**SUICIDE PREVENTION AND CRISIS ACTION PLAN EVALUATION TEMPLATE**

**INSTRUCTIONS:** This document is designed as a template for your school-based Suicide Prevention and Crisis Action Plan. This template can be used to create your own comprehensive school-based crisis plan. Any item that is italicized and highlighted is designed to be a place where you can plug in and adapt your own school information. Please note: The text in this template is designed as a sample, so please adapt and modify this text as it relates to your individual school.

**INFRASTRUCTURE**

**SCHOOL FACULTY AND STAFF WITH EXPERTISE IN BEHAVIORAL HEALTH**

The following school staff have been identified as having expertise in behavioral health. They will be available to assist and support students with behavioral health concerns. *\*Add rows to this table so all relevant school staff are included.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Position/Title** | **Office Number** | **Phone Number** | **Email** | **Notes on any Expertise** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

The following School Staff members have been identified as being able to support families with diverse linguistic and cultural backgrounds. *\*Add rows to this table so all relevant school staff are included. (Note – if you do not have staff in the building that can support students with diverse linguistic and cultural needs please include other resources/external support persons who can assist students and families.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position/Title** | **Office Number** | **Phone Number** | **Email** | **Additional Languages (if any)** | **Notes on any Expertise** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**CRISIS RESPONSE CHECKLIST CONTINGENCY PLAN AND DISSEMINATION**

*[insert school name]* Suicide Prevention and Crisis Action Plan will be updated on a *[**insert how often plan will be updated i.e. annually, bi-annually, quarterly, etc.].* This plan was last updated on *[MM/YYY] by [insert name of the person who last updated the plan].* The next update of this plan will take place on *[MM/YYYY].*

A copy of this plan will be distributed to all school faculty and staff members via *[insert method of dissemination, i.e. email]*. A hard copy of this plan will be housed *[include a specific location, i.e. the main office, the counselor’s office, etc.]*. *[Insert name of person responsible for housing plan, i.e. counselor, person, etc..]* will be responsible for housing the plan for the *[YYYY-YYYY]* school year, *[insert name]* can be contacted at *[insert email address and/or phone number]* for requests related to obtaining a copy of this plan.

**COMMUNITY BASED RESOURCES**

Here is a list of national, state, and community-specific resources that can assist students and their families with behavioral health and related concerns. *\*Please list as many places as you can, the more the better. Note: Forefront staff are happy to help give recommendations.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization/****Practitioner Name** | **Address** | **Phone Number** | **Email address**  | **MOU in Place? (Y/N)** | **Additional Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

The community resource list will be updated [*insert how often plan will be updated i.e. annually, bi-annually, quarterly, etc.]. [Insert name(s) of staff]* will be responsible for updating the community resource list for the *[YYYY-YYYY]* school year. The next update of the list will be on *[MM/YYYY].*

**RESOURCE LIST ACCESSIBILITY**

The list of community-based resources will be housed on *[insert specific place where list will be publicly available, i.e. on the school website under the counseling page]* so that students, families, and staff can easily access the community resource list at any time.

**ENVIRONMENTAL SCAN**

In order to ensure all school buildings are suicide safe (i.e. medicine in nurse’s office is properly locked, there are no chemicals around, etc.), [*insert name of staff member, i.e. the custodian, athletic director, etc.*] will conduct an environmental scan of the building *[annually, bi-annually, monthly*] and will write a brief report that will be sent to the [*principal/designee, etc*.]. In the event that [*insert name of staff member conducting the environmental scan*] does find something of concern in the school building, the [*principal, vice principal, etc.*] will be in charge of resolving the issue within [*insert timeframe*].

*\*Please fill out this Environmental Scan Checklist to help keep track of regular environmental scans. Please adapt and edit as it applies to your specific school.*

|  |
| --- |
| **Environmental Scan Checklist** |
| **Item** | **Safe? Yes or No** | **Date Last Checked** | **How has this item been secured?** | **Notes** |
| Meds in Nurses Office |  |  |  |  |
| Rooftop Access |  |  |  |  |
| Cleaning Supplies Storage |  |  |  |  |
| Science Lab |  |  |  |  |

**PREVENTION**

**TRAININGS**

*[Insert school name]* will provide regular trainings for staff, faculty, students, and families around behavioral health and suicide risk. Trainings on the topic of suicide are not recommended in the immediate aftermath of losing a school community member to suicide. Resources however will be provided during this time of healing.

**FACULTY AND STAFF TRAINING**

Staff and faculty trainings will happen on a [*insert frequency of training, i.e. annually, bi-annually, quarterly, etc.]* basis. For the *[YYYY-YYYY]* school year faculty and staff will participate in the [*insert name of suicide risk training*]. This training will be held *[insert method of training, remotely, at a staff meeting, etc.]* and will take place in *[MM/YYYY].*

Throughout the school year faculty and staff will also be offered the following: *[please list any additional mental health trainings, webinars, or meetings that have been planned].*

**PARENT TRAINING**

Parent trainings will be offered in a remote or in person format twice a year. (Ideally at least once a semester.) The school currently plans to offer *[insert training name]* for the XXXX-XXXX school year. Parents will be made aware of the training through *[email and/or letter and/or school website and/or at school sponsored events*. *[insert responsible staff]* will be responsible for ensuring that at least one parent training is happening a semester and that information regarding these events is communicated to parents (i.e. through an email, school website, etc.).

**STUDENT TRAINING**

All students will receive at least one suicide prevention and mental health training per school year. *[Insert school name]* will offer *[insert specific name of training]* during *[insert MM]* for the *[school year].* Students will receive this training during *[insert when students will receive training i.e. in health class, homeroom].*

(If applicable) *[Insert School Name]* will offer students both a peer-led training and a faculty delivered student training. *[Please add any additional information that applies, i.e. the name of the trainings, (NAMI’s Ending the Silence Training) when they will take place, opt out location/activity, etc.]*

**REFERRAL FOR HELP CARDS**

All suicide prevention trainings will include a referral for help card. At the end of each training there will be a slide that contains information about how a staff member, parent, or peer can refer a student who they are concerned about to the Counseling Center for further evaluation and support.

*[Insert school name]* referral for help card will look like this:

**SAMPLE REFERRAL FOR HELP CARD**

If you are concerned about a student you can refer them to *[insert school specific support – counselor, psychologist, etc.]*. This template incudes the appropriate contact information and guidance on what to say in your referral:

*[insert name of school staff member*] can be contacted at:

Email: *[insert email]*

Phone Number: *[insert phone number]*

Sample Script: Hello, I am reaching out to refer *[insert student name]* because I am concerned about their mental health. This is why I am concerned*: [insert a few sentences about what led you to feel concerned about this student.]* \*Optional line to add\* Please feel free to contact me at [*insert your contact information*] for any questions.

**TRAINING SUSTAINABILITY**

*[insert school name]* will offer faculty/staff, parent, and student trainings annually and will establish the following suicide prevention training sustainability protocol:

*\*Sample Protocol\**

* *[Insert school name]* will ensure that at least two school staff are current and up to date in presenting the Forefront Suicide Prevention LEARN training. Our school has also selected *[insert mental health training i.e. NAMI’s Ending the Silence as an approved Mental Health Awareness Training for Staff, Students and Parents.*
* Each year *[insert school name]* will provide time to review, practice and mentor new staff and parents in presenting the Forefront Suicide Prevention LEARN training. This will help build up the number of individuals trained within the school community. This practice will help to ensure there are adequate trainers within in the school as well as act as a safety net in the event that there is staff turnover.
* *[Insert School Name*] will appoint a health and wellness committee responsible for the oversight of staff and student wellbeing. This team will be responsible for overseeing and ensuring that suicide prevention and other behavioral health related trainings happen each year for school staff, students, and parents/caregivers. The current year *[insert school year*] wellness committee includes: [*insert names and emails of staff serving on the health and wellness committee*.]

**POLICIES AND PROCEDURES FOR MONITORING STUDENT ENGAGEMENT**

*[Insert school name*] recognizes that student engagement is an important way of monitoring student behavioral health. *\*Please insert school’s plan to monitor indicators that a student might be in emotional distress and/or struggling with behavioral health related issues. \** Here is a sample plan: *At monthly staff meetings school faculty and staff will be reminded to watch for excessive absences, significant changes in grades, or other classroom behaviors (i.e. students acting out, being disruptive, noticeably dis-engaged, not participating in class, or struggling to stay awake/focused. Faculty and staff will be instructed that if they do notice these behaviors they should first check in with their student as it could be an indicator of a more serious behavioral health problem. Additionally, faculty and staff will be reminded that if they do notice a student is exhibiting any of the latter issues, they should make a referral to the counseling office so that a school counselor can check in with the student and further assess and work with the student to better support them.*

**INTERVENTION**

**REFERRAL FOR HELP CARD**

[*Insert school name*] has created the following protocol to ensure that all referrals (including self and other referrals) are adequately documented. This documentation will help keep staff accountable for properly handling and following up on all school-based referrals. This protocol will be distributed each year to all staff at *[insert where staff will receive this, i.e. at summer in-service days, via email on the first day of school, at a staff meeting, etc.].* Additionally, *[insert school counselor, nurse, principal, etc.]* will be responsible for maintaining this protocol for the *[YYYY-YYYY school year]*. *[Insert name]* will be available to provide copies of the referral protocol upon request and will be the contact person in the event that school staff, parents, or students have questions about the referral protocols and procedures*. [Insert school name]* official policy and procedures for referrals can be found under the intervention section of this document.

**INTERVENTION PROTOCOLS AND PROCEEDURES**

To ensure all students at *[insert school name]* identified as potentially being at risk for suicide and/or other behavioral health concerns are connected with and receive the proper resources and supports; *[insert school name]* has established the following protocol and procedures:

\*Sample Protocol and Procedures\*

Every student referral will be reported to and documented by *[insert staff position responsible i.e. counselor].*

*\*Please fill in and adapt the following chart based on your specific school*

|  |
| --- |
| **Students of Concern Referral Contact List** |
|  | **Name** | **Work Phone** | **Cell Phone** (after hrs) |
| **Primary School Contact** |  |  |  |
| **Alternate School Contact (**contact if the primary contact is unavailable) |  |  |  |

**REFERRALS**

**Self-Referral:** If a student is concerned about themself and has disclosed this concern to a school staff, the staff member should first talk with the student about the student’s concerns. Staff are reminded to listen to this student with empathy and compassion and without judgement. Staff should thank the student for feeling comfortable enough to come talk to them and praise the student for seeking help (this will encourage a positive school culture around help-seeking behaviors and reduce stigma). Once the student has voiced their concerns, even if all they say is that they need help, staff should work with the [*insert person responsible, i.e. counselor*] to ensure a timely risk assessment is conducted. In order to ensure proper documentation, the staff member will fill out a *[insert school name]* referral form.

**Other-Referral:**In the event that a school staff member becomes concerned about a student, they should report their concerns to the [*insert staff responsible i.e. counselor*] as soon as they can. To ensure proper documentation, the staff member will write out their concerns on the [*insert school name*] referral form.

**Referral Forms: *Note:* all school staff members will be instructed about how to use a referral form at the first staff meeting of the school year.**Both self and other referral forms will be located *[insert place of location, in the Counseling Center, on the school website, etc.].* Referral form procedures will be for self-referrals and other referrals (i.e. a student reporting concern about themselves or a friend to a teacher OR a teacher reporting a concerned student). All referrals will be documented on a referral form **within 24 hours of the initial referral**. The referral forms will be used by [*insert staff responsible, i.e. School Counselor*] to initiate a meeting with the student for further evaluation and suicide risk assessment in a timely manner.

* + Please find a copy of our referral template in the appendix

Once a referral form has been submitted, a risk assessment will be conducted within [*insert time frame, i.e. 24 or 48 hours*] of the receipt of the referral form**, with the exception of when a student indicates they are actively suicidal – in that case the referral must be done ASAP.***\*Note in the event that there is a student at imminent risk for suicide, the following procedures might be completed in a different order and/or on a slightly different timetable. The next section will describe management of students by risk level in more detail, but the number one priority is student safety and [insert school name] wants to acknowledge that in the event an acute crisis arises, the number one priority is getting a student proper professional care and evaluation, which could lead to immediate contact with a student’s guardians and/or transport to the local emergency department.*

**DOCUMENTATION AND STUDENT MANAGEMENT BY RISK LEVEL**

***\*Please note****: This section does not necessarily have to be broken up by risk level as long as there are clear protocols for helping students at all levels of risk.*

***The mobile crisis number for [insert school] area is: [Insert mobile crisis number]***

Once a student is evaluated by the school *[insert position responsible i.e. counselor*], using the [*inset name of screening tool*] to assess the student’s level of suicide risk, the following documentation and procedures will occur:

**Imminent Risk:** If a student is at imminent risk for suicide, meaning they have made a suicide attempt and/or are in progress of an attempt; the student will be immediately brought to a safe space *[insert safe space in school, i.e. school counselor’s office or nurse’s office]* where they can be under constant supervision until a healthcare professional has arrived. The [*insert name of person responsible, i.e. school counselor or nurse*] will remain with the student while *[insert responsible administrator, i.e. principal/designee*] calls emergency services (ideally crisis services; 911 should only be used as a last resort for behavioral health emergencies). The [*insert administrator responsible, i.e. principal/designee*] will then notify school safety and other relevant staff members of the crisis. To preserve confidentiality and reduce stigma, school staff will be instructed to try and keep the designated area [*insert safe space in school, i.e. School Counselor or Nurse’s office*] clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. The [*insert administrator responsible, i.e. principal/designee*] will also contact the student’s guardian(s) as soon as possible. Please note: In a crisis, where a student is at imminent risk of suicide, the main priority is keeping the student safe and connecting them to acute care as quickly as possible. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian) the [*insert name of person responsible, i.e. school counselor or nurse*] will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school based server, that only approved school staff have access to. They will then schedule to follow up with the student and their family within 24 hours to check in with them and figure out next steps (i.e. follow up care and supports the school can offer) and creating a safety plan for the student. (Please see the student re-entry plan on page [*insert page number*] of this document if applicable.)

**High Risk**: If a student is at high risk for suicide, meaning they have indicated that they have a plan and/or access to means to carry out the plan, and indicate that they intend to carry out their plan; the student will be immediately brought to a safe space *[insert safe space in school, i.e. School Counselor or Nurse’s office]* where they can be under constant supervision until the student’s guardian can come and/or the student can be evaluated by a mobile crisis unit. Identify if the student is older or younger 13.

* If the student is **under 13** - The [*insert name of person responsible, i.e. school counselor or nurse*] will remain with the student while *[insert administrator responsible, i.e. principal/designee*] calls the student’s guardian. The [*insert name of person responsible, i.e. school counselor or nurse*] will remain with the student until the guardian can come to the school. Upon the guardian’s arrival, the [*insert name of person responsible, i.e. school counselor or nurse*] will explain that the student has been identified as being at high risk for suicide and recommend they be evaluated immediately by a mental health professional (i.e. by mobile crisis or at the local emergency department). If the student’s guardian is unable to be reached in a reasonable amount of time, emergency services will be called. (Please note ideally crisis services; 911 should only be used as a last resort for behavioral health emergencies - in to preserve confidentiality and reduce stigma). School staff will be instructed to try and keep the designated area [*insert safe space in school, i.e. Counselor or Nurse’s office*] clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian. The [*insert name of person responsible, i.e. school counselor or nurse*] will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school based server, that only approved school staff have access to. They will then schedule to follow up with the student and their family **within 24 hours** to check in with them and figure out next steps (i.e. follow up care and supports the school can offer). (Please see the student re-entry plan on page [*insert page number*] of this document if applicable.)
* If the student is **over 13** - The [*insert name of person responsible, i.e. school counselor or nurse*] will remain with the student while [*insert administrator responsible, i.e. principal/designee*] calls the mobile crisis hotline to come and evaluate the student, and will then also calls the student’s guardian. The *[insert name of person responsible, i.e. school counselor or nurse*] will remain with the student until mobile crisis and/or guardian can come to the school. If the guardian arrives before mobile crisis, the [*insert name of person responsible, i.e. school counselor or nurse*] will explain that the student has been identified as being at high risk for suicide and recommend they be evaluated immediately by a mental health professional (i.e. by mobile crisis or at the local emergency department). In the event mobile crisis comes before the guardian, to preserve confidentiality and reduce stigma, school staff will be instructed to try and keep the designated area [*insert safe space in school, i.e. School Counselor or Nurse’s office*] clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian. The [*insert name of person responsible, i.e. school counselor or nurse*] will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school based server, that only approved school staff have access to. They will then schedule to follow up with the student and their **family within 24 hours** to check in with them and figure out next steps (i.e. follow up care and supports the school can offer). (Please see the student re-entry plan on page *[insert page number*] of this document if applicable.)

**Moderate Risk**: If a student is at moderate risk for suicide, meaning the student has communicated that they are experiencing suicidal ideation, and have a plan, but do not intend to follow through on it and/or do not have the ability to follow through on a plan; the student will be immediately brought to a safe space [*insert safe space in school, i.e. school counselor’s office or nurse’s office*] where they can be under constant supervision until the student’s guardian can come and/or the student can be evaluated by a mobile crisis unit. The *[insert name of person responsible, i.e. school counselor or nurse*] will remain with the student while *[insert administrator responsible, i.e. principal/designee*] calls the student’s guardian. **If the student is over 13, the school can call mobile crisis without guardian permission. If the student is at moderate risk and 13 or older and school personnel think a mobile crisis visit is urgently needed, [*insert administrator responsible, i.e. principal/designee*] will call the mobile crisis team before contacting the guardian.** The [*insert name of person responsible, i.e. school counselor or nurse*] will remain with the student until the guardian can come to the school. Upon the guardian’s arrival, the [*insert name of person responsible, i.e. school counselor or nurse*] will explain that the student has been identified as being at high risk for suicide and recommend they be evaluated immediately by a mental health professional (i.e. by mobile crisis or at the local emergency department). If the student’s guardian is unable to be reached in a reasonable amount of time, emergency services will be called. To preserve confidentiality and reduce stigma, school staff will be instructed to try and keep the designated area [*insert safe space in school, i.e. Counselor or Nurse’s office*] clear of foot traffic until health care professionals arrive and are able to evaluate and initiate next steps for the student. Once it has been established that the student is safe (i.e. they have been transported to the hospital, they have been evaluated by a health care professional and have been determined to no longer be at high risk, and/or the student has been released from the school to their guardian. The [*insert name of person responsible, i.e. school counselor or nurse*] will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school based server, that only approved school staff have access to. They will then schedule to follow up with the student and their family within **24 -48 hours** to check in with them and figure out next steps (i.e. follow up care and supports the school can offer). (Please see the student re-entry plan on page [*insert page number*] of this document if applicable.)

**Low Risk:** if a student is at low risk for suicide, meaning they have expressed thoughts of dying and are experiencing stressors, but do not have a suicide plan and are not exhibiting suicidal behaviors; students should be referred to *[insert i.e. School Counselor*]. Upon referral, either self or other, the *[i.e. School Counselor*] will make an appointment with the student **within 48 hours**. The counselor will talk with the student to further identify what supports and resources the student may need. The counselor should encourage the student to have their guardian involved in their treatment plan. **If the student is under 13, the** ***[i.e., School Counselor*] will contact the student’s parents regardless of whether or not the student wants them involved.** The *[i.e., School Counselor*] will then work with the student and their guardian (when applicable) to make an appropriate mental health referral. The [*insert name of person responsible, i.e. school counselor or nurse*] will document the situation (including the initial event, what actions the school took, and the outcome) and save it to a password protected file on the school based server, that only approved school staff have access to. The [*insert name of person responsible, i.e. school counselor or nurse*] will regularly stay in touch with the student and their guardian (when appropriate) to ensure the student was successfully referred and to offer ongoing support to the student and their family.

**SCREENING**

[*Insert School Name*] has identified and approved *[*insert suicide risk screening tool name*]* to help screen for and identify students at risk for suicide. *\*Please list when and how the screener will be used. Please see the following sample language:*

*The [insert screening tool name] will be used to further assess a student if a referral (self or other referral) due to concerns about a student arises. [Insert name of person responsible for administering the screener, i.e. School Counselor, nurse, etc.] will meet with the student one on one within [insert timeframe, i.e. 24 hours] of receiving the referral (ideally sooner, especially if the student is at higher risk) and will talk with the student about the concerns that led to a referral and evaluate the student with the screening tool. Based on this assessment the counselor will then follow the appropriate risk-level protocols spelled out in this document to ensure the student is referred and connected to ongoing assessment and care.*

**SAFETY PLANNING**

[*Insert school name*] recognizes the benefit of safety planning for suicide prevention, therefore safety plans will be created with all students of concern. *[insert behavioral health support at school i.e. School Counselor]* will be in charge of ensuring all students of concern have a safety plan. If a student already has a safety plan *[insert behavioral health support at school i.e. School Counselor]* will meet with the student to review the current safety plan and make any necessary edits. Once a safety plan is created, *[insert behavioral health support at school i.e. counselor]* will continue to check in with the student to ensure their safety plan is still working and to work with the student to make any necessary edits or changes.

**REFERRALS, RISK MANAGEMENT, AND SCREENING DOCUMENTATION**

*[Insert school name]* will ensure that all referrals, risk management (including school based interventions, outcomes of risk management, and communication with caregivers), and screening will be formally documented and tracked.

**Referrals:** *[insert who will be responsible, i.e. School Counselor]* will track all referrals in a password protected excel file. This file will keep of running tab of the date of the referral, the student that was referred, the reason for the referral, when the student was seen by counseling staff, and the outcome of the referral. This log will serve two purposes – first it will ensure that all students that are referred are followed up with (including their participation in out of school supports and do not fall through the cracks, second, this log will ensure the school has accurate information on student behavioral health concerns which is important for future prevention efforts.

**Risk Management:**All risk management must be documented. Documentation of the situation, any interventions, if crisis support was called, communication with caregivers, plans to follow up with the student, should all be documented*. [insert who will be responsible, i.e. School Counselor]* will keep a password protected file on their computer where detailed risk management notes will be stored for all students who have a behavioral health concern at school.

**Screening:**All student based behavioral health screenings will be formally documented*. [Insert who will be responsible, i.e. school counselor]* will keep a password protected file on their computer where detailed screening notes will be stored for all students who are screened for behavioral health concerns. These notes will include student name, date of screening, who conducted the screening, which screening tool was used, the outcome of the screener, and any post screening details (i.e. was the student referred to outside resources, was the student given accommodations, when and who notified the caregiver about the screening and the results, when and how often will the school counseling team follow up/check in with the student).

**Safety Planning:** *[Insert who will be responsible, i.e. School Counselor]* will store all student safety plans on a password protected folder/server. In addition to keeping a copy of safety plans, *[Insert who will be responsible, i.e. School Counselor]* will keep a password protected excel log of all students with safety plans. This log will include the student’s name, the date the safety plan was created, and the date and brief notes for follow-up/check-in meetings. This log will ensure that all students who need safety plans have them, that students have regular check ins to ensure their safety plans are still working and/or if any changes or edits are needed, and finally to ensure the school has an accurate record of school-based safety planning interventions.

**RE-ENTRY**

**SUPPORTING STUDENT/FAMILY IN RETURN FROM EXTENDED ABSENCE AT SCHOOL**

*[Insert school name]* is dedicated to supporting students and families following an extended absence. In the event that a student has missed school due to behavioral health related concerns [*insert school name*] has established and will follow the following re-entry protocol:

**RE-ENTRY PROTOCOL**

**\*Sample re-entry protocol\***

*Once [insert school name] has become aware of a student absence due to behavioral health related concerns, a disciplinary re-entry team led by [insert name of school staff responsible for leading student re-entry efforts, i.e. the school counselor] will be assembled to support the student. [insert name of school staff responsible for leading student re-entry efforts, i.e. the school counselor] will work with the student to create a re-entry team that is staffed with school faculty and staff that are relevant to supporting the student. [Please note: the student should be involved in creating a re-entry team that makes them feel comfortable and supported].The purpose of this team will be to provide support to the student and the family during the students transition back to school. If the student already has an IEP or 504 ~~team~~, these assigned staff ~~team~~ can act as members of the re-entry team. If a student does not already have an IEP or 504 ~~team~~, a re-entry team should be created**. This team will be responsible for communicating with the family, the student’s teachers, and for completing documentation and filling out the* ***re-entry checklist*** *(which has been attached to this document).*

*One member of the re-entry team should be appointed as the main point person. This person will be responsible for communicating with the family and relevant school staff. Accommodations for accessing and completing school work assignments will be determined and communicated to Parents/Caretakers during the student’s absence.*

*A re-entry team will be convened within [insert timeframe, i.e. 48 hours] of the school’s notification of a student’s absence. The re-entry team will then meet to gather and discuss relevant information to the student’s absence (i.e. what classes and staff members need to be engaged, what the projected return date of the student is (if that information is available), and what immediate communication (either with the family or school staff members is needed). The re-entry group will draft up a plan and timeline for assisting the student and their family with the re-entry process.*

*Ideally, at least one week before the student’s return date, the re-entry team will schedule a meeting with both the student and their family to go over the re-entry checklist and address any concerns the student or family might have about the student’s re-entry back to school.*

*At the re-entry meeting the re-entry team will work with the student and their family to figure out how the school can best support the student moving forward. Together, the team with the student and their family, will draft emails that will be sent to relevant faculty and staff notifying them of the student’s re-entry and of the agreed upon accommodations and supports for the student. The point person of the re-entry team will be responsible for sending out all correspondence regarding the student’s re-entry. (Note – the re-entry team will be instructed to work collaboratively with the student and their family, and to obtain the student and families approval before sending correspondence to relevant school faculty and staff.)*

*The point person for the re-entry team will be responsible for keeping track of and documenting all team communications and plans regarding the student’s re-entry. A file will be created for the student including all documentation on re-entry planning. The file will be stored in a password protected folder on the school’s private server. Only members of the re-entry team will have access to the files to preserve confidentiality.*

**Safety Planning:** The re-entry team should work with the student to create a Safety plan. If a safety plan already exists the re-entry team should work with the student to review and make any necessary changes of edits to the existing safety planning.

**ADDITIONAL TASKS FOR THE RE-ENTRY TEAM**

* Create a plan to address bullying, harassment, and discrimination*.*
	+ *[insert name of school staff responsible for the re-entry process]* will work with the student’s teachers to make sure they monitor the classroom for bullying.
	+ Similarly*, [insert name of school staff responsible for the re-entry process],* will work with the student’s teachers to prepare them to appropriately address any questions that might come up about the student’s absence
* The crisis team will designate one of the team members to monitor the student once they return to school to ensure the student is not getting bullied, feels supported in their return, and is adjusting well to returning to school.

**POSTVENTION**

*[Insert School Name*] recognizes that the death of a student, staff member, alumni, or anyone within the school community by suicide is a tragedy that effects the entire school community. *[Insert school name]* understands that suicide postvention must be handled in a way that is supportive of all community members and is handled in a way that is mindful of contagion.

**POSTVENTION INFRASTRUCTURE**

**POSTVENTION COMMUNICATIONS**

**School Staff, Students, and Parents/Caregivers:** To ensure that *[insert school name]* is prepared during a postvention, the following infrastructure has been put in place: Suggested resources include: [Model School District Policy on Suicide Prevention](https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf), [After a Suicide Toolkit](https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf), [Preventing Suicide - A Toolkit for High Schools](https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669)

Draft templates of notifications to communicate the news to the school community based on wishes of the family are located in the appendix. These should include notifications for the following situations: a) family has given permission to call the death a suicide, b) family has confirmed suicide but wishes not to communicate this and c) family has not given permission to call the death a suicide. There are three separate drafts, one tailored to school staff, the other tailored to students, and the third designed for parents and caregivers***. [Please include a copy of your school’s draft communication in the appendix of this document].***

**The Media:**[*Insert Staff Name*] will act as the point person for all media related requests and statements. Any communications to the media should go through the media point person. Communications Officer uses Best Practice Guidelines in reporting on suicide.

**Media Point Person Contact Information:** *[Insert Staff Name], [insert email address], [Insert work Phone number], [Insert after hours contact information].*

***[Please include a copy of your school’s draft communication in the appendix of this document].***

**Internal Communication:** *[insert school name]* has set up a phone tree to ensure effective and timely communication for all school faculty and staff. In the event that *[insert school name]* need to enter into the postvention process, *[inset staff name]* should be contacted immediately to activate the phone tree*.* Here is *[inset staff name] contact information:* **Phone:** *[insert #],* **After Hours Phon**e: *[insert #],* **Email:** *[insert email address]*

**External Support:** The following flight team has been established. These individuals from neighboring/partnering schools will be called on to help support [*inset school name*] during the postvention process: \*Please fill in the following chart with your own flight team members, feel free to edit and adapt this chart as needed

|  |
| --- |
| **[Insert School Name]’s Flight Team** |
| **Name** | **Email Address** | **Phone Number** | **School Affiliation** | **Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Staff Support:** [*insert school name*] recognizes that a loss in the school community effects not only students, but staff as well. We realize that there needs to be infrastructure to support school faculty and staff. For that reason, in the event of a death in the school community, [*insert staff name i.e. principal*] will remind staff that they can get in touch with the Employee Assistance Program (EAP) if they need support. The EAP’s contact info is:\**Insert EAP’s contact information and/or instructions for how staff can access them*\*

In addition, [*insert school name*], has prepared a resource guide for employees. The resource guide includes information on how to access employee support (Such as the EAP) program, as well as information on local behavioral health resources including information about grief and loss, etc. This guide can be found in the appendix. ***\*Please make sure to include the employee resource guide in the appendix of this document***

**MEMORIALS**

[*insert school name*] has established in advance policies and procedures regarding memorials and related activities following a suicide death in the school community. These policies and procedures follow best practices for suicide postvention and recognize postvention efforts need to be handled with care and in a way that reduces the risk of suicide contagion. The following procedures have been established:

* [*Insert School Name*] will work with students who want to do something in memory of the deceased student.
* The following are considered appropriate 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.

**ANNIVERSARIES**

*[Insert School Name*] will be mindful of anniversaries, such as the anniversary of the death, the student’s birthday, the date the student would have graduated, etc. [*Insert staff person i.e. counselor*] will note important dates in a postvention document, that will be kept in a password protected file. *[Insert School Name*] recognizes that vulnerable students may need extra support and observation during these times. [*Insert staff person i.e. counselor*] will be responsible for keeping track of these important dates and will make sure to keep an eye on students who either had a close relationship with the deceased student and/or students who had concerning reactions to the death, and/or students who have been identified of as being at risk for suicide.

**RESOURCE GUIDE**

*[Insert School Name*] has also created a resource handout that includes warning signs of suicide and possible reactions to grief/trauma. The resource identifies what to look for and provides reminders of how to refer any students of concern. These can include:

* Students 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.

The resource handout also lists both school-based and external behavioral health resources. A copy of the resource handout can be found in the appendix of this document.

*\*Please create a resource guide including warning signs and risk factors of suicide and concerning reactions to grief/trauma as well as both school-based and community-based resources that can be given to both staff, families, and students during the postvention process. Please include a copy of the resource guide in the appendix of this document.\**

**BEFORE THE FIRST DAY**

* [*Insert staff responsible, principal/designee, etc.*] will confirm the news and convene the crisis team

[*Insert School Name*]’s Crisis team: *Please list your crisis team members, include their phone numbers and/or email addresses.’*

|  |
| --- |
| **[Insert School Name]’s Crisis Team** |
| **Name** | **Email Address** | **Phone Number (day and after hours)** | **Role** | **Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* Upon receiving news of a student’s death, including an unconfirmed rumor, a staff member must immediately contact [*principal, head of school/designee*]. Contact must be made whether this is during or outside of school hours. The [*principal, head of school/designee*] will then confirm the accuracy of the information.
* [*Insert staff responsible for talking with the family, principal/designee, counselor*] will 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?)
* [*principal/designee, etc.*] will work with [*insert school name*] crisis team to provide factual information to staff and students, while respecting the wishes of the family.
* [*insert school name*] crisis team will be responsible for monitoring social media for any inaccurate or exaggerated details of the event.
* [*Insert staff responsible for activating the communication plan, principal/designee, etc.*] will then activate the building’s established communication plan.
* [*principal/designee, etc.*] will activate the school phone/email tree to notify school faculty and staff of the news. *\*Please include a copy of the phone/email tree in the appendix\**
* [*Principal*/designee] will work with the [*insert name of person responsible for school communications*] to send out an email to school staff and parents/caregivers notifying them of the news *\*As mentioned in the postvention infrastructure section, please include sample drafts of communication in the appendix\**
* The [*insert school name*] crisis team will work to establish a trauma-responsive school setting immediately following a crisis. This will include the following:
* [*Insert staff member i.e. the counselor*] will be responsible for establishing a temporary safe room for students. [I*nsert staff member i.e. the counselor*] will work with the crisis team to ensure the following takes place:
	+ 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.
	+ That is accessible and known to all students
	+ Registration Forms for students to sign in and out
	+ Information about grief
	+ Possible places for the safe room include: [*virtual meeting rooms or places in the school where a safe room could be created and include protocols for students who do not wish to remain in the classroom setting after hearing the news.*
	+ Possible school staff that could help run the safe room include: [*please list staff who could help with the safe room, ideally this would be Counseling Center staff and others with behavioral health training*]
* [*Insert person responsible for this, building administrative assistant*?] will remove the deceased student’s name from:
* The school’s attendance roster
* Automated call system
* Any other place that a call home could be initiated.
* Automated lunch program payment system
* [insert staff member i.e. the *counselor]* will initiate the process that will be used to identify students who may be in need of extra support or at risk of suicide contagion. The following should be considered *\*note this information should also be included in the postvention resource guide*:
* 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.
* The *[insert person responsible, principal/designee]* will notify other schools in the district, in particular, schools who may have students related to the deceased student.
* [*insert staff member, i.e. the principal/designee*] will be in charge of activating staff support resources such as the employee assistance program. They will also ensure all staff members receive the [*insert school name*] employee resource guide and are aware of all available staff support.
* The *[insert person responsible, principal/designee]* will be responsible foremailing all school faculty and staff with a plan for the next day. The email will include information regarding a required faculty meeting before the start of the next school day, safe room location and resources for staff, family and students.
* Finally, the *[insert person responsible, principal/designee]* will work with[*insert staff member(s), i.e. Counseling Center and Communications staff*] to ensure a resource guide of both school and community-based behavioral supports goes out to all parents/caregivers/families within [*insert timeframe, i.e. 24 or 48 hours*] of the news being confirmed.

**DURING THE FIRST DAY**:

An hour before the first day, the [*principal/designee, etc*.] will hold a staff meeting for ALL school faculty and staff. 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.
	+ Time should be taken to discuss self-care strategies for staff and to ask staff what additional support they may need
		- Certain staff might require additional support and/or might need a substitute so they can take some time for themselves.
		- [*Insert school name*] will work to ensure all staff needs are met and staff feel supported during the postvention process
* Review of the school and district’s aftermath 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. It is not best practice to make announcements over the school intercom system. An exception to this would be circumstances where schools are in a distance learning mode.
* 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.
* Identify staff responsibilities for subsequent days – this should include identifying staff to fill roles needed immediately. Roles that need to be identified at the staff meeting include:
	+ Counseling staff to follow the deceased student’s schedule
	+ Counseling staff to check in with students of concern
* Plans for the next few days will be discussed including:
	+ 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
* The *[insert school name crisis team*] will meet regularly to assess and discuss any ongoing needs. They will keep the Safe Room open for a couple of days based on student need. Staff will be encouraged to reach out to the crisis team with any additional concerns, questions, or relevant updates. Staff will be able to contact the crisis team at [*insert email(s) of crisis team members*].
* Teachers will be given an announcement to read to their first period class notifying them about the death. (For more information about tailoring a statement to the situation and what topics to avoid in this conversation, see, [After a Suicide: A Toolkit for Schools.](http://www.sprc.org/webform/after-suicide-toolkit-schools)) \**Please include a draft template of sample announcement for students in the appendix*\*
* Finally, staff will ensure that all students of concern (prior to the first day) are identified. This includes the deceased student’s siblings, close friends, teammates, or partners. Additionally, any students who have been identified as being at risk for suicide should be on the list of students to check in with. Teachers will be asked to closely monitor all students over the next few days and to please contact [*insert counselor and the person in charge of roles (i.e. Admin staff) names AND contact information*] if any additional students of concern are identified.
	+ A staff member will be assigned to check in with each student of concern.
* During the meeting [*insert staff name, i.e. Counseling Center Staff/Admin*] will document staff roles (i.e. who will follow the deceased student’s schedule, who will check in with students of concern, etc.). [*insert staff name, i.e. principal/designee]* will be responsible for following up with staff members who have been assigned roles and for checking in with those staff members to ensure all of their roles have been fulfilled and/or if they have any additional concerns or need additional support.

**WORKING WITH THE MEDIA**

*[insert name of school media contact*] will be responsible for communicating with the media. Staff and students will be instructed to not speak with the media themselves, but to instead direct all media questions to [*insert name of school media contact*]. \**Please include draft templates of media communications in the appendix\**

**AFTER THE FIRST DAY**

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. Having extra counseling staff available in the school the day of and the day after the funeral is recommended. [*Insert staff member, i.e. the counselor*] will work with the school to ensure that information on the funeral is communicated appropriately with the school community.

Removal of the deceased student’s desk or chair from classrooms must be done sensitively and with clear communication to and with students. [*Insert name, janitor?]* will be responsible for removing the student’s belongings and desk. 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.

[*Insert staff name, i.e. counselor, teacher, etc*.] will remove and return the deceased student’s personal items and respectfully dismantle any memorials:

* Empty the student’s locker, gym locker, cubbies, or other places personal items 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.
* [*Insert staff name, i.e. counselor*] will work with students to ensure any memorializations are removed in a respectful manner.

[*Insert School Name*] will work with students who want to do something in memory of the deceased student. Some appropriate living memorials that decrease the risk of suicide contagion include \**note school approved policies and procedures for memorials should be included in the appendix*:

* 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 suicide prevention community awareness event.
* Note: It is not a safe practice to hold a candlelight vigil, hold a memorial service, school-wide assembly or erect a permanent memorial (such as a plaque, bench, or tree) at the school in the case of any student death, as these practices could contribute to sensationalizing of suicide or students considering suicide a means to gain admiration or attention.

Be mindful of anniversaries, such as the anniversary of the death, the student’s birthday, the date the student would have graduated, etc. Vulnerable students may need extra support and observation during these times.

Finally, students identified as being at risk and or experiencing/displaying heightened levels of stress following the suicide will be closely monitored. Teachers are asked to work closely with [*insert staff, i.e. Counseling Team*] to continually identify and follow up with students of concern.

**GRADUATION**

It is common to recognize deceased students during a graduation, but it is also essential to maintain focus on the class as whole group.

If there is a tradition of including a tribute to deceased students who would have graduated with the class, students who have died by suicide should likewise be included. Schools may wish to include a brief statement acknowledging and naming those students from the graduating class who have died. Final decisions about what to include in such tributes should be made by the principal, family and affected students.

Consider creating protocols with a team of staff ahead of time regarding graduation, memorialization and yearbook to help reduce conflict and strong reactions in the immediate aftermath.

**YEARBOOK**

Decide on your school’s protocols for these situations in advance. Suggested protocols include:

* Treat all deaths equitably.  Do not include some students and exclude others.
* Limit overall space to avoid creating “tributes” which are strongly discouraged.
* Avoid sensationalizing, glamorizing and/or suggesting suicide as a normal response to stress etc.  “*John is finally at peace*.”
* Avoid turning the yearbook into a call to action.  This is a permanent document and not the place for this type of activity.
* Consult with the family and Admin staff before going to print.
* Consider putting towards the back of the yearbook vs front.
* Tone should be comforting and positive.

**POST-CRISIS**

**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 focus on staff self-care and on process improvement. One outcome of quality postvention will be enhanced and improved prevention.

* Follow up staff meetings will be held *[insert time frame, i.e, a week after the death*], *[insert time frame, i.e. two weeks after the death*], and *[insert time frame, i.e. a month after the death]* to discuss the postvention process/
	+ *[Insert staff name, i.e. the Principal/designee*] will be in charge of scheduling and running these follow up meetings.
	+ The content of these follow-up meetings should include any remaining concerns following postvention, what went well during the postvention process, what did not go so well during the postvention process, and how to improve the postvention process in the future. Additionally, staff should feel free to express thoughts, feelings, and suggestions about the postvention process.
* Review of the crisis plan and update accordingly: [*insert timeframe, i.e. a month following the death*] members of the crisis team will meet to discuss the current crisis plan. The plan will be updated based on what worked and what did not work relating to the suicide and the postvention process. Input from the follow up staff meetings will be taken into account and incorporated.

APPENDIX – SUPPORTING DOCUMENTS

**\**Please insert all supporting documents here*\***

**SAMPLE REFERRAL FORM**

**Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Caregiver Name and Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Concern:**

**\*For Internal Use**

**Date Student was Assessed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment Tools Used:\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Caregiver Contacted: Y/N Date of Contact:\_\_\_\_\_\_\_\_\_\_**

**Additional Notes:**