

Feather River Academy



2017-2018 Youth Suicide
Prevention Policy

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Sutter County Superintendent of Schools Office / Feather River Academy 2017-18 Youth Suicide Prevention Policy

Introduction

The Governing Board of Sutter County Superintendent of School Office recognizes that suicide is a leading cause of death among youth and that even greater amounts of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of FRA to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. As it is known that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students.

This policy is based on research and best practices in suicide prevention, and has been adopted with the understanding that suicide prevention activities decrease suicide risks, increase help-seeking behavior, identify those at risk of suicide, and decrease suicidal behaviors. Empirical evidence refutes a common belief that talking about suicide can increase risk or “place the idea in someone’s mind.”

In an attempt to reduce suicidal behavior and its impact on students and families, the FRA school counselor, has taken the lead in developing strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies include professional development for all school personnel in all job categories who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide.

FRA has developed and will implement preventive strategies and intervention procedures that include the following: SafeTALK and Mental Health First Aid training for all staff. A two day ASIST training for district liaisons, mental health personnel, interested staff and parents who would like to attend. Nurtured Heart Approach weeklong CTI training for entire FRA staff, designed to develop stronger relationships with students, and increase their feelings of inner wealth and emotional strength. Classroom presentations by mental health professionals from Yuba-Sutter Behavioral Health. A Suicide Assessment Process (appendix A.1), Suicide Protocol (appendix A.2)

and Assessment Checklist (appendix A.3). Forms to be used by mental health professionals in the assessment process including an Agreement for Safety (appendix A.4) and Suicide Assessment Form (appendix A.5), as well as a Re-Entry Safety Plan (appendix A.6).

Overall Strategic Plan for Suicide Prevention

FRA school-employed mental health professionals (e.g., school counselors, psychologists, social workers), administrators, other school staff members, along with parents/guardians/caregivers, students, local health agencies, law enforcement, and community organizations will plan, implement, and evaluate the district's strategies for suicide prevention and intervention. FRA will work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, FRA has put together a team to serve as the suicide prevention Crisis Team and point of contact for the school. The team includes participants from Yuba Sutter Behavioral Health, Sutter County Probation/Juvenile Division, the FRA School Psychologist, Counselor, Principal, Teachers and Staff. The names of the Crisis Team members will be displayed in the parent handbook, on the FRA website, and updated annually.

This policy shall be reviewed and revised as needed, at least annually in conjunction with the Suicide Prevention Crisis Team and interested community stakeholders.

Prevention

A. Messaging about Suicide Prevention

The way in which information about suicide is disseminated has an effect on suicidal thinking and behaviors. Explicit, graphic or dramatic content that may glorify the act, should be avoided. Consequently, FRA, along with its partners has critically reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.

B. Suicide Prevention Training and Education

FRA, along with its partners has carefully reviewed available staff training to ensure it aligns with current best practices in the mental health field. Our goal is to focus on prevention and education to increase our staff, parent's and student's knowledge about suicide, and increase the protective factors that will equip students with the tools to help themselves and their friends in dealing with issues surrounding suicide.

Training:

- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention.) Core components of the general suicide prevention training include:
 1. Suicide risk factors, warning signs, and protective factors;
 2. How to talk with a student about thoughts of suicide;
 3. How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
 4. Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member;
 5. Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;

- In addition to orientations to the core components of suicide prevention, ongoing staff professional development for all staff includes the following components:
 1. The impact of traumatic stress on emotional and mental health;
 2. Common misconceptions about suicide;
 3. School and community suicide prevention resources;
 4. Appropriate messaging regarding suicide that does not use explicit, graphic or dramatic language that may glorify suicide.
 5. The factors associated with suicide (risk factors, warning signs, protective factors);
 6. How to identify youth who may be at risk of suicide;
 7. Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and how to respond to such thinking, and appropriately respond and provide support. If a Safety Agreement is made with a student, realize that is no guarantee of safety, and only shows that they are willing to sign it. *See Appendix A.4*
 8. School approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures emphasize that the **suicidal student should be constantly supervised** until a suicide risk assessment is completed; *See Appendix A.5*
 9. School approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
 10. Responding after a suicide occurs (suicide postvention);
 11. Resources regarding youth suicide prevention;
 12. Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
 13. Emphasize that any student who is identified to be at risk of suicide is to be immediately referred (same day) for assessment **while being constantly monitored by a staff member.**

- The professional development also shall include additional information regarding groups of students judged by the school, and available research, to be at **elevated risk for suicide**. Many of FRA's student population fall into one or more of the following categories. These groups include, but are not limited to, the following:
 1. Youth affected by suicide;
 2. Youth with a history of suicide ideation or attempts;
 3. Youth with disabilities, mental illness, or substance abuse disorders;
 4. Lesbian, gay, bisexual, transgender, or questioning youth; (LGBTQ)
 5. Youth experiencing homelessness or in out-of-home settings, such as foster care, or group homes.
 6. Youth who have suffered traumatic experiences, (ACE's);
 7. Youth who are struggling with fractured family situations, being raised by grandparents or other relatives.

C. Employee Qualifications and Scope of Services

Employees of SCSOS and their partners must act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of a suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide. Therefore, referrals to Mental Health Professionals will be made according to the level of risk presented by the student.

D. Specialized Staff Training (Assessment)

Additional professional development in suicide risk assessment and crisis intervention is provided to mental health professionals (school counselors, psychologists, social workers) employed by FRA. These include a 4 hour SafeTALK training, a 2 day ASIST training, and Mental Health First Aid training conducted by Sutter Yuba Behavioral Health (SYBH.)

E. Parents, Guardians, and Caregivers Participation and Education

- To the extent possible, parents/guardians/caregivers are invited to participate in all suicide prevention efforts. At a minimum, FRA shall share with parents/guardians/caregivers the FRA suicide prevention policy and procedures.
- This suicide prevention policy is available in the school office and prominently displayed on the SCSOS / FRA Web page, with information and a link included in the parent handbook handed out at each orientation.
- **Suicide Prevention Education** - General guidelines for Parents/Guardians: While the path that leads to suicidal behavior is long and complex and there is no 'profile' that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide.

Youth Suicide Risk Factors:

- History of depression, mental illness or substance/alcohol abuse.
- Family history of suicide or suicide in community.
- Isolation or lack of social support.
- Impulsivity
- Hopelessness
- Situational crises.
- Incarceration
- Presence of a firearm or rope.

Suicide warning signs are observable behaviors that may signal the presence of suicidal thinking. They may be considered 'cries for help' or 'invitations to intervene.' These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions are required. **Do not leave your child alone, and call the Sutter - Yuba Mental Health Crisis Line at (530)673-8255 for an immediate suicide risk assessment.**

Warning signs include the following:

- Suicide threats, both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up.”) Threats should always be taken seriously.
- Suicide notes and plans.
- Prior suicidal behavior or attempts.
- Making final arrangements, giving away prized possessions, or writing a will.
- Preoccupation with death, excessive talking, drawing or writing about death.
- Changes in behavior, appearance, thoughts, and/or feelings. Loss of interest in previously important activities. Depression coupled with hopelessness for a period, followed by sudden happiness, may signal that they’ve decided on suicide.

Suicide is preventable. Here are some things you as a parent/guardian can do:

- **Talk** to your child about suicide. Don’t be afraid; you will not be ‘putting ideas into their heads.’ Asking for help is the single skill that will protect your child. Help them identify caring adults they can talk to when they need guidance/support.
- **Know** the risk factors and warning signs of suicide mentioned earlier.
- **Remain calm.** Establish a safe environment for open communication about suicide.
- **Listen** without judging. Be prepared for intense feelings. Ask open ended questions. Try to understand their reasoning process without judgement.
- **Ask** if your child has a plan, and if so, attempt to remove the means as long as it is safe to do so. Do not leave the child alone while you call the hotline, (530)673-8255 for help, or call 911 if the situation dictates.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are too close to the situation, it is hard to see things clearly. You may not be able to solve the problem on your own.
- **Resources** can be found through Sutter-Yuba Behavioral Health (SYBH) at (530)674-1885. ‘Helpers in Your Community’ (Keep Safe Connections) is a list of local agencies who are trained in Suicide Prevention, and are **Able**, **Approachable** and **Available** to help with suicide situations. You can access these resources through SYBH or see *Appendix A.7 and A.8*

E. Student Participation and Education

FRA, along with its partners has carefully reviewed available student curriculum to ensure it promotes the current best practices model of suicide prevention.

Under the supervision of school-employed mental health professionals, and in cooperation with county and community mental health agencies, students shall:

- Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress;
- Receive developmentally appropriate guidance regarding FRA suicide prevention, intervention, and referral procedures.
- The content of the education includes:
 1. Coping strategies for dealing with stress and trauma;
 2. How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
 3. Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help;
 4. Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education is incorporated into the classroom curriculum in FRA's Health classes.

FRA will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, "Project Success" programs, and National Alliance on Mental Illness on Campus High School Clubs).

Intervention, Assessment, Referral

A. Staff

Two FRA staff members who have received advanced training in suicide intervention are designated as the primary and secondary suicide prevention liaisons. Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary liaison. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.

- Under normal circumstances, the primary and/or secondary contact persons shall notify the principal, another school administrator, school psychologist or school counselor, if different from the primary and secondary contact persons. The names, titles, and contact information of multi-disciplinary crisis team members is available to all students, staff, parents/guardians/caregivers and is included in the FRA Parent Handbook and on school and district websites. The principal, another administrator, school counselor, school psychologist, or social worker, shall then notify, if appropriate and in the best interest of the student, the student's parents/guardians/caregivers as soon as possible and shall refer the student to mental health resources in the community. Determination of notification to parents/guardians/caregivers should follow an initial assessment to ensure that notification does not put the child at greater risk.

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911.

- Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary or secondary suicide prevention liaisons.
- **Students experiencing suicidal ideation shall not be left unsupervised.**
- A referral process is prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources. *See Appendices A1 - A2.*
- FRA shall establish crisis intervention protocol to ensure student safety and appropriate communications if a suicide occurs or an attempt is made by a student or adult on campus or at a school-sponsored activity. *See Appendix A.3.*

B. Parents, Guardians, and Caregivers

A referral process is available to all parents/guardians/caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources. Community and school-based resources are listed in the following appendices:

- “SYMHS PEI School-Based Programs”; *See Appendix B.3*
- “Helpers in Your Community (Keep Safe Connections); *See Appendix B.4*

C. Students

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they suspect or have knowledge of another student’s emotional distress, suicidal ideation, or attempt. FRA has developed crisis intervention procedures, including counseling and other support systems.

General Guidelines for students, faculty and staff to observe during a suicidal crisis:

1. Take every threat seriously.
2. Remain calm, Do not act shocked.
3. Listen actively and without judgment. Give the student the permission to express the full range of his or her feelings.
4. Acknowledge the student’s feelings. Ask questions for clarity.
5. Do not get into a debate about whether suicide is right or wrong.
6. Offer hope. Let the student know that there is help, and that he or she can feel better.
7. Do not promise confidentiality. Do not act shocked.
8. Do not underestimate or brush aside a threat.
9. Do not take too much upon yourself. Your responsibility to the student in a crisis is limited to listening, being supportive, and getting him/her to a trained professional. Under NO circumstances should you attempt to counsel the student.
10. Explain to the student the next steps in the intervention, e.g., going together to see the Guidance Counselor or designated staff.

D. Parental Notification and Involvement

FRA’s process to ensure continuing care for the student identified to be at risk of suicide. The following steps are to be followed to ensure continuity of care:

- After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers will be required to provide documentation of care for the student, and should have a Release of Information form signed.

- If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide liaison (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, school staff will consider contacting Child Welfare Services to report neglect of the youth. Sutter/Yuba CWS can be reached at (530)749-6288.

E. Action Plan for In-School Suicide Attempts

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her is critical. The following steps are to be implemented:

- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- Move all other students out of the immediate area;
- Immediately contact the administrator or suicide prevention liaison;
- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- If needed, provide medical first aid until a medical professional is available;
- Parents/guardians/caregivers should be contacted as soon as possible;
- **Do not send the student away or leave them alone, even if they ask to go to the restroom;**
- Listen and prompt the student to talk;
- Review options and resources of people who can help;
- Be comfortable with moments of silence as you and the student will need time to process the situation;
- Provide comfort to the student;
- Promise privacy and help, and be respectful, but do not promise confidentiality;

- Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

F. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of FRA property, it is crucial that FRA protects the privacy of the student and maintains a confidential record of the actions taken to intervene, support, and protect the student. The following steps are to be implemented and documented:

- Contact the parents/guardians/caregivers and offer support to the family;
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;
- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct;
- All media requests are to be referred to SCSOS Director of Student Support Services/Communications, or designee;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for reintegration to school.

G. Supporting Students / Staff after a Mental Health Crisis

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The following steps are to be implemented after the crisis has happened:

- Treat every threat with seriousness and approach with a calm manner; make the student a priority;
- Listen actively and non-judgmentally to the student. Let the student express his or her feelings;
- Acknowledge the feelings and do not argue with the student;
- Offer hope and let the student know they are safe and that help is provided. Do not promise confidentiality or cause stress;

- Explain calmly and get the student to a trained professional, guidance counselor, or designated staff to further support the student;
- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student;
- Provide supports and debriefing opportunities for affected students and teachers.

H. Re-Entry to School After a Suicide Attempt

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well planned re-entry process ensures the safety and well being of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment.

The following steps shall be implemented upon re-entry:

- Obtain a written release of information signed by parents/guardians/caregivers and providers; *See Appendix H 1.*
- Confer with student and parents/guardians/caregivers about any specific requests on how they would like to handle the situation;
- Inform the student's teachers about possible days of absences;
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- Mental health professionals or trusted staff members are to maintain ongoing contact to monitor student's actions and mood;
- Work with parents/guardians/caregivers to involve the student in an aftercare plan.

I. Responding After a Suicide Death (Postvention)

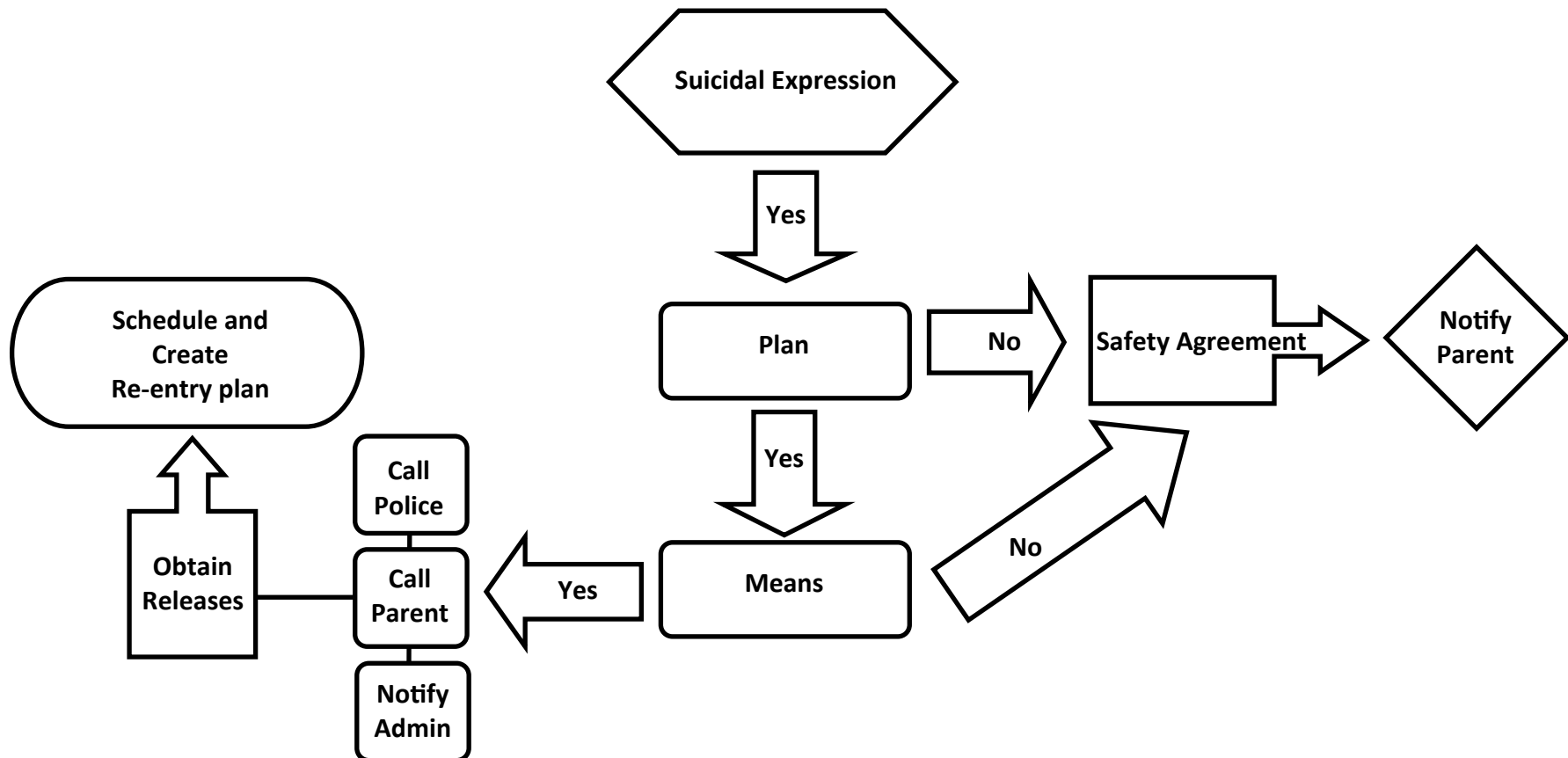
A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. The suicide prevention Crisis Team shall ensure that the action plan for responding to a suicide death is part of the general Crisis Response Plan. The Suicide Postvention Response Plan will incorporate both immediate and long-term steps and objectives.

- Suicide Postvention Response Plan:
 1. School site administrator or designated staff member to confirm death and cause;
 2. Identify a staff member to contact deceased's family (within 24 hours);
 3. Enact the Suicide Postvention Re-entry Safety Plan, including an initial meeting of the district/school Suicide Postvention Response Team; *See Appendix I-1.*
 4. Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).
- Coordinate an all-staff meeting, to include:
 1. Notification (if not already conducted) to staff about suicide death;
 2. Emotional support and resources available to staff;
 3. Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration);
 4. Share information that is relevant and that which you have permission to disclose.
- Prepare staff to respond to needs of students regarding the following:
 1. Review of protocols for referring students for support/assessment;
 2. Talking points for staff to notify students;
 3. Resources available to students (on and off campus).
- Identify students significantly affected by suicide death and other students at risk of imitative behavior;

- Identify students affected by suicide death but not at risk of imitative behavior;
- Communicate with the larger school community about the suicide death;
- Consider funeral arrangements for family and school community;
- Respond to memorial requests in respectful and non-harmful manner; responses should be handled in a thoughtful way and their impact on other students should be considered;
- Direct all media requests to SCSOS Director of Student Support Services/Communications, so information can be provided without the use of explicit, graphic, or dramatic content.. Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.
- Utilize and respond to social media outlets:
 1. Identify what platforms students are using to respond to suicide death
 2. Identify/train staff and students to monitor social media outlets
- Long-term suicide postvention responses:
 1. Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed.
 2. Support siblings, close friends, teachers, and/or students of deceased.
 3. Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide.



A-1. Suicide Assessment Process





A-2. Suicide Protocol

- **If the student is in immediate danger all steps should be skipped and a call to 911 should be made.**
- Student is identified by school personnel to be at risk for suicide. Student is pulled out of class (if needed) and is taken to a confidential office area.
- Once Student is contacted, **DO NOT LEAVE THE STUDENT UNSUPERVISED AT ANY TIME.**
- Contact administrator/designee to let him/her know the assessment is in progress.
- Contact another counselor or school psychologist to inform him/her that a suicide assessment is occurring.
- The counselor or psychologist assesses the risk of suicide, and determines the risk level.
- Consult with another counselor, school psychologist, or administrator.
- Contact parent/guardian and document.
- Complete the Suicide Assessment Form and file it in a confidential place. **DO NOT** file in the cumulative file.
- File a CPS report if necessary.
- Complete follow up procedure which includes the re-entry meeting.



A-3. Suicide Assessment Checklist

- Complete Suicidal Assessment Form
- Complete Safety Contract (if student is willing)
- Notify the necessary contacts: Admin, parent, police, behavioral health, etc.
 - **DO NOT** transport the student. This should be the parent or police depending on the severity of the situation.
- Make sure to get a Release of Information with the hospital (included in this packet).
 - Rideout phone number: 530.749.4506 (Sutter-Yuba Psychiatric Emergency Services)

If the situation is a 5150 (in immediate danger, but refusing help), the student will be taken via police to Rideout. If it is a voluntary situation, the student will be referred to Behavioral Health.
 - Behavioral Health phone number: 530.673.8255
- Create re-entry plan that should include a meeting that occurs before the student returns. At this meeting, a safety plan (included in this packet) should be created.
- If deemed necessary, make a CPS report.
- If the student is in a state of immediate danger, all steps should be skipped and a call to 911 should occur.

If the student has an IEP, an IEP meeting should be held prior to re-entry.

A-4. Agreement for Safety

Name: _____ Date: _____

Today, I have said some things about death or hurting myself that have made others concerned about my safety. Others have told me how valuable my life is, but they want to make sure I know how valuable my life is. I will complete this contract with a caring adult in order for us both to feel comfortable that I value my life and that I know what to do if I start feeling like I could harm myself.

Coping Skills:

1. _____
2. _____
3. _____
4. _____

Support System:

Name	Relationship	Number
1.		
2.		
3.		
4.		

Numbers I can call for support:

Agency	Number
❖ Alex Project – Crisis Text Line	1-800-237-8255 or Text LISTEN to 741741
❖ Suicide Prevention Center National hotline www.suicidepreventionlifeline.org	1-800-852-8336
❖ National Hopeline Network www.hopeline.com	1-800-784-2433
❖ Sutter Yuba Behavioral Mental Health Crisis Line	530-67-8255
❖ Domestic Violence National Hotline	916-554-2400 or 1-800-799-7233
❖ Sexual Abuse National Hotline	1-800-799-7233 or 916-920-2952
❖ Rape/Sexual Assault Center National Hotline	1-800-621-4673 or 1-800-656-4673
❖ Casa De Esperanza Sexual Assault	530-674-2040
❖ Friends for Survival	916-392-0664
❖ Narcotics Anonymous	707-422-9234
❖ Alcoholics Anonymous	1-866-800-1369
❖ Yuba Sutter Salvation Army Emergency Shelter	530-216-7307
❖ Sutter Sherriff	530-822-7307
❖ Yuba Sherriff	530-749-7777
❖ Police	911 or 530-822-4661



A-4. Safety Agreement Contract

I will not hurt myself.

I will do one or more of the following instead of hurting myself:

1. I can come to _____'s office in _____ to talk about my feelings.
2. I can talk to a teacher, family member, or other trusted adult about my feelings (see list).
3. I can do or tell myself some of the things I wrote down on the first page.
4. I can call one of the hotline numbers listed on the other side of the page or can call 911.
5. I can ask someone to take me to the hospital. If no one is around, I can call 911. The hospital is a safe place where I can get help and can be safe from hurting myself.

By signing this agreement for safety in the presence of a counselor, I agree to take positive actions whenever I feel like hurting myself. I will not hurt myself or try to kill myself. I will be near people who can help me or will be able to make a phone call if I need to contact people who can help me.

Student

Date

Witness

Date



A-5. Suicide Assessment Form

Name: _____ Date: _____ Counselor/Psych: _____

During the interview, tell the student, "What you say is confidential unless you tell me that you will, or are thinking about killing/hurting yourself or someone else. Or that someone else is hurting you."

I. Analysis of Suicide Expression

a. Are you thinking about killing/hurting yourself?

- Yes
- No

b. Have you had these thoughts before?

- Yes
 - How frequently? _____
 - How long do they last? _____
- No

c. Have you ever attempted to kill or hurt yourself?

- Yes
- No

II. Assessment of Plan

a. Do you have a plan?

- Yes
- No

b. If yes, what is your plan? _____

*Assess the lethality of the method:

- Low
- Medium
- High

c. Do you have access to a method?

- At home
- With a friend/other person
- In possession

d. Other questions to be asked:

1. Right now on a scale from 1-10, what is the likelihood that you will follow through with your plan to kill yourself? _____
2. What happened/changed to make you feel differently? _____



A-5. Suicide Assessment Form (Continued)

III. Assessment of Support Systems

a. Have you talked about this with your parent(s)? Do they know how you feel?

Yes

No

b. Do you have anyone else with whom you can discuss your concerns (family, relatives, friends)?

Yes

No

IV. Assess Life Stressors/Risk Factors

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. Contracting

a. Are you willing to sign a contract to promise that you will not hurt or kill yourself?

Yes ⇒ Have client sign contract.

No

VI. Follow-Up

a. Develop a plan with the client:

Help clearly define support system(s) (e.g. friend, family members, school)

Help client develop stress management strategies.



A-6. Re-Entry Safety Plan

Student Name: _____ Staff Name: _____

Parent Name: _____ Date: _____

Current Interventions

<p style="text-align: center;">Social Worker</p> <p>Name: _____</p> <p>Contact Number: _____</p>	<p style="text-align: center;">Probation</p> <p>Name: _____</p> <p>Contact Number: _____</p>
<p style="text-align: center;">Therapy</p> <p>Therapist Name: _____</p> <p>Agency: _____</p> <p>Time/Duration: _____</p> <p>Contact Number: _____</p>	<p style="text-align: center;">Academic Intervention</p> <p>Type: _____</p> <p>Time/Duration: _____</p> <p>Person's Name: _____</p> <p>Contact Number: _____</p>
<p style="text-align: center;">Medical</p> <p>Doctor: _____</p> <p>Agency: _____</p> <p>Type: _____</p> <p>Contact Number: _____</p>	<p style="text-align: center;">Other Support</p> <p>Type: _____</p> <p>Time/Duration: _____</p> <p>Person's Name: _____</p> <p>Contact Number: _____</p>

List Medication(s)/Prescriptions

Prescription Name	Times per Day	Duration	Taken at School

On Site Counseling

Counselor's Name
Type
Time/Duration

Site Psychologist's Name
Type
Time/Duration



A-6. Student Re-Entry Safety Plan (Continued)

This plan helps to build the student's support system on campus. Connecting students to a team of identified staff members provides a safety net for the students to turn to in a time of need. The staff checks in on the student and encourages them to follow their treatment plan. A minimum of three staff will be identified and be in contact with the student for a minimum of two weeks until the plan can be re-evaluated and modified if needed.

For the next two weeks _____ will check in with the following people:

Name	How Often	When	Where
1.			
2.			
3.			

_____ (staff) will check in with _____ (student) daily for the next two weeks during the times and location listed below. If the person listed as #1 is not available, the student will contact person #2.

Staff Name	Time	Location
1.		
2.		

Parent communication – please list time and frequency of parent contact.

Who will initiate contact? Parent or staff	How Often?	Phone Number

Date/Time for next meeting: _____

If the student is unable to follow this plan _____ will occur.

Notes and comments: _____

A-7. Sutter-Yuba Mental Health Services (SYMHS)

Prevention & Early Intervention (PEI)

School-Based Programs

Aggression Replacement Training (ART) is a ten-week course offered for adolescents on a high school campus. It is a cognitive behavioral intervention that trains participants to cope with their aggressive and/or violent behaviors. It is taught in three one-hour classes per week, focusing on Social Skills, Anger Control Training, and Moral Reasoning. Participants are selected by school administration, not to exceed 15 participants per course. PEI provides trained instructors and all materials to a limited number of high schools.

Contact: Kristen Batchelder, 530.674.1884, ext. 115

Girls' Circle is a high school or middle school girls' support group that will run in eight, ten, or twelve week sessions, meeting once per week for 40-60 minutes. Each session will have a theme, and each week will include activities and/or discussion related to topics within that theme. PEI staff will facilitate and support the activities and/or discussions, but participants will be encouraged to direct the discussions and to support each other. Participants can be referred by school staff, or self-referred. Girls' Circle will be offered at a limited number of schools each session.

Contact: Cynthia Martinez, 530.674.1885, ext. 111 or Kristen Batchelder, ext. 115

The Council is an inclusive, strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. The Council meets a core developmental need in boys for safe, secure and positive relationships.

Contact: Cory Quinn, 530.674.1885, ext. 108

Life Skills Training High School Program is designed to promote positive health and personal development for high school youth. The program helps adolescents navigate the challenges of the high school years, and prepares them for the independence and responsibilities they will encounter as young adults. The program uses developmentally appropriate, collaborative learning strategies to help students achieve competency in the skills that have been shown to prevent substance use, violence, and other health risk behaviors. Classes will be taught for 50 minutes once per week for eight weeks by PEI staff at a limited number of high schools. Schools are asked to purchase student materials for participants (\$5 each).

Contact: Cynthia Martinez, 530.674.1885, ext. 111 or Cory Quinn, ext. 108

Second Step training develops social and emotional learning by building communication skills, increasing self-confidence, and helping students identify goals and responsibilities. PEI staff offer weekly 50-minute classes for sixth, seventh, and/or eighth grade students in separate classes by grade. Sessions are twelve to fourteen weeks long.

Contact: Cory Quinn, 530.674.1885, ext. 108 or Cynthia Martinez, ext. 111

A-7. SYMHS PEI School Based Programs (Continued)

Signs of Suicide (SOS) is a middle school suicide prevention and risk awareness training. Using an age-appropriate dvd and follow-up discussion, the training is provided to middle school staff, students, and families to give youth the skills to “Acknowledge, Care, and Tell” if they feel that they, or someone they know, is showing signs of depression or may be at risk of suicide. Presentations can be scheduled throughout the year at schools that serve 6-8 grade students.

Contact: Kristen Batchelder, 530.674.1885, ext. 115

Yellow Ribbon Suicide Prevention Trainings are designed to address youth/teen suicide prevention and suicide risk awareness in high school. Student leaders can be trained by PEI staff to present information to their peers with the support of PEI staff, or PEI staff can present the information to the student body. Presentations can be scheduled throughout the year at high schools.

Contact: Kristen Batchelder, 530.674.1885, ext. 115

School Referred, Off-Site Programs

Nurtured Heart Approach is a relationship-focused methodology focused on helping children (and adults) build their Inner Wealth and use their intensity in successful ways. Originally developed for working with the most difficult children, including children diagnosed with ADHD, Oppositional Defiant Disorder, Reactive Attachment Disorder and other behavioral, emotional and anxiety related symptoms, it has been used effectively to help all kinds of families and children to better communicate and interact. Offered in multiple locations in Yuba and Sutter counties in English and in Spanish, Nurtured Heart classes run for an hour and a half a week for five weeks. Classes are intended for adult participants.

Contact: John Floe, 530.674.1885, ext. 114 or Rudy Rodriguez, ext. 110

Strengthening Families is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children, and to improve social competencies and school performance. The Strengthening Families Program is offered locally as a seven-week program for families with children 10-14 years old. Families are provided with dinner, then parents and youth go into separate classes for age-appropriate skill building, activities, and discussion. Families reunite to work together in a family class. Childcare is provided for younger children. Each session is two and a half hours long, including the family dinner. There is no cost for participants.

Contact: Cory Quinn, 530.674.1885, ext. 108



ASIST



A-8. Helpers in Your Community (Keep Safe Connections)

Keep Safe Connections are **Able, Approachable, and Available** to help with suicide. They know how to do suicide first aid (trained in suicide intervention). Different kinds of helpers in your community may have this training but some may not. It is best to check before adding them to this list.

530-673-8255 or 1-888-923-3800
SUTTER YUBA MENTAL HEALTH CRISIS LINE

916-392-0664
FRIENDS FOR SURVIVAL

1-800-273-8255 or 916-368-3111
SUICIDE PREVENTION CENTER NATIONAL HOTLINE

530-749-3242
PEACH TREE MEDICAL CLINIC

1-800-852-8336
TEEN LINE NATIONAL HOTLINE

530-749-3665
Grief Support Group Sutter North Health Group

1-800-621-4673 or 1-800-656-4673
RAPE/SEXUAL ASSAULT CENTER NATIONAL HOTLINES

530-674-4261
AMPLA MEDICAL CLINIC

1-916-554-2400 or 1-800-799-7233
DOMESTIC VIOLENCE NATIONAL HOTLINES

1-800-843-5200
YOUTH CRISIS LINE CALIFORNIA HOTLINE

1-800-799-7233 or 1-916-920-2952
SEXUAL ABUSE NATIONAL HOTLINES

1-888-281-3000
PARENT SUPPORT LINE

1-800-422-4453
CHILD ABUSE NATION HOTLINE

530-673-5900
TRAUMA INTERVENTION PROGRAM

Sutter Sheriff 822-7307 or Yuba Sheriff 749-7777
COUNTY SHERIFF DEPARTMENTS

866-901-3212
SUTTER & YUBA CHILD SUPPORT SERVICES

866-488-7386
THE TREAVER PROJECT

1-707-422-9234
NARCOTICS ANONYMOUS

911
POLICE/FIRE/MEDICAL EMERGENCY

530-822-7200
SUBSTANCE ABUSE COUNSELING

530-749-4300
RIDEOUT MEMORIAL HOSPITAL EMERGENCY

1-866-800-1369
ALCOHOLICS ANONYMOUS

530-216-4530
YUBA SUTTER SALVATION ARMY EMERGENCY SHELTER

1-800-971-0016 or 415-752-3778
FRIENDSHIP LINE NATIONAL or LOCAL LINE

530-674-2040
CASA De ESPERANZA SEXUAL ASSULT/DOM-VIOL

866-668-8972
TWIN CITIES RESCUE MISSION MINISTRIES

530-743-6888
HARMONY HEALTH CLINIC

530-742-5191
LEGAL ASSISTANCE

530-822-7513
SYMHS CHILDREN/YOUTH SERVICES

Yuba 530-741-6275 Sutter 530-822-7345
YUBA & SUTTER COUNTY VICTIM WITNESS



Sutter Yuba Network of Care Website www.sutter.networkofcare.org

Sutter Yuba Mental Health Services (SYMHS)

Who or what might be on your own list of Keep Safe Connections?



Who or what might be on others' lists of Keep Safe Connections?

A-9. Authorization for Release of Information

A. Student Information:

Name: _____ DOB: _____ Gender: _____ ID/S.S.N: _____

Parent(s) Name (s): _____

Mailing Address: _____ City: _____ Zip: _____

I authorize the following individual or organization to disclose the above named individual's information as described below:

B. Information to be released from:

Disclosing Party

Address

City, State, Zip

Telephone

Fax

C. Information to be released to:

Receiving Party

Address

City, State, Zip

Telephone

Fax

D. Purpose of the requested information:

The disclosure of information is required for the following purpose: _____

E. Type/Description of Information Requested:

Medical Educational Psychiatric Other: _____

F. Signature Authorizing Release of Information:

By signing below, I also understand:

- Local education agencies are responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological and health records are exchanged among California public schools. No further disclosure of this information by the LEA will be done without specific, written informed release by the parent/guardian.
- Signing this authorization is voluntary. I may refuse to sign this authorization. Refusing to sign will not affect the LEA's commitment to providing a quality education for my child; however, refusing to sign may inhibit the LEA's ability to implement and optimal plan of education, learning accommodations and/or health care plan for my child.
- This authorization shall become effective immediately and will remain in effect until _____ or for one year from the date of signature if no date is entered.
- I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency.
- My revocation will be effective upon receipt, but will have no impact on uses or disclosures made while my authorization is valid.

Signature of Parent, Legal Guardian, or Surrogate

Date

Signature of Witness (only required if parent signs with a "mark")

Date