SAU 68
Lin-Wood Public School
Lincoln-Woodstock Cooperative School District
72 Linwood Drive
Lincoln, New Hampshire 03251
Telephone (603) 745-2214

Lin-Wood School District

Suicide Prevention Plan

The Model School District Policy on Suicide Prevention, was utilized in the creation of the Lin-Wood Suicide Prevention Plan. The Model School District Policy on Suicide Prevention was created through a collaborative effort between the American Foundation for Suicide Prevention (AFSP), The Trevor Project, the National Association of School Psychologists (NASP), and the American School Counselor Association (ASCA)

Table of Contents:

1. Purpose and Scope

Purpose

The purpose of this plan is to protect the health and well-being of all Lin-Wood Public School students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

The Lincoln-Woodstock Cooperative School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Further recognizes that suicide is a leading cause of death among young people,
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide,
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience,
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components.

Toward this end, this plan is meant to be paired with other policies supporting the overall emotional and behavioral health of students. Specifically, this plan is meant to be applied in accordance with the Lincoln-Woodstock Cooperative School District's administrative and educational policies.

Scope

This plan covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This plan applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers.

2. Definitions

At-Risk: Suicide risk exists on a continuum. Each level of risk requires a different level of response and intervention by the school and the district. A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures. The type of referral, and its level of urgency, shall be determined by the student's level of risk - according to local district policy.

Mental Health: A state of mental, emotional and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

Risk Assessment: An evaluation of a student who may be at risk for suicide, conducted by the appropriate designated school staff (e.g., school counselor, school social worker, school behavioral health counselor, school psychologist, or in some cases, trained school administrator or school nurse). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors. The Columbia-Suicide Severity Rating Scale-School is a questionnaire used to assess risk for suicide.

Risk Factors for Suicide: Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

School-Based Mental Health Professional: According to the Every Student Succeeds Act, "a state-licensed or state-certified school counselor, school psychologist, school social worker, or other state licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents."

School Safety Team: A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response and recovery. These professionals have been specifically trained in crisis preparedness and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. School based mental health professionals who are members of the schools safety team (ie. school counselors, school social worker, school behavioral health counselor, school psychologists) may provide crisis intervention and services in addition to external mental health supports that may be activated.

Self-Harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. NOTE: The coroner or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person’s overall risk.

Suicidal Behavior: Suicide attempts, injury to oneself 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.

Suicidal Ideation: Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously

Suicide Contagion: The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention: Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

3. Prevention

District Plan Implementation

A district level Suicide Prevention Coordinator shall be appointed by the superintendent or designee. The district suicide prevention coordinator and building principal shall be responsible for planning and coordinating implementation of this plan for the school district. The school's counselor, or, in their absence, the building principal, shall be designated as the Building Suicide Prevention Liaison, and shall serve as the building point-of-contact person when a student is believed to be at an elevated risk for suicide. All staff members shall report students they believe to be at-risk for suicide to the Building Suicide Prevention Liaison or appropriate school-based mental health professional if the liaison is unavailable.

Staff Professional Development

All school building faculty and staff, designated volunteers, and any other personnel who have regular contact with students, including contracted personnel or third-party employees, receive at least two hours of training in suicide awareness and prevention each year. Such training may include such matters as youth suicide risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development may include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaskan Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention shall be provided to school-based mental health professionals and school nurses.

All school employees who are involved in assessing for suicidal risk shall take a training on the Columbia Tools. One option is the Interactive C-SSRS Training Module (https://cssrs.columbia.edu/training/training-options/). This is a 30 minute training and can be completed annually.

Youth Suicide Prevention Programming

Developmentally appropriate, student-centered education materials shall be integrated into the curriculum of all K-12 health classes and other classes as appropriate. The content of these age appropriate materials shall include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help. In addition, schools may provide supplemental small-group suicide prevention programming for students. It is not recommended to deliver any programming related to suicide prevention to a large group in an auditorium setting as a standalone prevention effort.

Publications and Distribution

This plan shall be made available via the school website annually. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

4. Intervention

Assessment and Referral

When a student is identified by a peer, educator or other source as potentially suicidal - i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation - the student shall be seen by a school-based mental health professional, (such as a school counselor, school social worker, school behavioral health counselor, school psychologist), within the same school day or immediately if threat level/behavior warrants it to assess risk and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-based mental health professional. If there is no mental health professional available, a designated staff member (e.g., administrator or school nurse) shall address the situation according to the district protocol until a mental health professional is available. The Columbia-Suicide Severity Rating Scale-School is a questionnaire used to assess risk for suicide (Appendix II).

For At-Risk Youth:

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete.
- The principal and Building Suicide Prevention Liaison will be made aware of the situation as soon as reasonably possible.
- The school-based mental health professional shall complete a suicide risk assessment. When appropriate, a team-based approach will be utilized to complete the protocol to ensure timeliness, accurate information, and a collaborative approach to decision making regarding the safety of the student. The Columbia-Suicide Severity Rating Scale-School is a questionnaire used to assess risk for suicide. Level of risk will be determined (Appendix IV) and assessment will be documented and filed in student's medical file (Appendix III)
- The school-based mental health professional or principal shall contact the student's parent or guardian, as described in the Parental Notification Involvement section and in compliance with existing state law/district policy (if applicable), and shall assist the family with urgent referral if necessary
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services (e.g., NH Rapid Response Access Point, local community mental health center, White Mountain Health, or 988 Suicide and Crisis Lifeline), or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian

- If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., NH Department of Children, Youth and Families) shall be contacted in lieu of parents as per law
- Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate (Appendix V)
- The School District Suicide Intervention Protocol Flowchart (Appendix I) provides a visual representation of the above protocol actions and interventions as well as guidelines for next steps.

When School Personnel Need to Engage Law Enforcement

The Emergency Operations Plan shall address situations when school personnel need to engage law enforcement. When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in possession of the student), school staff shall call 911 immediately. The staff calling will provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located.

School staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, or “suicidal EDP,” to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

If a student requires escort by law enforcement or other emergency services personnel from the school building, consider use of “shelter in place” or similar protocols to reduce opportunities for other students to witness the escort. Also consider the use of isolated building exits to minimize opportunities for students to see the escort out of classroom windows.

Parental Notification and Involvement

The principal, designee, or school-based mental health professional shall inform the student’s parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the parent will put the student at increased risk of harm). Following parental notification and based on initial risk assessment, the principal, designee, or school-based mental health professional may offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency services provider. Preventing Youth Suicide: Tips for Parents and Educators (Appendix VI) may be provided to parent or guardian.

When a student indicates suicidal intent, schools will attempt to discuss safety at home, or “means safety” with a parent or guardian, limiting the student’s access to mechanisms for carrying out a suicide attempt (e.g., guns, knives, pills, etc). In addition, during means counseling, which can also include safety planning, it is imperative to ask parents whether or not the individual has access to firearms, medication or other lethal means.

Lethal Means Counseling

Lethal means counseling may include discussing the following:

Firearms

- Inquire of the parent or guardian if firearms are kept in the home or are otherwise accessible to the student
- Recommend that parents store all guns away from home while the student is struggling - e.g., following state laws, store their guns with a relative, gun shop, or police
- Discuss parents' concerns and help problem-solve around offsite storage, and avoid a negative attitude about guns - accept parents where they are, but let them know offsite storage is an effective, immediate way to protect the student
- Explain that in-home locking is not as safe as offsite storage, as children and adolescents sometimes find the keys or get past the locks.
    - If there are no guns at home:
        - Ask about guns in other residences (e.g., joint custody situation, access to guns in the homes of friends or other family members)
    - If parents won't or can't store offsite:
        - The next safest option is to unload guns, lock them in a gun safe, and lock ammunition separately (or don't keep ammunition at home for now)
        - If guns are already locked, ask parents to consider changing the combination or key location - parents can be unaware that the student may know their "hiding" places.

Medications

- Recommend the parent/guardian lock up all medications (except rescue meds like inhalers), either with a traditional lock box or a daily pill dispenser.
- Recommend disposing of expired and unneeded medications, especially prescription pain pills.
- Recommend parent/guardian maintain possession of the student's medication, only dispensing one dose at a time under supervision.
- If parent/guardian will not or cannot lock medication, advice they prioritize and seek specific guidance from a doctor or pharmacist regarding the following:
    - Prescriptions, especially for pain, anxiety or insomnia
    - Over-the-counter pain pills
    - Over-the-counter sleeping pills

Staff will also seek parental permission, in the form of a Release of

Information - Permission to Disclose Records (Appendix V) form, to communicate with outside mental health care providers regarding the student's safety plan and access to lethal means.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-based mental health professional, the principal, or designee may meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting may address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student hospitalization, parents may be encouraged to inform the school counselor, school behavioral health counselor, and/or school social worker of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

1. A school-based mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-based mental health professional may meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of the check-in/check-out visits, etc.). Any necessary accommodations may also be discussed and documented.
2. While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
3. The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
4. The school-based mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
5. The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-based mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures.
2. School staff shall supervise the student to ensure their safety.
3. Staff shall move all other students out of the immediate area as soon as possible.
4. The school-based mental health professional or principal shall contact the student's parent or guardian (Note: See Parental Notification and Involvement section of this document).
5. Staff shall immediately notify the principal or Building Suicide Prevention Liaison regarding the incident of in-school suicide attempt.
6. The school shall engage the crisis response team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7. Staff shall request a mental health assessment for the student as soon as possible.

   NOTE: Since self-harm behaviors are on a continuum of level and urgency, not all instances of suicidal ideation or behavior warrant hospitalization. A mental health assessment, including a suicide risk assessment, can help determine the best treatment plan and disposition.

Out of School Suicide Attempts

If a staff member becomes aware in their professional capacity of a suicide attempt by a student that occurred outside of the school setting, the staff member shall inform the Building Suicide Prevention Liaison and principal of the student's at-risk status.

5. After a Suicide Death (Postvention)

Development and Implementation of a Crisis Response Plan for Suicide

The school safety team, led by a designated crisis response coordinator, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all school community related suicides whether it be student (past or present), staff, or other prominent school community member. Ideally, this plan shall be developed long before it is needed. A meeting of the school safety team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

For more detailed information on responding to a suicide death, please see the document After a Suicide: A Toolkit for Schools, which was revised in 2018.

Action Plan Steps

Step 1: Get the Facts

The crisis response coordinator or other designated school official (e.g. the school's principal or superintendent) shall confirm the death and determine the cause of death through communication with the student's parent or guardian, the coroner's office, local hospital, or police department. Before the death is officially classified as a suicide by the coroner's office, the death shall be reported to staff, students and parents or guardians, with an acknowledgement that its cause is unknown. When a case is perceived as being an obvious instance of suicide, it shall not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be dislosed, the school may release a general statement without disclosing the student's name (e.g., "We had a ninth-grade student die over the weekend"). If the parents do not want to disclose cause of death, an administrator or mental health professional from the school who has a good relationship with the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students. If the family refuses to permit disclosure, schools may state "The family has requested that information about the cause of death not be shared at this time." Staff may also use the opportunity to talk with students about suicide.

Step 2: Assess the Situation

The school safety team shall meet to prepare the postvention response according to the crisis response plan. The team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected. The school safety team team shall also consider how recently other

traumatic events have occurred within the school community and the time of year of the suicide. The team and principal shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

Step 3: Share Information

Inform the faculty and staff that a sudden death has occurred, preferably in an all-staff meeting. The school safety team shall provide a written statement for staff members to share with students. The statement shall include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Staff shall respond to questions only with factual information that has been confirmed. Staff shall dispel rumors with facts, be flexible with academic demands, encourage conversations about suicide and mental health, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student. Avoid public address system announcements and school-wide assemblies in favor of face-to-face notifications, including small-group and classroom discussions. The school safety team may prepare a letter - with the input and permission from the student's parent or guardian - to communicate with parents which includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. If necessary, a parent meeting may also be planned. Staff shall direct all media inquiries to the designed school or district spokesperson.

Step 4: Avoid Suicide Contagion

Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends or teammates), physical proximity (e.g. witness, neighbor) and pre-existing mental health issues or trauma. Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death. The school safety team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk. In the staff meeting, the school safety team shall review suicide warning signs and procedures for referring students who present with increased risk. For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Step 5: Initiate Support Services

Students identified as being more likely to be affected by the death will be assessed by a school-based mental health professional to determine the level of

support needed. The school safety team shall coordinate support services for students and staff in need of individual and small group counseling as needed. School-based mental health professionals will provide on-going and long term support to students impacted by the death of the student, as needed. If long term intensive services by a community provider are warranted, the school-based mental health professional will collaborate with that provider and the family to ensure continuity of care between the school, home, and community. Together with parents or guardians, school safety team members shall provide information for partner community mental health providers, or providers with appropriate expertise, to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs. These discussions may include debriefing (orientation to the facts), reflection on memories, reminders for and re-teaching of coping skills, and encouraging spending time with friends and caregivers as soon as possible. Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

Step 6: Develop Memorial Plans

The school shall develop a policy regarding memorialization due to any cause and strive to treat all deaths the same way. Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students. Spontaneous memorials may occur from students expressing their grief. Allowing for these memorials to stay in place for a brief period up to the funeral (up to approximately five days), and monitoring memorials while in place, is recommended to avoid hostile and glamorizing messaging and to monitor for at-risk students. Cards, letters, and pictures may be given to the student's family after being reviewed by school administration. If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.

The school shall also leave a notice for when the memorial will be removed and given to the student's family. Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited. School shall not be canceled for the funeral or for reasons related to the death. Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

For more information on memorials after a death, please refer to the Memorialization section of the document After a Suicide: A Toolkit for Schools.

Step 7: Postvention as Prevention

Following a student suicide, schools may take the initiative to review and/or revise existing policies.

External Communication

The school or district-appointed spokesperson shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to the spokesperson. The spokesperson shall:

- Keep the district superintendent and school crisis response coordinator informed of school actions relating to the death.
- Prepare a statement for the media, which may include the facts of the death, postvention plans, and available resources - the statements shall not include confidential information, speculation about victim motivation, means of suicide or personal family information.

The school or district-appointed spokesperson shall answer all media inquiries. If a suicide is to be reported by news media, the spokesperson shall encourage reporters to follow safe messaging guidelines (e.g., not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic”) to mitigate the risk of suicide contagion. The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

6. References

American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project. (2019). Model School District Policy of Suicide Prevention: Model Language, Commentary, and Resources. afsp.org/ModelSchoolPolicy.

American Foundation for Suicide Prevention & Suicide Prevention Resource Center. (2018). After a suicide: A toolkit for schools (2nd ed.). Waltham, MA: Education Development Center. sprc.org/resources-programs/after-suicide-toolkit-schools.

Chapter 193-J Suicide Prevention Education. State of NH. (2019). https://www.gencourt.state.nh.us/rsa/html/XV/193-J/193-J-mrg.htm

Every Student Succeeds Act, 20 U.S.C. (2015). https://www.congress.gov/bill/114th-congress/senate-bill/1177

Lin-Wood Public School Policies. Students: Suicide Prevention and Response JLDBB (10/12/2022). www.lin-wood.org. https://www.lin-wood.org/indexj

The Columbia Lighthouse Project. (2016). The Columbia Protocol: Columbia Suicide Severity Rating Scale (C-SSRS). Cssrs.columbia.edu

7. Resources

Suicide Crisis Resources

988 - Suicide Lifeline - simply dial 988

Provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones
988lifeline.org

NH Disaster Behavioral Health Response Team (603) 271-9454 or 1-800-852-3345 ext. 9454

Provides disaster related services throughout New Hampshire to those impacted by critical incidents including victims, their families, and first responders
Coordinator: Jennifer Schirmer Jennifer.L.Schirmer@dhhs.nh.gov

NH Rapid Response Access Point call/text 833-710-6477

Or chat online at nh988.com

Northern Human Services - White Mountain Mental Health (603) 444-5358

The community mental health center covering Lincoln and Woodstock. Located in Littleton, they provide mental health services to children, adults and those suffering from substance use disorders. In an emergency, call NH Rapid Response Access Point, 988 or 911

The Columbia Lighthouse Project

The project's mission is to light the way to ending suicide. Our message, like the Columbia Protocol itself, is simple: "Just Ask. You Can Save a Life."
cssrs.columbia.edu

Additional Resources

Crisis Text Line - text HOME to 741741

Provides free, 24/7, text-based mental health support and crisis intervention
Crisistextline.org

Department for Children, Youth and Families

In NH, all adults are mandated reporters for suspected abuse or neglect
To report suspected abuse call DCYF at 1-800-894-5533

Hey Sam - text 439-726

Peer-to-peer texting service for people up to 24 years old if they are struggling, need someone to talk to or need support.
9 am to 9 pm daily
samaritanshope.org/our-services/hey-sam/

NAMI NH Information and Resource Line 1-800-242-6264

NAMI (National Alliance on Mental Illness) NH staff can help answer questions and provide specific information to NAMI NH resources and support
naminh.org

National Action Alliance for Suicide Prevention

Public-private partnership for suicide prevention to advance the National Strategy for Suicide Prevention
theactionalliance.org/

NH 2-1-1 simply dial 211

New Hampshire's statewide, comprehensive information and referral service.
211nh.org

NHCarePath 866-634-9412

Connects you to statewide partners that provide services and supports
nhcarepath.dhhs.nh.gov

NH Coalition Against Domestic and Sexual Violence

Statewide 24/7 Helpline 866-644-3574

Suicide Prevention Resource Center

Resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention
sprc.org

The Trevor Project Crisis Support 866-488-7386

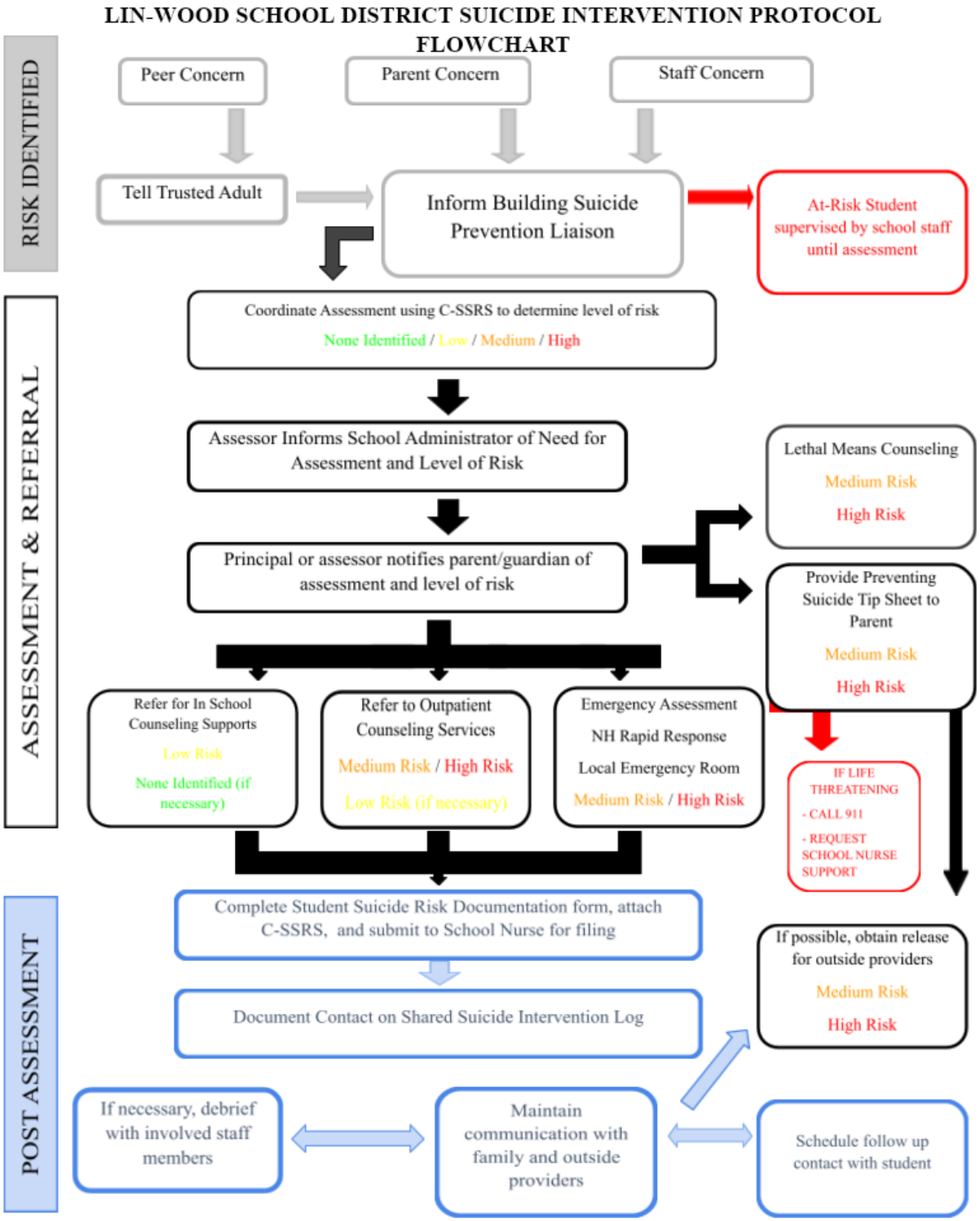
The Trevor Project's mission is to end suicide among LGBTQ young people
Or text START to 678-678
Or chat online at thetrevorproject.org/get-help

Zero Suicide

A quality improvement model that transforms system-wide suicide prevention and care to save lives
Zerosuicide.edc.org

8. Appendices

I. Suicide Intervention Protocol Flowchart
II. Columbia-Suicide Severity Rating Scale (C-SSRS) Screen with Triage Points for Schools
III. Student Suicide Risk Documentation Form
IV. Triage Guide for All Risk Levels
V. Release of Information Form - Permission to Disclose Records
VI. Preventing Youth Suicide: Tips for Parents and Educators


LIN-WOOD SCHOOL DISTRICT SUICIDE INTERVENTION PROTOCOL FLOWCHART
RISK IDENTIFIED
ASSESSMENT & REFERRAL
POST ASSESSMENT
Peer Concern
Parent Concern
Staff Concern
Tell Trusted Adult
Inform Building Suicide Prevention Liaison
At-Risk Student supervised by school staff until assessment
Coordinate Assessment using C-SSRS to determine level of risk
None Identified / Low / Medium / High
Assessor Informs School Administrator of Need for Assessment and Level of Risk
Principal or assessor notifies parent/guardian of assessment and level of risk
Lethal Means Counseling
Medium Risk
High Risk
Provide Preventing Suicide Tip Sheet to Parent
Medium Risk
High Risk
Refer for In School Counseling Supports
Low Risk
None Identified (if necessary)
Refer to Outpatient Counseling Services
Medium Risk / High Risk
Low Risk (if necessary)
Emergency Assessment
NH Rapid Response
Local Emergency Room
Medium Risk / High Risk
IF LIFE THREATENING
- CALL 911
- REQUEST SCHOOL NURSE SUPPORT
Complete Student Suicide Risk Documentation form, attach C-SSRS, and submit to School Nurse for filing
Document Contact on Shared Suicide Intervention Log
If possible, obtain release for outside providers
Medium Risk
High Risk
If necessary, debrief with involved staff members
Maintain communication with family and outside providers
Schedule follow up contact with student

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you actually had any thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) *Have you had these thoughts and had some intention of acting on them?* as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*		
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.	**Lifetime**	
If YES, ask: *Was this within the past 3 months?*	**Past 3 Months**	

Possible Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Student Suicide Risk Documentation Form

Student Information	
Date student was identified as possibly at risk:	
Name:	
Date of Birth:	Grade:

Identification of Suicide Risk
Who initially identified student as being at risk? (Indicate name/role where appropriate)
Reason for initial concern:

Risk Assessment	
Assessment conducted by:	Date:
Result of assessment:	

Notification of Parent/Guardian	
Staff who notified parent/guardian:	Date:
Name of Parent/Guardian:	
Parent/Guardian Phone Number(s):	
Plan for release from school:	

Team Consultation	
Administrator Informed:	Date:
Other Staff Consulted:	

In School Follow Up
Staff member to conduct follow-up:
Date of follow-up:

Triage guide following completion of Columbia-Suicide Severity Rating Scale C-SSRS (Screen with Triage Points for Schools)

No Current Risk Identified - student answered "No" to all questions on C-SSRS

- ☐ If necessary, refer for in school counseling supports

Low Risk - (student answered yes questions 1 or 2 on C-SSRS but no to following questions)

- ☐ Refer for In School Counseling Supports
- ☐ If necessary, refer to primary health care provider or outpatient mental health services

  Referral made to: _____ Date of referral: _____

Moderate Risk - (student answered yes to questions 1, 2, and either 3 or 6 on C-SSRS, but no to 4 & 5)

- ☐ Refer for Outpatient Counseling Services or Provide Family with Crisis Resources for self-referral

  Referral made to: _____ Date of referral: _____
- ☐ Provide to parent "Preventing Youth Suicide: Tips for Parents and Educators"
- ☐ If necessary, refer for emergency mental health services by contacting NH Rapid Response Access Point at 833-710-6477 or 988
- ☐ Counsel family on importance of lethal means restriction
- ☐ If possible, obtain releases of information for outside providers

High Risk - (student answered yes to 1,2,3,6 and either 4 or 5 on C-SSRS)

- ☐ If a life threatening emergency, call 911 who will determine and coordinate transportation necessary
- ☐ If potentially life threatening, request support from school nurse until other medical personnel are available
- ☐ If not life threatening, call NH Rapid Response Access Point at 833-710-6477 or 988
- ☐ Provide to parent "Preventing Youth Suicide: Tips for Parents and Educators"
- ☐ Counsel family on importance of lethal means restriction
- ☐ If possible, obtain releases of information for outside providers
- ☐ Refer for Outpatient Counseling Services or Provide Family with Crisis Resources for self-referral

  Referral made to: _____ Date of referral: _____

For all Risk Levels:

- ☐ Document Contact on shared Suicide Intervention Log
- ☐ If necessary, debrief with involved staff members
- ☐ Form submitted to school nurse to be filed in student's medical record with completed C-SSRS attached
- ☐ If necessary, schedule follow up contact with student and family

Lin-Wood School District Suicide Intervention Protocol
TRIAGE GUIDE FOR ALL RISK LEVELS

For use with Columbia-Suicide Severity Rating Scale (C-SSRS)

When Youth Identified as At-Risk:

- ☐ Building Liaison informed of potential risk
- ☐ Student supervision by school staff until school-based mental health professional can assess risk
- ☐ School-based mental health professional assesses suicide risk C-SSRS

Low Risk Level of Suicide
Student answered yes to questions 1 or 2 on C-SSRS but not to following questions:

- ☐ Assessor informs school administrator
- ☐ Principal or assessor notifies parent/guardian of assessment and level of risk
- ☐ Refer for in-school counseling supports
- ☐ If necessary, refer to primary health care provider or outpatient mental health services
- ☐ Complete Student Suicide Risk Documentation Form and submit to School Nurse for filing with C-SSRS attached
- ☐ Document contact on shared Suicide Intervention Log
- ☐ Schedule follow up contact with student
- ☐ If necessary, debrief with all involved staff members

Re-entry Procedure (for students returning to school after mental health crisis e.g., suicide attempt or psychiatric hospitalization):

- ☐ School-based mental health professional coordinates with student, parent/guardian and any outside health care providers
- ☐ Periodic student and parent/guardian check in to support readjustment
- ☐ Administration disclose to student's teachers of medically-related absence in advance of re-entry

Moderate Risk Level of Suicide
Student answered yes to questions 1,2 and either 3 or 6 on C-SSRS, but no to 4 & 5

- ☐ Assessor informs school administrator
- ☐ Principal or assessor will notify parent/guardian of assessment and level of risk
- ☐ Counsel family on importance of lethal means restriction
- ☐ Make referral for outpatient counseling services or provide family with crisis resources for self-referral
- ☐ If necessary, obtain releases for outpatient providers
- ☐ If possible, provide parent with Preventing Youth Suicide: Tips for Parents and Educators
- ☐ Complete Student Suicide Risk Documentation Form and submit to School Nurse for filing with C-SSRS attached
- ☐ Document contact on shared Suicide Intervention Log
- ☐ Schedule follow up contact with student
- ☐ If necessary, debrief with all involved staff members

High Risk Level of Suicide
Student answered yes to 1,2,3,6 and either 4 or 5 on C-SSRS

- ☐ Clear the area and ensure all other students are safe
- ☐ If the student has lethal means on their person:
  - Do not attempt to take a weapon by force
  - Have someone call 911
  - If student gives up the potentially lethal means, stay with student until emergency support arrives
- ☐ If potentially life threatening emergency, call 911. Note: 911 responder will determine and coordinate transportation necessary
- ☐ If not life threatening, call NH Rapid Response Access Point at (833)710-6477 or 988
- ☐ Principal or assessor will notify parent/guardian of assessment and level of risk
- ☐ Counsel family on importance of lethal means restriction
- ☐ Make referral for outpatient counseling services or provide family with crisis resources for self-referral
- ☐ If possible, obtain releases for outpatient providers
- ☐ If possible, provide to parent Preventing Youth Suicide: Tips for Parents and Educators
- ☐ Complete Student Suicide Risk Documentation Form and submit to School Nurse for filing with C-SSRS attached
- ☐ Document contact on shared Suicide Intervention Log
- ☐ Schedule follow up contact with student
- ☐ If necessary, debrief with all involved staff members

SAU 68
Lin-Wood Public School
Lincoln-Woodstock Cooperative School District
72 Linwood Drive
Lincoln, New Hampshire 03251
Telephone (603) 745-2214

PERMISSION TO DISCLOSE RECORDS

I, _____, parent and legal guardian of _____, a minor (DOB_____), hereby authorize [insert name(s) of individual(s) and/or organization(s)] _____, hereafter referred to as "provider(s)," to disclose all records and information to his/er/its/their possession to the Lin-Wood Public School District. The School District's mailing address is 72 Linwood Dr., Lincoln, NH 03251.

This authorization allows the above provider(s) to copy and send records to the School District and allows representatives of the School District to inspect the records. This authorization also allows the above provider(s) to orally disclose information to the School District, including but not limited to information contained in records.

This authorization encompasses *all* records pertaining to the minor, including but not limited to correspondence notes, reports, questionnaires, application forms, contracts, billing records, payment records, insurance records, work samples, discipline records, report cards, teacher grade books (with other students' names redacted), test protocols (questions and answers), test score calculations, any other test records, medical records, health records, counseling records, mental health records, computer data, and *"third party records"* created by any other individuals or organizations. The term "records" includes information recorded, maintained or preserved in *any* medium, including but not limited to printed, handwritten, magnetic, or electronic.

I specifically authorize the release of HIV/AIDS results and/or treatment, where applicable.
I specifically authorize the release of psychiatric records, where applicable.
I specifically authorize the release of alcohol and substance abuse treatment records, where applicable.

Any costs for photocopying these records for the School District, or for mailing these records to the School District, shall be at the School District's expense.

Pursuant to HIPAA, the following are specified as part of this authorization:

a. The purpose of disclosure is to help the School District identify the minor's needs and provide appropriate educational services.
b. This authorization expires one year after the date it is signed.
c. The parent signing this form understands that he or she may revoke this authorization at any time by providing written notification to the School District or to the provider(s) named above, except to the extent that this authorization has already been relied on.
d. The parent signing this form has been informed that the provider(s) named above may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parent signs this authorization.
e. The parent signing this form has been informed of the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and to be no longer protected by HIPAA. However, the federal Family Educational Rights and Privacy Act (FERPA) generally prohibits school districts and their employees and agents from disclosing student records (or information from those records) without prior written parental consent.

Date: _____ Parent/Guardian Signature:_____

PREVENTING YOUTH SUICIDE:

TIPS FOR PARENTS AND EDUCATORS

IF YOU OR SOMEONE YOU KNOW IS SUICIDAL, GET HELP IMMEDIATELY VIA 911, THE 988 CRISIS LIFELINE OR THE CRSIS TEXT LINE (TEXT "HOME" TO 741741).

Suicide is preventable. Youth who are contemplating suicide frequently give warning signs. Do not be afraid to ask about suicidal thoughts. Never take warning signs lightly or promise to keep them secret.

RISK FACTORS

- Hopelessness
- Non-suicidal self injury (e.g., cutting)
- Mental illness, especially severe depression, but also post traumatic stress, ADHD, and substance abuse
- History of suicidal thinking and behavior
- Prior suicide among peers or family members
- Interpersonal conflict, family stress/dysfunction
- Presence of a firearm in the home

WARNING SIGNS

- Suicidal threats in the form of direct (e.g., "I want to die") and indirect (e.g., "I wish I could go to sleep and not wake up") statements
- Suicide notes, plans, online postings
- Making final arrangements
- preoccupation with death
- Giving away prized possessions
- Talking about death
- Sudden unexplained happiness
- Increased risk taking
- Heavy drug/alcohol use

This information is from the National Association of School Psychologists (NASP), please refer to www.nasponline.org/suicideprevention for more information.

WHAT TO DO

- Remain calm, nonjudgmental and listen.
- Ask directly about suicide (e.g., don't say, "You aren't going to do anything stupid are you?).
- Reassure them that there is help; they will not feel like this forever.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm, especially firearms.
- GET HELP! Never agree to keep suicidal thoughts a secret. Tell an appropriate caregiving adult. Caregivers should seek help from school or community mental health resources as soon as possible. School staff should take the student to a school employed mental health professional.

REMINDERS FOR PARENTS

- After a school notifies a parent of their child's risk for suicide and provides referral information parents must:
  - **Continue to take threats seriously.** Follow through is important even after the child calms down or informs the parent "they didn't mean it."
  - **Access school supports.** If parents are uncomfortable with following through on referrals, they can give the school social worker permission to contact the referral agency, provide referral information, and follow up on the visit.
  - **Maintain communication with the school.** After an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place possible for your child.

CRISIS RESOURCES:

WHEN THERE IS IMMINENT RISK TO SOMEONES LIFE CALL 911

NH Crisis Resources:

New Hampshire
Rapid Response Access Point

If you or someone you care about is experiencing a mental health and/or substance use crisis, you can call and speak to trained and caring clinical staff. You'll be served by compassionate providers from mental health centers in your community who can help you access vital resources in an emergency. Call/text 833-710-6477 or chat online nh988.com.

Northern Human Services
Changing Lives

Northern Human Services - White Mountain Mental Health is the community mental health center for Lincoln and Woodstock. They are located in Littleton and provide mental health services to children, adults and those suffering from substance use disorders. Call 603-444-5358, in an emergency call NH Rapid Response Access Point.

National Crisis Resources:

988 SUICIDE & CRISIS LIFELINE

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline is available 24/7 across the United States. The 988 Suicide Prevention & Crisis Lifeline is a hotline for those is crisis or for those looking to help someone else. To speak with a certified listener, dial 988 or chat online at 988lifeline.org/chat.

CRISIS TEXT LINE

Crisis Text Line is a texting service for emotional crisis support. It is free, available 24/7 and confidential. To speak with a trained listener, text HELLO to 741741.

Additional resources:

The Trevor Project: Provides information & support to LGBTQ young people 24/7, all year round. Thetrevorproject.org

Veterans Crisis Line: 24/7, confidential crisis support for Veterans and their loved ones. Veteranscrisisline.net