



Subject	Student Services
Classification	Suicide Prevention and Intervention
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Purpose

The Board of Trustees adopts this Youth Suicide Awareness and Prevention Policy in acknowledgment of the Board's commitment to maintaining a safe environment in all Universal charter schools; to protect the health, safety and welfare of its students; to promote healthy development; and to safeguard against the threat, attempt, or completion of suicide among school-aged youth.

The impact of students' mental health on their academic performance and the effect of mental health issues and suicide on students and the entire school community are significant. Therefore, in order to ensure the safety and welfare of students, the school will establish prevention, risk assessment, intervention and postvention procedures; including educating school personnel and students on the risk factors, protective factors, actions and resources necessary to prevent suicide and promote mental well-being.

Authority

This policy shall describe procedures for several different activities along the continuum of suicide prevention in the school. These activities include the following:

1. To provide protocol if a student expresses suicidal thoughts or intention of self-harm on school property, at any school-sponsored activity, on any school vehicle providing transportation to or from a school or school-sponsored activity
2. To provide school procedures following a student's suicide threat or attempt that does not occur on school property or during a school-sponsored activity, but that is reported to any school personnel
3. To provide protocol for acute crisis response immediately after (e.g., same or next day) a student has died by suicide
4. To provide postvention protocol and activities to help the school community recover after a suicide event (the weeks following a suicide event)
5. To provide re-entry protocol for a student following hospitalization for suicidal ideation or suicide attempt
6. To provide at least 4 hours of gatekeeper training to all educators in the charter school every five years, fulfilling Act 71 mandate



7. To provide additional professional development in risk assessment elevated risk factors and crisis intervention for school counselors, school social workers and psychologists.
8. To provide protocol for parental information notification and involvement.

Publication of Policy

The principal will notify its employees, students, and parents/guardians of this policy and will post the policy on the school's website.

Definitions

1. **Behavioral Health Emergency:** When a student expresses, verbally or in writing, the desire or intention to inflict serious or life-threatening injury to him/herself or others.
2. **Gatekeepers:** Individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them for an assessment, treatment or supporting services as appropriate.
3. **Mental Health:** A state of mental and emotional being that can impact choices and actions that affect wellness.
4. **Non-Suicidal Self-Injury (NSSI):** Self-injurious behavior without intent to die, often with goal to relieve distress, punish self, escape, or gain attention.
5. **Parent involvement:** Parents and guardians play a key role in youth suicide prevention, assessment, referral, treatment, and reintegration. Parent's/guardian's involvement includes: learning about the warning signs and risk factors for suicide, making decisions about their child's welfare and connecting their children to professional help when necessary.
6. **Postvention:** Programs and interventions for survivors following a death by suicide, designed to reduce the risk of suicide contagion through: assistance of the survivors to cope with a suicide death; addressing the social stigma associated with suicide; and disseminating factual information about the suicide death of a member of the school community.
7. **Preparatory Acts:** Acts or preparation towards making a suicide attempt, but before the potential for harm has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for death by suicide (e.g., writing a suicide note, giving things away).
8. **Protective Factors:** Characteristics, (biological, psychological, and social), or conditions that may reduce risk and the likelihood of an individual attempting to take his/her life. Protective factors can include: receiving effective mental health care; positive connections to family, peers, community, and social institutions that fosters resilience; feelings of autonomy; and problem-solving skills. Protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental illness.

9. **Resilience:** An individual's innate ability to persevere in the face of adversity, which reduces their risk of unhealthy outcomes. Resilience enables the individual to reach good outcomes. Factors that enhance a child's resilience pathway include: positive relationships with caregivers, peers, or a caring adult; internal strengths such as problem-solving skills, determination and hope; and environmental factors like effective schools and communities.
10. **Risk assessment:** An assessment interview of a student who may be at risk for suicide, conducted by the appropriate school staff (i.e., school psychologist, school counselor or school social worker). This interview is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, and presence of a suicide plan and access to means, presence of support systems, level of hopelessness and helplessness, mental health status, and other relevant risk factors.
11. **Risk Factors for Suicide:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment. The large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior. The more risk factors, the higher the risk for suicide.
12. **School Connectedness:** The belief held by students that adults and peers in the school care about them as individuals as well as about their learning.
13. **School-Wide Suicide Crisis Response:** School emergency response to the serious harm or death of a student or staff by suicide.
14. **Self-Harm (SH):** Behavior that is self-directed and deliberately results in injury or potential for injury to oneself. This can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide. If self-harm is a result of suicidal ideation or suicidal action, emergency referral procedures must be followed.
15. **Student Suicide Crisis:** An episode when a student is deemed at risk for suicide.
16. **Suicidal Act or Suicide Attempt (SA):** A self-injurious behavior for which there is evidence that the person probably intended to kill him/herself; a suicidal act may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and a desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
17. **Suicide Attempt Survivor:** An individual who engaged in a self-directed behavior with the intent to die and survived.
18. **Suicidal Behavior:** Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.



- 19. Suicide Contagion:** When suicidal behavior or a suicide results in an increase in the suicidal behaviors of others. Guilt, identification and modeling are thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
- 20. Suicidal Ideation (SI):** Thoughts about wanting to be dead or about actively wanting to commit suicide. Even without a plan or intent, ideation should be taken seriously.
- 21. Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
- 22. Suicide Loss Survivor:** A person who has experienced the suicide of a family member, friend, or colleague.
- 23. Warning Signs:** Evidence-based indicators that someone may be in danger of suicide, either immediately or in the very near future. An evaluation by a mental health professional is essential to rule out the possibility of suicide and/or to initiate appropriate treatment.

Suicide Awareness and Prevention Education

1. Act 71 now mandates staff Development on Suicide Awareness and Prevention policies and procedures for suicide awareness and prevention. As part of the school's professional development plan, professional educators in all school buildings serving students in grades six (6) through twelve (12), shall participate in four (4) hours of youth suicide awareness and prevention training every five (5) years. Act 71 can be reviewed here:
2. Additional professional development in risk assessment and crisis intervention will be provided to school counselors, school social workers and school psychologists.
3. All school-based personnel, including, but not limited to, administrators, teachers, school counselors, classroom assistants, support staff, secretaries, coaches, custodians, and cafeteria workers, shall receive information regarding the school's policy and procedures, risk factors, elevated risk factors, warning signs, protective factors, response procedures, referrals and resources, in order to raise suicide awareness and prevention measures.
4. This information will be posted online on the school's website. More information about risk factors, protective factors and high-risk groups can be found on the school's website. This information will help inform school personnel in identifying and referring youth at risk.

Suicide Awareness and Prevention Education for Youth

1. Students will receive age- and developmentally-appropriate education on the importance of safe and healthy choices, coping strategies, how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, as well as help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.



2. Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development. Literature on the current risk and protective factors and warning signs will be posted on the school website. In addition, schools may provide supplemental small group suicide prevention programming for students.

Student Suicide Crisis: The Behavioral Health Emergency Procedure

Identification, Risk Assessment, Response, Re-entry and Documentation

If student needs immediate medical treatment, school staff should call 911.

1. **Identifying a child at risk:** All school personnel are responsible for looking out for the well-being of students. This includes being sensitive to signs that a student might have mental health distress. The mere presence of a risk factor, or belonging to a high-risk group, does not in and of itself mean a student is at risk for suicide... Some children show overt signs of suicidal risk, while some may show emotion or behaviors that make staff concerned about their well-being. While all school personnel are not responsible for evaluating suicide, all staff are, however, responsible for referring students to the principal or designee when a child presents with mood or behaviors of concern, or self-refers. In these situations, the following steps should be taken:
2. **Secure immediate safety:** The staff member who identifies such a student must immediately notify the principal and/or designee. School staff will continuously supervise the student to ensure the student is never left alone; Staff interacting with or around the student will maintain calm and open lines of communication. If student needs immediate medical treatment, school staff will call 911
3. **Conduct initial risk assessment:** When a student is identified by a staff person as a potential risk, as soon as possible within presentation, a Suicide Assessment for level of risk of danger will be conducted. The following steps will be taken:
 - a. The principal or designee will consult with the school psychologist/ counselor or their designee.
 - b. Additional mental health assessment support will be consulted from provider mental health school-based supports. These may include: School Therapeutic Services, (STS) SAP Assessor, or Behavioral Health Rehabilitation Service (BHRS) provider.
 - c. For any mental-health provider assisting in a suicide risk assessment, please ensure that the individual is a Master's Level staff: (for STS - Lead Clinician, for BHRS – Behavior Specialist Consultant or Mobile Therapist).
4. **Categorize risk level:** The school psychologist, school counselor or designee will assess for level of risk. The level of risk will determine the appropriate action.



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- a. **Routine:** Intervention within five days. No active suicidal or homicidal ideation, but extreme distress and/or a history of suicidal/homicidal Behavior
 - b. **Urgent:** Intervention within 24 hours. Some current suicidal/homicidal ideation, but with no plan and with the ability of the child or adolescent and his/her family to contract for safety and carry out a safety plan.
 - c. **Emergent:** Immediate Intervention. Current suicidal/homicidal ideation with clear, expressed intentions, and/or plan, and/or access to means, and/or past history of carrying out such behavior.
5. **Take action:** For Routine and Urgent Situations: The school counselor, school psychologist or designee will:
 - a. Contact parent/guardian and invite them to an immediate Emergency Conference.
 - b. Assist the family/guardian to identify and invite appropriate and necessary supports, such as legal guardian, CUA, DHS and other supportive family members.
 - c. Assist family in connecting with existing mental health treatment providers, or assist in linking family to new mental health resources.
 - d. Obtain parent/legal guardian consents for release of information for new providers and ensure releases for active providers are current and signed by the current legal guardian.
 - e. Complete Parent Emergency Conference form, documenting reason for referral and recommendations.
 - f. Conduct periodic check-in with student to continue to assess risk until stable.
 - g. Follow up with parent/guardian and “released” provider to confirm linkage with mental health treatment and to obtain reports on progress
6. **For Emergent Situations: (302/201 Psychiatric Examinations)**
 - a. The Department of Behavioral Health and disability Services provides 24/7 emergency behavioral health care and dispatches a Mobile Emergency Team (MET) to assess the needs of students experiencing behavioral/mental health crisis that requires immediate intervention.
 - b. The school counselor, school psychologist or designee will:
 - i. Immediately contact the Mobile Emergency Team
 - ii. Call Parent/legal guardian and invite in for immediate Emergency Conference, and complete Parent Emergency Conference form
 - c. **Involuntary Psychiatric Examination (302):**
 - i. If a psychiatric evaluation is warranted, but there is no consent, the MET will assist in the process for an involuntary psychiatric examination. This



will require police transport and a school staff member that witnessed the behaviors to accompany the student.

- ii. Complete Behavioral Health Emergency Form to accompany student to the Crisis Response Center.

d. Voluntary Psychiatric Examination (201):

- i. The MET may provide assistance with voluntary commitments (201), but is NOT a vehicle for de-escalation or transporting students to hospitals or for services.
- ii. MET will ONLY transport to Crisis Response Center if ALL of the following criteria are met:
 1. A psychiatric examination is warranted;
 2. The child is: 14 years old or older, and consents to exam; or
 3. Child is under 14 and legal guardian consents and are present at the time of the MET assessment; and time permits
- iii. Complete Behavioral Health Emergency Form to accompany student to the Crisis Response Center.
- iv. Submit Serious Incident Report.

7. Re-entry procedure: The following is the re-entry procedure for a student returning to school following a mental health crisis (e.g., suicide attempt, psychiatric hospitalization):

- a. A school counselor or other designee will coordinate with the student, their parent or guardian, their teachers, and any outside mental health care providers
- b. Upon re-entry into school, the counselor or designee will enter and/or update the student into Response to Intervention Tier 3, for support planning and progress monitoring.
- c. If appropriate, a referral to the SAP assessor will be made to assist with obtaining further treatment referrals and resource linkages.
- d. The school counselor or designee will request that the parent/guardian provide the school with documentation from the child's mental health care provider that states that the child is no longer a danger to themselves or others.
- e. When authorized by the student's parent or legal guardian, the school counselor or other designee will coordinate with the appropriate outside mental health care providers to ensure mental health recommendations for the school and child are appropriately followed.
- f. The school counselor or mental health designee will conduct initial frequent check in's with the student, titrating frequency as dictated by the child's needs, to help the student readjust to the school community and to address any ongoing concerns.



8. **Document and follow-up:** The counselor or designee will:
 - a. Complete and send Counselor Emergency Report and Parent Emergency Conference Form
 - b. Obtain a HIPAA Release of Information Form for the treatment facilities (emergency room-CRC and/or inpatient psychiatric facility and/or partial hospital), if not already obtained.
 - c. Follow up with the parent/guardian and treatment facilities, as authorized by the legal guardian, to participate in hospital's discharge planning meetings.
 - d. Follow up with the treatment facility, as authorized by legal guardian consent for release of information, to obtain both the discharge plan summary and the psychiatric evaluation.
 - e. Upon reentry into school, enter student into RtI Tier 3.
 - f. Document 7-day and 30-day follow-up using page 2 of Counselor Emergency Report.
 - g. Retain copies of all above documents in student's confidential file

Response to School Wide Suicide Crisis

1. **School safety/crisis response team:** Each school shall establish a Safety/Crisis Response Team in compliance with the National Incident Management System (NIMS).
 - a. For the purpose of suicide response, the team may include, but is not limited to, administrators, school counselors, school nurse, social worker, school resource officer, teachers, and other members of the school's Student Assistance Program team.
 - b. The team should also include individuals designated as coordinators and/or investigators on cases involving peer-to-peer harassment, as required under federal law.
 - c. These individuals will help identify overlapping risk factors, including hostile environments created by persistent or severe harassment on the basis of gender, race, disability, or other protected classes.
2. For students with disabilities who are identified as being at risk for suicide or who attempt suicide, the appropriate team shall be notified and shall address the student's needs in accordance with applicable law, regulations and Board policy.

Response to suicide or suicide attempt

1. The first school personnel on the scene of a suicide or suicide attempt shall follow Universal's crisis response procedures as outlined in the Readiness and Emergency Management (REM) School Safety Plan and shall immediately notify the principal or designee.



2. The principal or designee will immediately activate the Incident Management System, as outlined in the school's School Safety Plan.
3. School personnel will immediately notify the parents or guardians of the affected student(s).
4. If any mandated reporter suspects that a student's risk status is the result of abuse or neglect, that individual must comply with the reporting requirements of the Child Protective Services Law.

Postvention

Immediately following news of a student death by suicide, the school-based crisis response team will meet to develop and implement a postvention action plan to guide school response.

Each school is expected to follow the major Incident Crisis/Emergency Response Checklist as outlined by the Safety Plan.

In cases of Student/Staff Death:

1. Notify the Central education Office
2. Convene Safety/Leadership Team Meeting
3. Prepare and distribute, with approval from the Central Education Office, a Parent Notification Letter with resources for families (see School Safety Plan)
4. Debrief, complete and submit Emergency/Crisis Intervention Report (See school safety Plan) to the Central Education Office
5. Submit Serious Incident Report

Recommended Resources for Youth Suicide Awareness and Prevention

Crisis Intervention Resources (Emergency Services and Lifelines):

Emergency Services in Philadelphia - Department of Behavioral Health and Intellectual Disability Services (DBHIDS)

<http://philadelphia.pa.networkofcare.org/mh/emergency-services.aspx>

Lifelines:

1. National Suicide Prevention Lifeline: 24-hour, toll-free for anyone in suicidal crisis or their friends and loved ones.
1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area. <http://www.suicidepreventionlifeline.org>
2. The Trevor Lifeline: The only nationwide, around-the-clock, crisis intervention and suicide prevention lifeline for LGBTQ young people, ages 13-24 1.866.488.7386
3. TrevorChat: Free, confidential, secure instant messaging service for LGBTQ young people, ages 13-24 <http://www.TheTrevorProject.org>



4. 2012 National Strategy for Suicide Prevention: A report by the U.S. Surgeon General and the National Alliance for Suicide:
http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf
5. Act 71 <http://payspi.org/wp-content/uploads/2015/08/Act-71.pdf>
6. Act 71 Information page www.payspi.org/act71
7. American Foundation for Suicide Prevention <http://www.afsp.org/>“American Indian Life Skills Development/Zuni Life Skills Development” – University of Washington
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81>
8. Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ): Affirming service providers adhere to best practices guidelines for LGBTQ clients
<http://www.apa.org/pi/lgbt/resources/guidelines.aspx>
9. Pennsylvania Youth Suicide Prevention Initiative (PAYSPI) www.payspi.org
10. “Signs of Suicide” Prevention Program (SOS):
<http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>
11. Substance Abuse and Mental Health Services Administration (SAMHSA) – Suicide Prevention Information <http://www.samhsa.gov/suicide-prevention>
12. Suicide Prevention Resource Center <http://www.sprc.org/>U.S. Department of Education, Office for Civil Rights (OCR), guidance related to disability discrimination and sex discrimination
<http://www2.ed.gov/about/offices/list/ocr/publications.html#Section504>
13. Youth Suicide Warning Signs <http://www.youthsuicidewarningsigns.org>