Welcome to our MHTTC Webinar:
Overview of the K-12 Toolkit for Mental Health Promotion and Suicide Prevention

Sponsored by the MHTTC Network Coordinating Office and Pacific Southwest MHTTC

• If you are using audio through a telephone line, please mute yourself. You can unmute yourself using *6.

• If you are using computer audio, you can unmute yourself by clicking on the microphone icon to the right of your name on the participant list.

• If you have any questions during the presentation, please enter them in the chat box. We have allotted some time at the end of the webinar to answer questions.
DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
MHTTC School Mental Health Supplement

- One-year supplement to expand training and TA on the implementation of school-based mental health services (through August 2019).
- Planned school mental health-specific activities encompass multiple service modes, topic areas, and populations.
- Topics include engagement, assessment, intervention, and triage practices; as well as trauma informed care, cultural competence, mental health awareness, financing, etc.
Connecting with the MHTTC in your region

Visit the MHTTC website and select your center:  
https://mhttcnetwork.org/centers/selection
2019-2020 Focus: School Mental Health

- One-year supplement to expand training and TA on the implementation of school-based mental health services and support the workforce development of the school mental health professional field.

- Areas of focus include:
  - School mental health programs, policies & practices
    - Evidence based practice implementation support (trauma informed & resilience oriented programs, policies and practices, school mental health referral pathways)
    - School mental health literacy and leadership development
  - School violence prevention, intervention & postvention
    - Suicidal ideation and response
    - Crisis readiness, response, recovery (including school shootings & community based violence)
    - Key partner: The National Center for School Crisis and Bereavement
What does this look like?

Services available

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**School Mental Health Feature**

**Fall School Mental Health Webinar Series**

Our Fall School Mental Health Webinar Series will begin in September. Have a topic request? Email Leora (Lwolf@cars-ri.org) with topic ideas, presenters, or requests for a repeat from this year’s series.

Webinar topics must focus on: school mental health evidence-based practices; school mental health literacy; school mental health prevention and crisis response; or trauma-informed school policy, practices, or programs.

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**Join Us!**

School Mental Health Learning Collaborative

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**Pacific Southwest School Mental Health Learning Collaborative**

Along with our fellow MHTTCs, we are pleased to announce an opportunity to join our Pacific Southwest School Mental Health Learning Collaborative!

This year, the National Center for School Mental Health (NCSMH) and the National MHTTC Network collaborated to create a national curriculum for school mental health, including a train-the-trainer for school district leadership. The Curriculum is now available (learn more below).

The Pacific Southwest School Mental Health Learning Collaborative is an opportunity to bring this exciting new Curriculum to schools in our region.

Want to learn more about joining our regional Collaborative and getting trained in the new Curriculum (or becoming a trainer)? Register for one of the following 30-minute information sessions:

- August 15 | 2 p.m. ET / 11 a.m. PT / 8 a.m. HT | Register
- August 16 | 4 p.m. ET / 1 p.m. PT / 10 a.m. HT | Register
- August 23 | 12 p.m. ET / 9 a.m. PT / 6 a.m. HT | Register

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**No-cost training, technical assistance, and resources**

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**Webinars & virtual learning**

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**Monthly newsletters**

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**Products (issue briefs, guides, etc)**

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**Regional Trainings & Forums (professional development, conferences, school mental health Train the Trainers)**

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**Individual coaching & consultation**

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*Example from the July 2019 SMH Newsletter Feature*
12:05-12:10p Overview of the Webinar (Joshi)
12:10-12:25p Prevention / Health Promotion Section (Lenoir)
12:25-12:40p Crisis Intervention Section (Joshi)
12:40-1p Postvention Section (Ojakian)
1-1:15p Presentation of Kognito-HEARD Alliance partnership (Lien)
1:15-1:30p Q & A
1) By the end of the webinar, participants will be able to describe how they can use the K12 Toolkit in their districts, including the specific sections on Mental Health Promotion, Crisis Intervention, and Postvention.

2) Participants will know how to access the K12 Toolkit in web-based and pdf formats, such that strategies can be deployed quickly in crisis intervention and postvention.

3) Participants will learn about an innovative public-private partnership through Santa Clara County and Kognito, which enhances teacher self-efficacy in engaging with all students in their classrooms, especially those in need of mental health support or referral.
REQUIRED SUICIDE PREVENTION POLICY IN CALIFORNIA
Model Youth Suicide Prevention Policy for California, Assembly Bill 2246, 2016

-Our School Mental Health Team created this K12 Toolkit to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policy.

-Requires all local educational agencies (LEA): county offices of education, school districts, state special schools, or charter schools to have a Pupil Suicide Prevention Policy. It applies to all students at LEAs in grades 7 to 12.

-Developed in consultation with school and community stakeholders
- Must address the needs of high risk groups such as youth bereaved by suicide, with disabilities, mental illness, or substance use disorders, youth experiencing homelessness or in out-of-home settings, and LGBTQ youth

-It ensures that teachers are trained on suicide awareness and prevention

-It also stresses that a school employee acts only within the authorization and scope of their credential or license [http://www.cde.ca.gov/ls/cg/mh/index.asp](http://www.cde.ca.gov/ls/cg/mh/index.asp)

Text of AB 2246; https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246
Died of suicide (Also ‘Died by suicide’); Took his / her life
In a suicidal state thought processes become distorted due to biological, psychological, social, cultural and/or situational reasons. Suicidal people are not thinking clearly, and are often struggling with a kind of error in their cognitive process.

- The term “Completed suicide” is not advised (implies success)

- The term “Committed suicide” does not describe accurately what has occurred and implies a crime or immoral act.

- Suicide is no longer seen as a crime or sin but is recognized to be the result of a mental health condition with medically treatable causes 80-90% of the time.

- Often a person with lived experience of suicide will say choice was not involved, but instead they felt overwhelmingly “compelled” to attempt to take their life
Person with lived experience
A person with the lived experience of suicide has struggled with suicidal thoughts or behaviors and may be an attempt survivor. Resilience is a skill that can be developed - one is not “permanently fragile” when they are an attempt survivor.

Bereaved by suicide
Someone who has been exposed to the suicide of another person and experiences a high level of psychological, physical and/or social distress for a considerable length of time. In the U.S. the term “loss survivor” is often used. Everyone grieves differently and on their own timeline. Incorporating such a loss into one’s life requires work and support.
Fatal or Non-fatal Attempt
- Applying the general principle of speaking about suicide using illness based language (fatal and non-fatal) is in line with a fatal or non-fatal heart attack / other illness.
- Avoiding value statements with suicide such as calling an attempt failed, successful, or botched, etc. is helpful language.

-Suicide is a complex phenomenon- It does not have to do with an individual’s willpower.
- There is no simple explanation for any suicide. Though a precipitating event often occurs, that is usually not the single “reason” someone has died.

- So, what does one say to a person who has lost someone to suicide?
  - Think of what one would say or do if the person had lost their loved one suddenly in a fatal car crash or a heart attack - then do and say that.
K-12 Toolkit for Mental Health Promotion and Suicide Prevention

www.heardalliance.org/help-toolkit
(Open source, please reference “HEARD K12 Toolkit”)

Compiled by:
Shashank V. Joshi, MD, DFAACAP, FAAP
Mary Ojakian, RN
Linda Lenoir, RN, MSN, CNS
Jasmine Lopez, MA, NCC

www.heardalliance.org
Purpose of The K12 Toolkit

- Educate staff, families and students regarding mental health and wellbeing

- Improve recognition of student mental health issues

- Increase early detection and referral of students

- Handle crisis situations in a coordinated, consistent, and documented fashion

- Provide tools for follow-up support

- Be a practical, usable document that is guided by evidence-based practices
Section I: Promotion of Mental Health and Wellbeing

Training & Education
  - Youth mental health awareness
  - Gatekeeper training
  - Healthy adolescent sleep
  - Self care

Safe and Caring School Climate
  - School connectedness
  - Social emotional learning (SEL)
  - Mindfulness
  - Cultural effectiveness

Protocol Examples
  - Red / Green Folder Initiative
  - Crisis Response Team formation
  - Assessment & Referral Forms

Mental Health Resources
  - Community
  - Online/Crisis Lines
  - Grief support

At-Risk Students
  - Identify
  - Monitor
Staff Education

• Training
  Youth mental health
  Gatekeeper training in advance of a crisis

• Campus Protocols
  Red Folder Initiative development
  Crisis Team development

• Mental Health Professionals on Campus
  Assessment Forms
  Referral Forms (for offsite services)
Family Education

Education Programs
FAQs (Appendix B1)
Lethal Means Restriction (Attachment 2.18)
Adolescent Sleep (pages 6-9)
Social Media (Attachment 1.3)
Transitions (Attachment 1.2)
Suicide Prevention Facts for Parents - SAMHSA (Attachment 1.16)
Risk, Protective and Warning signs for suicide (Attachments 1.9, 1.10, 1.11)

Protocols & Resources
Who to contact at school when concerned
Mental Health Resources (Appendix B2)
What to Expect (re-entry plan) (Appendix B4)
Self Care (Attachment 1.1)
Safety Plan Examples (Attachments 2.11 & 2.12)
Student Education

Mental health curricula – SAMHSA best practices;
   Evidence-supported programs
Skill building programs - address coping with stressors
Peer leader programs - help build connectedness
Mental health & resource information
FAQs

What is the Process for referring a friend or self-referral? Each site should identify site protocols or
create a template.
Safe & Caring School Climate

What does it mean to have a safe and caring school climate?

School connectedness “is the belief held by students that adults and peers in the school care about their learning as well as about them as individuals” (American Psychological Association)

Promotion of positive community attachments via connections w/ trusted adults

This sense of connectedness comes through the activities the school engages in to create a positive school climate. The Promotion section of the K12 Toolkit describes activities, education and protocols that help create a safe and caring school climate.

Social Emotional Learning - Interpersonal skill development, with examples of programs that can be implemented in school settings

Mindfulness - Enhances the ability to apply those skills in the classroom setting
Mental Health Resources

• Campus contracted clinicians or those employed by School District
• Community resources (Appendix B2)
• Crisis support lines (24/7)
  
  National Suicide Prevention Lifeline 1-800-273-8255
  Santa Clara Suicide & Crisis Hotline 1-855-278-4204
  Crisis Text Line: (for example, In SF Bay Area, Text RENEW to 741741

Note: AB 2390 was introduced into the CA legislature in 2018: It would require these numbers, the school campus police or security number, & the local non-emergency number be included on the back of student IDs.
Section II: Intervention in a Suicidal Crisis

What is your district’s protocol in response to a student mental health crisis?

How do you support a student through the crisis and return to school?

How will you prevent contagion if there is a suicide?
Mental Health on Campus Protocols

Tools to develop protocols before a crisis occurs

Red / Green Folder
- A physical and/or virtual folder for staff describing what they might see, what to say to a student in crisis and how to locate resources on their campus
- Used by the Univ of California, Cal State, Community College systems, and SF Bay Area High School Districts

Crisis Response Team (CRT)
- Trained to take the lead in addressing a student mental health crisis
- Intervenes in a suicidal crisis
- Takes the lead in response to a suicide loss in the school community
### Mental Health on Campus Protocols

**See Something**

**SAY SOMETHING**

**DO SOMETHING**

**PRIVACY**

On-campus mental health counseling services offered to students are confidential. Teachers, counselors and staff are reminded to honor student confidentiality. School employees are mandated reporters and are required by law to report known or suspected child maltreatment, child abuse or neglect to the county child welfare department or local law enforcement agency.

**INDICATORS OF DISTRESS**

Look for groupings, changes in behavior, frequency, duration and severity— not just isolated symptoms.

<table>
<thead>
<tr>
<th>ACADEMIC INDICATORS</th>
<th>PSYCHOLOGICAL INDICATORS</th>
<th>PHYSICAL INDICATORS</th>
<th>SAFETY RISK INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Sudden decline in quality of work and grades</td>
<td>✦ Self-disclosure of personal distress that could include family problems, financial difficulties, depression, grief, or thoughts of suicide</td>
<td>✦ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain</td>
<td>✦ Unprovoked anger or hostility</td>
</tr>
<tr>
<td>✦ Repeated absences/tardies</td>
<td>✦ Excessive tearfulness, panic reactions, irritability or unusual apathy</td>
<td>✦ Excessive fatigue/sleep disturbance</td>
<td>✦ Making implied or direct threats to harm self or others</td>
</tr>
<tr>
<td>✦ Disturbing content in writing or presentations (e.g., violence, death)</td>
<td>✦ Verbal abuse (e.g., taunting, badgering, intimidation)</td>
<td>✦ Intoxication, hangovers, or smelling of alcohol/marijuana</td>
<td>✦ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations, or violent behaviors</td>
</tr>
<tr>
<td>✦ A student needs more personal counseling rather than academic counseling</td>
<td>✦ Expressions of concern about the student by his/her peers</td>
<td>✦ Disoriented or “out of it”</td>
<td></td>
</tr>
<tr>
<td>✦ Continuous classroom disruptions</td>
<td></td>
<td>✦ Cuts, bruises, or other injuries</td>
<td></td>
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</tbody>
</table>
Creating Your Mental Health Crisis Response Team (CRT)

The CRT evaluates and responds to urgent mental health situations.

Composed of diverse staff within a school who know their roles in crisis intervention and suicide prevention.

Duties of the CRT:
- Takes the lead for intervening during a mental health crisis.
- Takes the lead in response to a suicidal loss in a school community.
**Intervention Summary**

- Initial Detection of Risk
  - Intervention Protocol (based on *risk level*)
  - Follow-Up & Re-Entry

- Forms for evaluation & documentation
  - Section II of the Toolkit and the Appendix

* As evidence-based is developing, risk level can be adapted for local sites
Intervention Flow Chart: low, moderate, high risk

**SUICIDE INTERVENTION PROTOCOL FLOWCHART: LOW, MODERATE & HIGH RISK**

**STUDENT HAS DEMONSTRATED RISK FOR SUICIDE**

- **Peer Concern**
  - Tell Trusted Adult
  - Inform counselor who assesses student for risk level

- **Low Risk:**
  - Student is demonstrating warning signs with no intent to act
  - Notify family
  - Develop care plan
  - Create safety plan
  - Provide community resources
  - Develop follow-up plan

- **Moderate to High Risk:**
  - Self-harm behavior, threats, ideation, plan, prior attempts.
  - Notify nearest CRT member
  - Assess situation severity (Contact UFS)
  - If transport to hospital or health services required, call 911
  - If needed, activate CRT plan

- **Do NOT Leave Student Alone**

**Document event on “Student Suicide Risk Documentation Form”**

- Debrief with all involved.
- Follow up with student, family, and staff.

For extended absences, arrange re-entry meeting with parents and students.
Identifying At-Risk Students Checklist

Low Risk Level of Suicide
- Take every warning sign or threat of self-harm seriously.
- Take immediate action by sending someone to inform the counselor or school psychologist of the situation.
- Remain with the student until the counselor/school psychologist talks with him/her in a quiet, private setting to clarify the situation, and assess suicide risk with chosen tool.
- When necessary, counselor or school psychologist will contact an administrator or designee to inform them of the situation.
- Counselor or school psychologist will notify parent/guardian of situation unless this will exacerbate the situation. See Guidelines for Notifying Parents, Supporting Parents Through Their Child’s Suicide Crisis: Attachment 2.5 and Contact Acknowledgement Form 2.6.
- Refer to primary health care provider or mental health services if necessary. See Guidelines for Student Referrals, 2.7, Referral Process for Special Education: Mental Health Assessment 2.8, and Referral Consent, and Follow-Up Form, 2.9.
- Document actions on appropriate forms. See Student Suicide Risk Documentation Form, 2.13.
- Counselor will follow up with the student and family as often as necessary until the student is stable.

Moderate to High Risk Level of Suicide
Students with a moderate to high risk of suicide display suicidal ideation or behavior with an intent or desire to die.
- Keep student under close supervision.
- Notify nearest CRT member who will evaluate the situation and then notify a school administrator.
- CRT member will conduct a suicide risk assessment to determine student’s risk level and convey to trained professionals (LFS).
- Consult with appropriate designated school site staff and/or crisis service agency (e.g. UFS) to assess student’s mental state and obtain a recommendation for next steps. If student requires hospitalization or immediate emergency medical treatment proceed to Extremely High (Imminent) Risk.
- School administrator or designee notifies parent/guardian of Guidelines for Notifying Parents, and Supporting Parents Through Their Child’s Suicide Crisis, 2.5, and Parent Contact Acknowledgement Form 2.6. Arrange to meet with parents.
- Create a safety plan, or if already in place, review and update.

If the student does not require emergency medical treatment or hospitalization, review the following:
- Confirm understanding of next steps for student and family.
- Ensure that student and parents, with the assistance of CRT member, have discussed importance of lethal means restriction. See Means Matter: Recommendations for Families, 2.18.
- Sign the Referral, Consent and Follow-Up Form, 2.9 and Parent Contact Acknowledgement Form, 2.6.
- Provide referral and resources for parent/guardians including What to Expect When Your Child Expresses Suicidal Thoughts, Appendix B4.
- Explain that a designated school professional will follow-up within the next two days.
- Establish a plan for periodic contact from school personnel.
- Students are eligible for home teaching if doctor’s letter recommends an extended absence of two weeks or more.
- Document actions taken. See Student Suicide Risk Documentation Form, 2.13.

Extremely High (Imminent) Risk Level of Suicide
Students with an extremely high risk level of suicide have voiced the intent to engage in a suicidal act, have access to the lethal means needed to carry out the act, and may have lethal means on their person. Do the following:
- Ensure the school staff member remains with the student at all times.
- Clear the area and ensure that all other students are safe. Ask CRT member.
- Mobilize community links (e.g. UFS under 911)
  - If life threatening emergency, call 911. Note: 911 responder will determine if emergency treatment or hospitalization is required and will arrange transportation.
  - If not life threatening, call UFS Suicide Assessment at 877-412-7474. If student is 18 years or older, call 911.
  - Principal or designee notifies parents about the seriousness of the situation; unless this will exacerbate the situation, in certain cases it may be necessary to wait to notify parents due to clinical circumstances as determined by Psychologist, UFS or other mental health provider.

If the student has lethal means on their person:
- Do not attempt to take a weapon by force.
- Talk with the student calmly.
- Have someone call 911.
- Clear area for student safety.
- Once the student gives up the potentially lethal means, stay with the student until the CRT or 911 emergency support arrives.

At this level of risk the student may require hospitalization:
- Case manager (school psychologist or counselor) will work with student’s doctor or therapist. Frequency of check-in with the student, family, doctor and/or therapist will be determined by the individual situation.
- Before student returns to school, initiate re-entry plan.
Mental Health on Campus Protocols

SEQUOIA HIGH SCHOOL CRISIS PROTOCOL

Follow the chart to determine who to contact when faced with a distressed student.

YES
The student’s conduct is:
1) clearly and imminently reckless/disorderly
2) dangerous or threatening to others
3) dangerous or threatening to self

Contact AVP Office immediately:
Ext. 60033 or ext. 60031
CALL 911 for medical life-threatening emergency

I’M NOT SURE
The student shows signs of distress, and while I am unsure how serious it is, I want a same-day assessment.

Fill out a TRC referral form (available in mail room or share drive) and give to appropriate guidance counselor. To speak to someone from the TRC therapy team, call or email Judy Romero x60065 (romero@seq.org). We are located by the Health Office.

IS THE STUDENT A DANGER TO HIM/HERSELF OR OTHERS OR IN NEED OF IMMEDIATE ASSISTANCE?

NO
I’m not concerned for the student’s immediate safety, but student could use some sort of long-term support.

ASSISTING STUDENTS IN DISTRESS

Sequoia Crisis Intervention Team Convenes

Contact the student’s guidance counselor or TRC directly.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judy Romero</td>
<td>TRC Director</td>
<td>X60065</td>
</tr>
<tr>
<td>Charlice Mabry-Torres</td>
<td>TRC Therapist</td>
<td>X60066</td>
</tr>
<tr>
<td>Melissa Perez</td>
<td>Head Guidance Counselor</td>
<td>X60097</td>
</tr>
<tr>
<td>Joni Gordon</td>
<td>Guidance Counselor</td>
<td>X60092</td>
</tr>
<tr>
<td>Patty Vlahakos</td>
<td>Guidance Counselor</td>
<td>X60093</td>
</tr>
<tr>
<td>Joel Rebello</td>
<td>Guidance Counselor</td>
<td>X60094</td>
</tr>
<tr>
<td>Cynthia Wilde</td>
<td>Guidance Counselor</td>
<td>X60098</td>
</tr>
</tbody>
</table>

Guidance Center Hours:
Monday through Friday 8:00-4:30pm
The Guidance Office is located in the main hallway on the first floor.

Teen Resource Center Hours: Monday through Friday 9:00-5:30
Mental Health on Campus Protocols

SEQUOIA HIGH SCHOOL CAMPUS PROTOCOL
A student’s right to privacy and confidentiality can be maintained except in the following circumstances:
- A student is a danger to him/herself or threatens to kill him/herself
- A student is a danger to others or threatens to hurt or kill others

Escort the student to the Teen Resource Center or AVP office. Or call AVP office for an escort x60033 or x60031 and let them know what the situation is. Do not leave the student unsupervised.

If the student is not with you when you learn that he/she has threatened to kill him/herself, speak directly to Teen Resource Judy Romero x60065 or Charice Mabry-Torres x60066. If neither are available contact AVP office Sophia Olliver x60032 or Gary Gooch x60030. Do not leave a voicemail or email.
If student is assessed to be a safety concern, School Resource Officer or other law enforcement will be contacted.

IF A STUDENT IS A DANGER TO HIM/HERSELF or THREATENS TO KILL HIM/HERSELF
If a student threatens, either verbally or in writing, to endanger or kill him/herself, the student must be assessed immediately by Teen Resource Center or AVP office.

DURING SCHOOL HOURS
If you read/see/hear something from a student where he/she threatens to hurt or kill him/herself during non-school hours, you must report this immediately to the Redwood City Police Department 650-780-7118 or the Police Department where the student lives:
- Menlo-Park Police 650-330-6317
- East Palo Alto Police 650-321-1112

Follow up with AVP, Guidance Counselor and/or Special Education Case Manager upon returning to school.

The Police Department will send an officer to conduct a Child Welfare check. If you request, they will contact you once they have completed the check.

IF A STUDENT IS A DANGER TO OTHERS or THREATENS TO HURT OR KILL OTHERS
If a student threatens, either verbally or in writing, to hurt someone, it is important that the student and the situation be assessed immediately.

Contact Redwood City Police Department at 650-780-7118 or dial 911.
Notifying Families, Safety Planning, Referrals

Reviews actions to be taken with families in low, moderate or high risk situations

Counselor to:
- Notify the family
- Develop a care plan
- Create a safety plan
- Provide community resources
- Develop a follow-up plan (and re-entry plan, if applicable)

Applicable handouts: Attachment 2.6: Parent Contact Acknowledgement Form & Attachment 2.12: Sample - Personal Safety Plan for individuals who feel suicidal

Note: My3 App [https://my3app.org](https://my3app.org) to place safety plan in phone
Safety Plan

A Safety Plan is a prioritized list of coping strategies and sources of support individuals can use before or during a suicidal crisis. The plan is brief, is in a person’s own words, and is easy to use*

To be completed:
When a student presents with a risk of suicide
During a Re-Entry meeting (post-hospitalization, IOP)

*adapted from Safety Planning Guide – Western Interstate Commission for Higher Education and my3app.org

Note: a No-Harm Contract is not a Safety Plan
## Sample Personal Safety Plan

**ATTACHMENT 2.12**

**SANTA CLARA COUNTY SAMPLE PERSONAL SAFETY PLAN**

### Step 1: I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):

1. 
2. 
3. 

### Step 2: Internal coping strategies - Things I can do by myself to help myself not act on how I'm feeling (e.g. favorite activities, hobbies, relaxation techniques, distractions):

1. 
2. 
3. 

What might make it difficult for me to use these strategies?

**Solution:**

### Step 3: People and places that improve my mood and make me feel safe:

1. Name: ___________________________ Phone: ___________________________
2. Name: ___________________________ Phone: ___________________________
3. Place (day):
4. Place (night):

What might get in the way of me contacting these people or going to these places?

**Solution:**

### Step 4: People I trust who can help me during a crisis:

1. Name: ___________________________ Phone: ___________________________
2. Name: ___________________________ Phone: ___________________________
3. Name: ___________________________ Phone: ___________________________

Why might I hesitate to contact these people when I need help?

**Solution:**

### Step 5: Professional resources and referrals I should contact during a crisis (available 24/7):

1. Clinician Name: ___________________________ Phone: ___________________________
2. Local Urgent Care Services: ___________________________ Address: ___________________________
   Phone: ___________________________
3. Santa Clara County Suicide & Crisis Center: 833-278-8204
5. Upchild (Child & Adolescent Mobile Crisis Program): 800-279-9081

**Call 911 if you need immediate help in order to remain safe.**

### Step 6: Steps I can take to keep myself safe by reducing access to harmful means if faced with a suicidal crisis:

1. 
2. 
3. 

### Step 7: Complete this sentence: “The one thing that is most important to me and worth living for is...”

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**Note:** A phone app is available for creating a personal safety plan at MY2App.org

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**APPENDIX B4v**

**SANTA CLARA COUNTY SAMPLE PERSONAL SAFETY PLAN**

Where will I keep this plan so that I can easily find and use it during a crisis?

________________________________________

**Student Signature**  Date

**Parent/Legal Guardian Signature**  Date

**Support Person Signature**  Date

**Therapist/Counselor Signature**  Date

**Therapist/Counselor Signature**  Date

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Note: A phone app is available for creating a personal safety plan at MY2App.org
The National Suicide Prevention Lifeline recently released a new free app called My3. This app allows people to stay connected with trusted contacts and develop a safety plan when thoughts of suicide are experienced.

- Tom Torlakson, CA State Superintendent of Public Instruction 9/11/2014 Letter to County and District Superintendents
Section III: Postvention Response to the Suicide of a School Community Member

Postvention: Support provided to a school community after a suicide.
- Assumes that all members of the school community will experience some level of shock.
- After a death in the community all sections of the Toolkit (Promotion, Intervention & Postvention) will likely be needed.
Postvention

Includes actions that:

- Provide for grief support and suicide prevention education
- Identify and support vulnerable & at-risk students
- Promote the wellbeing of the school community
Postvention Responses

- Coordinated by Crisis Response Team (CRT)
- Support all members of the school community
- Address short- and long-term needs of school community using Promotion and Intervention skills and systems in place
- Strive to treat a loss to suicide like any other sudden loss such as a car accident death
- Designed to prevent contagion
- Return school to normal functioning as soon as possible
Immediate Steps After a Suicide

Day by Day Guide
- verification of death
- sample notifications, letters, scripts, announcements
- initial staff meeting agenda

Student, Staff and Family Supports
- grief support for youth
- family information
- student assessment
- staff assistance
- talking points about suicide,
- identify and support siblings, friends in other schools in the district
- self care

Memorialization recommendations
- provide monitored space for student grieving and remembrance to be given to family

Prevention of contagion
- work with media for positive messaging and contagion prevention
- identify, support and monitor vulnerable students,
- continue to relate suicide to an underlying and treatable mental health condition
Long Term Steps After a Suicide

CRT continues to coordinate regular meetings
- monitors emotional climate on campus
- facilitates gatekeeper training as needed
Provide staff updates
- provide education on what grief in youth looks like
- apply gatekeeper skills as needed
Provide family and community education
- relate suicide to underlying and treatable mental health conditions
Prepare for special events (eg. proms, graduations) & anniversaries
- use school guidelines established for any student death
Create appropriate long-term memorials
- suggest supports of mental health organizations
Benefits of Implementing a Toolkit

Protocol Development – Help schools organize crisis response to various risk behaviors
Education – Increase knowledge; changed attitudes; taught skills
Increased Safety Net – Eye opening experience of how frequently suicidal behavior surfaces. Increased confidence in the ability to make a difference, especially with early intervention
Systematic Re-Entry after Hospitalization or Absence - Gives parents, students and school staff an improved readiness to be supportive of returning students.
Strengthened Relationships – Between schools and crisis service providers
Reduction of Stigma Against Seeking Help – School climate changed as a direct result of the school community having learned to talk openly and respectfully about suicidal behavior and take concrete steps to help support individuals
Early Interventions - Fewer crisis situations and better management of those that did occur

“Notes from the Field”
Maine School Community Based Youth Suicide Prevention Intervention Project
2003
**HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention**

[www.heardalliance.org/help-toolkit](http://www.heardalliance.org/help-toolkit)

This Toolkit provides a comprehensive approach to youth mental health and suicide prevention efforts for schools K-12. It highlights best practices suicide prevention and responses to suicidal behaviors in three interconnected and interdependent areas.

**Promotion of Mental Health**
- Mental Health Education (Staff, Families, Students)
- Cultural differences/needs
- Social Media
- Transitions
- Social Emotional Learning
- Stress Management & Mindfulness

**Intervention in a Suicidal Crisis**
- Identify, Monitor & Refer Students at Risk
- Forms/Tools
- Assessment & Documentation
- Safety Planning
- Re-entry
- Means Restriction

**Postvention Response to a Suicide**
- Immediate Response
- Access Vulnerable Students
- Long-Term Response
- Clusters & Contagion
- Media Safe Messaging
- Grief supports
- Mental health education

**Attachments**
- Attachment 1.3 in the Toolkit
- Attachment 2.4 in the Toolkit

**Crisis Honeles**
- National Suicide Prevention Hotline: 1-800-273-8255 (TALK)
- Santa Clara Suicide & Crisis Hotline: 855-278-4204
- Crisis Text Line: Text RENEW to 741741

**Disclaimer**

The HEARD Alliance is not a crisis line or a referral service. This site is not to replace clinical therapy and treatment. If you feel your loved one is in crisis or has thoughts of hurting him/herself, please contact Crisis Hotline for help.
PREVENTING YOUTH SUICIDES: A MULTI-SECTOR SCHOOL-BASED PARTNERSHIP

Mego Lien, MPH, MIA
Suicide Prevention Manager
Santa Clara County Behavioral Health Services Department
SANTA CLARA COUNTY, CA

- Silicon Valley: Palo Alto to Gilroy
- Population = 1.94 million (2017)
- ~35 school districts
- 423 schools
- 272,254 students
NEEDS ASSESSMENT: TOP THREE ISSUES FROM SCHOOL DISTRICTS

**Promotion (22)**
- **Trainings (parents, staff, admin, counselors, students)**
- *Systemic, sustained education and awareness*
- *Promoting SEL, mindfulness, comprehensive wellness*
- Fighting stigma
- Negative impacts of social media on mental health
- Cross-cultural connections

**Crisis intervention and response (11)**
- *Intervention/response protocols, developing plans*
- *Re-entry/safety plans, after-care*
- Confidentiality
- CPS response

**General mental health services for students (8)**
- Staffing, increasing/maintaining support during fiscal uncertainty
- Improving counseling for students on-site/ continuous improvement
- Wrap-around services, linkages to outside agencies, long-term therapy

**Postvention (3)**
- Protocol for postvention
- Handling social contagion of suicide

** or * high frequency response**
PARTNERSHIP GOALS

• Increase number of gatekeepers in schools, in order to:
  • Increase support available to students, especially with short supply of mental health professionals
  • Reduce burden on current mental health staff
  • Increase identification and support for students in distress
  • Increase usage of mental health services
  • Reduce stigma around mental health and suicide
  • Improve school climate

• Support and engage school districts in comprehensive youth suicide prevention—not just trainings
  • Prevention, Intervention, Postvention – crisis response/Intervention as a necessary first step
  • Trainings as a tangible, feasible starting point for broader systemic change
ASSETS AND AVAILABLE RESOURCES

• **Policy:** Mental Health Services Act (MHSA), AB2246
• **County leadership:** Santa Clara County Behavioral Health Services Department Suicide Prevention Program and County Office of Education
• **Local non-profit organizations and advocates:** HEARD Alliance
• **Evidence-based health training simulation:** Kognito
• **School district buy-in:** 7 districts in Cohort 1
• **Funding:** MHSA, School Districts, Kognito group discounts
KOGNITO’S UNIQUE PLATFORM: HOW IT WORKS

- **User interacts** with a fully animated at-risk virtual person
- **Navigate** through the scenarios by selecting what to say
- **Receive instant feedback** from the virtual person, the virtual coach and engagement meter
- **Undo decisions** and explore different conversation approaches
- **Receive personalized performance** summary upon completion
On average, for every 100 educators trained using Kognito’s At-Risk, they will:

- **Identify** an additional 54 students with mental health concerns,
- **Talk with** an additional 52, and
- **Engage** an additional 39 students - or parents - in a referral conversation.

Fig. 4: **CHANGES IN APPROACH AND REFERRAL RATES**

Changes in the average number of students that participants were concerned about, approached, and referred in the prior two academic months.
**Suicide Intervention Protocol Flowchart: Low, Moderate & High Risk**

**Student has demonstrated risk for suicide**

- **Peer Concern**
  - Tell Trusted Adult
  - Inform counselor who assesses student for risk level

- **Parent Concern**
  - Use QPR Gatekeeper Skills
  - Do NOT Leave Student Alone
  - *Once moderate/high risk is identified, bring in CRT*

- **Low Risk:**
  - Student is demonstrating warning signs with no intent to act.
  - Notify Administration
  - - Notify family
  - - Develop care plan
  - - Create safety plan
  - - Provide community resources
  - - Develop follow-up plan
  - Document event on "Student Suicide Risk Documentation Form"
  - Debrief with all involved.
  - Follow up with student, family, and staff.

- **Moderate to High Risk:**
  - Self-harm behavior, threats, ideation, plan, prior attempts.
  - Notify nearest CRT member
  - Assess situation severity (Contact UFS)
  - If transport to hospital or health services required, call 911
  - If needed, activate CRT plan

- **For extended absences, arrange re-entry**
  - Meeting with parents and students
  - Upon re-entry:
    - *Update safety plan*
    - *Coordinate academic plan w/ teachers*
MHUSD CRISIS RESPONSE PROTOCOLS

www.mhusdstudentservices.com/quick-guide--forms.html

Short Term Independent Study
- Site Contract
- ISP Process and Procedure

Suicide Prevention Tool-Kit
- Flow Chart
- Intervention Protocol
- Who, What, When?
- Concern Form (Referral)
- Student Risk Assessment
- Parent Acknowledgment Form
- Physician’s ED. Plan
- Return Safety Plan
- Facilitating Student Return Checklist

Reference Websites
- Self Help Link
- MH Resource Guide
- Board Policy

Resources
- SST Parent Brochure
- SST Parent Brochure (Spanish)
- Teacher Input Form
- SST Meeting Checklist
- Initial SST
- SST Follow Up (2 & 3)
- SST Log
- Tier 1-3 Behavior Interventions
- Initial SST Example
- SST Best Practices
- Interventions
WHAT ARE TEACHERS AND STAFF SAYING?

98%
Rated the simulation as good, very good, or excellent.

92%
Said the simulation was based on scenarios relevant to their work with students.

“I have a student in my class who is often defiant with me and his peers. I have referred him to the school counselor and communicated to parents about my concerns. He has many outbursts in the classroom that worry me...sometimes he gets physically aggressive...

Now, I realize that the words I choose to communicate with him guide the conversation. It’s important that I don't use language that can trigger him to become defensive and do a better job of listening to him.

Later, I found out that he hasn't been sleeping well...and has been struggling with depression. This training has been very useful.”

- At-Risk for Elementary School User
**PLEASE SHARE AT LEAST ONE EXAMPLE OF SUCCESS FROM YOUR DISTRICT THAT HAS COME OUT OF THE PARTNERSHIP THIS YEAR:**

- “Having the legislation as well as the training created a timeline and rationale for revisiting crisis protocols around risk assessment. Being able to implement best practice and team with an outside agency helped our staff feel more prepared for the increase in referrals to the office for students in distress. **We have caught kids earlier and have been able to intervene at crucial times at every one of our secondary schools.**”

- “**Teachers feeling empowered to deal with crises** [without] having to rely on counselors/admin.”

- “**The crisis protocol provided by the HEARD Alliance gave a good template as well as impetus to reexamine the current forms and protocol we use.** We are starting conversations with the District Safety Team to incorporate into our crisis protocols and procedures.”
Q & A
Thank you for your participation today!

Visit our website: https://mhttcnetwork.org/

- Area of Focus pages
- Training & Events Calendar
- Searchable Products & Resources Catalog

Contact us at networkoffice@mhttcnetwork.org