

Suicide Prevention, Intervention, and Postvention Protocols: A Toolkit for Maine Schools

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

INTRODUCTION TO THE TOOLKIT

Suicide Prevention, Intervention, and Postvention Toolkit for Maine Schools

A School's Legal Responsibility to Provide Suicide Prevention:

LD 609: An Act to Increase Suicide Awareness and Prevention in Maine Schools, was signed into law by Governor Paul LePage on April 25, 2013, following unanimous passage in the legislature. The statute requires a 1-2 hour Suicide Prevention Awareness Education training be completed by all school personnel in each school administrative unit (SAU), island, charter, CTE Region and public school that is not in a school administrative unit. It also requires all school administrative units and each island, charter, approved private and public schools that are not in a school administrative unit to have at least two staff trained in a one-day course in suicide prevention and intervention training commonly referred to in Maine as "Gatekeeper Training." A CTE Region must have at least one school personnel member who has successfully completed Gatekeeper training on site. The second school personnel member could be either on site or the CTE Region could have a legal agreement with one of the sending schools assigned to their region. In addition, the law recommends that schools develop and implement protocols for suicide prevention and intervention.

As part of a comprehensive suicide prevention and intervention program, it is essential that schools have written protocols for responding to:

- A. Students presenting with warning signs of suicide
- B. A suicide attempt
- C. A death by suicide.

In crafting LD 609: Act to Increase Suicide Awareness and Prevention in Maine Public Schools, Maine was following an evidence-based approach to suicide prevention called the "Lifelines Program." The Lifelines model sets out to support the development of a comprehensive safety net to identify and respond to students seen as having increased risk for suicide. The underpinnings of the Lifeline model are to develop a system of competent, confident and caring adults within the school community so that, when a student comes forward (or is brought forward) acknowledging suicide risk, the system of care is in place to address their needs and prevent a suicide act from occurring. The provision of suicide prevention awareness education to ALL school staff, the provisions of the law requiring a minimum number of trained suicide prevention Gatekeepers, and the recommendation that school districts develop and implement protocols supporting suicide prevention, intervention and postvention are all key components of the Lifelines model.

The Lifelines seeks to support the development of a safety net within a school community composed of many layers and many people prepared to recognize the signs of suicide and

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

intervene to get someone at risk the help they need. It recognizes that a troubled youth will approach an adult based on their comfort and fit with that adult rather than on their professional training and competence as a clinician. This includes bus drivers, custodial staff, food service personnel, teachers and ED Techs, and coaches, among others. With a basic understanding of suicide and increased comfort and confidence to intervene, these adults can act as the bridge to connect an at-risk youth to the professional help she or he needs. With a comprehensive suicide protocol in place, a school district can be assured that staff understand what they are being required.

The Purpose of this Toolkit:

This toolkit is designed to be used to support a school system in the development of a comprehensive suicide protocol:

- A. Address the issue of suicide from prevention and intervention to postvention (in the aftermath of a suicide in the school community) and demonstrating how protocols can support each component.
 - a. Prevention: Educate school staff to be prepared to recognize and respond to signs of suicide risk. The protocols will dictate how and when this training will happen and which staff receive which training. This section will also address crisis teams and their roles in the school.
 - b. Intervention: Promote the importance of intervention with youth at risk and connect them with the needed help. This protocol will address the process taken by staff when concerned about a student. This includes how to support the student, where to bring them for support, staff roles in a crisis, internal and external communication, referrals and follow up.
 - c. Postvention: Information about supporting a school community after a loss to suicide. This portion of the protocol will address supporting the school community (including staff) and the families in the aftermath of a suicide death. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at risk students, and difficult issues such as memorials.
- B. Ensure school staff are familiar with training offered in support of a comprehensive suicide program in schools.
- C. Provide sample policies and protocols that schools can use as a template in the development of policies and protocols that best support their community.
- D. Provide sample documents that may be edited and used in support of a comprehensive suicide program in schools.

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

The following documents included in this toolkit are to be used in support of developing a comprehensive suicide protocol that's inclusive of prevention, intervention, and postvention efforts.

- A. Comprehensive School Protocol Rubric
- B. Trainings offered by NAMI Maine and the Maine Suicide Prevention Program
- C. Report of Suicide Risk
- D. Safety Plan
- E. Guidelines for Effective Referrals
- F. Referral and Follow-up form
- G. Parent Involvement form
- H. Suicide Intervention Flowchart
- I. Suicide Postvention Flowchart

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

The following rubric can be used to develop your school’s protocols. The intent is to use this rubric as a guide-using components that are most useful to your school’s needs and your community’s available resources. The below rubric is based on the most comprehensive protocol that addresses prevention intervention, and postvention. Further, it addresses issues such as staff roles, response to struggling student based on their level of risk (low, moderate, and high), internal suicide assessments, communication amongst staff, students, outside providers, and with families, referrals and follow up and documentation needs.

A. Comprehensive School Protocol Rubric

	Yes	No	Partial
A. Prevention			
Is there a written protocol for suicide <i>prevention</i> ? <i>If yes: Does it address the following:</i>			
<i>Staff training</i>			
A1. All staff to receive basic suicide prevention awareness A2. Appropriate staff to receive Gatekeeper training A3. Clinicians, including mental health clinicians, to be trained in clinical assessment, treatment and referral A4. All trainings to be renewed every 5 years or sooner A5. New staff to receive training within 6 months of hire			
<i>Staff roles and responsibilities</i>			
A6. Identifies staff to serve on internal crisis team A7. Identifies staff representatives to school-wide crisis team A8. Designates a staff member to lead suicide prevention coordination A9. Designated individual is gatekeeper-trained A10. Identifies staff responsible for assessing student risk A11. Identifies staff who will follow up with students after initial assessment and referral A12. Protocol flow charts (that indicate staff roles) to be on hand for quick reference			

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

	Yes	No	Partial
<i>Referral networks/resources</i>			
A13. Identifies key external community resources A14. Includes names and phone numbers of community resources A15. List of external community resources is kept up-to-date A16. Identifies school resources by position and specific role A17. Provides for student education and outreach A18. Describes distribution of brochures, resources, posters, and crisis cards A19. Plan for supporting students during and after educational events (classroom or school-wide)			
<i>Assessment</i>			
A20. Ensures that all SBHC users complete a health risk assessment (HRA) within their first two visits to the SBHC A21. Requires additional screening if student answers affirmatively to initial HRA screening questions for depression or suicide risk A22. Specifies process and tools A23. Specifies criteria for suicide assessment using C-SSRS A24. Describes actions (triage, referral, additional care) based on results of additional screening			
B. Intervention			
Is there a written protocol for suicide <i>intervention</i> ? IF YES: Does it address the following:			
<i>Collaboration</i>			
Collaboration with school staff to care for at risk students... B1. enrolled in SBHC B2. <i>not</i> enrolled in SBHC			
<i>Assessment</i>			

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

	Yes	No	Partial
<i>Safety</i>			
B3. Criteria and reasons for calling 911, police, EMS B4. Process (who, how, when) for calling 911, police, EMS B5. When a safety plan is needed B6. What a safety plan should entail B7. Inquire about the availability of lethal means in the home B8. Develop plan to remove/limit access, as appropriate B9. Other steps for ensuring student safety?			
<i>Plan for low risk students includes:</i>			
B10. Referral for support services within the SBHC B11. Focus on modifiable risk factors and protective factors B12. Offer resources (crisis numbers etc...) B13. Develop follow-up plan B14. Develop a safety plan			
<i>Plan for medium risk students includes:</i>			
B15. Ensure student safety B16. Develop a safety plan B17. Determine referral type (ER, crisis intervention)			
<i>Plan for high risk students includes:</i>			
B18. Activate safety precautions B19. Check personal belongings B20. Do not leave alone B21. Do not allow to leave school property alone B22. Establish who will transport to ER/crisis service B23. Debrief staff and any affected students B24. Debriefing to occur within a prescribed time period			

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

	Yes	No	Partial
<i>Communication</i>			
B25. Criteria and reasons for contacting school resource officer B26. Process (who, how, when) for contacting school resource officer B27. Criteria and reasons for contacting parent/guardian (e.g., re risk concerns, recommendations for safety, treatment and follow-up) B28. Process (who, how, when) for contacting parent/guardian B29. Involvement of/feedback to referral source, ie: concerned friend, family member or school staff B30. Process for sharing information between SBHC and appropriate school staff (within bounds of student confidentiality) B31. Follow up of any student referral to an external provider B32. Obtain release of information in compliance with patient confidentiality, HIPPA, FERPA			
<i>Referral</i>			
B33. Criteria for which referral should be used and when B34. Regional mental health crisis team B35. Mental health/substance abuse agencies B36. Student's primary care provider or other private provider B37. Specify documents to be sent with student, provided consent to release			
<i>Follow up</i>			
B38. Specifies timeframe for follow-up communication with student/family (to ensure student has received the recommended assessment, treatment and support) B39. Communication and coordination with appropriate school staff and administration (for transition and ongoing support) B40. Procedures for ongoing follow-up appointments and support (recognizing that student will have ongoing risk) B41. Debriefing with staff, as appropriate			
<i>Documentation (for SBHC users)</i>			
B42. Document all screenings, assessments, referral recommendations and follow-up efforts in the student's medical record. B43. Document any record release			

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

	Yes	No	Partial
C. Postvention			
Is there a written protocol for suicide <i>postvention</i> ? <i>IF YES:</i> Does it address the following:			
<i>Collaboration</i>			
C1. Collaboration with school in support of postvention efforts C2. Plan for use of available SBHC staff resources (mental health or other clinical staff) C3. Support for family			
<i>Debriefing</i>			
C4. Debrief staff internally C5. Debrief with external partners, e.g., crisis team or other school staff			
<i>Follow Up</i>			
C6. Review procedures for assessing, supporting, and referring students at risk C7. Communicate with school C8. Increase assessment and support for students who access the health center			
D. General			
<i>Confidentiality</i>			
C9. Staff to have training in handling confidential information, including knowledge of HIPPA and FERPA C10. Specified procedures for release of information			
<i>Coordination</i>			
C11. Specified linkages between SBHC protocols and larger school system C12. <i>IF NO:</i> There is a plan to develop them C13. SBHC staff sit on school crisis team C14. SBHC protocols are shared with school administrators C15. Copy of school protocols are maintained within the SBHC			

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

B. Trainings offered by NAMI Maine

Training Title	Description	Who should attend
Suicide Awareness: Basic Suicide Prevention	This training focuses on identification of and response to those at-risk and how to connect them with help	People who want to understand the basics about suicide and how to connect someone to support
Gatekeeper	Full-day training-basic intervention skills response to suicidal behavior while identifying helpful resources	People who want a deeper level of information about the issue of suicide and how to help someone in need
Curriculum Training for Teachers	Full-day training to prepare educators to provide lesson plans to students about suicide and how to help a friend	Gatekeepers who want to teach: Middle School Lessons, Lifelines (8 th -10 th graders), and Transitions for seniors
Training for Trainers	Equip trainers with the tools, resources and skills necessary to present an effective Awareness Training session	Gatekeepers
Assessment for Clinicians: focus on the Columbia Suicide Severity Rating Scale (C-SSRS)	This training prepares a clinician to assess risk and manage care needs	Clinicians including in health and mental health
Suicide Prevention Protocol Workshop	Create and implement a protocol using best practices with guidance and structure to safely assist in a suicidal situation.	A team of staff with diverse perspectives from schools and service agencies
Supporting Families, Supporting Youth	Support families and their children when they come out as LGBTQ identified	Providers who work with youth and families (schools, primary care, mental health, clergy etc...)

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

C. Report of Suicide Risk

Student Name: _____	
Date: _____	Name of School: _____
MALE _____ FEMALE _____	Date of Birth: _____ Grade: _____ Age: _____
Parent Notification Date/Time: _____	
Response: _____	
Who initiated the referral: Friend/Student: _____ <input type="checkbox"/> Parent: _____ <input type="checkbox"/> Teacher: _____ Other School Personnel: _____ <input type="checkbox"/> Administrator: _____ Self-Referral: _____ <input type="checkbox"/> Other: _____	
Reason for Referral	
Suicidal Behavior (Check One): Suicide Attempt – Having taken action with intent to die Suicide Threat – Saying or doing something that indicates self-destructive desires Suicide Ideation - Having thoughts about killing self	
Action Taken (check those that apply)	
Student seen by school personnel: (Name/Agency) _____ Student transported to a hospital/other: (Name/Agency) _____ Student referred to Crisis Services: (Name/Agency) _____ Parent notification and/or advised to seek the services of a mental health agency or service.	
Results of Follow-Up Contact: _____	Date: _____
Form Completed By: _____ Date: _____ Position: _____ Signature: _____	

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

D. Safety Plan

Safety Plan - (Used with **Safety Planning Guide and the 6 Step Process**-separate document)

- 1) Warning Signs (Thoughts, images, thinking processes, mood and/or behaviors that are related to suicide risks using the student's own words):

- 2) Potential triggers that may send you into crisis (Situations and people to be aware of and potentially avoided if possible):

- 3) Internal Coping Strategies (Strategies to avert suicidal behavior):

- 4) Social Contacts (Positive, prosocial supports):

- 5) Family Members (Positive, prosocial):

- 6) Professional Agencies to Contact for Help:

- 7) Making the Environment Safe:

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

E. Guidelines for Making Effective Referrals

School personnel often have to refer students to other community services for a wide variety of problems that commonly surface among their students. In fact, any community consists of a *network* of services and agencies that constantly refer clients to each other. While making referrals is a common activity, it is done with varying degrees of success. That is, it is not easy to make a referral that is equally acceptable to the person making the referral, the person being referred, and the person receiving the referral. Accomplishing this involves not only obtaining the right services for the student, but also maintaining open communication and smooth working relationships with other agencies.

Referring an adolescent for counseling or other mental health services is one of the more difficult “hand offs” to accomplish. Research has shown that few of these referrals are followed up on, or, if the adolescent does complete an initial appointment, s/he often fails to return for subsequent appointments.

There are probably many reasons, aside from the manner in which the referral was initiated, why this is so. However, we have found that there are some ways of making such referrals that increase the likelihood of a successful hand-off. These techniques can be roughly divided into three categories:

1. Involving the student in the referral.
2. Involving the parents in the referral.
3. Considerations involved in the actual referral process.

The first category contains guidelines that have relevance for school administrators or other designated officials to whom troubled students are referred within the school, as well as for classroom teachers or any other school personnel who have contact with students. The last two categories are mainly administrators or officials who make contact with parents and other community agencies.

For our purposes here, an effective referral is defined as one that seems acceptable or appropriate to the person making the referral, the person or agency receiving the referral and, at least to some degree, to the student and parents who are being referred.

Involving the Student in the Referral

1. Clarify the Problem

This may sound obvious, but it is not uncommon for referrals to be made before the nature of the problem has been clarified. This results in inappropriate referrals that annoy the student, the referral source, and you. By taking the time to listen and clarify the concerns, you accomplish at least four things:

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

- Obtaining the information that you need to support your decision to refer and to make a correct referral.
- Showing the student that you understand his/her concerns and thus have some basis for your recommendation.
- Sending the student to a valuable resource and not just out of your care.
- Showing acceptance and understanding and establishing some rapport without which suggestions or directions are unlikely to be accepted.

Even if you know that the student needs additional help before s/he walks into your office, take the time to listen. Referrals work best if they are the end of a process, not the beginning.

2. Address the Reluctance

Give the student a chance to talk about his/her reluctance to accept the referral. A simple way to address this is to ask, “How does this sound to you?” or “How do you feel about my suggesting this?” or “How do you feel about talking to ____ (name)?” Pay attention to nonverbal cues such as tone of voice and body language as well as to what the student says.

Some feelings that may interfere with the student’s acceptance of the referral include:

- Rejection: “Why can't you help me?”
- Hopelessness: “If you can't help me, nobody can!” “Going for counseling means I'm sicker than I thought”
- Anger: “I thought you were supposed to help me” “I'm tired of telling my story” “You're just trying to get rid of me”
- Concern about parental reaction: “My parents will kill me if they find out I told someone all of this” “They told me if I cause one more problem then I'm out on my ear” “You're crazier than I am if you think my Dad would pay for a shrink”.

It's very important to address any expressed concern that reflects reluctance to follow up on your referral. Ignoring the teen's feelings doesn't make them go away. Addressing them provides the opportunity to clear up misconceptions and speak to the teen's fears about mental health treatment. In addition to acknowledging his/her concerns, you may also offer to accompany the student on the next step in order to smooth the transition.

Sometimes, despite your best efforts, the student remains unconvinced about the need for a referral. At this point, it may be best to acknowledge the disagreement, indicate that you would rather be safe than sorry, and invite the student to share his/her concerns again with the person to whom s/he is being referred. Once rapport has been established and the student at least feels s/he has been listened to, many educators have developed ways of "framing" the hand off with the student. For example, some may have an agreement with the student that the student is following up to make the school official feel better.

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

Involving the Parents in the Referral

Once you have determined that a referral is indicated, the student's parents must be contacted. Your school may have different procedures for contacting parents. Some schools require that all such contacts are made by one person such as the principal, vice-principal, or other designated official. It may be a good idea to find out if any faculty member or staff person has had some prior contact with the parents and could best make the contact.

Regardless of who makes the contact, a phone call to let them know that you are concerned about their child and to ask them to come in for a discussion is an appropriate first step. Make sure you have as much objective evidence as possible to support your concerns. Parents sometimes see their child's problems as a reflection of their parenting and may be defensive about accepting the idea that their child needs professional help. Or, they may hold stereotypic or negative ideas about mental health treatment that affects their response to your suggestions. It is best to briefly state what you have *seen* that causes you concern (rather than make an inference about what the causes for the behavior might be); then ask the parents if this fits with anything they have seen or know that has been going on with the student. This invites the parents to join with you in a discussion about their child, rather than receiving a "report" from you. As with the student, explore the reasons for their reluctance to the referral, then address them directly. As most school officials know, many parents will accept a referral suggestion. Here, we are considering those parents who may be resistant. You may find that you need to restate your concerns several times before they sink in. With some parents, you may need to appeal to their "good" parenting, "I know you want to do what's best for your child". Unfortunately, with others you may have to resort to pointing out possible consequences of not taking action at this time.

As with the student, your best efforts may leave the parents unconvinced of the need for a referral. This presents a substantial dilemma when you feel that the risk of a suicide attempt is high or, as in some cases that we have seen, where there has been an actual attempt.

The issue has arisen in all of our consultations with school officials, and there is usually a discussion about involving a child protection agency in such situations. We have found that states have different laws regarding the involvement of a child protection agency, and that there is even greater variance in their application to suicidal risk, as opposed to physical abuse. At this point, then, we recommend that superintendents, in consultation with lawyers and/or legislators develop a policy for this situation.

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

Considerations Involved in the Referral Process

The following are some points to keep in mind when initiating the actual referral. Again, they are aimed not only at making better hand-offs, but also maintaining good working relationships with other community services.

- a. *Know your local mental health resources.* While some communities have only one agency that provides mental health services, many areas have a variety of agencies that meet these needs (e.g. local community mental health center, family services agency, crisis services, etc.). Some agencies may even have special services for adolescents. An awareness of community resources will help you in making a referral that best meets the student's needs. A personal contact or liaison with a staff member in these agencies can also facilitate the referral process.
- b. In cases where your referral requests to have the student evaluated for suicide risk, you need to make sure that the person or agency to whom you refer has the ability to hospitalize the teenager if it seems necessary. Referring to an agency or person without that capacity (e.g. clergy, mental health clinic without psychiatric affiliation) just adds another step to the process at a point when timely action is indicated. So when you're checking out your referral source, make sure to inquire about this.
- c. Even if there are a variety of sources who could provide the service that the student needs, it is best to select just one for your referral. More than one referral can be confusing at a time when the family's decision-making ability may already be taxed.
- d. Try to match the family with the resource available. Anticipate difficulties if the agency is geographically distant and the family lacks transportation. Check other resources that may provide that service. It will require your spending extra time now, but it could save you time later. If possible, use a referral that is congruent to the family's background and resources (e.g., religious affiliation, cultural background, financial resources). Don't send a low-income family to a private practitioner whom they can't afford.
- e. If you feel that the situation is an emergency, set up the referral yourself before the family leaves your office. Call the referral source and let them know you are sending the family immediately for an evaluation. Again, be clear about your reasons for the referral.
- f. If you feel comfortable letting the family set up the appointment, make sure to give complete information about the referral. This includes the name of a person at the agency to contact, phone number, address, directions from school or their home, information about cost, etc.
- g. Do not commit your referral source to a specific course of action by implying or promising to the student or parents that the agency will definitely work with the teen, hospitalize or not hospitalize, and the like. Your previous arrangements with the referral agency will only ensure that they will see the student. After that, the agency must be free to decide the most appropriate course of action.

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

- h. It is best to not make evaluative comments about other agencies or individuals in your community. Your prior arrangements with your referral sources implies your acceptance of their practices and personnel. Any questions about the competence, responsiveness, etc. of specific agencies or individuals are best deflected with the statement that you are only familiar with those agencies with which you have specific working arrangements. That being said, if a student or parent returns with a complaint or concern about your referral source, it is best to obtain specific details, and follow this up immediately with that agency in order to clarify any misunderstandings about services or procedures.
- i. Indicate to the family your intention to follow up with them and the referral source. Ask them to sign a release of information at the referral agency to allow you to receive limited information about the outcome of the evaluation. Explain that it is imperative that the school coordinate its response to their child with the mental health professionals in order to continue to provide a supportive environment for their child. Without the family's specific written consent, this will be impossible. Let them know that you only need information that relates to the treatment plan, not details about the life of the family.
- j. Your school has the right to obtain such follow up information in order to ensure the proper responses to the student who is in treatment or has been recently discharged from treatment. Remember that the risk of suicide is very high in adolescents who have made attempts serious enough to be hospitalized (about 1 in 13 for males; 1 in 340 for females). You need information about medication, recommended management, and the amount of academic requirements to be placed on the returning student, just as you would require for a student returning to school while recovering from any illness or injury.

Unfortunately, we have found that some mental health agencies do not provide such vital information to the schools, considering this a breach of their client's confidentiality. When establishing a working relationship between the school and the local mental health provider prior to an actual referral, this issue should be resolved. It is imperative for schools to have some information that allows them to provide appropriate supports for the student and to avoid conflicts with the mental health treatment plan.

Some schools have a policy that they will not accept a student back into the school after an attempt if such information and joint planning is not in place. Again, having clear prior arrangements and solid working relationships with community agencies will generally attenuate the need to call upon such policies.

Schools must assure mental health providers that they have clear policies about sharing such information only with those who have a clear "need to know". It is our experience that many schools do not do an effective job of maintaining confidentiality in regard to students in these situations. Only faculty who will be interacting with the student should be provided information about the student, and this information should be specific to their particular interaction with

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

the student. For example, a classroom teacher may need to know what schoolwork was completed while the student was out and whether the student can complete regular assignments. The school nurse should know about medications and when they are to be taken. Such information should be shared in private, and "faculty lounge" discussions should be strongly discouraged. If any faculty or other school personnel feel that they need to know something about the student's situation, they should contact the person designated to coordinate transition back to school.

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

F. Referral and Follow-up

Student Name:		
Address:		
Phone number:		
Date of birth:		
Language spoken in home:		
Date of Referral:	Referral Type/ reason:	
Receiving agency Name: _____		
Phone/ Fax: _____		
Contact person: _____		
FOLLOW UP ATTEMPTS:		
1ST ATTEMPT	Date of contact:	Worker Name:
Outcome:		
2ND ATTEMPT	Date of contact:	Worker Name:
Outcome:		
3RD ATTEMPT	Date of contact:	Worker Name:
Outcome:		
Referral Closing:	Date:	Final outcome:

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

Follow up plan:

Additional Notes:

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

G. Parental Involvement form

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior that was not directly life threatening but of enough concern for parental/guardian contact. If the meeting is in person, the parent/guardian can sign it, but if the contact is by telephone, mail the form and have the parent/guardian(s) sign it and return it within a specified time frame. Keep record of every additional attempt for follow through with referral made.

School Administrative Unit _____

Parent Contact Acknowledgment Form

This is to verify that I have spoken with school staff member,

_____ on _____ (date), concerning my child's suicidal ideation. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand a follow-up check by this staff person _____ will be made with my child, the treating agency, and myself within two weeks of this date.

Parent Signature

_____ Date: _____

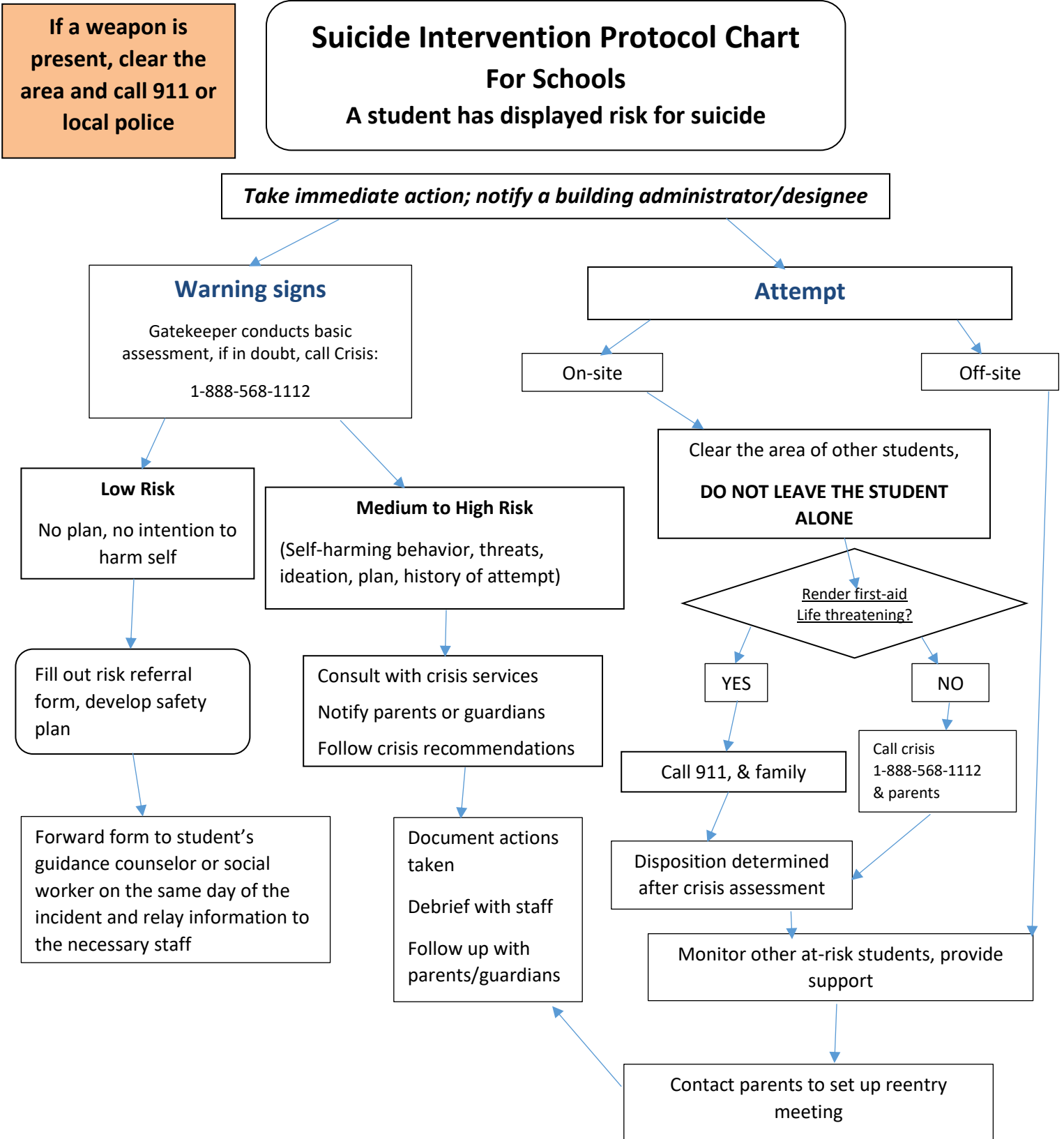
Faculty Member Signature

_____ Date: _____

Additional contacts made with parents/guardians on:

Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

H. School Intervention Flowchart



Protocol for Suicide Prevention, Intervention, and Postvention: A Toolkit for Maine Schools

I. School Postvention Flowchart

