These guidelines contain best practices for administrators and qualified school professionals to follow when they suspect that a student is at risk for suicide.
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ADMINISTRATION OF EMPLOYEE EDUCATION

ACT 71- Youth Suicide Awareness and Prevention, was recently passed and requires all professional staff who work with 6th - 12th grade students to have four hours of suicide awareness and prevention training every five years. In addition, all support employees shall receive information regarding risk factors, warning signs, response procedures, referrals, and resources regarding youth suicide prevention.

First Year 2015-2016 Professional Employees
All current staff will complete the two-hour online course titled Making Educators Partners in Youth Suicide Prevention Act on Facts, the national version, during the 2015-2016 school year.

Consecutive Years 2016 and Beyond
Following completion of the on-line course each professional employee, working with students grades 6-12, will be provided a one-hour faculty meeting on Suicide Awareness and Prevention. The faculty meetings will be a consistent presentation that will provide professional employees with the opportunity to ask questions, work through scenarios and be reminded of risk factors and warning signs. All professional employees grades 6-12 will have 2 hours of on-line training plus 5 hours of faculty meetings for a total of 7 hours to fulfill the 4 hour over 5 year requirement of Act 71.

New Professional Employees
All new professional employees will complete the two hour on-line course titled Making Educators Partners in Youth Suicide Prevention Act on Facts the National version, within three months of their date of hire.

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All Support Employees and K-5 Professional Employees
All support employees and k-5 professional employees will be provided the information on Suicide Awareness and Prevention in written format, arranged presentations for specific departments and opportunity to participate in an 8 hour Youth Mental Health First Aide training.
STAFF DEVELOPMENT

Best practices in suicide prevention have found that improved outcomes [i.e., greater reduction in suicidal thoughts and behavior after training] are more likely when professional staff training is spread out over an extended period of time, as opposed to one long training session and then not revisiting training for several years. Additional professional development in risk assessment and crisis intervention shall be provided to guidance counselors, mental health professionals and school nurses, and any individual that would reasonably be expected to assess at-risk individuals. 

School staff should also receive training to better understand the intersection of suicide prevention and intervention and other responsibilities related to student safety (bullying prevention, sexual harassment, gender-based violence, relationship violence, etc.), including how incidents are documented, involvement of key staff in case evaluation, investigations, and interventions.

Additional protocols to consider for (general) awareness and prevention education:
1. Defining behavioral, emotional, and mental health disorders;
2. Defining minimal policy standards and expectations;
3. Establishing communication through a chain of command;
4. Determining appropriate staff trainings and appropriate trainees;
5. Awareness of and familiarity with appropriate resources; and
6. Selecting appropriate resources and materials.

Early Identification and Referral
Early identification of individuals with one or more suicidal risk factors is vital to a school entity’s suicide prevention efforts.

Risk factors refer to personal or environmental characteristics that are associated with suicidal behavior including, but not limited to:
1. Behavioral Health Issues/Disorder, specifically but not exclusively:
2. Depression
3. Bipolar disorder or other mood disorder
4. Substance abuse or dependence
5. Depression
6. Previous suicide attempts
7. Self-injury
8. Hopelessness/low self-esteem
9. Loneliness/social alienation/isolation/lack of belonging
10. Poor problem-solving or coping skills
11. Impulsivity/risk-taking/recklessness
12. Adverse/stressful life circumstances
13. Gender identity/sexual orientation
14. Homelessness
15. Interpersonal difficulties or losses
16. Disciplinary or legal problems, including school disciplinary issues
17. Bullying (victim or perpetrator; target, aggressor and/or witness)
18. School or work issues
19. Physical, sexual or psychological abuse
20. Exposure to family or peer suicide
21. Family characteristics - lots of conflict, few activities
22. Family history of suicide or suicidal behavior
23. Family mental health problems, including alcoholism
24. Divorce/death of parent
25. Parent-child conflict

Warning signs are evidence-based indicators that someone may be in danger of suicide, either immediately or in the future. These signs may mean that a youth is at risk for suicide, particularly for youth who have attempted suicide in the past. Risk is greater if the warning sign is new and/or has increased and if it seems related to an anticipated or actual painful event, loss, or change. Finally, the presence of more than one of the following
warning signs may increase a youth’s risk for engaging in suicidal behaviors.
1. Talking about or making plans for suicide;
2. Expressing hopelessness about the future;
3. Displaying severe/overwhelming emotional pain or distress;
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant: a. Withdrawal from or changing in social connections/situations;
b. Recent increased agitation or irritability;
c. Anger or hostility that seems out of character

**Intervention of Educational Professionals In Response to a Suicide Threat**
The State College Area School District’s Suicide Prevention/Intervention Guidelines contain general guidance on suicide prevention and intervention. These guidelines include information on the duties of qualified school professionals (QSP) in responding to suicide threats and attempts, and procedures for conducting suicide risk assessment. They also include protocols for contacting parents/guardians of at-risk students, an outline for developing a plan of action for student reentry into school, and additional resources related to suicide prevention and intervention. All educational professionals who discover that a student has considered taking his or her own life, even without the presence of any action to carry out these thoughts, will immediately notify a QSP (school counselor, school nurse, social worker or psychologist).

**Qualified School Professional (QSP)**
A qualified school professional includes professional school counselors, school nurses, school psychologists, and school social workers. The QSP is trained to conduct interviews with students in order to informally assess the level of suicide risk.

**Duties of the Qualified School Professional**
The QSP will immediately interview the student to determine the suicide risk, using the Crisis Intervention Checklist (see Appendix A). Consultation with other qualified school professionals when assessing risk is both reassuring and prudent. Notify school principals, professional school counselors, and other administrators of the circumstances as soon as possible in order for them to appropriately respond to potential phone calls or other contact from parents/guardians. When there is a suicide threat, commitment to student confidentiality is superseded by the need to initiate life-saving interventions. The QSP will always contact the parents to inform them of the suicide risk, with the exception of suspected abuse or neglect. (Guidelines for such circumstances are found below.) When the suicide risk is deemed to be significant, the QSP will refer the student and parent/guardian to mental health services for further assessment at the expense of the family. If the student is receiving ongoing therapy from a community or faith-based mental health professional, the therapist shall be notified by the QSP as soon as the parent/guardian provides consent for release of information. The QSP shall indicate the present signs of suicide or observed behaviors of concern. The school will accept documentation that the therapist is aware of the suicidal concern and that a current treatment plan is in place to address the suicide risk. The QSP will document that parents were contacted, including date and time of the contact, the response of the parent/guardian, and whether follow up with the family, a community agency, etc. is necessary (see Crisis Intervention Checklist-Appendix A). The QSP will maintain the safety of the student until the parent/guardian physically accepts responsibility for the student’s security. It is always best to inform the student of what is taking place during every step of the process. Solicit the student’s assistance when appropriate. *When a student is at risk for suicide, under no circumstances shall the student be allowed to leave the school alone or be left in any room or office alone including the restroom.*
Instances of Abuse and Neglect
If a student is found to be at risk for suicide and the student suggests that a reason for this risk may be associated with parental/guardian abuse or neglect, the qualified school professional will **NOT** contact the parent/guardian. The QSP (this may be the Home School Visitor) will contact Child Line (1-800-932-0313) and make a courtesy call to Centre County Children and Youth Services (CYS). The need for an immediate response in order to protect the student from danger must be emphasized. The qualified school professional will maintain the safety of the student until the CYS worker or authorized person physically accepts responsibility for the student’s security. If the QSP does not get a timely response from CYS, the administrator shall be contacted to help facilitate an immediate response to the referral. Under no circumstances shall the student be left alone. Likewise, if a parent/guardian is contacted and the QSP discovers that although the adult acknowledges the suicidal risk, he or she does not appear determined to take immediate action for the safety of the student, this could also be considered abuse or neglect. CYS shall be contacted and appropriate steps taken. The QSP will document the referral to CYS. (Abuse/Neglect Referral Form for Students at Risk for Suicide—Appendix D).

**Intervention of Educational Professionals In response to an Imminent Suicide Attempt**
In accordance with State College Area School Districts “All Hazards Plan,” all educational professionals who discover that a student has attempted suicide or may imminently attempt suicide while in the jurisdiction of the school will immediately notify emergency personnel and parent/guardian according to the following guidelines. These guidelines apply whether the educational professional obtains information about the imminent suicide directly from the student or from a secondary source.

**Non-Administrative Educational Professionals**
Any non-administrative professionals who discover that a student, while in the jurisdiction of the school, has attempted or may attempt suicide will:
1. Immediately notify the administrator(s) of the school.
2. Next, notify the school counselor and/or nurse next.
3. Remain with the student until support personnel have arrived including, but not limited to, qualified school professionals.
4. Evacuate any other students from the area, if appropriate; and
5. Attempt to calm the student and engage the student in conversation until help has arrived.
6. If the student has sustained injuries, emergency life-saving procedures will be implemented, 911 will be called, and the school nurse will be notified before contacting an administrator.

**Administrators**
All administrators who are notified that a student, while in the jurisdiction of the school, has attempted suicide or may attempt suicide immediately will:
1. **Call 911** and request police and ambulance response
2. Ensure that a qualified school professional reports immediately to the scene where the student is located
3. Notify the parents and request their presence at the school immediately
4. Notify the Office of the Superintendent (814-231-1016)
5. If suicide is not prevented, secure the area and debrief staff using the outlined procedures in the SCASD All Hazards Plan.
6. Ensure that counseling is provided and available for students and staff; and
7. Review the SCASD All Hazards Plan Manual.

**Intervention of Educational Professionals In response to Completed Suicide**
The guidelines below are to assist administrators in implementing appropriate responses to a completed suicide. All administrators who are notified that a student has completed a suicide will immediately:
1. Notify the Office of the Superintendent (814-231-1016). The Superintendent’s office will notify the appropriate School Board members and City Supervisors.

2. Involve QSP’s in the post-crisis planning.

3. Refer all media to Director of Communication’s office (814-272-8699). School staff shall ask reporters and media representatives to leave school property.

4. In collaboration with the Director of Communication’s office (814-272-8699) and the Director of Student Services (814-231-1054) administrators will prepare an announcement. It is not necessary to mention the suicide/accident or to give details. Information at the early stages is often inaccurate. A straightforward sympathetic announcement of a loss with a simple statement of condolence is recommended. If indicated, a statement that more information will be forthcoming when it is verified can be reassuring to students.

5. Hold a faculty meeting at the end of the school day. Call the Traumatic Events Team to coordinate and provide staff support services. Consider outside resources when appropriate to assist with the faculty meeting.

6. The administrator and members of the QSPs will arrange grief counseling for individuals impacted by the suicide.

**CONDUCTING A SUICIDE RISK ASSESSMENT**

The following section provides guidelines for conducting a suicide risk assessment. (See Suicide Risk Assessment-Appendix B)

Responding to a student in crisis who has expressed suicidal intentions requires prompt attention and the need to implement some key principles. According to research, a thought of suicide is a sensitive predictor of a suicide attempt (Deykin & Buka, 1994). Therefore, intervening at the stage of a student’s contemplation of suicide is essential as it very likely can deter an attempt, or worse, a completion.

First, **trust your instincts.** If you have the slightest suspicion about a drawing, a statement in a writing assignment, or a change in disposition, it is important to address your concerns directly with the student rather than adopting a wait-and-see approach. As the qualified school professional (QSP), you will be the person to address the student concerns on the initial intake. While a privately based professional can do an in-depth suicidal risk assessment and perhaps a contract agreement, you may ask some preliminary questions, delineate behaviors of concern, and share your findings with the parent/guardian and outside mental health professionals. Your questions will show that you care and that you are interested in the feelings the student is experiencing. Your questions will not fuel suicidal thoughts but instead will help to uncover the line of thinking and display your care and concern for the student’s safety.

Generally speaking, the line of questioning shall cover three general categories:

1) **What is the nature of the suicidal thoughts?**
2) **How long has the student been having such thoughts?**
3) **What precisely would the student do to carry out his/her intentions for self-harm?**

**Nature of the thoughts:** If the nature of the thoughts shows realistic efforts for self-harm and there are reasonable means to carry out the threat, immediate follow-up with a mental health professional is warranted because this risk for harm would be considered moderate to high.
Length of time: If the student reports having thoughts for three months or more, this suggests a high level of hopelessness, which warrants follow-through. Listen empathetically. It is not the goal at this point to try to instill hopefulness. The fact that the student is being heard is beneficial and feelings shall be validated.

The plan to carry out intentions: A young person with thoughts of suicide might articulate his/her intention to do a variety of different things to carry out his/her own self-demise. If the student can articulate any kind of coherent plan, this means his/her thoughts have materialized to the level of outlining steps he/she might take to stop his/her pain. Suicide is a permanent solution to temporary discomfort and sometimes fleeting emotional pain. It is your role to intervene, and listening is the first step in this process. **One example of a suicidal plan might include taking a large dose of pills. This is a threat that should be taken seriously. Another example would be a threat to use something electric and take it into the shower. This is accessible means (e.g., blow dryers) and self-harm could be immediate.**

Communicate your concerns
Suicide thoughts are often nurtured or encouraged when others ignore behavioral changes. The loneliness and perceived isolation associated with the feeling that nobody cares tend to energize suicidal thoughts. A concerned adult’s open line of communication helps to decrease thoughts of hopelessness and the feeling that no one cares.

AVOID the tendency to dismiss the person’s feelings or the tendency to withdraw from the person because of mood changes. Avoid saying, “Oh, don’t think that way” or “You have every reason to feel that way.” Such statements sound dismissive and deny the reality of the feelings the person is experiencing.

When talking to a distressed student:
- Remain calm and be understanding.
- Communicate your concern for the well-being of the student.
- Ask open-ended questions and ask for clarification to allow the student to elaborate (e.g., “explain what you mean”).
- Ask the student to provide examples.

Risk factors associated with suicidal behavior
Suicidal behavior is defined as suicidal ideation expressed in the form of threats to do self-harm. There are numerous risk factors associated with suicidal behavior that can range from stressors such as physical abuse, substance abuse, or temporary home displacement. Risk factors or presenting problems shall be regarded as exacerbating feelings of hopelessness. As a trained professional, use clinical judgment and knowledge of the student to apply guidelines and draw conclusions. Best practice entails erring on the side of caution when assessing imminent danger. Consultation with other QSPs is both reassuring and prudent to ensure the safety of the student.

Some risk factors associated with suicidal behavior include:
- Previous suicide attempts (* Number one predictor of suicide)
- Access to weapons
- Previous suicide by a family member or friend
- Threats of suicide or statements about the wish to die
- Anhedonia (inability to gain pleasure from activities that would generally elicit excitement)
- Depression (feelings of worthlessness, hopelessness, or guilt)
- Withdrawal from usual social or family activities
- Sudden changes in behavior or personality
- Recent losses or stressors (divorce, loss of loved one, breakup)
- Changes in eating or sleeping patterns and personal hygiene
• Fatigue or loss of energy (heightened energy in younger children)
• Giving away prized possessions or making final arrangements
• Alcohol or drug abuse
• Accident proneness/risk-taking behavior (driving recklessly, jumping from high places)
• Acting-out behaviors (fighting, breaking and entering, running away, promiscuity)
• Self-injurious behaviors (e.g. cutting)
• Sudden changes in peer relationships or friendship circles
• School Indicators:
  • Sudden drop in grades, lack of homework/classwork completion
  • Withdrawal from school activities, social isolation
  • Short-term absences due to somatic complaints
  • Depressive themes or suicidal ideation in writing or art work
• Telling a friend

A history of prior suicide attempts is the number one risk factor associated with a heightened tendency to exhibit the behavior again. Ask the student whether he or she has ever attempted suicide before and determine what kind of previous attempt was made. Most people who have attempted in the past are likely to increase the lethality of their methods if another attempt is made. Be aware of this fact, and take the necessary precautions to ensure the student’s safety.

**Do not leave the student alone or isolated.** Ensure that adult supervision is available. This includes supervising the student while he/she is in the office of a qualified school professional or administrator. Simply because the student is in someone’s office does not mean that he/she is safe. Direct adult supervision is required.

**Specific criteria to consider:**
Communication of intent to inflict self-harm can be expressed through such comments as “I wish I were dead, gone, or not here anymore.” “You’d be better off without me.” or “No one would care if I just disappeared.” Such comments shall be taken seriously and interventions shall be immediate.

Some youth tend to verbalize suicide ideation indirectly as a reasonable solution to end a state of turmoil, unhappiness, or pain. All educational professionals shall pay attention to students’ writings, artwork, or other work products that reflect themes of death and darkness. Such themes shall be addressed by QSPs.

**Gender:** Adolescent females are more likely to self-report suicidal ideation. American Foundation for Suicide Prevention data indicates that females are three to four times more likely to attempt suicide than males. However, the suicide rate for males is four times higher than females. Adolescent males tend to make more lethal attempts (e.g., firearms) than females (e.g., pills). Suicidal behavior is more common in boys under the age of 12. There is no difference in the degree of severity or lethality of the attempt among younger children.

According to the Trevor Project, Lesbian Gay Bisexual (LGB) youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives, and one-quarter report having made a suicide attempt.

A student at a high risk is one with a clear plan. The QSP shall listen for a workable plan because this puts the student at a higher risk than a vague unlikely notion of how to commit suicide. Access to lethal means, particularly firearms, combined with a history of a prior attempt reflects high risk and the need for immediate intervention. Adolescents who have access to drugs, alcohol, and motor vehicles are also at a greater risk. A gun in the house increases an adolescent’s risk of suicide whether it is locked up or
not. While younger children may not have access to self-destructive means, they may have reasonably developed planning skills.

Unsupervised time can contribute to the likelihood of the young person engaging in high-risk behaviors such as:
- Jumping from heights (common for 6-12 year olds)
- Using firearms (if accessible)
- Ingesting poisonous substances
- Stabbing
- Drowning
- Running into traffic
- Playing with fire or burning

Limited or lack of access to a perceived support system and coherent plan for self-harm can increase the risk of imminent danger. A student is at high risk for follow through when no friend, family member, or other trusted adult can be identified to offer support or if he/she refuses the support of such an identified person. Young children can experience serious emotional distress when there is a disruption in family structure, particularly if it has not been sufficiently explained.

A recent loss can trigger hopelessness, unbearable pain, and increase the potential for self-harm. The school professional must consider the student’s developmental stage within the context of the perceived or real loss of the student. Perceived or real losses that may spark grief, depression, or suicide ideation include loss in social position, a love or friendship, or even self-esteem. Other situational factors that may increase suicidal risk include unstable life conditions, an awareness of family economic conditions, or rejection by peers.

**CONTACTING THE PARENT/GUARDIAN**

If a qualified school professional (QSP) determines that a student is at risk for suicide, or is expressing suicidal thoughts, the parent/guardian shall immediately be contacted. Do not contact the parent/guardian if the risk for suicide is related to parent/guardian abuse or neglect. (See Instances of Abuse and Neglect pg. 3.) When contacting the parent/guardian to notify him/her that a student is at risk for suicide, the following guidelines shall be applied:

The QSP will:

1. Inform the principal or principal designee before notifying the parent/guardian.

2. Identify him/herself and his/her position within the school.

3. Explain the purpose of the call, expressing the concern regarding the student’s mental health status. The best practice would be to notify parent/guardian even if the student is 18 or older.

4. Inform the parent/guardian that he/she believes the student is at risk of suicide and indicate the warning signs or observed behavior that supports the concern. The QSP will request the presence of the parent/guardian at the school immediately if the student is at imminent risk. He/she will inform the parent/guardian that the safety of the student will be maintained until the parent/guardian arrives.

5. Discuss whether the parent/guardian intends to obtain an immediate evaluation/counseling for the student or offer to call Centre County Can Help (800-643-5432) to come to the school to do an assessment.
6. If the child is receiving ongoing therapy from a community-based mental health professional or faith-based counselor who is aware of the suicidal risk, the school will accept documentation identifying that a current issues-based treatment plan is in place. The parent/guardian shall provide such documentation to the school. The QSP shall also request consent for release of information (see Appendix C) for the school to directly communicate the present signs of suicide and/or observed behaviors related to suicide with the therapist.

7. Emphasize the importance of reducing potential risks within the student’s environment with the parent/guardian. It is recommended that both the home and school be secured and all guns, poisons, medications and sharp objects be removed or made inaccessible. The QSP should inform the parent/guardian of the legal requirement to call CYS and report abuse or neglect if the student is considered to be at risk for attempting suicide and the parent/guardian refuses to provide care necessary for the student’s health.

8. Provide referral information for counseling/evaluation resources emphasizing that all services would be at the parent/guardian’s own expense.

9. Document the details of the phone call to the parent/guardian, including the date/time, the response from the parent/guardian, and any information pertaining to follow-up on the Crisis Intervention Checklist. Place a copy of all documentation in the student’s Category C file. (See Crisis Intervention Checklist-Appendix A.)

10. Contact CYS if the QSP is unable to make successful contact with at least one parent/guardian of the student by the end of the school day. CYS will contact the police in order to keep the child at school if a parent/guardian can’t be reached.

11. Send a follow-up letter home to parent/guardian reviewing the concern, school procedures, intended follow-up meetings at school, and parental resources. Place a copy of the letter in the student’s Category C file. (See Sample Letter to Parent/Guardian-Appendix F.)

12. Send a letter to the parent/guardian to notify them that a report to CYS will be made if the parent/guardian refused to provide the necessary care to ensure the student’s health. Place a copy of all documentation in the student’s Category C file. (See Notification Letter to Parent/Guardian of CYS Report-Appendix E.)
When a student is at risk for suicide, the parent/guardian must come to the school to pick up the student. It is best practice for the parent/guardian to meet with an administrator and the qualified school professional (QSP) who conducted the risk assessment. The subsequent guidelines shall be communicated to the parent/guardian at the meeting:

- Inform the parent/guardian that the student is at risk for suicide and needs an immediate mental health evaluation at the parent/guardian’s expense.

- If the student is currently receiving therapy for suicidal concerns, parent/guardian shall provide a copy of the documented current treatment plan

- Provide the parent/guardian with information about local mental health centers at which the student may be evaluated. When possible, have the parent/guardian call to make an appointment during the conference or before leaving the school. Parent shall contact their medical insurance provider for a list of approved mental health providers if necessary.

- Inform the parent/guardian that before the child returns to school, a letter or the documented treatment plan from a mental health facility or licensed mental health provider stating that the student is not at imminent risk for harming him/herself or others shall be provided to the school. The licensed mental health provider may not be an employee of State College Area School District. For general education students, home-bound educational services may be requested through the Student Services office for prolonged absences from instruction. For special education students, the principal/designee shall conduct an IEP meeting to address excessive absences and the changing placement of services.

- Provide the parent/guardian with the name of the primary contact at the school (School Counselor) who can be reached the following day and subsequent days if necessary.

- Inform the parent/guardian that a reentry meeting will be held prior to the student’s return to school.

- Obtain consent for release of information from the parent/guardian in order to facilitate planning for the student’s reentry into school. The release shall specify that the mental health provider may communicate with appropriate school personnel (see Appendix C).
REENTRY INTO SCHOOL

Before a student returns to school following an evaluation due to elevated risk of suicide or suicidal ideation, a letter or a copy of the documented current treatment plan from a mental health facility or licensed mental health provider stating that the student is no longer at imminent risk for harming him/herself or others shall be provided to the school. The licensed mental health provider shall not be an employee of State College Area School District. The subsequent procedures are recommended best practices to integrate the student back into the school setting.

1. A reentry meeting shall be held at the school to include an administrator and at least one qualified school professional (QSP). The QSP shall be one of the two Primary Contacts identified in the Plan of Action (See Plan of Action-Appendix G). Parent/guardian and the student shall be present at the meeting. The student shall not return to the classroom until the reentry meeting has been held. Non-school mental health professionals working with the student may be present at this meeting to offer recommendations.

2. All of the student’s records shall be made available at this meeting and a release of information shall be completed in order for the school to communicate with other service providers. (See Consent for Release of Information-Appendix C.)

3. The school shall obtain a copy of a letter or a copy of the documented current treatment plan stating that the student is no longer at risk for suicide.

4. A Plan of Action shall be created and agreed upon by the student and parent in order to help the student reintegrate back into the school. (See Plan of Action-Appendix G.)

5. If the student is returning after inpatient hospitalization:
   a. It is recommended that the parent/guardian provide a copy of the discharge summary from the hospital before the student reenters the school setting. The discharge summary may include, but is not limited to, the student’s diagnosis, behavior and progress during treatment, therapeutic recommendations such as individual, family, and/or group therapy, and recommendations for school based staff. The discharge summary shall also indicate the nature and reason for the student’s discharge, whether he/she has stabilized and achieved treatment goals, was discharged without authorization and against recommendations from the psychiatric staff, or whether the discharge was related to insurance coverage.
   b. A letter from the mental health facility stating that the student is no longer at risk for harming him/herself shall be provided if such information is not formally indicated in the discharge summary.

6. A follow-up meeting may be scheduled to assess student progress and amend the Plan of Action if necessary. Any outside mental health providers currently assisting the student shall be included in such meetings.

PLAN OF ACTION

A Plan of Action shall be developed to provide a support system at school and help minimize stressors for the returning student. The Plan of Action represents the school’s efforts to identify and mobilize resources available within the school setting to assist the student. The Plan of Action shall be simple to implement, practical, and individualized for the student. Ensure that all suggestions are realistic and capable of being implemented. Maintain records that indicate the presence of a suicidal risk, specific measures being taken to minimize the student’s risk at school, and parent/guardian contacts and responses as a legal precaution. Consult with other professionals to provide a continuum of support services throughout the school day. Use Plan of Action form in Appendix G.
**Considerations for Development**

1. Identify a qualified school professional (QSP) within the school to meet with the student as a Primary Contact. In the event that the Primary Contact is not available, assign an alternate contact person. The Primary Contact is responsible for monitoring the Plan of Action and maintaining communication with the parent/guardian.

2. Identify possible changes in the student’s school routine that may need to be implemented (i.e. class schedule, shortened school day).

3. Identify additional staff within the school that already have rapport with the student and can serve as supplementary support.

4. Identify what information will be shared with the student’s current teachers. The student, parents and administrators shall be involved in this process to help maintain the student’s right to confidentiality.

5. Identify potential counseling groups available in the school to support skill development.

6. Consider referral to the school’s Student Assistance Team, Casings Team, Instructional Support Team or Integrated Mental Health Team to provide additional resources related to educational and social/emotional impact.

7. Identify potential school and community groups (i.e. sports groups, school clubs, youth groups) appropriate for the student’s needs and interests.

8. Distribute the Plan of Action to all relevant participants within the school. Place a copy of all documentation in the student’s Category C file. (See Crisis Intervention Checklist-Appendix A.)

9. Follow-up on the Plan of Action as a support team (including parents and student) periodically and amend the Plan of Action as needed.
CONFIDENTIAL INFORMATION

Student: _________________________ Date: _________________________

School: _________________________ Grade: _________________________

Interview Conducted by (Name/Title): _________________________

Student Referred by (Name/Title): _________________________

Date of Referral: _________________________ Time of Referral: ____________

Reason for Referral:

_____________________________________________________________________

1. Inform student that it is required by law to report harm to self or others

2. Interview student - Date & time of interview:
(Refer to Suicide Risk Assessment- Student Interview-Appendix B)

3. Assess the suicide risk. Document signs and behaviors of concern (e.g. attempts, gestures, threats, ideation, plan, etc.):

_____________________________________________________________________

(Refer to Conducting a Suicide Risk Assessment- Page 6 and Suicide Risk Assessment Appendix B)

4. Notify school principal, members of QSP, and other administrators ASAP, as appropriate. Document administrators contacted:

<table>
<thead>
<tr>
<th>Administrator Name/Title</th>
<th>Date Notified</th>
<th>Time Notified</th>
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<th>Date Notified</th>
<th>Time Notified</th>
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</table>

5. If abuse or neglect is suspected, contact Child Line at 1-800-932-0313 and Children and Youth Services (CYS) at 814-355-6755 immediately. DO NOT CALL PARENT/GUARDIAN

Abuse/Neglect Suspected (Skip #6)
(Complete Abuse/Neglect Referral Form for Students at Risk for Suicide - Appendix D)

<table>
<thead>
<tr>
<th>Name of CPS Worker Contacted</th>
<th>Date Contacted</th>
<th>Time Contacted</th>
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<tbody>
<tr>
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</table>
_____ Abuse/Neglect NOT Suspected (Proceed to #6)

6. If student is at risk for suicide contact parent/guardian immediately
(Refer to Contacting the Parent/Guardian - Page 10)

<table>
<thead>
<tr>
<th>Name of Parent/Guardian Contacted</th>
<th>Date Contacted</th>
<th>Time Contacted</th>
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</table>

Parent/guardian response:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name of mental health facility to which the parent/guardian will be taking the student:
______________________________________________________________________________

7. Conduct parent/guardian conference prior to student leaving the school
(Refer to Parent/Guardian Conference - Page 12)

8. Members of the QSP will meet prior to student returning to school to determine which member will facilitate on-going mental health support within the school setting, as well as be the primary contact on the Plan of Action

<table>
<thead>
<tr>
<th>Location of Meeting</th>
<th>Date Meeting</th>
<th>Time</th>
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QSP Members Present:

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</table>

Name/Title of QSP who will facilitate follow-up and serve as primary contact on the Plan of Action:
______________________________________________________________________________

9. Mail a follow-up letter to parent/guardian Date Letter Mailed: ____________________
(Refer to Sample Letter to Parent/Guardian- Appendix F)

_____ Place copy of letter in student’s Category C folder

10. If parent/guardian does not seek appropriate mental health services for their child, contact Children and Youth Services (CYS) at 814-355-6755.

_____ Parent/guardian did seek mental health services for their child and documentation has been provided and placed in the students “Mental Health” folder
_____ Parent/Guardian did NOT seek mental health services for their child (contact CYS)

| Name of CYS Worker Contacted | Date Contacted | Time Contacted |

Mail the Notification Letter of CYS report  
(Refer to Notification Letter to Parent/Guardian- Appendix E)  
Date Letter Mailed: ___________________

_____ Place copy of letter in student’s “Category C” folder

11. Conduct a Reentry Meeting with an administrator, QSP member who will serve as primary contact, parent/guardian, student, and other staff, as appropriate  
(Refer to Reentry into School- Page 13)

| Location of Meeting | Meeting Date | Meeting Time |

Reentry Meeting Members Present:

| Name/Title | Name/Title |

| Name/Title | Name/Title |

_____ Develop a Plan of Action (Plan of Action- Appendix G)  
(Refer to Plan of Action- Page 14)

12. Schedule a follow up meeting to discuss progress of student and amend the Plan of Action as necessary

| Location of Meeting | Meeting Date | Meeting Time |

13. Submit a copy of Crisis Intervention Checklist and CYS Referral Form (if CYS was contacted) to Liaison to School Counselors, Office of Student Services

- All documentation (Crisis Intervention Checklist, letters, release form, CYS referral, Plan of Action, etc.) is to be kept in the student’s Category C file.
SUICIDE RISK ASSESSMENT – STUDENT INTERVIEW

The following questions are provided as a guideline to uncover the level of risk. The line of questioning is designed to determine whether there has been a history of suicidal behavior, whether there is a current workable plan in place, whether the student has experienced a recent loss, whether the student has any perceived social supports in place, and whether the student has engaged in or is currently engaging in risky behaviors such as substance abuse or impulsive high risk behaviors.

Be sure to **discuss the limits of confidentiality** with the student. Let the student know that if he/she is at risk, his/her parent/guardian **must** be contacted. Offer to make contact in his/her presence so he/she will be clear as to what information you are sharing with the parent/guardian.

**Guiding questions:**

**History:**
- How long have you been having these thoughts?
- Have you ever had thoughts like this before?
- Have you ever tried to harm yourself? How?
- How many times have you tried?
- Who do you know that has attempted or committed suicide?

**Expressed plan:**
- If you were to try to take your own life, have you thought about how you would do it?
- Do you have access to such a method?
- Where would you do it?

*If the student is able to articulate a specific plan that suggests targeted times when no one is around, or a method for preventing access by others to stop an attempt (e.g. barricading), this is a clear indication that the risk for self-harm is very high.*

**Support Systems:**
- Why do you feel it would be better to die than to keep living the way things are?
- Are there people or activities that can make you feel better?
- Have you told anyone else about these thoughts?
- Is there a time that things seem to go well for you?
- Who do you feel closest to?
- Do you have a friend or someone in your life that you can share these feelings with?
- Can you think of someone who would be devastated by your decision and how does that make you feel?
- Are there any future events that you are looking forward to?

**Other important information:**
- Are you currently taking any medication or using any drugs or alcohol?
- Are there guns in your house? Can you access the weapons?
State College Area School District
Learning Enrichment/Gifted Support Program & Student Services
PERMISSION FOR EXCHANGE/DISCLOSURE OF STUDENT INFORMATION

School Person Initiating Form ____________________________ Date ______________

STUDENT IDENTIFICATION

LEGAL NAME

of Student Last First Middle (Name used if other than legal name)

BIRTHDATE ______/____/____ GRADE __________ BUILDING

KIND OF PERMISSION GIVEN (Check those which apply)

☒ exchange information with ☐ obtain information from ☒ send information to

REASON FOR THE DISCLOSURE OF INFORMATION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PERSON OR AGENCY FOR WHOM THIS PERMISSION IS GIVEN:

Name __________________________________________

Address ________________________________________

EDUCATION RECORDS WHICH CAN BE DISCLOSED/EXCHANGED:

Check all for which permission is given

☐ All Below ☐ All Below

☐ Attendance Record ☐ Parents’ occupations

☐ Educational attainment/placement ☐ Siblings’ names and birthdates

☐ Grades and/or report cards ☐ Intelligence and aptitude scores

☐ Standardized achievement test scores ☐ Interest Inventory results

☐ Awards and honors ☐ Speech therapy record

☐ Graduation date and class rank ☐ Health and Dental records

☐ Individual Education Programs ☐ Specialist reports

☐ Due Process letters ☐ Written behavioral reports

☐ Dated Attainment of Educational. ☐ Correspondence of value to student

☐ Objectives ☐ Meet with student in school

☐ Due Process letters ☐ Other

Signature of Parent, Guardian or Eligible Student ____________________________ Relationship to Student __________ Date ______________

NOTE TO PARENT, GUARDIAN OR ELIGIBLE STUDENT: This permission is valid only for the current school year. You may make arrangements to review the education records about your child or yourself by calling the school counselor.

The State College Area School District maintains student records in compliance with Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability (HIPAA) Laws. If you seek more information regarding these laws please contact the Director of Learning Enrichment/Gifted Support Program and Student Services at (814)231-1054.

2014
SCASD Abuse/Neglect Referral Form for Students at Risk of Suicide

Date: ____________________________ Time of Report: __________________________

Referring School: ____________________________

Referral Made By: ____________________________ Position: __________________________

Referral Received By: ____________________________ Accepted as Complaint: ___ Yes ___ No

Student Suspected of Being Abused/Neglected: ____________________________

DOB: ____________________________ Race/Ethnicity: ____________________________

Age: ________ Gender: ___ Male ___ Female Grade: ____________________________

Other Children in Home:
Name ____________________________ Abused/Non-Abused ___ Gender: ___ DOB: ___ Ethnicity: ___ School/Grade: ____________________________
Name ____________________________ Abused/Non-Abused ___ Gender: ___ DOB: ___ Ethnicity: ___ School/Grade: ____________________________
Name ____________________________ Abused/Non-Abused ___ Gender: ___ DOB: ___ Ethnicity: ___ School/Grade: ____________________________

Parent/Guardian Information:

Name: ____________________________ Relationship to Student: ____________________________

Gender: ___ Male ___ Female DOB: ____________ Race/Ethnicity: ____________________________

Address: ____________________________________________

Phone: Home ____________________________ Work ____________________________ Cell ____________________________

Nature of Complaint (Describe suspected abuse/neglect by whom, include when/where most recent incident occurred, recent noted changes in school attendance, performance or behavior, etc.):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Referral Outcome: __________________________________________

Send copy of this referral form to Liaison to School Counselors, Office of Student Services.
NOTIFICATION LETTER TO PARENT/GUARDIAN
OF CPS REPORT

DATE:______________________

Dear M/M _________________________________________,

On _________________, your child ______________________________ was found to be at risk for
suicide and therefore in need of an immediate mental health evaluation to ensure his/her health and
safety. You were notified on _________________________ that if you did not secure these services to
ensure the safety of your child we, as mandated reporters, are required to report this neglect to Children
and Youth Services.

We have learned that you did not provide the care necessary for your child’s health and this letter is
notification that a report has been made to Children and Youth Services.

Sincerely,

_________________________________________
Name

_________________________________________
Title

cc: Principal
Director of LE/Student Services
Category C file
LETTER TO PARENT/GUARDIAN
(This form should be used in unique cases where parents have not followed through with what the District recommended to ensure the child’s safety)

Dear (name of parent),

I am writing this letter to you as a follow up to the suicide risk assessment completed for (name of student) on (date). As we discussed in our conference, I consider (name of student) to be at risk for suicide and believe (name of student) is in urgent need of a mental health evaluation by a qualified mental health professional. These services are strongly recommended and must be secured at your expense.

(Name of Student) shall have a written statement by a mental health professional that he/she is “is not at imminent risk for harming him/herself or others” provided to the school before returning. A reentry conference with you, the parent/guardian, (name of student), school administrator, and necessary support personnel will be held prior to (name of student’s) return to school. At that conference, we will create a plan of action for (name of student) in order to provide the mental health support necessary for academic success and safety in the school environment.

I will continue to maintain contact with you throughout this process. Please provide the school with updated information on (name of student’s) progress. If you have not already signed a consent for release of information for us to communicate with (name of student’s) mental health service providers, please consider doing so in order to help provide the most integrated support network for (name of student). If you have any questions or need assistance in securing community resources, please contact me at ____________________________.

Sincerely,
(professional title)

cc: Principal
Category C File
PLAN OF ACTION

Student: ___________________________ Date of Initiation: ______________________

School: ___________________________ Grade: ______________________________

Primary School Contact: ________________________________________________
This shall be a qualified school professional that will meet regularly with the student and monitor the Plan of Action.

Secondary School Contact: _______________________________________________
This qualified school professional will be available to the student when the primary contact is not available.

(Complete relevant sections of this form.)

Changes to Student Routine and Schedule:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Support Staff to be used as resources for the student: __________________________

School-Based Counseling Group(s): _________________________________________

School and Community Groups: _____________________________________________

Additional Recommendations: _____________________________________________
_________________________________________________________________________
_________________________________________________________________________

Date of Distribution: __________ Date of Follow Up (Child Study Meeting): __________

Distributed to: ___________________________________________________________

OUTCOME
Progress:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Amendments Needed: _______________________________________________________

Date of Follow Up to Review Amended Plan of Action: _________________________
EMERGENCY CONTACTS

EMERGENCY NUMBERS

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<tr>
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<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>EMS</td>
<td>911</td>
</tr>
<tr>
<td>Centre County Children and Youth Services</td>
<td>814-355-6755</td>
</tr>
<tr>
<td>Mount Nittany Med. Center Emergency Room 911</td>
<td>814-231-7000</td>
</tr>
<tr>
<td>Child Line</td>
<td>800-932-0313</td>
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COMMUNITY RESOURCES

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre County Can Help</td>
<td>1-800-643-5432</td>
</tr>
</tbody>
</table>
Suicide Intervention Flowchart – Teacher

Suicidal Attempt, Gesture, or Ideation is Recognized

During School Hours
- Notify Principal, School Counselor and Nurse (if school counselor is not available contact a school counselor from another school)
  1. Make direct contact (i.e. no voicemail, email, or indirect contact)
  2. Contact should be immediately

After School Hours
- Contact Program Supervisor
  - If Attempt Made or Imminent, Call 911

- Contact Parents

- Contact Building Administrator
  - Arrange for student to be escorted to counselor/nurse
  - Ensure student is not left alone

Emergency Contact Numbers:
  - CAN HELP: (800)643-5432
  - Mount Nittany ER: (814)234-6110
  - Suicide Hotline (Toll Free): 1-800-SUICIDE 1-800-784-2433
**Signs of Suicide:**

* Feeling of hopelessness, worthlessness, self-blame, and/or guilt
* The verbalizing of suicide threats
* Talking about not being around anymore
* Comments about: “everyone being better off without me;” “nobody cares about me;” “I hate my life;” “I wish I was dead,” etc.
* Making final arrangement(s)
* Prized possessions being given away
* Saying goodbye with finality
* Putting affairs in order
* Making amends with others
* Suddenly appearing unusually calm and contented
* The scratching or marking of the body or other self-destructive acts
* Sudden dramatic decline or improvement in academic performance, chronic truancy or tardiness, or running away
* Increased irritability, moodiness, mood swings, and/or aggressiveness
* Death/suicidal themes evident in reading selections, written essays, and art work
* Sudden change in personal hygiene, eating habits, and/or sleep

**Patterns of Behavior Associated With Suicide:**

- Obsession with death in music, poetry, art work or conversation
- Withdrawing from friends, family, activities
- Significant change in peer group or friendships
- Difficulty adjusting to sexual and/or gender identity (LGBTQ)
- Substance use
- Familial history of suicide attempts/suicidal ideation
- Recent loss/problems in close relationships (Ex. death of loved one, divorce of parents, ending of relationship, excluded from select activity)

**Appropriate Responses to Students:**

- Take situation seriously
- Don’t promise secrecy, but maintain student confidentiality (inform only school personnel that need to know)
- Don’t act shocked, angry, or judgmental
- Don’t question more than necessary
- Don’t tell the student “don’t think like that”
- Offer support and care to student—know your own limits
### SCASD NURSES and COUNSELORS

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<th>Home</th>
<th>Cell</th>
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<td>MNM</td>
<td>Haa14</td>
<td>272-8785</td>
<td>349-4409</td>
<td>814-574-1340</td>
</tr>
<tr>
<td>Decker</td>
<td>PFE</td>
<td>Gmd15</td>
<td>272-8188</td>
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<tr>
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<td>HSN</td>
<td>Dag11</td>
<td>231-1157</td>
<td>234-3166</td>
<td>814-574-2101</td>
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<tr>
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<td>HSS</td>
<td>Dlm20</td>
<td>231-5062</td>
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<td>814-404-7564</td>
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<tr>
<td>O’Shea</td>
<td>RP and CS</td>
<td>Kmo13</td>
<td>RP 272-7449</td>
<td>231-0357</td>
<td>814-360-2802</td>
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<td>HO, LE, OL, St. Joe’s</td>
<td>Ak15</td>
<td>HO 235-4553, LE 235-453</td>
<td>Same as cell</td>
<td>814-571-7399</td>
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<tr>
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<td>Jes19</td>
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<tr>
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<td>Mcw22</td>
<td>FT 231-4125</td>
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<td>GW and MNE</td>
<td>Lkb11</td>
<td>272-8466 both</td>
<td>234-5014</td>
<td>814-867-0228</td>
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<tr>
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<td>Marshall</td>
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<tr>
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</table>
GLOSSARY

SUICIDE- The deliberate termination of one’s own life - “completed suicide.”

SUICIDE ATTEMPT- A failed, premeditated or spontaneous attempt to terminate one’s life. The attempt was incomplete due to a miscalculation by the individual, or by intervention of a second party, or by the individual changing his/her mind during the attempt.

SUICIDAL GESTURE- An action by an individual to hurt him or herself but without the direct desire to terminate his or her life. Such a gesture may involve an overdose or some other type of self-destructive behavior, but not of a serious enough nature to cause death.

SUICIDE THREAT- An oral or written threat to take one’s life without the presence of any action to carry out this threat.

SUICIDAL IDEATION- Thinking or fantasizing about taking one’s life without the presence of any action to carry out these thoughts.
SUICIDE PREVENTION RESOURCES FOR SCHOOLS

***Please note that the resources listed here are free of charge. There are many more excellent resources for minimal cost.

**General Information** (many with webinar sessions)

**PA Youth Suicide Prevention Initiative**  
http://www.payspi.org/  
**Mission** - The Pennsylvania Youth Suicide Prevention Initiative is a multi-system collaboration to reduce youth suicide.  
**Vision** - Youth suicide prevention will be embraced and incorporated into the fabric of every community in Pennsylvania to address the social and emotional needs of youth at risk and survivors of suicide.

**Suicide Prevention Resource Center**  
http://www.sprc.org/  
SPRC is the nation’s only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*. They provide technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide. They also promote collaboration among a variety of organizations that play a role in developing the field of suicide prevention.

**Toolkit for High Schools**  
http://store.samhsa.gov/product/SMA12-4669  
Assists high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health. Includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students. Released in June 2012.

**American Foundation for Suicide Prevention**  
http://www.afsp.org/  
The American Foundation for Suicide Prevention has been at the forefront of a wide range of suicide prevention initiatives – each designed to reduce loss of life from suicide. They are investing in groundbreaking research, new educational campaigns, innovative demonstration projects and critical policy work. And they are expanding their assistance to people, whose lives have been affected by suicide, reaching out to offer support and offering opportunities to become involved in prevention.

**American Association of Suicidology**  
http://www.suicidology.org/home  
AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

**Services for Teens At Risk (STAR Center)**  
http://www.starcenter.pitt.edu/  
Services for Teens At Risk (STAR-Center) is a comprehensive research, treatment, and training center. Funded by the State of Pennsylvania’s General Assembly in 1986 to address adolescent suicide and depression, the program provides individual assessment and treatment to teens that are experiencing depression and suicidality. They also provide community education services about
depression and suicidality to schools, social service agencies, churches and other organizations that request them.

The Trevor Project  
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

### Comprehensive School Guide

**Youth Suicide Prevention School-Based Guide**  
[http://theguide.fmhi.usf.edu/](http://theguide.fmhi.usf.edu/)
The Youth Suicide Prevention School-Based Guide is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program. First, checklists can be completed to help evaluate the adequacy of the schools’ suicide prevention programs. Second, information is offered in a series of issue briefs corresponding to a specific checklist. Each brief offers a rationale for the importance of the specific topic together with a brief overview of the key points. The briefs also offer specific strategies that have proven to work in reducing the incidence of suicide, with references that schools may then explore in greater detail. A resource section with helpful links is also included. The Guide provides information to schools to assist them in the development of a framework to work in partnership with community resources and families.

### School Policy

[http://www.education.pa.gov/K-12/Safe%20Schools/Pages/Act-71.aspx#.VzIH6mZ3bhc](http://www.education.pa.gov/K-12/Safe%20Schools/Pages/Act-71.aspx#.VzIH6mZ3bhc)
On June 26, 2014, Act 71 was signed into law in Pennsylvania. This law, which added section 1526 of the School Code, 24 PS § 15-1526, specifically requires school entities to: (1) adopt a youth suicide awareness and prevention policy; and (2) provide ongoing professional development in youth suicide awareness and prevention for professional educators in building serving students in grades 6-12. Additionally, section 1526 specifically permits school entities to incorporate curriculum on this topic into their instructional programs pursuant to their youth suicide awareness and prevention polices.

Act 71 of 2014 also added section 1527 of the School Code, 24 PS § 15-1527. Section 1527 permits school entities to provide age-appropriate instruction regarding child exploitation for students in grades K-8. If a school entity provides this instruction to its students, the school entity must provide professional development related to child exploitation awareness to those educators assigned to teach courses into which child exploitation awareness education has been incorporated.

[Act 71 of 2014](http://www.education.pa.gov/K-12/Safe%20Schools/Pages/Act-71.aspx#.VzIH6mZ3bhc)

PDE Suicide Awareness and Prevention Education Model Policy  
(PDF)

PDE Suicide Awareness and Prevention Education Model Policy Administrative Guidelines  
(PDF)

PDE Suicide Awareness and Prevention Education Curriculum Guidelines  
(PDF)

Suicide Prevention Training Priority Topics Guidelines  
(PDF)
Model School Policy on Suicide Prevention –
https://www.afsp.org/content/download/10555/186750/file/Model%20Policy_FINAL.pdf

Written by American Foundation for Suicide Prevention, National Association of School Psychologists, American School Counselor Association, and The Trevor Project. This modular, adaptable document will help educators and school administrators implement comprehensive suicide prevention policies in communities nationwide.

STAR Center Sample School Suicide Policy and Procedure -
http://www.starcenter.pitt.edu/Sample-School-Suicide-Policy-And-Procedure/41/Default.aspx

Training for School Staff

Society for Prevention of Teen Suicide – http://www.sptsusa.org/
The mission of the Society for the Prevention of Teen Suicide is to reduce the number of youth suicides and attempted suicides by encouraging overall public awareness through the development and promotion of educational training programs for teens, parents and educators. The free, interactive series Making Educators Partners in Suicide Prevention is designed to be completed at the viewer’s own pace. Pennsylvania school staff requiring Act 48 hours may submit the certificate of completion to e-paschool@pa.gov or fax it to 717-783-4790, along with your Dept. of Education Professional ID number, to have these hours submitted.

The More Than Sad Program of the American Foundation for Suicide prevention provides education about factors that put youth at risk for suicide, in particular depression and other mental disorders. Instructional materials accompany the More Than Sad Program, including a PowerPoint presentation.

American Foundation for Suicide Prevention (http://www.afsp.org/) – PA AFSP chapters will make the “More Than Sad” DVD available free to all high and middle schools in PA that request one. Contact Pat Gainey to receive your copy. Patricia Gainey, Regional Director, American Foundation for Suicide Prevention, Greater Philadelphia Regional Office, 3535 Market Street, Suite 4047, Philadelphia, PA 19104; Office: (215)746-7256.

Suicide Prevention Resource Center – Best Practices Registry – http://www.sprc.org/bpr
The purpose of the Best Practices Registry (BPR) is to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention. The BPR is a collaborative project of the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). It is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Many of the best practice resources listed have to be purchased.
Material for Students


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Wisconsin Department of Public Instruction

The curriculum is not SPRC listed, but does use elements of SOS and Lifelines.  [http://sspw.dpi.wi.gov/sspw_suicideprev](http://sspw.dpi.wi.gov/sspw_suicideprev) main page

Link to Student programs: [http://sspw.dpi.wi.gov/sspw_spstudentprograms](http://sspw.dpi.wi.gov/sspw_spstudentprograms)

Link to Curriculum: [http://sspw.dpi.wi.gov/sspw_suicideprevcurriculum](http://sspw.dpi.wi.gov/sspw_suicideprevcurriculum)

Postvention Assistance

Services for Teens At Risk (STAR Center)  [http://www.starcenter.pitt.edu/](http://www.starcenter.pitt.edu/)

Services for Teens At Risk (STAR-Center) is a comprehensive research, treatment, and training center. Funded by the State of Pennsylvania’s General Assembly in 1986 to address adolescent suicide and depression, the program provides individual assessment and treatment to teens that are experiencing depression and suicidality. They also provide community education services about depression and suicidality to schools, social service agencies, churches and other organizations that request them. Any PA school can contact the STAR-Center for assistance in the aftermath of a suicide or other tragic loss. STAR-Center can also provide in-service training and resource materials on a variety of mental health related topics.


This toolkit is designed to assist schools in the aftermath of a suicide (or other death) in the school community. It is meant to serve as a practical resource for schools facing real-time crises to help them determine what to do, when, and how. The toolkit reflects consensus recommendations developed in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. It incorporates relevant existing material and research findings as well as references, templates, and links to additional information and assistance.