

GRADES K-S SUICIDE PREVENTION POLICY AND HANDBOOK



Biggs Unified School District 300 B. Street Biggs, CA 95917 Phone 530.868.5870 • Fax 530.868.5137

with the second			
	-		
		4	
	•		
	•		

Table of Content

INTRODUCTION	
OBJECTIVE OF HANDBOOK	2
PROTOCOLS	3
a. Definitions	3
B. RESPONSIBILITIES OF DISTRICT EMPLOYEES	3
C. Prevention	4
D. INTERVENTION	4
E. RESPONDING TO STUDENTS WHO SELF-INJURE	9
F. POST INTERVENTION	11
FORMS	16
SUICIDE ASSESSMENT CHECKLIST	16
SUICIDE ASSESSMENT	17
SAFETY AGREEMENT	19
RE-ENTRY PLAN	21
PARENT NOTIFICATION	23
DEEEDENICES	24

Suicide Prevention Policy & Handbook

uicide is the third leading cause of death in youth between the ages of 10-19. Eleven percent of high school students have made at least one suicide attempt, while 40 percent have indicated serious suicidal thoughts. Schools are in a unique position to teach/reinforce resiliency skills, identify at risk students/adults, and provide appropriate intervention and postvention strategies. A plan that implements a systematic approach has the potential to increase both emotional and academic performance.

California Education Code (EC) Section 215, mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness, and prevention training for teachers, and ensure employees act within the authorization and scope of the employee's credential and license.

The objectives of this suicide policy and handbook are to:

- Increase the knowledge of at-risk indicators.
- Provide strategies to increase and reinforce resiliency factors.
- Provide a user friendly and standardized referral protocol.
- Provide a standardized intervention/postvention protocol that includes cooperation and collaboration with outside agencies and an overall, protective environment for potential existing, returning and reoccurring suicidal students.

PROTOCOLS

DEFINITIONS:

Crisis Response Unit – A group of individuals identified as emergency response members. Duties of the crisis response unit include being the point of contact for students identified as "at risk for suicide." Members will complete suicide risk assessments, notification of concerns, and collaboration with site administration and team.

Risk Factors: A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes.

Self-Harm: The act of deliberately harming the surface of your own body, such as cutting or burning yourself. Self-Harm is typically not meant as a suicide attempt. Rather, this type of self-injury is an unhealthy way to cope with emotional pain, intense anger and frustration.

Suicidal Ideation: Thinking about, considering, or planning suicide.

Suicide Attempt: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior. The attempt may or may not result in physical injury.

Suicide: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Warning Signs: Warning signs are behaviors that may signal the presence of suicidal thinking, they might be considered "cries for help" or "invitations to intervene". Warning signs include the following: suicide threat, suicide notes and plans, prior suicidal behavior, making final arrangements, preoccupation with death, as well as changes in behavior, appearance, thoughts and/or feelings.

RESPONSIBILITIES OF DISTRICT EMPLOYEES

All district employees required to:

• Inform the school site administrator immediately, or as soon as possible of any concerns, reports or behaviors relating to student suicide or self-injury.

Administrator must:

- Respond to reports or students at risk for suicide immediately or as soon as possible by involving the site or district staff trained to intervene and assess risk.
- Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
- Establish a safe, respectful and welcoming school environment.

Psychologists, Counselors, Nurses & School Based Mental Health Staff must:

- Support and assist schools with guidance and consultation, as needed.
- Assess student risk and coordinate with site administration to assure procedures and communication occur as needed.

PREVENTION

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment and strengthen protective factors that reduce risks for students. Experts recommend that schools use an approach to suicide prevention that:

- A. Promotes and reinforces the development of help seeking behaviors and healthy problem solving skills within students.
- B. Increases staff, student and parent/guardian knowledge, awareness of risk factors and warning signs of youth suicide and self-harm.
- C. Establishes and monitors rapport with students through structure, guidance, consistency and fair discipline.
- D. Models and teaches intentional skills and behaviors.
- E. Promotes access to school and community resources.

I. <u>INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENT'S AT RISK FOR SUCICIDE AND/OR SELF- HARM.</u>

The following are general steps for responding to any reports of students at risk for suicide and/or exhibiting self-injurious behaviors within the District's jurisdiction.

Please note that the urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

1. Respond Immediately

- a. Report concerns or incidents to the administrator immediately or as soon possible. Make direct contact with the administrator. Do not leave a message, send an email or wait until the end of the day to report concerns about a student at risk for suicide.
- b. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student. Do not leave the student unsupervised.

2. Secure the Safety of the Student

- a. Supervise the student at all times.
- b. For immediate emergency life threatening situations, call 911.
- c. If a student is agitated, unable to be contained and you are in need of immediate assistance, contact the Administration and the Gridley Police Department.

3. Assess for Suicide Risk

- a. The administrator collaborates with the designated school site Crisis Response Unit (CRU) member. These members will generally include the school psychologist, school counselor or nurse.
- b. The student should be supervised at all time by a designated staff member.
- c. The administrator or designated crisis response member should gather essential background information that will help with the risk assessment.
- d. For assistance and/or consultation, contact the school counselor, school psychologist, or the Resource List (see appendix) for additional phone numbers.

Table 1. Levels of Suicide Risk

LEVELS	DEFINITIONS	INDICATORS
Low Risk	Does not pose imminent	Passing thoughts of suicide; no plan; no previous
	danger to self; insufficient	attempts; no access to weapons or means; no
	evidence for suicide	recent losses; support system is in place; no
	potential.	alcohol/substance abuse; some depressed
		mood/affect; evidence of thoughts found in
		notebooks, internet postings, drawings; sudden
		changes in personality/behavior (e.g. distracted,
		hopeless, academically disengaged).
Moderate	May pose imminent danger	Thoughts of suicide; plan with some specifics;
Risk	to self, but there is	unsure of intent; previous attempts and/or
	insufficient evidence to	hospitalization; difficulty naming future plans;
	demonstrate a viable plan of	past history of substance use, with possible
	action to do harm.	current intoxication; self-injurious behavior;
		recent trauma (e.g., loss, victimization).
High Risk	Poses imminent danger to	Current thoughts of suicide; plan with specifics,
: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	self with a viable plan to do	indicating when, where and how; access to weapons
	harm; exhibits extreme	or means in hand; finalizing arrangements (e.g.,
	and/or persistent	giving away prized obsessions, good-bye messages
	inappropriate behaviors;	in writing, text, on social networking sites); isolated
	sufficient evidence for	and withdrawn; current sense of hopelessness;
	violence potential; qualifies	previous attempts; no support system; currently
	for immediate arrest or	abusing alcohol/substances; mental health history;
	hospitalization.	precipitating events, such as loss of loved one,
		traumatic event, or bullying.

4. Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to Butte County Child and Adult Protective Services at 530-538-7617 or Gridley Police Department 530-846-5678 and follow the *Child Abuse and Reporting Requirements*. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by the child protective services agency personnel. Suspected Child Abuse Reports (SCAR) should be faxed to 530-538-7526.

5. Determine Appropriate Action Plan

- a. The administrator should collaborate with the designated school site crisis response member and at least one other school site crisis response team member to determine appropriate action based on level of risk (see Table 2).
- b. If law enforcement determines that the student will be transported to an emergency hospital, the school site administrator should designate a certificated staff member to accompany the student.
- c. The administrator or designated school site crisis response member should contact the parent or guardian regarding the concern, except in cases where CWS is notified.

Table 2. Action Plan

LEVEL OF RISK	ACTION PLAN
Low Risk	Reassure and supervise student.
	Communicate concerns with parent/guardian.
	Assist in connecting with school and community resources, including crisis lines.
	Mobilize a support system.
	 Develop a safety plan that identifies caring adults, appropriate communication. Coping skills.
	Establish a follow-up plan and monitor, as needed.
	Coping skills/Self-Care.
	Establish a follow-up plan and monitor, as needed.
Moderate or	Supervise student at all times (including restrooms).
High Risk	Contact Butte County Behavioral Health and/or district crisis response unit/mental health member (eg. psychologist, counselor, nurse or clinician) for a mental health evaluation to evaluate for possible hospitalization.
	 Notify and hand off student to parent/guardian who commits to seek immediate mental health assessment or law enforcement if parent is unavailable.
	Provide parent and/or law enforcement with re-entry forms.
	Contact Administrator regarding crisis.
	Contact Safety Response Officer (SRO) to notify parent.
	 Establish a follow-up and/or re-entry plan and monitor.
	Contact parent regarding student's return and well-being.

6. Determine Appropriate Follow-up Plan

The follow-up plan will be based upon severity and potential risk. There are circumstances that might increase a student's suicide risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender/weight/race bias.

The follow-up plan determined by the team should be documented and managed by the school site administrator/designee. Actions may include:

1. Develop a Safety Plan.

- a. Identify caring adults in the school, home and community environment.
- b. Discuss and identify helpful coping skills.
- c. Provide after-hours resource numbers.

2. Mobilize a Support System and Provide Resources.

- a. Connect student and family with social, school and community supports.
- b. For mental/physical health services, refer the student to Butte County Behavioral Health Mental Health or their health care provider.

3. Monitor and Manage.

- a. The administrator/designee should monitor and manage the case as it develops and until it has been determined that the individual no longer poses an immediate threat to self.
- b. Maintain consistent communication with appropriate parties on a need to know basis.
- c. Plan for re-entry, as needed.

7. Student Re-entry Guidelines

- a. A student returning to school following hospitalization, including psychiatric and drug or alcohol inpatient treatment, must have written permission by the health care provider in order to attend school. If at all possible, an Authorization to Exchange/Release information should be completed and appropriate school staff (eg. psychologist, counselor, nurse) should consult with outside mental health or medical treatment team.
- b. If the student has been out of school for any length of time, including mental health hospitalization, the school site administrator/designee should hold a re-entry meeting with key support staff, parents, and student to facilitate a successful transition.

- c. As appropriate, consider staffing with special education for an assessment for special education or a 504 Accommodation plan for a student whose behavioral and emotional needs effect their ability to benefit from their educational program.
- d. As appropriate, consider staffing with School Based Mental Health for possible referral for School Based Mental Health Services if the student has a special education plan.
- e. If the student transfers to another school or location, the site administrator/designee should communicate with the receiving school to assist with the transition and ensure ongoing support services for the student.

8. <u>Document All Actions</u>

- a. The administrator/designee shall maintain records and documentation of actions taken at the school for each case.
- b. If the student is assessed by a Crisis Response Unit Member, this individual should complete and submit the Risk Referral to administrator/designee within 24 hours or by the end of the next school day.
- c. Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.
- d. If the student transfers to a school within or outside the District, the sending school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition.

II. Responding to Students Who Self-Injure

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who cut or exhibit other types of self-injurious behaviors for suicidal ideation.

1. Indicators of Self-Injury

- · Frequent or unexplained, bruises, scars, cuts or burns.
- Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtle necks, especially in hot weather; bracelets to cover the wrists; not wanting to change for PE)

- · Possession of sharp implements (e.g., razor blades, shards of glass, thumb tacks)
- Evidence of self-injury (e.g., journals, drawings, social networking sites)

2. Protocol for Responding to a Student who Self-Injures

- 1. Respond immediately or as soon as possible.
- 2. Supervise the student.
- 3. Assess for suicide risk using the protocol outlined in Section IV.
- 4. Communicate with and involve the parent/guardian, even if the student is not suicidal, so the behavior may be addressed as soon as possible.
- 5. Encourage appropriate coping and problem-solving skills; do not discourage self-injury.
- 6. Listen with calm and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors.
- 7. Provide resources. (discourage the student's use of on-line research on the topic)
- 8. Identify a support system at home and at school.
- 9. Document all actions.

3. Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools. The following are guidelines for addressing self-injurious behaviors among a group of students:

- 1. Respond immediately or as soon as possible.
- 2. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
- 3. As students are identified, they should be supervised in separate locations.
- 4. Each student should be assessed for suicide risk individually using the protocol.
- 5. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student.

4. Other Considerations for Response to Self-Injury and Contagion

The following are guidelines for how to respond as a school community when addressing self-injurious behaviors among a group of students:

- a. Self-injury should be addressed with students individually and never in settings, such as student assemblies, public announcements, school newspapers, the classroom, or even in groups.
- b. When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information parent meeting at the school. Considerations should be made for supervising students and children during this time; the meeting should be reserved for parent(s)/guardian(s).
- c. Consult and work with the Communications and Public Relations Office for dissemination of information, as needed.
- d. For consultation and assistance with parent information meetings, contact Crisis Response Unit.

III. POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

The following are general procedures for the administrator/designee in the event of a completed suicide.

1. Gather Pertinent Information

- a. Confirm cause of death is the result of suicide, if this information is available.
- b. The administrator should be the point of contact with the family of the deceased. Information about the cause of death should not be disclosed to the school community until the family has been consulted and has consented to disclosure.

2. Notify on a Need to Know Basis

- a. Crisis Response Unit
- b. Communications and Public Relations Office at BCOE
- c. Other offices, as appropriate

3. Contact Superintendent

To determine initial response procedures and obtain consultation regarding number of personnel needed for initial response. It is helpful to have the following information available for consultation:

- a. Demographic information
- b. Siblings (if any) whom are BUSD students
- c. Campus profile (leader, clubs, activities, high-risk group, etc...)
- d. Known friends/groups

4. Mobilize Crisis Response Team

Mobilize the School Site Crisis Response Unit. Concerns and wishes of family members regarding disclosure of the death and cause of death should always be taken into consideration when providing

facts to students, staff and parents.

- a. Assess the extent and degree of possible psychological trauma and impact to the school community.
- b. Develop an action plan and assign responsibilities based on available information.
- c. Establish a plan to notify staff of the death, once consent is obtained from the family of the deceased.
 - a. Notification of staff is recommended as soon as possible (e.g., emergency meeting before school or after school).
 - b. To dispel rumors, share accurate information and all known applicable facts about the death.
 - c. Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music and/or school.
 - d. Allow staff to express their own reactions and grief; identify anyone who may need additional support and provide resources.
 - e. Notify Employee assistance program (EAP) regarding event and offer EAP contact info to staff.
- d. Establish a plan to notify students of the death once consent is obtained from the family of the deceased.
 - a. Discuss plan for notification of students in small group settings, such as the classroom. Do not notify students using a public announcement system.
 - **b.** Provide staff with a scripted notification of death for students, including possible reactions, questions and activities students may engage in (e.g., writing, drawing, referral to crisis counselor)
 - c. Review student support plan, making sure to clarify procedures and locations for crisis counseling.
- e. Establish a plan to notify other parents/guardians of the death, once consent is obtained from the family of the deceased. Prepare and disseminate a death notification letter for parents.
- f. Define triage procedures for students and staff who may need additional support in coping with the death. Some actions to consider:

- **a.** Identify a lead crisis response staff member to assist with coordination of crisis counseling and support services.
- b. Identify locations on campus to provide crisis counseling to students, staff and parents, as needed.
- c. Request substitute teachers, as needed.
- d. Maintain sign-in sheets and documentation on individuals serviced for followup, as needed.
- e. Provide students, staff or parents with after-hours resource numbers such as the 24/7 Suicide Prevention Crisis Line.
- g. Refer students or staff who require a higher level of care for additional services such as BCOE's Employee Assistance Program, a community mental health provider, or their health care provider. Indicators of students and staff in need of additional support and/or referral may include the following:
 - a. Persons with close connections to the deceased (e.g., siblings, relatives, teacher).
 - b. Persons who experienced a loss over the past six months to a year, a traumatic event, have witnessed acts of violence, or have a history of suicide (self or family member).
 - c. Persons who appear emotionally over-controlled (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when majority are expressing sadness.
 - d. Persons unable to control crying.
 - e. Persons with multiple traumatic experiences may have strong reactions that require additional assistance.
- h. Consult with district designee for support and/or guidance.

5. Document

The administrator shall maintain records and documentation of actions taken at the school.

6. Monitor and Manage

- a. The administrator, with support from the district/school Crisis Response Unit should monitor and manage the situation as it develops to determine follow up actions.
- b. Maintain consistent communication with appropriate parties.

7. Important Considerations

1. Memorials

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize either the student or the death. If students initiate a memorial, the administrator should offer guidelines for a meaningful, safe approach to acknowledge the loss. Some considerations for memorials include:

- a. Memorials should not be disruptive to the daily school routine.
- b. Monitor memorials for content.
- c. Placement of memorials should be time limited. For example, they may be kept in place until the services, after which the memorial items may be offered to the family.
- d. In allowing for memorials, be sensitive to the impact of acknowledging the death of one student may affect future acknowledgements and memorials. Consider this: would we do the same thing for future tragedies as we are considering for this one?

2. Social Networks

Students may often turn to social networking sites as a way to communicate information about the death; this information may be accurate or rumored. Many also use social networking as an opportunity to express their thoughts, positive and negative, about the death and/or about their own feelings regarding suicide. Some considerations in regard to social networking include:

- a. Encourage parents to monitor internet postings regarding the death, including the deceased's wall or personal profile pages.
- b. Social networking sites may contain rumors, derogatory messages about the deceased, or messages that bully students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents and/or law enforcement

3. Suicide Contagion

Suicide contagion is the process by which one suicide may contribute to another. Some considerations for preventing suicide contagion are:

- a. Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death, are friends with or related to the deceased.
- b. Provide mental health resources.
- c. Monitor media coverage. Consult and work with the Office of Communications for dissemination of information, as needed.

4. School Culture & Events

It is important to acknowledge that the school community may experience a heightened sense of loss in the aftermath of a death by suicide, as significant events transpire that the deceased student would have been a part of, such as culmination, prom or graduation.

Depending on the impact, such triggering events may require planning for additional considerations and resources.

IV. CONFIDENTIALITY

All student matters are confidential and may not be shared except with those people who need to know. Personnel with the need to know shall not re-disclose student information without appropriate legal authorization. Information sharing should be within the confines of the District's reporting procedures.



Suicide Assessment Checklist

Referral Date:		Time:		
Student's Name:	Age:	Gender:_		
Parent/Guardian:	Phone Num	ber:		
School:	G	rade:		
Person Completing Assessment:				
Name of Additional Supporters:				
Student Referred by: SelfParent_	Teacher	Counselor	Other	
Previous Referral: Yes	_ No	Date:		
Complete Suicidal Assessment Fo	rm			
Complete Safety Contract (if stude	ent is willing)			
Notify the necessary contacts: Adm	min, parent, police, b	ehavioral health,	etc.	
* Do not transport student. This she	ould be the parent	or the police dep	pending on the severity of	the situation.
Make sure to get a Release of Info	ormation with the ho	ospital.		
* Orchard Hospital phone number:	530-846-9000			
If Law Enforcement deems the studen taken via police to Orchard. In the eve becomes a voluntary situation and the	nt that law enforcem	ent does not deer	n the situation an emergency	
* Butte County Local Crisis Line 800-3	534-6622 or 530-891-	-2810 or National	Crisis Line 1-800-273-8255	(24-hours)
Create Re-entry plan that should safety plan (included in packet) needs to be		at occurs before	the student returns. At this n	neeting, a
If deemed necessary, make a Ch	aild Protective Servic	es report.		
If the student is in a state of imi	mediate danger all ste	eps should be skip	oped and a call to 911 needs	to occur.
* If student has an IEP, an IEP med	eting should be sch	neduled as soon	as possible.	

PLACE THIS FORM IN YOUR CONFIDENTIAL FILE-DO NOT PLACE IN CUM FILE

Student Name:	Location:		Date:
During interview, tell student "Wh about killing/hurting yourself or so	at you say is confidentia	al unless you tell me t	nat you will, or are thinking
I. Analysis of Suicide Expressio	n		
A. Are you thinking about	killing/hurting yourself?		
B. Have you had these tho	ughts before? How freq	uently do you have th	em:
How long do they last?			
C. Have you ever attempte	d to kill or hurt yourself	?	
II. Assessment of Plan			
A. Do you have a plan? Yes	□ No □		
B. If yes, what is your plan?	,	Notes	
*Assess lethality of method:	Low		
	Medium		
	High		
C. Do you have access to m	ethod?		
	Home		A-1100-00-00-00-00-00-00-00-00-00-00-00-0
	Friend		
	In Possession*		
*If in possession ask to take the ite	em		
II. Assessment of Plan			
D. Other questions whic	h may be asked:		
1. Right now, on a	scale from 1 to 10, wha	at is the likelihood tha	t you will follow
through with your plan	to kill yourself?		
2. What happened	d/changed to make you	feel differently?	

III. Assessi	ment of Support Systems				
A. Have you talked about this with your parent(s)? Do they know how you feel?					
В. [B. Do you have anyone else with whom you can discuss your concerns (family, relatives,				
fı	riends)?				
IV. Assess	Life Stressors/Risk Facto	rs			
	Separation/Divorce		Self-Abuse		Change Appetite
	Abuse		Parental Problems		Sleep Disturbances
	Drug & Alcohol Use		Recent Loss		No Support System
	Poor Grades		Health Problems		Family Mental Health History
	Trouble with the Law		Behavior Problems in	School	
V. Safety P	Plan				
A	Are you willing to sign a con	tract to	o promise that you will	not hurt	or kill yourself?
B.	Have client sign contract.				
VI. Follow-	-Uр				
	. Develop action plan with cl	ient:			
			oort system(s) (e.g., frie	nd, fami	ly members, school)
	1. Help client identify support system(s) (e.g., friend, family members, school)2. Help client develop stress management strategies.				
		. р		,,,,,,,	
Signature o	f Assessor	······································			Date
Signature o	f Site Principal				Date

PLACE THIS FORM IN YOUR CONFIDENTIAL FILE-DO NOT PLACE IN CUM FILE



NAME	DATE
my safety. Others have told me how valuable my	out hurting myself that have made others concerned about life is, but they want to make sure that I know how valuable g adult in order for us both to feel comfortable that I value my I could harm myself again.
COPING SKILLS:	
SUPPORT SYSTEM:	
NAME	RELATIONSHIP NUMBER
1.	
2.	
3.	
4.	
NUMBERS I CAN CALL FOR SUPPORT:	
AGENCY	NUMBER
Suicide Prevention Center National Hotline: (www.suicidepreventionlifeline.org)	1-800-852-8336
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Chat online at:	Suicidepreventionlifeline.org
North Valley Talk Line	1-855-582-5554
(4:30pm to 9:30pm/ 7 days a week) Butte County Behavioral Mental Health Crisis Line:	530-891-2810 or 1-800-334-6688
Crisis Text Line:	Text LISTEN to 741741
Catalyst Domestic Violence Services:	1-800-895-8476
Sexual Abuse National Hotlines:	1-800-799-7233 or 916-920-2952
Rape/Sexual Assault Center National Hotlines:	1-800-621-4673 or 1-800-656-4673
Trevor Lifeline (LGBTQ+)	1-866-488-7386
Veterans Crisis Line	1-800-273-8255 (press 1)
Narcotics Anonymous:	707-422-9234

1-866-800-1369

530-534-7155

530-538-7822

530-846-5678 or 911

Alcoholics Anonymous:

Butte County Sheriff:

Gridley Police:

Butte County Salvation Army Emergency Shelter:

	Ι,	WILL NOT H	URT MYSELF.	
	I WILL DO ONE OR MORE OF THE FOLLO	WING INSTEAD	OF HURTING MYSELF:	
1)	I can come to's my feelings.	s office in	to talk about	
2)	I can talk to a teacher, family member, or o	ther trusted adul	t about my feelings (see List).	
3)	I can do or tell myself some of the things I v	vrote down on th	ne first page.	
4)	I can call one of the hotline numbers listed	on page 1 or car	n call 911.	
5)	I can ask someone to take me to the hospit safe place where I can get help and can be			spital is a
	ene prose more com germore		g, e e	
	SIGNING THIS AGREEMENT FOR SAFETY I E POSITIVE ACTIONS WHENEVER I FEEL I			
	TO KILL MYSELF. I WILL BE NEAR PEOPLE CALL IF I NEED TO CONTACT PEOPLE			TO MAKE A
Stud	lent	-	 Date	
Witr	ess	-	Date	

RE-ENTRY SAFETY PLAN Student Name: _____ Staff Name: _____ Parent Name: Date: **Current Interventions SOCIAL WORKER PROBATION** Name: Name: Contact Number: Contact Number: **ACADEMIC INTERVENTION THERAPY** Therapist Name:_____ Type: _____ Time/Duration: Agency: Person's Name: Time/Duration:_____ Contact Number: Contact Number: OTHER SUPPORT **MEDICAL** Type: MEDICAL Doctor: Time/Duration: Agency: Type: _____ Person's Name: Contact Number: Contact Number: Signature of administrator:______Date:_____

Signature of assessor: ______Date:_____

21

STUDENT SAFETY PLAN (Continued)

The purpose of this plan is to build the student's support system on campus. By connecting students to a team of identified staff members we are providing a safety net of individuals that the student can turn to in time of need, and the staff can check in on the student, encouraging students to follow their treatment plan. It is recommended that a minimum of 3 staff be identified to contact for a minimum of two weeks and re-evaluated for modification after that time.

For the next two weeks			h the following people. If person 1 is no
available Student will check in wi			
Name	How Often	When	Where
1.			
2.			
3.			
IST MEDICATION(S)/PRESCRI	DTIONS		
IST WEDICATION(S)/FRESCRI	FIIONS		
rescription Name:	Times per day:	Taken at sch	ool: Yes No Duration:
rescription Name:	Times per day:	Taken at sch	ool: ☐ Yes ☐ No Duration:
roccription Namo:	Times nor day	Taken et est	and Dyna Directions
rescription Name.	nines per day	raken at sci	nool: Yes No Duration:
	_		
ounselor Name:	Туј	oe:	
ite Psychologist's Name: Staff Name	Time	PO	Location
1.	Time		Location
2.			
arent communication—please li	st time and frequency of parent of	contact.	
Who will initiate contact? Par	ent or How Often?		Phone Number
Interviewer			
ATE/TIME FOR NEXT MEET	ING:		
			·
student is unable to follow this p	plan the following will occur:		
OTES/COMMENTS:			
THE PROPERTY OF THE PROPERTY O	TOTAL AND ENGAGEN VIOLEN		
V-10-10-10-10-10-10-10-10-10-10-10-10-10-	.,		



Biggs Unified School District Risk Assessment SUICIDE PREVENTION PARENT NOTIFICATION

Student Name:		DOB:	
Date:	School:		
As parent/guardian of the student serious concerns about my child. Understand that by signing this for pursuant California Education Cocacknowledge that referrals to local understand that it is the parent's	These concerns include possib rm, I am acknowledging that t de Section 49602 (c) regarding al health/mental health provid	le suicide, self-harm, or harm to on he school is fulfilling its duty to not a matter involving my child's safe ers have been discussed with me.	others. I otify me ety. I . I further
Parent Signature:		Date:	
Crisis Response/Staff Signature:		Date:	
BUTTE COUNTY BEHAVIORAL HEA (530) 891-2810 or 800-334-6622	ALTH CRISIS LINE		
SUICIDE PREVENTION CENTER NA 800-273-TALK (8255)	ATIONAL HOTLINE		
ORCHARD HOSPITAL EMERGENCY (530) 846-9000	Y		

RESOURCES/REFERENCES

California Department of Education (AB2246)

Riverside Unified School District; Suicide Prevention Intervention and PostVention Handbook

http://www.riversideunified.org/

Palo Alto Unified School District; Comprehensive Suicide Prevention Toolkit

 $\underline{https://www.pausd.org/sites/default/files/pdf-faqs/attachments/ComprehensiveSuicidePreventionToolkitforSchools.pdf}$

1 3 P

SAMSHA

https://www.samhsa.gov/section-223/certification-resource-guides/key-terms-definitions

Yuba County Career Preparatory Charter School

Butte County Behavioral Health Department

https://buttecounty.net/behavioralhealth/help-in-crisis