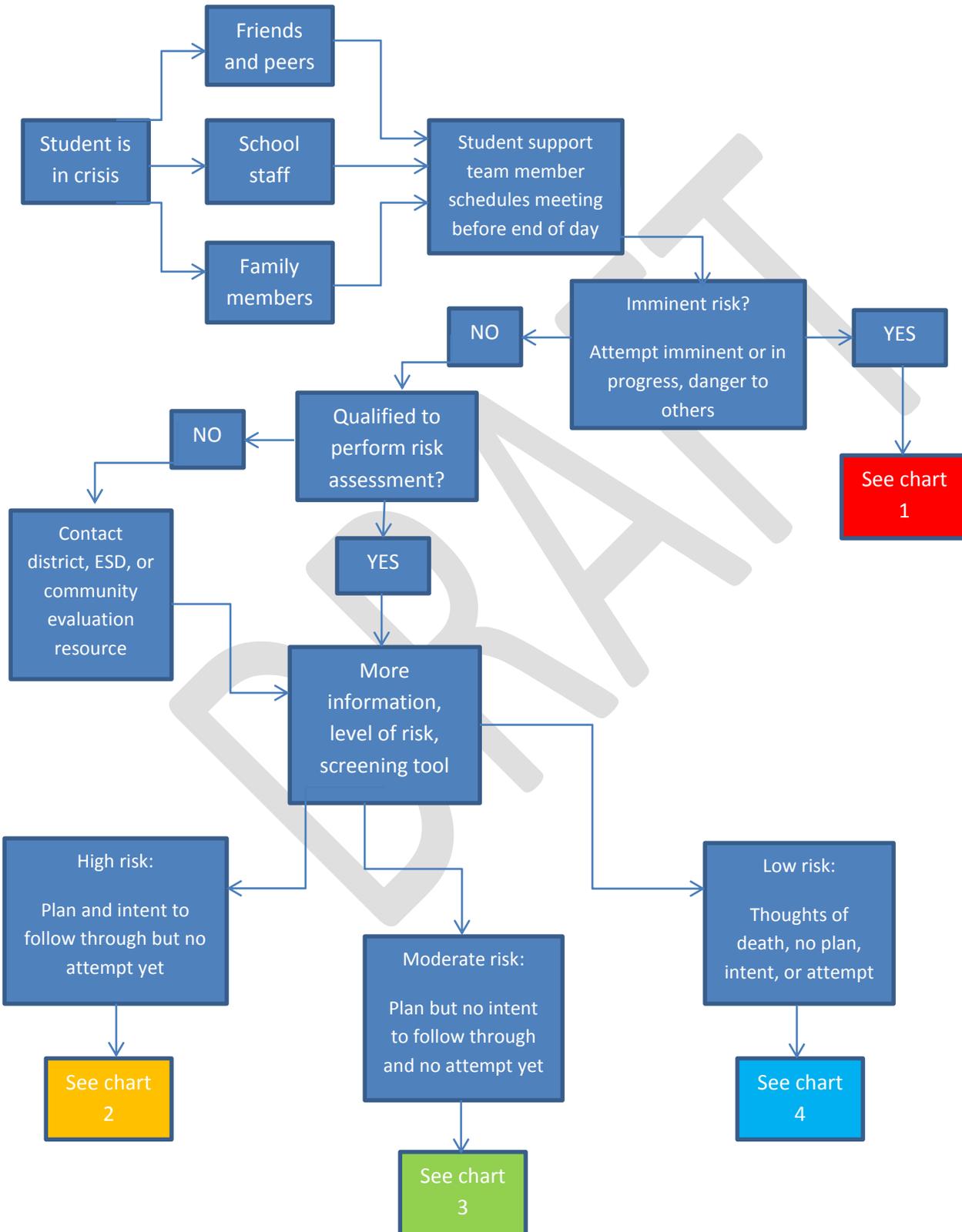
Location	Position	Name	Office phone	Email	Days at this location	Personal phone

At community partner organizations:

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

RESPONSE 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.



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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.

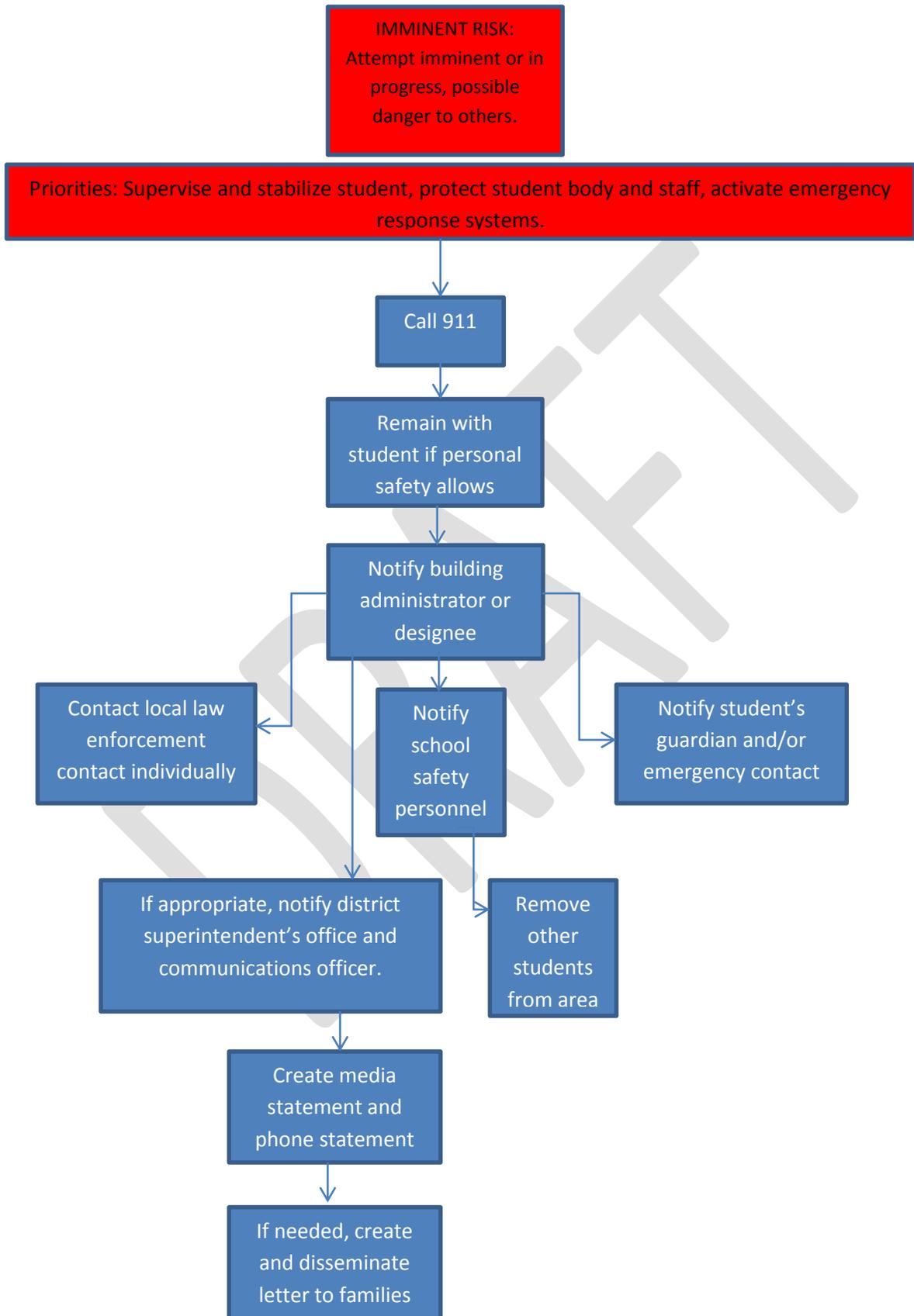
Depending on the situation, the support team member, building administrator or proxy will:

- 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 media contact of the situation if it appears that media will cover the event or students have been impacted such that families will need to be notified.

If necessary, the 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.
 - Reassurances that the school remains open and remains safe.
- If communication with families is necessary, the letter will be disseminated to families by [method](#) 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:

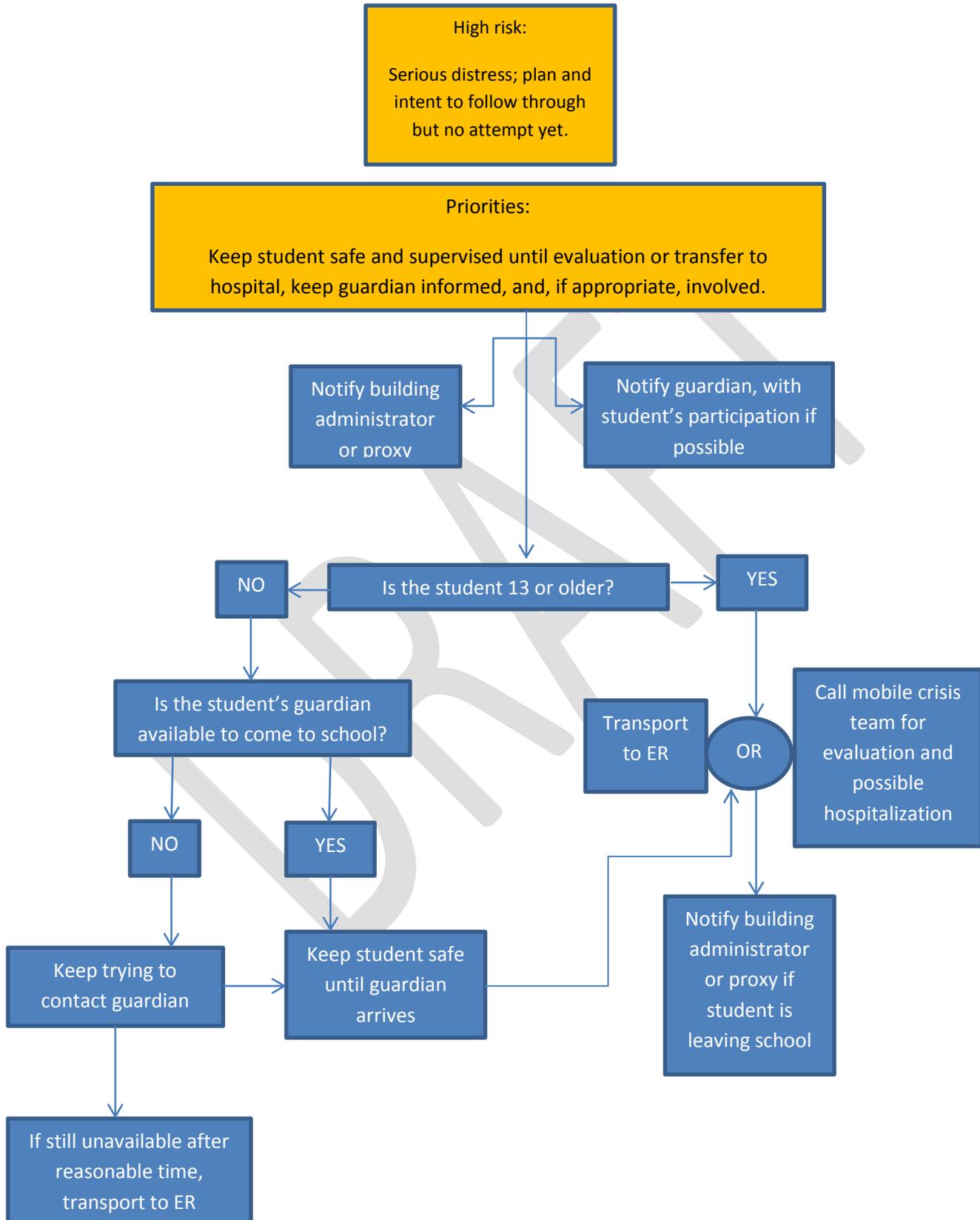
- According to Washington State law (RCW 71.34.530), a student age 13 or older may independently consent for a range of mental health services without parental consent or notification. These include evaluation from mobile crisis outreach teams.
- If the student is 13 or older, the school can ask for a mobile crisis evaluation by contacting:

Organization	Phone number	Contact person, if known	Contact’s extension or direct line

- 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. The following people are authorized to transport a student offsite for health or mental health care in these cases:

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

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	Contact person, if known	Contact's extension or direct line

- The building administrator must be notified if the student will be leaving school grounds.
- 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](#) using [tool](#).

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	Contact person, if known	Contact’s extension or direct line

- 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. The following people are authorized to transport a student offsite for health or mental health care in these cases:

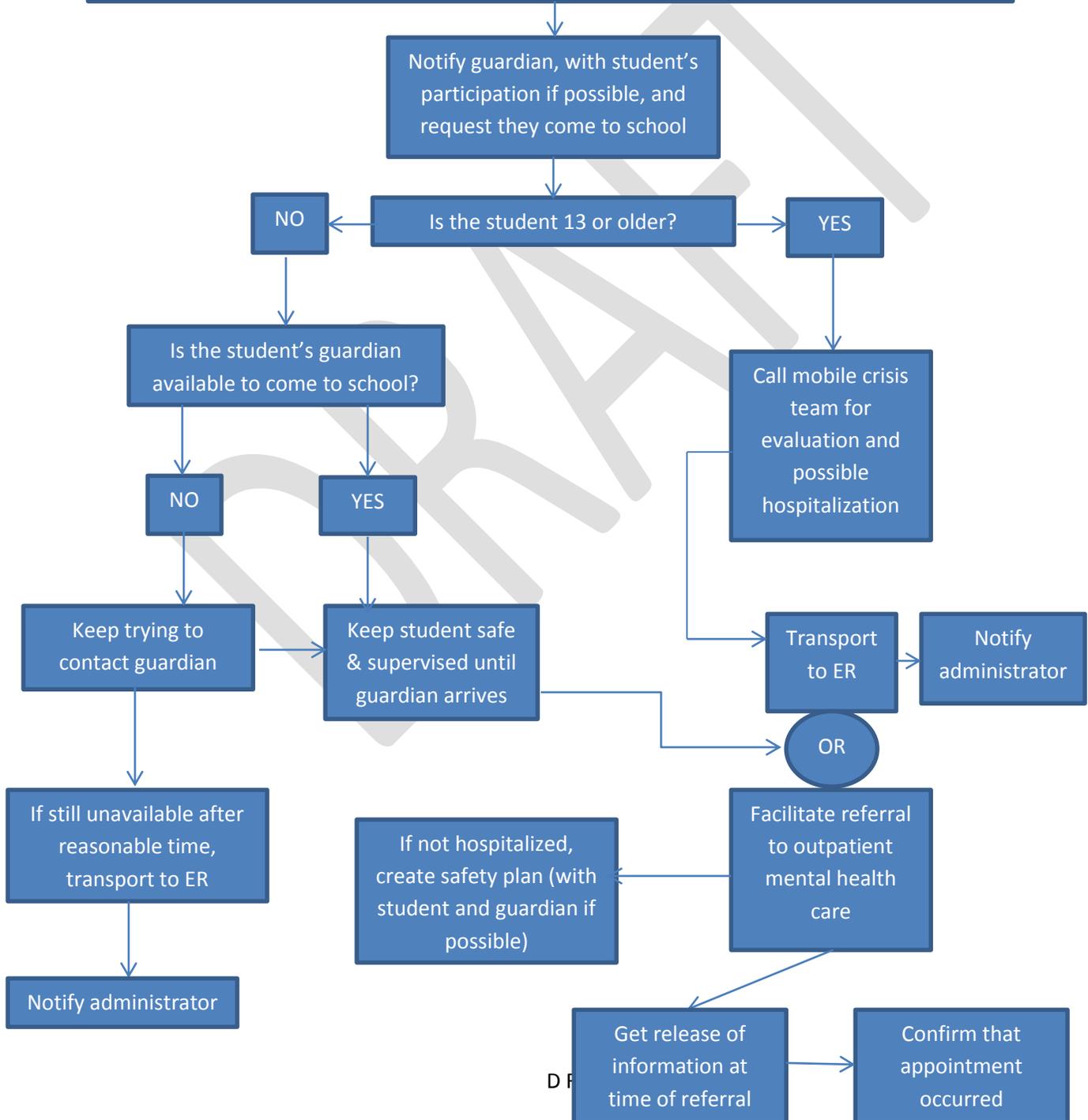
Location	Position	Name	Office phone	Email	Days at this location	Personal phone

- A student at moderate risk who does not need to go to inpatient care should also create a [safety plan](#) using [tool](#).
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.

CHART 3: MODERATE RISK

Moderate risk:
Plan but no intent
to follow through
and no attempt
yet.

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



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.

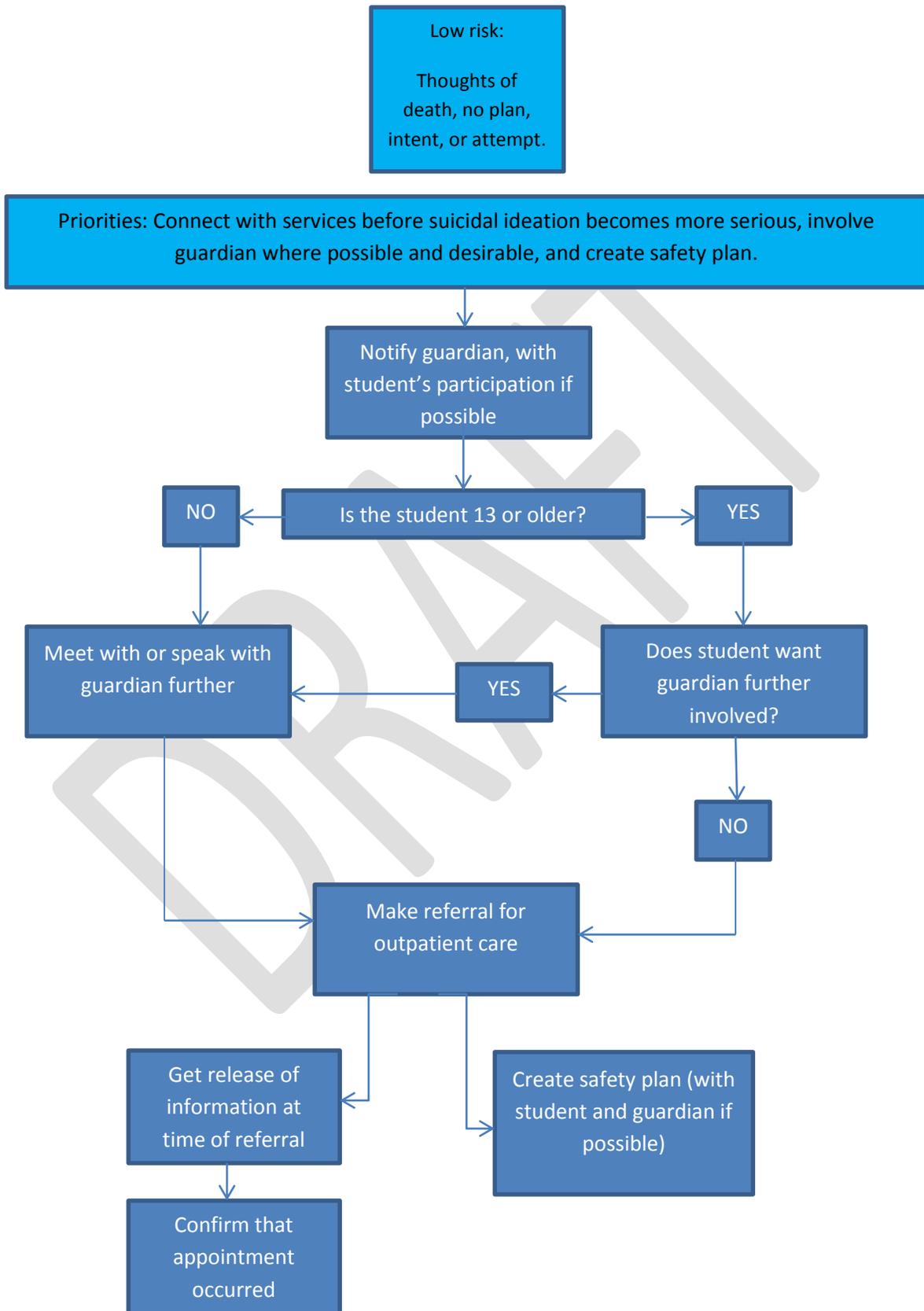
The support team member will:

- 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](#) using [tool](#).

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 the situation and the terms of the safety plan.
- Discuss with the student's guardian the importance of preventive mental health care and provide a list of appropriate referrals, taking into account:
 - 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.
- If a student is remaining in school but has missed class time or the crisis is affecting their school performance, the support team member will discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.

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.

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

PRIORITIES:
 Help student who has been absent for some period of time for mental health care or substance abuse treatment reconnect with school, maintain safety, and receive appropriate accommodations.



POSTVENTION

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

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 our outside school hours.

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

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 by [phone tree procedure](#) and 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 the [List resources here](#). To convene this group, administrators should contact the following person(s):

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

The administrator and crisis team contact will discuss:

- The crisis team's feedback on how to handle the crisis.
- Who from the crisis team will attend the morning staff meeting and what their roles will be.
- The crisis 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 district’s media contact. All media inquiries will be directed to this person and students and staff will be directed not to speak with any representatives of the media.

Location	Position	Name	Office phone	Email	Days at this location	Personal phone
	District media officer					

The media contact 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 building administrator will also contact [Employee Assistance Program](#).

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

During this conversation, they should agree on:

- Availability of at least one counselor for the entire school day tomorrow, including the morning staff meeting.
- Counselor availability for at least the next week.

Additionally, the administrator 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 crisis 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 offering 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

- A Safe Room will be designated and set up with appropriate seating, necessary forms for students to sign in and out, tissues, information about grief, and other necessary items. The ideal Safe Room is a large room with several seating areas whose location is known to all students (for example, the school library). This should be set up and ready before the staff meeting.
- 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, will be held and end 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 crisis 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.

AFTER A STUDENT'S DEATH: STAFF ROLES WORKSHEET

Date:

Deceased student's name and grade:

Cause of death, if known and disclosed:

District media contact:

Name	Location today	Phone	Alternate phone

Main office telephone coverage (will not be done by student volunteers):

Emergency contact for observed suspicious student behavior:

Name	Location today	Phone	Alternate phone

Extra staff in the building to provide support:

Name	Organization	Professional role	Cell phone number

Person who will follow the deceased student's schedule for the day:

Name	Title	Cell phone number

Extra hall and grounds patrols:

Name	Title	Cell phone number

Safe Room Location:

Safe Room staffing schedule:

Period	Staff name	Advanced training in suicide prevention or grief?

Teachers who have requested classroom coverage while accessing grief counseling:

Period	Teacher	Classroom	Substitute name

Students of immediate concern:

Name	Grade	School counselor	Reason for concern	Check-in?

Time and location of end-of-day staff 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 by [method](#) and be posted on the parent section of the school’s and district’s websites. Communication with parents should include the following:
 - Brief factual information about the crisis, avoiding focus on details of the death or means.
 - The school’s condolences to the deceased student’s friends and family.
 - Messages about grieving, such as that other students may feel regret, guilt, anxiety, or fear.
 - Mention of existing support and suicide prevention resources in the school.
 - Discussion of the school’s crisis response, including the Safe Room and the time and place of the scheduled parent meeting.
 - Discussion of suicide contagion, including signs of a crisis and intervention strategies.
 - Encouragement to contact the school if 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.

This letter will be created by the district’s media contact and distributed by [person](#).

- A family meeting within the week will be scheduled by the administrator and PTSA president or other parent contact:

Location	Position	Name	Office phone	Email	Days at this location	Personal phone

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.

It is ideal to include a local mental health expert or suicide prevention expert with advanced training in postvention as a presenter. Local resources who could speak at a parent meeting:

Organization	Position	Name	Office phone	Email	Personal phone

- 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.
- Crisis 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 crisis team after the need for all-staff meetings ends. This decision will be made by the administrator and crisis team.
- The Safe Room will be open for multiple days after the incident if student need continues. The decision to close it will be made during the morning staff meeting the school day before it closes.
- 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. Students interested in attending must submit written permission from their guardian(s), and guardians

will be encouraged to accompany students to the funeral. Having extra counseling staff available in the school the day of and the day after the funeral is recommended.

Funeral date	Funeral time	Funeral location	Staff who will attend

- 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 crisis team, ideally the building administrator, will consult with the student’s family about who should do this and what should be done with the items.
- [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.

Student’s birthday	Student’s graduation date	Date of student’s death	Other significant date

POST-CRISIS ACTIONS

- Crisis debriefing:
 - Debriefing after a crisis helps staff, students, and crisis 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.

- Written crisis evaluations:
 - Should be given by the administrator to crisis team members, staff members, and, if appropriate, students
 - Should be distributed after post-crisis chaos has settled and collected within the week
 - Sample forms are available in the appendix.
- 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 and crisis evaluations have been collected and summarized, a task force including members of the building's support team and the district crisis team will convene to determine whether adjustments need to be made in the school's prevention plan moving forward. Task force members:

Location	Position	Name	Office phone	Email

DRAFT

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>.

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

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

http://www.sprc.org/library_resources/items/preventing-suicide-toolkit-high-schools

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

INTERVENTION RESOURCES

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

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

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

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

Safety plan template: This is a best-practice framework for a safety plan. For younger students, the language will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language. <http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf>

The Use of No-Suicide Contracts by Stacey Freedenthal, PhD, LCSW: Concise explanation of why it is best to use safety planning instead of no-self-harm contracts with individuals thinking about suicide.

<http://www.speakingofsuicide.com/2013/05/15/no-suicide-contracts/>

SCREENING TOOLS

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

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

<http://www.gaincc.org/GAINSS>

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

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

POSTVENTION

After a Suicide: A Toolkit for Schools includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials, all in an easily accessible format applicable to diverse populations and communities.

<http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf>

Suicide Clusters and Contagion by Frank Zenere: This article addresses how to recognize and address risk of suicide contagion in the school setting.

http://www.nasponline.org/resources/principals/Suicide_Clusters_NASSP_Sept_%2009.pdf