



**BAINBRIDGE
ISLAND**

SCHOOL DISTRICT No. 303

District and Building Plan
for
Suicide Prevention, Intervention
and
Postvention Response

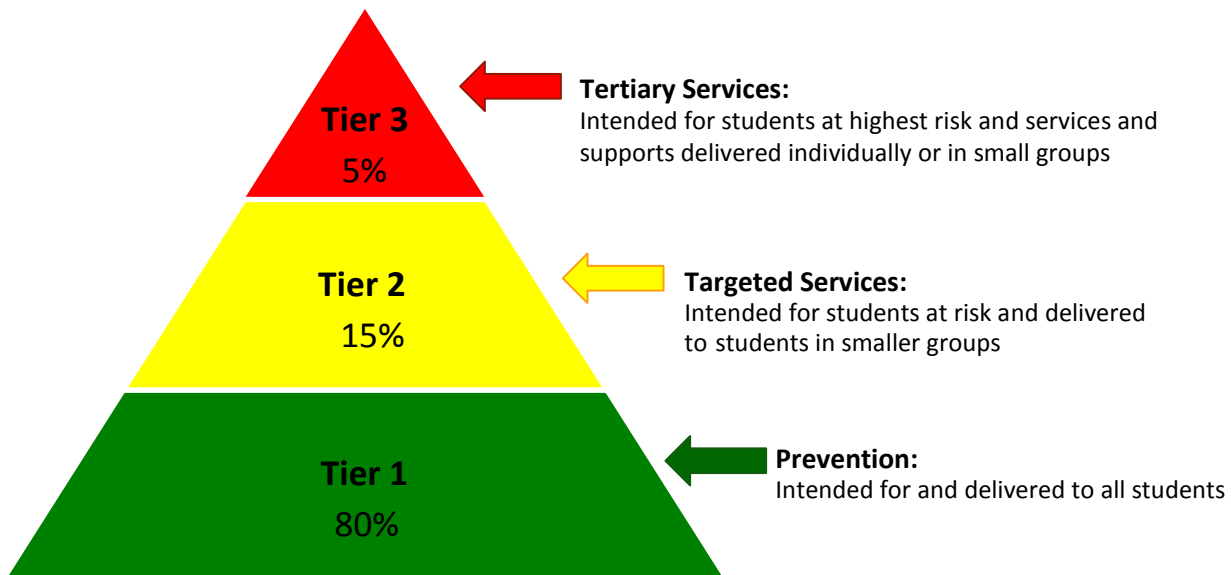
Updated: 04/29/19

INTRODUCTION

In our state, suicide is the second leading cause of death for youth 10-24 years old and as many as 23% of Washington state 10th graders have seriously considered suicide in the last year. According to the Washington State 2018 Healthy Youth Survey, 18% of 10th graders acknowledged they had consumed alcohol in the last 30 days and 11% reported problem or heavy drinking during that time. 29% of 10th graders reported having used marijuana and 18% report using in the last 30 days. 10th graders reported 19% were bullied at school within the past month and 40% reported feeling sad or hopeless for at least two weeks in the past 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.

Bainbridge Island School District recognizes that the school plays a unique and important role in the prevention of youth suicide, violence, and substance abuse in our community. 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.



This Building Plan is part of the Bainbridge Island School District's overall approach to prevention, intervention and response to students experiencing emotional and behavioral crises in our schools.

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IDENTIFYING YOUR STUDENT SUPPORT TEAM

Central to successful development and implementation of a prevention, intervention, and postvention plan is the formation of coordinated Support Team which provides direct service to students in crisis. These individuals include school counselors, building administrators, school nurses, and other student support staff in your buildings.

Student Support Team Members for (school):

Position	Name	Office phone Area code: 206	Email	Personal phone	Trained in Suicide Risk Assessment*

* These individuals have received training in assessing suicide risk as part of their certification or professional development or have completed district risk assessment training.

PREVENTION ACTIVITIES

Bainbridge Island School District recognizes that prevention of youth suicide, violence, and substance abuse 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:

COMMUNICATION TO BUILDING STAFF

In partnership with the school's Student Support Team, each building shall provide training at the beginning of the school year to all building staff who have direct contact with students. This presentation should include the following information:

- Signs of stress and depression;
- Youth substance abuse, how to identify signs of substance abuse, and where to send students for help;
- Warning signs of youth violence;
- Signs of youth sexual abuse, and mandatory reporting for child abuse and neglect;
- Risk factors for suicide and signs of suicidal thinking;
- The building's procedures for responding to students in emotional and behavioral distress, including
 - Identification of school Student Support Team members and their roles in a crisis;
 - Steps to intervene when a student presents signs of suicidal thinking;
 - Postvention crisis response procedures, including activation of district's crisis response by calling Superintendent's office.

COMMUNICATION TO FAMILIES

The Bainbridge Island School District will post on the district website information about the district's policies, procedures and plan for the prevention of student crises. This information will include the following:

- Youth substance abuse information, including how to identify signs of substance abuse;
- Warning signs for youth violence;
- Signs of possible sexual abuse and mandatory reporting procedures;
- Risk factors for suicide and signs of suicidal thinking;
- Resources in the school and community for families, and how to access them including the Crisis Clinic of the Peninsulas (800-843-4793), Kitsap Mental Health Services (360-373-3425), and the National Suicide Prevention Lifeline's phone number (800-273-8255).

COMMUNICATION TO STUDENTS

In partnership with each school's staff, the district will support curriculum and activities regarding prevention and intervention in emotional and behavioral crises, including:

- Social Emotional Health activities delivered in classrooms in grades preschool through 12th;
- Substance Abuse and Suicide Prevention taught at the secondary level;
- The *Signs of Suicide* program presented to students annually in selected grades.
- Information on resources in the school and community for families and how to access them, including Bainbridge Youth Services (206-842-9675), the Crisis Clinic of the Peninsulas (800-843-4793), the National Suicide Prevention Lifeline (800-273-8255), and Crisis Text Line: Text “HOME” to 741741.

Bainbridge Island School 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.

INTERVENTION ACTIVITIES

STAFF RESPONSE TO STUDENTS IN CRISIS

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:

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 school counselor or administrator, 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 school counselor or administrator before the end of the school day, or at the beginning of the next school day if this information is shared after school hours.

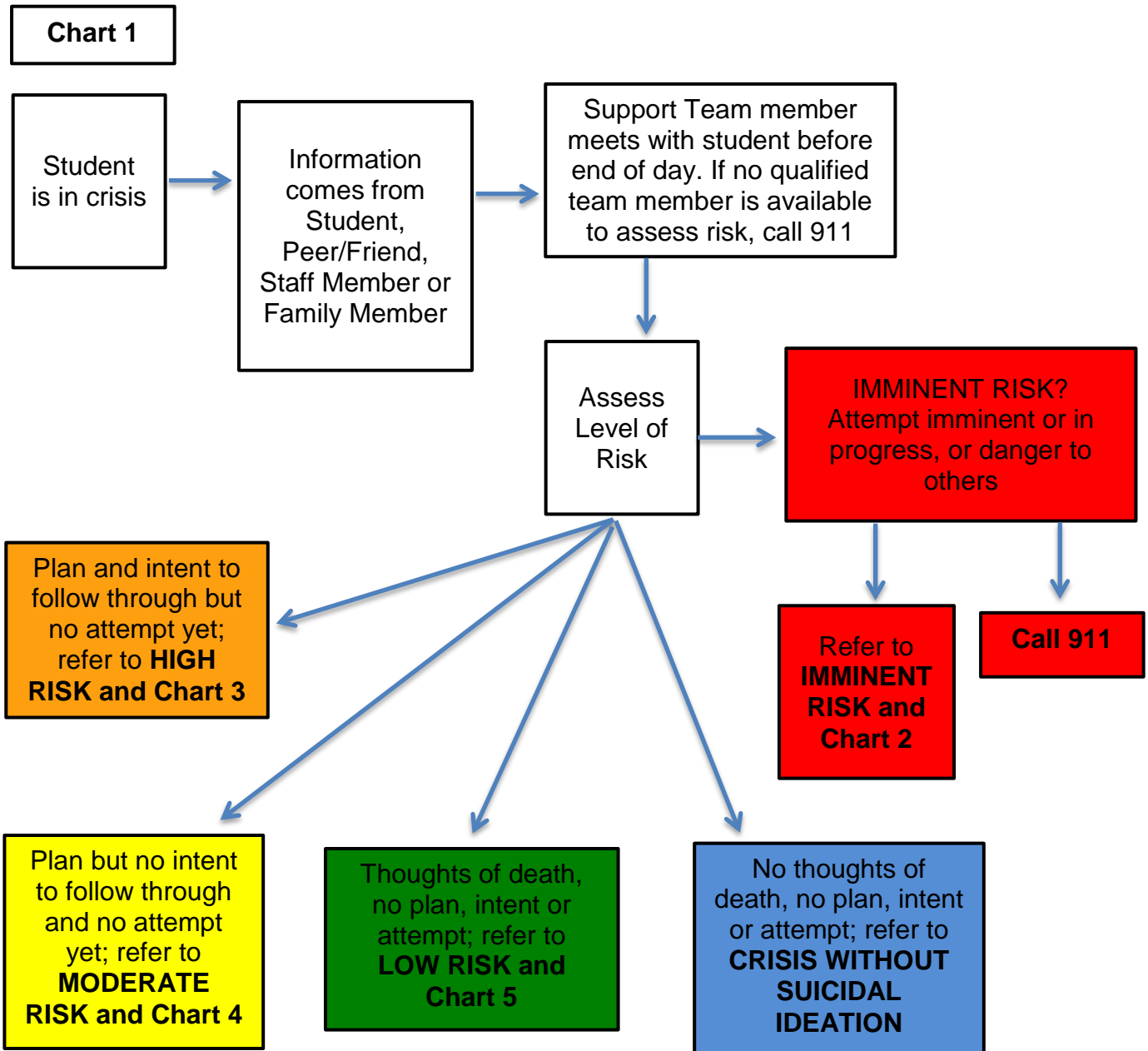
Upon receiving information or a referral related to an emotional or behavioral crisis, the school counselor will:

- 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.
- Assess the degree of suicide risk of the student (Imminent, High, Moderate, or Low). It is highly recommend that counselors who have been trained in suicide risk assessment use the **Guiding Questions for Suicidal Ideation Assessment** in the Appendix to help with assessing the level of suicidal risk.

Note: Washington State Law (RCW 71.34.530) states that students who are 13 years of age or older may independently consent for mental health evaluation and services without parental consent or notification.

INITIAL RESPONSE TO AN IDENTIFIED SUICIDE RISK

Procedures will differ based on the level of risk revealed by this risk assessment.



IMMINENT RISK

Indicators:

- *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).*

Priorities:

- *Supervise and stabilize student, protect student body and staff, activate emergency response systems.*

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.
- **Notify the building administrator** of the situation, and when the student has been transported from campus.
- **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 student's parent/guardian(s)** by phone to notify them that the student is being transported to the hospital. Document the time and content of the conversation.

Depending on the situation, the Support Team member, building administrator or designee will:

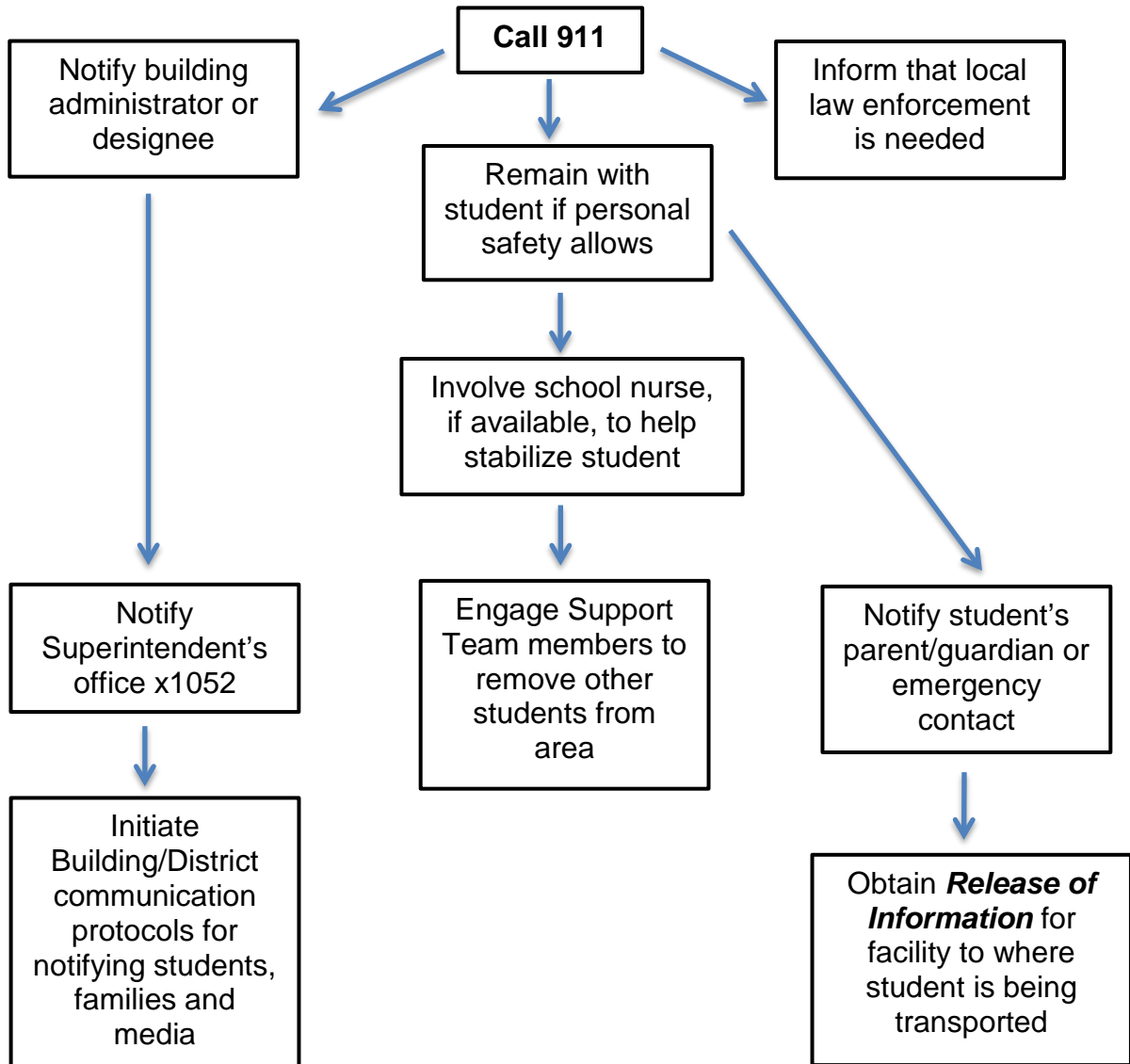
- Notify the person(s) responsible for security within the building, or **engage Support Team members to ensure the safety** of the student at risk and the staff and student body. Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed quickly and calmly from the vicinity.
- **Notify the Superintendent's office** of the situation by calling (206) 780-1052, if 911 has been called, students have been impacted such that families will need to be notified, or if it appears that media will cover the event.

See CHART 2 and refer to IMMINENT RISK plan above for details.

Chart 2

IMMINENT RISK: Attempt imminent or in progress, or possible danger to others.

Priorities: Supervise and stabilize student, protect student body and staff, activate emergency response systems.



Refer to, and complete, Re-Entry Procedures including **Mental Health Support Plan** prior to, or as soon as possible after, student's return to school

HIGH RISK

Indicators:

- *The student is in severe distress due to mental health symptoms or a serious stressor.*
- *The student has identified a suicide plan, and intention to follow through on it, but has not yet taken action.*
- *The student has access to means (i.e. weapons, drugs).*

Priorities:

- *Keep student safe and supervised until transfer to hospital, keep parent/guardian(s) informed and, if appropriate, involved.*

The Support Team member will do the following in consultation with other Support Team members:

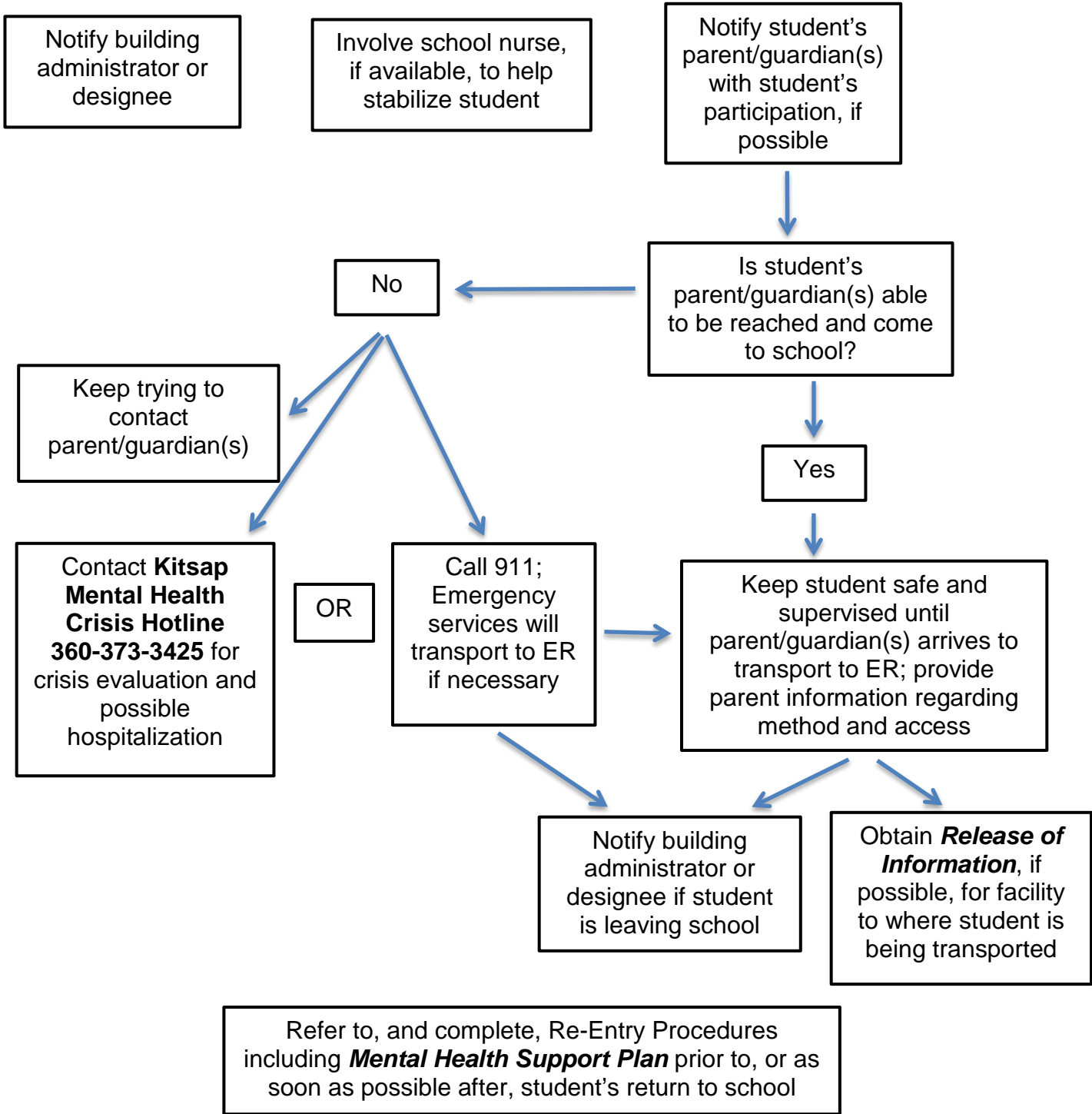
- **Remain with the student** and provide support, safety, and continuous supervision.
- **Notify the building administrator** of the situation, and when the student has been transported from campus.
- Obtain information from the student as to whether substance abuse and/or the possibility of harm to others is a concern.
- **Notify the student's parent/guardian(s)** by phone to determine if they are able to come to school, and/or if 911 should be called for immediate transportation to the hospital.
- **Contact Kitsap Mental Health Crisis Hotline** 360-373-3425 for crisis evaluation and possible hospitalization, and/or **call 911** or designate a person to call 911 to have the student transported to a hospital for evaluation.

See CHART 3 and refer to HIGH RISK plan above for details.

Chart 3

HIGH RISK: Student in severe distress due to mental health symptoms or a serious stressor. The student has identified a suicide plan, has access to means and intent to follow through.

Priorities: Keep student safe and supervised until evaluation or transfer to hospital, keep parent/guardian(s) informed, and, if appropriate, involved.



MODERATE RISK

Indicators:

- *The student is thinking about suicide, has identified a plan, and/or indicates access to means (i.e. weapons, drugs).*
- *The student has no intention of following through on the plan and has made no suicidal gestures.*

Priorities:

- *Keep student safe and supervised, ensure appropriate referral to emergency care or outpatient care, create a **Mental Health Support Plan**, keep parent/guardian(s) informed and engaged.*

The Support Team member will do the following in consultation with the other Support Team members:

- **Remain with the student** and provide support, safety, and continuous supervision.
- **Notify the building administrator** of the situation.
- Obtain information from the student as to whether substance abuse or the possibility of harm to others is a concern.
- **Notify the student's parent/guardian(s)** by phone that they should come to the school before the end of the school day.

If the student's parent/guardian(s) are able to come to school and pick up the student:

- **Remain with the student** and provide support, safety, and continuous supervision until parent/guardian(s) arrives.
- **Discuss with the student's parent/guardian(s)** 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.
- **Notify the building administrator** that the student has been transported from campus.

If the student's parent/guardian(s) are unavailable or unable to come to school and pick up the student:

- **Remain with the student** and provide support, safety, and continuous supervision.
- **Call 911** to work with local law enforcement to have student transported to nearest hospital for evaluation.
- **Notify the building administrator** that the student has been transported from campus.

Follow Up:

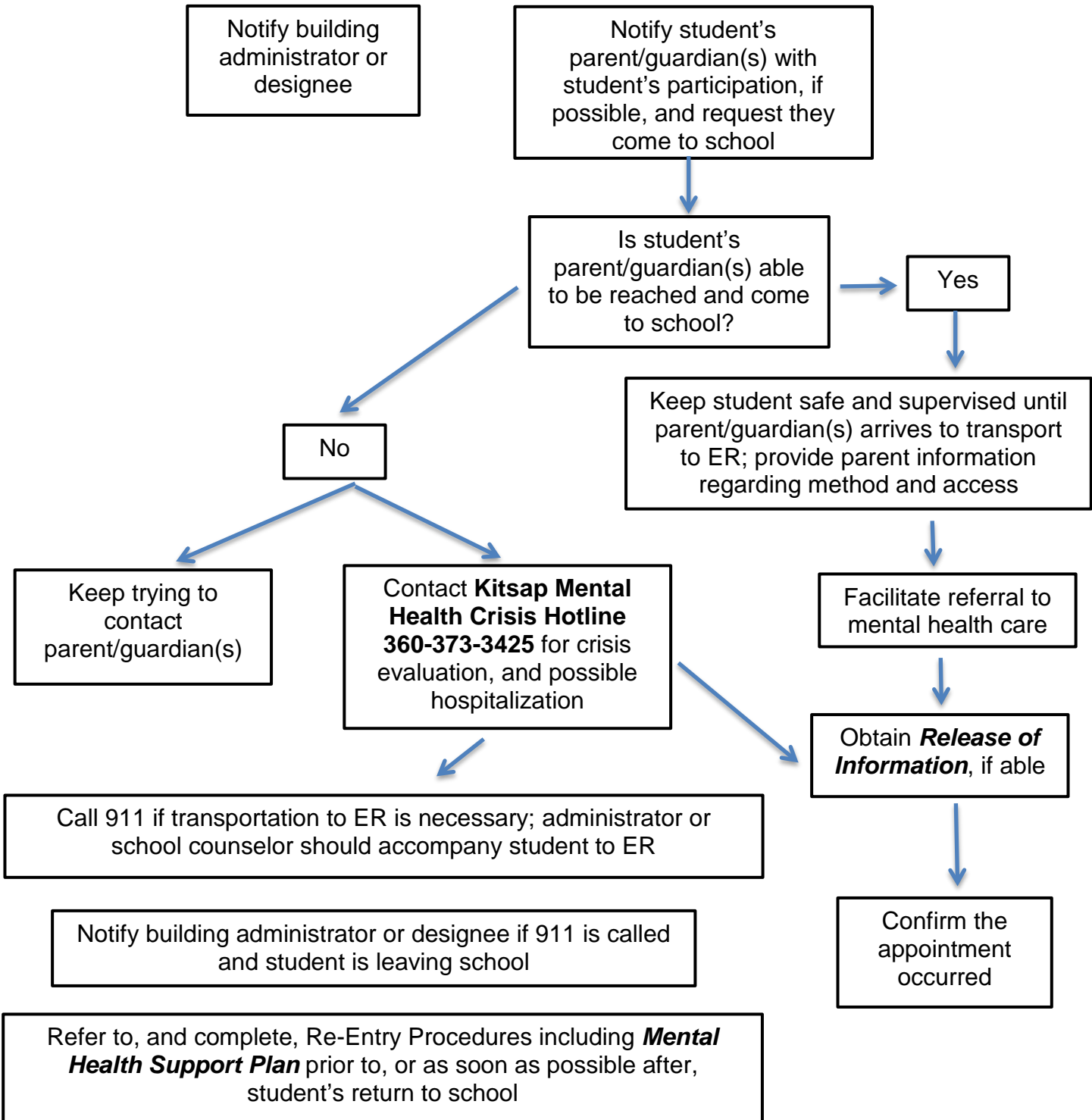
- Obtain a **Release of Information** allowing communication between the school and the provider should be signed by the parent/guardian(s) and the student.
- For a student at moderate risk who does not need to go to inpatient care, a **Mental Health Support Plan (MH Support Plan)** using the Custom Form in the Student's Profile in Skyward should be written. It is highly recommended that the parent/guardian(s) be involved with the student in the creation of the **MH Support Plan**.
 - Print the **Mental Health Support Plan**;
 - The student and, if available, the parent should sign the **MH Support Plan**.
 - Copies of the signed **MH Support Plan** will be provided (via email and/or hard copy) to those named in it as resources, BISD staff directly involved with the student on a daily basis (i.e, building administrators, general education teachers, school nurse, special education teachers, paraeducators, coaches, etc.).
 - The original, signed **MH Support Plan** will be sent to the Student Services Office.
 - The **MH Support Plan** is accessible through the Student Profile in Skyward, see tab under Custom Forms.

See CHART 4 and refer to MODERATE RISK plan above for details.

Chart 4

MODERATE RISK: Student experiences suicidal ideation, has identified a plan, but does not intend to follow through on the plan, and/or indicates access to a means (i.e., weapons, drugs), yet has not made any suicidal gestures.

Priorities: Keep student safe and supervised until evaluation, inform and engage parent/guardian(s), ensure appropriate referral to emergency care or outpatient care, and create a **Mental Health Support Plan**.



LOW RISK

Indicators:

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

Priorities:

- *Connect with services before suicidal ideation becomes more serious, involve parent/guardian(s) where possible and desirable, and, if determined appropriate, create a **Mental Health Support Plan**.*

The Support Team member will do the following in consultation with the entire Support Team:

- Obtain information from the student as to whether substance abuse or the possibility of harm to others is a concern.
- Work with the student to describe the situation to her or his parent/guardians(s) by phone or, if appropriate, in person.
- In collaboration with the parent/guardian(s), and if determined appropriate by the Support Team members, help the student create a **Mental Health Support Plan (MH Support Plan)** using the Custom Form in the Student's Profile in Skyward. Provide student and parent/guardian(s) with appropriate resources for support.
 - Print the **Mental Health Support Plan**;
 - The student and, if available, the parent/guardian(s) should sign the **MH Support Plan**.
 - Copies of the signed **MH Support Plan** will be provided (via email and/or hard copy) to those named in it as resources, BISD staff directly involved with the student on a daily basis (i.e., building administrators, general education teachers, school nurse, special education teachers, paraeducators, coaches, etc.).
 - The original, signed **MH Support Plan** will be sent to the Student Services Office.
 - The **MH Support Plan** is accessible through the Student Profile in Skyward, see tab under Custom Forms.
- 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 parent/guardian(s) what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the **MH Support 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.

Follow Up:

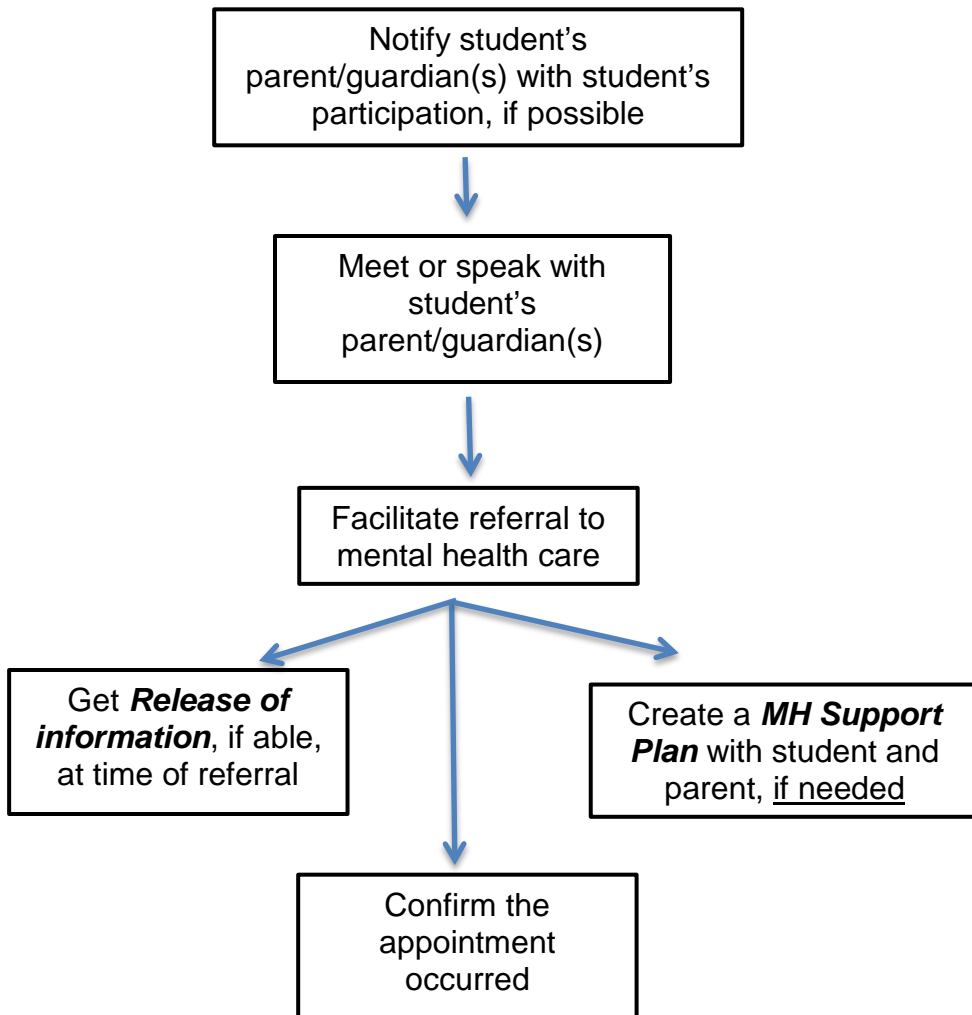
- If this student receives treatment services, attempt to obtain a **Release of Information** form allowing communication between the school and the provider. This should be signed by the parent/guardian(s), and student (age 13 years of age or older*).

* *Washington State Law (RCW 71.34.530) states that students who are 13 years of age or older may independently consent for mental health evaluation and services without parental consent or notification.*

Chart 5

LOW RISK: Student identifies thoughts of wanting to die, however s/he does not have a plan in place or intent to die; no suicidal behavior reported. The student is experiencing some stressors but also has strong supports.

Priorities: Connect with services (i.e. BYS) before suicidal ideation becomes more serious, involve parent/guardian(s) if possible and desirable, and, if determined appropriate, create a **Mental Health Support Plan (MH Support Plan)**.



CRISIS WITHOUT SUICIDAL IDEATION

Indicators:

- *The student is experiencing some stressors but also has strong supports.*
- *The student indicates no thoughts of death, has no plan or intent, and exhibits no suicidal behavior.*

Priorities:

- *Provide support to student and connect with appropriate supports and services as needed.*
- *If student indicates any thoughts of death or suicidal intent, or exhibits any suicidal behavior, assess and treat according to appropriate level of risk.*

The support team member will do the following:

- Provide support to the student and connect to appropriate supports as needed. Assess if referral to outside services and supports is needed.

If the support team member determines outside services are needed to support the student, provide referral to outpatient services as follows:

- If the student is less than 13 years old, discuss with the student and their parents/guardian(s) the importance of preventive mental health care and provide a list of appropriate referrals. **If the student is 13 years of age or older***, determine if they wish to include their parent/guardian(s) in this conversation. In providing a list of appropriate referrals, take 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.

If student indicates any thoughts of death or suicidal intent, or exhibits any suicidal behavior, assess and treat according to appropriate level of risk based on indicators (Imminent, High, Moderate, or Low Risk).

**Note: Washington State Law (RCW 71.34.530) states that students who are 13 years of age or older may independently consent for mental health evaluation and services without parental consent or notification.*

RE-ENTRY PROCEDURES FOR STUDENT WHO HAS NOT YET RETURNED TO SCHOOL

If a student has missed one or more days of school because of a crisis (for example, because of hospitalization or inpatient treatment) and has not yet returned to school:

- The appropriate school contact person will 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 parent/guardian(s) 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 parent/guardian(s), appropriate support team members, the building administrator, and, if appropriate, the student.
 - During the meeting, the team will discuss how to support the student in phasing back into normal school life and complete the **Re-Entry Plan for Mental Health Purposes**. Depending on the student's situation, this plan could include accommodations such as beginning with a lighter course load or workload. A signed copy of the **Re-Entry Plan** should be given to the parent/guardian(s) and retained in the counselors working notes. The original, signed **Re-Entry Plan** should be sent to the Student Services Offices.
- Along with Re-entry Plan documents, discuss and create a **Mental Health Support Plan (MH Support Plan)** using the Custom Form in the Student Profile section of Skyward. It is highly recommended that the parent/guardian(s) be involved with the student in the creation of the **MH Support Plan**.
 - Print the **Mental Health Support Plan**;
 - The student and, if available, the parent/guardian(s) should sign the **MH Support Plan**.
 - Copies of the signed **MH Support Plan** will be provided (via email and/or hard copy) to those named in it as resources, BISD staff directly involved with the student on a daily basis (i.e, administrators, general education teachers, school nurse, special education teachers, paraeducators, coaches, etc.).
 - The original, signed **MH Support Plan** will be sent to the Student Services Office.

- The ***MH Support Plan*** is accessible through the Student Profile in Skyward, see tab under Custom Forms.
- Decisions will be made in this meeting, with the input of the student and, if applicable, the student's parent/guardian(s), what should be shared with teachers. This may include the nature of the crisis, accommodations made in the ***MH 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 parent/guardian(s) and care provider.

A check-in meeting with the student and parent/guardian(s) should be scheduled about a week after return or as concerns arise to review accommodations and support plan content and make necessary adjustments.

See CHART 6 and refer to RE-ENTRY PROCEDURES FOR STUDENT WHO HAS NOT YET RETURNED TO SCHOOL plan above for details.

RE-ENTRY PROCEDURES FOR STUDENT WHO HAS ALREADY RETURNED TO SCHOOL WITHOUT A RE-ENTRY CONFERENCE

If a student has already returned to school after hospitalization or inpatient treatment due to a crisis:

- The appropriate school contact person will meet with the student as soon as possible to provide support and create a **Mental Health Support Plan (MH Support Plan)** using the Custom Form in the Student Profile section of Skyward. It is highly recommended that the parent/guardian(s) be involved with the student in the creation of the **MH Support Plan**.
 - Print the **Mental Health Support Plan**;
 - The student and, if available, the parent/guardian(s) should sign the **MH Support Plan**.
 - Copies of the signed **MH Support Plan** will be provided (via email and/or hard copy) to those named in it as resources, BISD staff directly involved with the student on a daily basis (i.e, administrators, general education teachers, school nurse, special education teachers, paraeducators, coaches, etc.).
 - The original, signed **MH Support Plan** will be sent to the Student Services Office.
 - The **MH Support Plan** is accessible through the Student Profile in Skyward, see tab under Custom Forms.
- If the student's care is being transferred to an outpatient care provider, work with the parent/guardian(s) and provider to obtain a **Release of Information** so that the school can communicate with this provider.
- Schedule a re-entry meeting as soon as possible with student's parent/guardian(s), appropriate support team members, the building administrator, and, if appropriate, the student.
 - During the meeting, the team will discuss how to support the student in phasing back into normal school life and complete the **Re-Entry Plan for Mental Health Purposes**. Depending on the student's situation, this plan could include accommodations such as beginning with a lighter course load or workload. A signed copy of the **Re-Entry Plan** should be given to the parent/guardian(s) and retained in the counselors working notes. The original, signed **Re-Entry Plan** should be sent to the Student Services Offices.
 - The team will review the initial **MH Support Plan** created earlier, and update/modify the **MH Support Plan** as needed.
 - Printed copies of the updated **MH Support Plan** will be given to those named in it as resources. The original, updated **MH Support Plan** will be sent to the Student Services Office.
 - Decisions will be made in this meeting, with the input of the student and, if applicable, the student's parent/guardian(s), what should be shared with teachers. This may include the nature of the crisis, accommodations made in the support 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 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.
 - 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 parent/guardian(s) and care providers.
 - A check-in meeting with the student and parent/guardian(s) should be scheduled about a week after their return or as concerns arise to review accommodations and safety plan content and make necessary adjustments.

See CHART 6 and refer to RE-ENTRY PROCEDURES FOR STUDENT WHO HAS ALREADY RETURNED TO SCHOOL plan above for details.

Chart 6

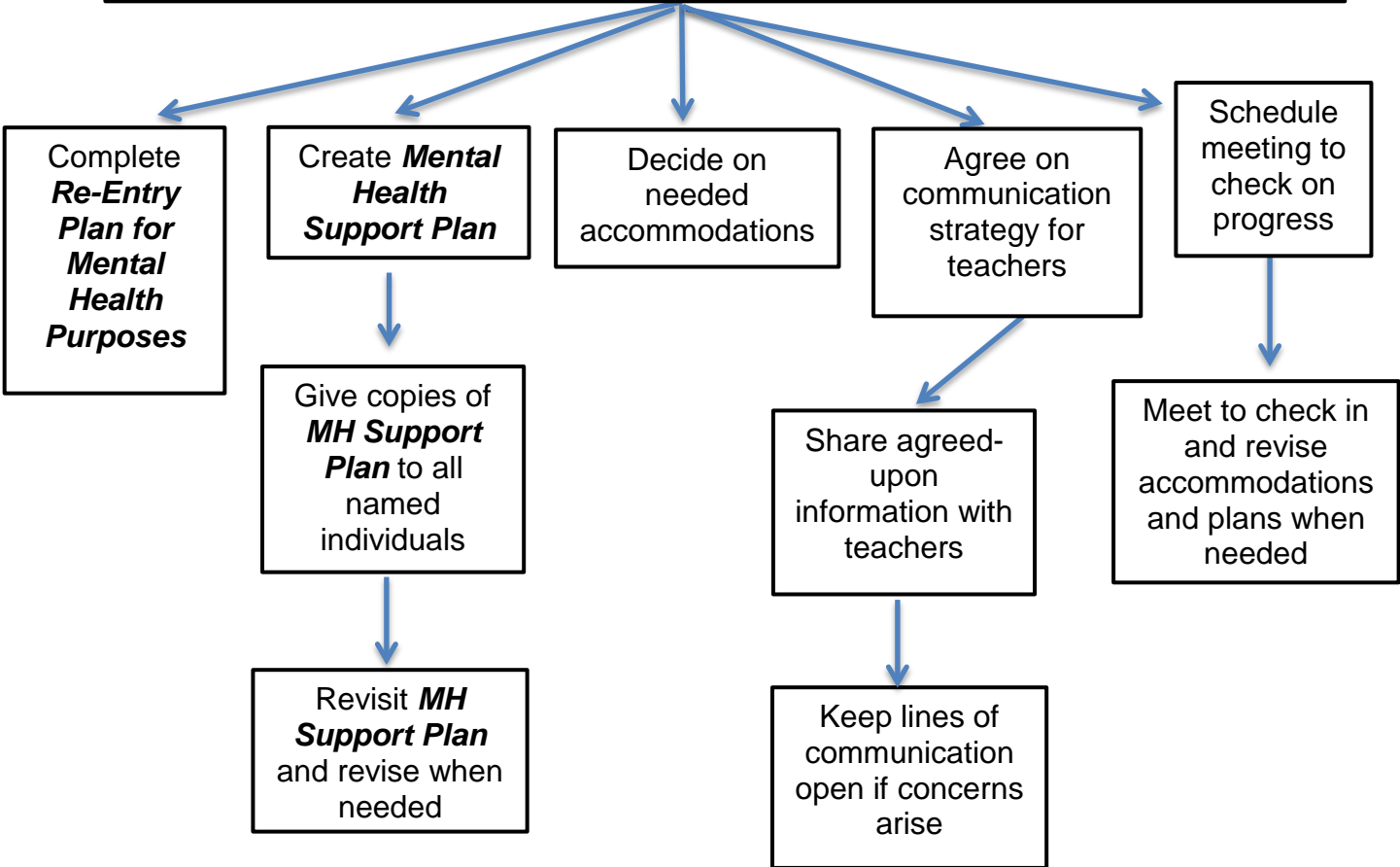
Priorities: Keep student safe and supervised until evaluation, inform and engage parent/guardian(s), ensure appropriate referral to emergency care or outpatient care, and create a **Mental Health Support Plan**.

Student has been hospitalized or taken into inpatient treatment and HAS NOT yet returned to school

Maintain contact with parent/guardian(s) and care provider, if permission received; gain notification of expected return date

Student NOT YET returned or Student has ALREADY returned: Obtain necessary documentation (verification of treatment, medical clearance, who will be providing ongoing care, **Release of Information**, if able, etc.)

Schedule meeting with student, parent/guardian(s), and Support Team members



POSTVENTION RESPONSE

Bainbridge Island School 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.

1. CONFIRM THE NEWS AND CONVENE THE CRISIS TEAM

- Upon receiving news of a student's death, including an unconfirmed rumor, a staff member must immediately contact the building administrator or designee. Contact must be made whether this is during or outside school hours. The building administrator will confirm the accuracy of the information.
- 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?)
- Provide factual information to staff and students, while respecting the wishes of the family.
- Monitor social media for any inaccurate or exaggerated details of the event.

2. ACTIVATE THE DISTRICT/BUILDING'S ESTABLISHED COMMUNICATION PLAN

- Follow building communication protocol for notifying staff and holding staff meetings, and other internal and external communication.
- A sample staff meeting agenda could include:
 - 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.
 - 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 Support/Safe Room and what will take place there.
 - Discussion of students who immediately come to mind as at risk during this crisis.
- Follow building communication protocols for notifying student body. 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, 2nd Edition](#).
- Consider the need to notify other schools in the district, in particular, schools who may have students related to the student in crisis.
- Superintendent will designate district administrator who will initiate communication with the regional Crisis Response Team, including other districts to help with the response.
- Initiate the protocols for communicating with the media.

3. ESTABLISH A TRAUMA-RESPONSIVE SCHOOL SETTING IMMEDIATELY FOLLOWING A CRISIS

- Designate a Support/Safe Room with:
 - Staffing and counseling support until the end of the school day. Immediately following a crisis, two adults should be in the designated Support/Safe Room. At

- least one should be an adult with training in suicide prevention and crisis response, such as a school counselor.
 - That is accessible and known to all students.
 - Forms for students to sign in and out.
 - Information about grief.
 - 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.
 - 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:
 - Students who are having an unusually strong reaction to the death.
 - The deceased student's friends.
 - The deceased student's dating partners (past and present.)
 - 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, parent/guardian(s) may be encouraged to add their children to the list if they have concerns.
 - Identify staff responsibilities for subsequent days
 - 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.
 - Self-care plan implementation for all staff.
 - A Support/Safe Room will be open for multiple days after the incident if student need continues. This Support/Safe Room will be supported by an adult with training in suicide prevention and crisis response, such as a school counselor.

4. NEXT STEPS

- 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.
- 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.
- Remove and return the deceased student’s personal items:
 - 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.
 - 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 any student death, as these practices could contribute to sensationalizing 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.
- 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.

5. CRISIS DEBRIEFING

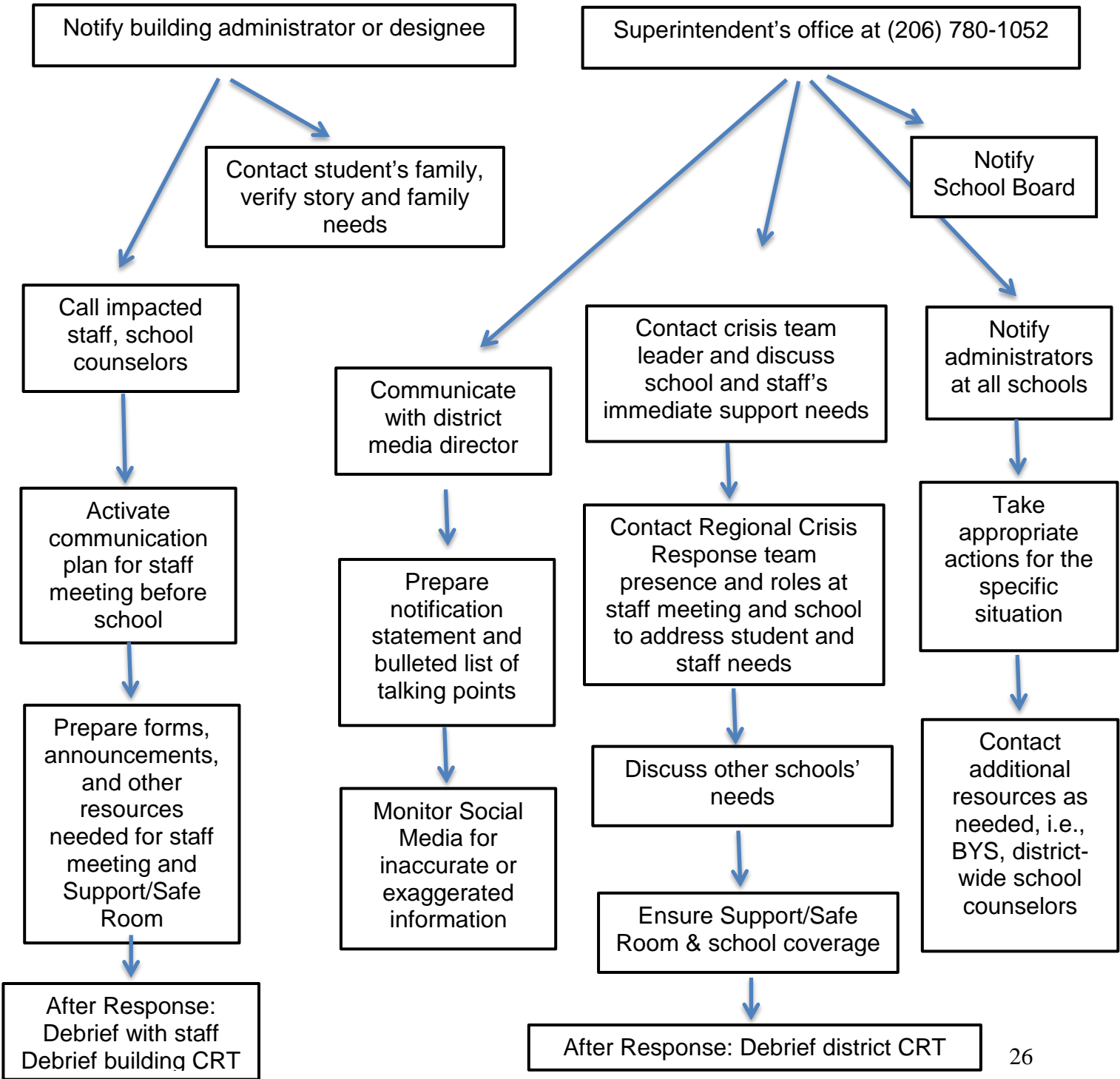
- Debriefing after a crisis helps staff, students, and crisis team members reflect on the successes and challenges of the school and district’s responses: Debriefing is critical to handling the next crisis better. Debriefing should focus on staff self-care and on process improvement. One outcome of quality postvention will be enhanced and improved prevention.

See CHART 7 and refer to POSTVENTION RESPONSE plan above for details.

Chart 7

Priorities: Determine what actually happened, connect appropriately with the deceased student's family, communicate with all staff, and involve key district resource personnel

CRISIS EVENT



APPENDICES

GUIDING QUESTIONS FOR SUICIDAL IDEATION ASSESSMENT

Adapted from C-SSRS. Questions are not meant to be used in isolation and are only a guide to help trained professionals assess the presence of suicidal ideation.

Student Name: _____ **Date of Birth:** _____

Interview completed by: _____ **Date:** _____

Suicidal Ideation

Question	Response
Have you wished you were dead or wished you could go to sleep and not wake up?	
Have you actually had any thoughts of killing yourself?	
Have you been thinking about how you might do this?	
Have you had these thoughts and had some intention of acting on them?	
Have you started to work out or worked out the details of how to kill yourself?	
Do you intend to carry out this plan?	

Intensity of Ideation

Question	Response
How many times have you had these thoughts?	
When you have these thoughts, how long do they last?	
Could/can you stop thinking about killing yourself or wanting to die if you want to?	
Are there things (anyone or anything) that stopped you from wanting to die or acting on thoughts of committing suicide?	
What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling or was it to get attention, revenge or a reaction from others? Or both?	

Suicidal Behavior

Question	Response
Have you made a suicide attempt?	
Have you done anything to harm yourself?	
Have you done anything dangerous where you could have died?	

<p>What did you do?</p> <ol style="list-style-type: none"> 1. Did you _____ as a way to end your life? 2. Did you want to die (even a little) when you _____? 3. Where you trying to end your life when you _____? 4. Did you think it was possible you could have died from _____? <p>Did you do it purely for other reasons/without ANY intention of killing yourself?</p>	<ol style="list-style-type: none"> 1. 2. 3. 4.
<p>Have you engage in non-suicidal self-injurious behavior?</p>	
<p>Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did something?</p>	
<p>Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?</p>	
<p>Have you taken any steps towards making a suicide attempt or preparing to kill yourself?</p> <ul style="list-style-type: none"> - Collected pills - Getting a gun - Giving away valuables - Writing a suicide note 	

Additional Notes:

If the interview indicates that a student has a plan, follow the flow chart for IMMEDIATE RISK.

SAFETY RISK QUESTIONNAIRE

Student Name: _____ **Date of Birth:** _____

Interview completed by: _____ **Date:** _____

“Do you know why I want to talk with you today?” _____

Have you been thinking of hurting: Yourself? _____ Others? _____

When did you start thinking of this? _____
How (plan, method)? _____
When? _____ Access to method? _____

How serious are you this? (not at all) 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (very serious)

What has kept you from doing it? _____

Have you thought about suicide before? ___No ___Yes How often? _____
When was the first time? _____

Have you attempted suicide before? ___No ___Yes When? _____
How? _____

Have you been hospitalized for suicide or homicide attempts? ___No ___Yes When? _____

Has anyone important to you attempted/completed? ___No ___Yes Who? _____
How? _____ When? _____

Have you shared this information with any else? (a friend, parent, doctor or therapist, other) _____

Are you currently seeing a therapist or Dr.? ___No ___Yes
Name of care provider: _____ Location: _____

Known Stressors: (i.e. changes at home/family, friends, boy/girlfriend, bullying, grade, attendance)
“What has happened recently?” _____

Known Resources: Who supports you? _____
Other comments: _____

If the interview indicates that a student has a plan, follow the flow chart for IMMEDIATE RISK.



Bainbridge Island School District
8489 Madison Avenue NE
Bainbridge Island, WA 98110

RE-ENTRY PLAN FOR MENTAL HEALTH PURPOSES

Student Name: _____ Date of Birth: _____ Age: _____
School: _____ Grade: _____ Date of Plan: _____
Parent/Guardian receiving/signing form: _____
Email: _____ Phone: _____

The following information needs to be completed by the parent/guardian prior to student re-entry.

Re-Entry Information

1. After leaving school, student was:

- Taken to emergency room Taken home Called 911
 Admitted to Hospital - Length of Stay: _____
 Seen by Primary Care Provider Other: _____

Results of Intervention: _____

2. Student is under the care of a physician or mental health therapist Yes No

Names of professional care provider(s): _____

3. Student is taking prescription medicine Yes No

If yes, name of medications: _____

4. Release of information form signed and attached Yes No

5. Any additional information the school counselor should be aware of? (Examples include: drug use, risky behaviors, self-harm, mental health diagnosis, social media concerns, etc.):

Mental Health Support Plan

It is the district requirement that students re-entering school after being identified and/or receiving intervention for any level of suicidal risk (imminent, high, medium, or low-if appropriate) have a Mental Health Support Plan in place, to identify supports and coping strategies.

Is there a current Mental Health Support Plan (MHSP) in place? Yes No
If yes, please attach. If No, a MHSP will need to be developed.

Has the Mental Health Support Plan been reviewed with the student? Yes No

Parent/Guardian Permission:

My signature below indicates I give permission for my student to return to school with the above supports in place and for the counselor/administrator to share information with my student’s teachers in order to help ensure their safety at school.

Parent/Guardian Signature: _____ Date: _____

Principal and Counselor Verification:

My signature below verifies that we have met with the student and parent/guardian to discuss the student’s safe re-entry and a Mental Health Support Plan has been offered to be developed for the student.

Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Team Considerations:

- Date of student’s return to school.
- Are student/parents OK with sharing information with teachers.
- Script for when peers ask where the student has been.
- Possible Accommodations:
 - Plan for making up missed work or waiving assignments.
 - Exemption from triggering content.
 - Modified assignments.
 - Shortened schedule.
 - Check-ins with school counselor.
- Date of review (if needed.)
- If accommodations are extensive and required for a sustained period of time, bring the student through the buildings MTSS to determine if a 504 plan may be needed.

Additional Information:



Bainbridge Island School District
8489 Madison Avenue NE
Bainbridge Island, WA 98110
MENTAL HEALTH SUPPORT PLAN

Student Name: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____ Date of Plan: _____

School Counselor: _____

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

Step 2: Coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

Step 3: People and social setting that provide a distraction (List Name and Phone):

Step 4: Adults whom I can ask for help (List Name and Phone):

- 1.
- 2.
3. Bainbridge Youth Services: (206) 842-9675

Step 5: Professionals or agencies I can contact during a crisis (List Name and Phone):

- 1.
2. Local Urgent Care:
3. Bainbridge Youth Services: (206) 842-9675
4. Crisis Clinic of the Peninsulas Phone: (360) 479-4793 or 1-800-843-4793
5. Suicide Prevention Lifeline: 1-800-273-8255
6. Crisis Text Line: Text HOME to 741741

Step 6: Making the environment safe:

One thing important to me and worth living for is:

I agree to follow this Mental Health Support Plan.

Student signature: _____ Parent signature: _____

This Mental Health Support Plan will be reviewed on or before: _____

Team Decision following review on: _____

- Continue with Mental Health Support Plan as written.
- *Revise Mental Health Support Plan; see plan dated _____
- *Discontinue Mental Health Support Plan on _____

* If team decision is to revise or discontinue the plan, collect new signatures and turn in originals to Special Services.

Counseling and Crisis Resources

Counseling:

- Bainbridge Youth Services: 206-842-9675; <http://askbys.org>
- Navos – Family Counseling and Support Center: 206-283-3300
- Harrison Health Partners – Center for Mental Health: 360-337-8200
- Seattle Children's – Mental Health Services: 206-987-2164; www.seattlechildrens.org/clinics-programs/psychiatry-and-behavioral-medicine
- Dialectical Behavior Therapy Center of Seattle: 1200 5th Avenue #800, Seattle, WA 98101; 206-374-0109
- National Mental Health Association: 800-969-NMHA (6642) (English & Spanish)
- American Academy for Child and Adolescent Psychiatry: 800-333-7636; www.aacap.org
- Bainbridge Island Psychotherapy Guild: www.bainbridgepsychotherapy.org

Crisis:

- Crisis Clinic of the Peninsulas: 800-843-4793
- Kitsap Mental Health Crisis Response Team: 360-373-3425
- Teen Link (talk to a peer, 6-10pm) 866-833-6546
- National Suicide Prevention Lifeline/Regional Call Center: 800-273-TALK (8255) or 1-800-SUICIDE (784-2433) (English & Spanish)
- Trevor Project (LGBTQ youth): 866-488-7386
- Boy's Town USA Hotline: 800-448-3000 (English & Spanish)
- Crisis Text Line: Text "HOME" to 741741; www.crisistextline.org
- Crisis Call Center (National, 24/7/365 all ages): 775-784-8090, Text "ANSWER" to 839863; <http://crisiscallcenter.org/get-help-247/>

Social Services:

- Volunteers of America: 211 or 1-800-223-8145 (English & Spanish)
- WA State Family Help Line: 800-932-HOPE (4673)
- Family Health Hotline: 800-322-2588 (All languages)

Websites:

- Crisis Clinic of the Peninsulas: www.crisisclinicofthepeninsulas.org
- Crisis Chat (online chat for suicide prevention) <http://www.crisischat.org/chat>
- Crisis Text Line: www.crisistextline.org/get-help-now
- Parent Help: www.parenthelp123.org (English & Spanish)
- Suicide Prevention Lifeline: www.suicidepreventionlifeline.org
- The Trevor Project (LGBTQ youth): www.thetrevorproject.org
- American Foundation for Suicide Prevention: www.afsp.org
- S.A.F.E. Alternative: www.selfinjury.com
- Navos – Family Counseling and Support Center: www.seattlechildrenshome.org (English & Spanish)
- Boys Town National Crisis Hotline: www.yourlifeyourvoice.org