



District of Columbia  
Office of the State  
Superintendent of Education

# **MENTAL HEALTH** GUIDELINES

March 2022

## **Section I: The Youth Suicide Prevention and School Climate Survey Amendment Act of 2016**

The Youth Suicide Prevention and School Climate Survey Amendment Act of 2016, DC Law 21-0120; (“Act”) seeks to create safe schools where school staff have the tools to recognize the warning signs and risk factors of youth mental health crisis, including suicide, and implement best practices for prevention, intervention, and postvention. In accordance with the Act, the guidelines below highlight effective, evidence-based mental and behavioral health policies demonstrated in schools, school districts, community-based organizations (CBOs), and by health providers in the District and across the country. These guidelines are not exhaustive and are intended to offer a starting point for local education agencies (LEAs) to implement, or adopt and adapt, effective mental health policies and procedures.

The Act requires that the Department of Behavioral Health (DBH) make available, and that all teachers and principals in public schools and public charter schools complete, the youth behavioral health online training program biennially (DC Official Code § 7–1131.17). The Act also requires that the Office of the State Superintendent of Education (OSSE), (1) publish online written guidance to assist LEAs in developing and adopting mental health policies and procedures; (2) publish an online catalogue of all professional development and training programs available to educators; and (3) establish a pilot program for schools to administer annual school climate surveys (DC Official Code §§ 38-2602(b)(26-28)). The purpose of this document is to provide guidelines for schools seeking to implement mental health policies and procedures, with a particular emphasis on suicide prevention, intervention, and postvention, and students experiencing a mental or behavioral health crisis. In addition to the guidelines available in this document, and pursuant to the requirements set by the Act, the following measures have been taken:

- DBH has made its behavioral health training program available online. Teachers, principals and staff employed by child development facilities (who are subject to training or continuing education requirements pursuant to licensing regulations) may access these online trainings by registering at the [Support DC Youth](#) portal. These trainings are designed to prepare educators, school staff, students, physicians, and caregivers to: (1) identify students who may have unmet behavioral health needs; (2) refer identified students to appropriate services for behavioral health screenings and behavioral health assessments; and (3) recognize warning signs and risk factors for youth suicide and implement best practices for suicide prevention, intervention, and postvention.
- OSSE has published an online catalogue of professional development and training opportunities for school staff, which can be found on the [OSSE Supporting Mental Health in Schools](#) webpage or [OSSE Events Calendar](#).
- In the 2016-17 school year, OSSE partnered with Child Trends and the DC Office of Human Rights (OHR) on a National Institute of Justice (NIJ) grant called improving School Climate in DC. This research grant was an evaluation of the Safe School Certification Program (SSCP) in DC public and public charter schools serving grades 7 and 8. SSCP is an innovative school climate capacity framework created to help schools design and implement individualized, data-driven programs to improve school climate and reduce violence and bullying. Schools that participated received

expert support and technical assistance in using student and teacher input to identify needs, identify and implement strategies to improve climate and prevent bullying, and use data to assess effectiveness of the strategies. As part of the process, participating schools were also invited to apply for grant funding to support the formed programs after reaching key benchmarks under the SSCP framework. The pilot included an annual school climate data collection initiative led by OSSE and Child Trends, using the US Education Department's School Climate Survey (EDSCLS) for use in decision-making. EDSCLS was selected as the school climate survey for this project because it is the only valid and reliable survey that is freely available for any state education agency (SEA) or LEA to use. OSSE has analyzed the survey data from this pilot program annually and submitted to Council four annual reports” of survey findings measured by race/ethnicity, gender, English learner status, disability status, and at-risk status. The final annual report is available at: [lms.dccouncil.us/Download/39310/RC22-0106-Introduction.pdf](https://lms.dccouncil.us/Download/39310/RC22-0106-Introduction.pdf). The plan to expand the use of school climate surveys in DC public and public charter middle and high schools is available at: [lms.dccouncil.us/downloads/LIMS/44147/Introduction/RC23-0153-Introduction.pdf](https://lms.dccouncil.us/downloads/LIMS/44147/Introduction/RC23-0153-Introduction.pdf).

## **Section II: Rationale**

The Centers for Disease Control and Prevention (CDC) notes that suicide is increasingly becoming a growing public health problem, and reports that suicide is the second leading cause of death for youth between the ages 10 and 24 in the United States.<sup>1</sup> Further, an even larger number of young people contemplate or survive suicide attempts. Suicide is an epidemic that affects all youth, including a large number of students in the District. According to the 2019 DC Youth Risk Behavior Survey (YRBS), approximately 14.9 percent of all District high school students attempted suicide during the 12 months prior to the survey.<sup>2</sup> Even more concerning, the rate of suicidality is higher among some student subpopulations. In the District, for example, 37 percent of all middle school females have seriously thought about killing themselves compared to 21 percent of their male classmates and, more broadly, are significantly more likely to think about, plan, and attempt to kill themselves than their male counterparts. Additionally, lesbian, gay, or bisexual (LGB) high school students are more than two times as likely as their heterosexual peers to have seriously thought about, planned, or attempted suicide, with one in 10 LGB high school students having needed medical treatment as a result of a suicide attempt in the last 12 months. These rates increase for transgender students, with 49 percent reporting attempting suicide one or more times in the last 12 months. These statistics signify the concerning and acute mental health need among District students.

Increasingly, researchers and practitioners recognize the important role a positive school climate plays in enhancing students' mental health, improving day-to-day experiences, promoting achievement, increasing positive behavior, and encouraging personal development among students. The term "school climate" is broadly used to represent a school's condition for teaching and learning, including norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structure of a school.<sup>3</sup> A positive school climate provides the structure and support needed to foster youth development and is correlated with reduced absenteeism, fewer suspensions, and less risky behaviors among students. Despite this supportive evidence, however, many schools struggle to create a safe and supportive school climate that effectively reaches every student. Demographics, specific student needs, and individual childhood experiences vary from school to school and student to student. Additionally, a substantial body of evidence demonstrates that students of color and students identifying as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) are disproportionately impacted by issues of school climate. According to the 2019 DC YRBS, 47 percent of District middle school students who identify as LGB were ever bullied on school property, and 26 percent were electronically bullied through social media or texting. Additionally, high school students who report being removed from class for disciplinary reasons on four or more occasions are also more likely to report missing school due to feeling unsafe, and report missing school due to feeling unsafe at three times the rate of students who

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<sup>1</sup> CDC Suicide Prevention, [www.cdc.gov/suicide/facts/index.html](http://www.cdc.gov/suicide/facts/index.html)

<sup>2</sup> OSSE, DC Youth Risk Behavior Survey (YRBS), 2019 DC YRBS Survey [osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf](http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf)

<sup>3</sup> American Educational Research Association, A Review of School Climate Research, Amrit Thapa, Jonathan Cohen, Shawn Guffey, and Ann Higgins-D'Alessandro, [www.researchgate.net/publication/258183185\\_A\\_Review\\_of\\_School\\_Climate\\_Research](http://www.researchgate.net/publication/258183185_A_Review_of_School_Climate_Research)

have never been removed from class. These concerning rates have increased in comparison to reporting in past years and reflect the ramifications negative school climates can have on students and the urgent need for increased efforts in supporting our schools in improving school climate. There is a strong association between high school students' feelings of depressed mood and suicidality and their reported lack of a school-based supportive adult. Among high school students who report lacking a supportive adult at school, one in four students has attempted suicide.

In focusing on improving school climate and mental health resources, it is crucial to note that many District students come to school with a high number of adverse childhood experiences, or ACEs. ACEs are significant or traumatic events, such as abuse or neglect, which occur during childhood or adolescence and have the potential for long-lasting effects on health.<sup>4</sup> ACEs may include physical, sexual, or emotional abuse; neglect; divorced, incarcerated, or deported parents; poverty or homelessness; mental illness; or prevalence of substance or drug abuse at home. Prolonged experiences of this type cause high levels of stress, also known as toxic stress. Toxic stress has the power to impact mental development, make students sick, and keep them sick.<sup>5</sup> Further, high levels of stress hormones, including cortisol, can suppress the body's immune response and leave an individual vulnerable to a variety of infections, chronic health problems, and depression. A negative school climate, compounded with students' ACEs, may lead to suicidal inclination, poor academic performance, toxic stress, and missed school. According to the 2019 DC YRBS, 16 percent of District middle school students skipped school at least one day in the past 30 days because they did not feel safe, and 14 percent of high school students were in a physical fight at school.<sup>6</sup>

Although overall trends of violent behaviors have decreased in DC since 2007, some groups continue to experience violence at much higher rates. Black students at the high school level report missing school due to feeling unsafe at school or on their way to or from school at double the rate of their white peers, and Hispanic students at more than three times the rate of their white peers.<sup>7</sup> Nearly 9 percent of high school students who identify as heterosexual reported they were physically forced to have sexual intercourse (raped), while their peers who identify as LGB were more than twice as likely to report experiencing such violent behavior.

Having adequate access to healthy foods is a predictor of multiple outcomes for students. Most notably, high school students who went hungry most or all of the time in the past 30 days due to a lack of food in the home are nearly four times as likely to report receiving mostly D's and F's in school as opposed to A's and B's. According to the CDC, ACEs such as these are linked to chronic health problems, mental illness, and substance use problems in adulthood. There is also negative impact on education, job

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<sup>4</sup> Child Trends, Adverse Childhood Experiences: National and State-Level Prevalence, Vanessa Sacks, M.P.P, David Murphey, Ph.D., and Kristin Moore, Ph.D., [www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\\_FINAL.pdf](http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf)

<sup>5</sup> US Department of Health and Human Services, Centers for Disease Control and Prevention, The Effects of Childhood Stress on Health Across the Lifespan [health-equity.lib.umd.edu/932/1/Childhood\\_Stress.pdf](http://health-equity.lib.umd.edu/932/1/Childhood_Stress.pdf)

<sup>6</sup> OSSE, DC Youth Risk Behavior Survey (YRBS), 2019 DC YRBS Survey [osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf](http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf)

<sup>7</sup> OSSE, DC Youth Risk Behavior Survey (YRBS), 2019 DC YRBS Survey [osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf](http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf)

opportunities, and earning potential.<sup>8</sup> Research has also found a strong correlation between the number of ACEs, acute and chronic health problems (e.g., sexually transmitted infections and liver disease), and adverse life events (e.g., teen pregnancy and suicide attempt).<sup>9</sup>

As the place where youth spend a significant amount of their day, District schools have an opportunity to establish a welcoming, healthy, and safe environment for all students by focusing on school climate and mental health crisis support. Schools are positioned to offer consistency and stability in the lives of students who may not otherwise experience necessary structure and support. Appropriate interventions in our schools can mitigate the impact of ACEs and return the stress response system back to its normal baseline, creating the mental space necessary for students to learn and succeed. Further, when students experience a positive connection to their school, peers, and staff, they feel welcome and encouraged to grow personally and academically. According to the CDC, students who feel welcome and connected to their school are more likely to have stronger attendance and academic achievement and are less likely to experience suicidal thoughts, engage in risky behaviors, or become involved in violence. This concept, known as “school connectedness,” is the belief that, starting with the principal, down to every teacher, librarian, secretary, bus driver, crossing guard, volunteer, and food service vendor, every school staff member plays an important role in a student’s life and can support student wellbeing.<sup>10</sup>

OSSE recognizes the impact of the coronavirus (COVID-19) pandemic on students, teachers, and administrators. Members of the school community may have experienced increased stress and compounded and multiple losses in addition to the loss of school structure and instructional gains. A focus on universal (whole-school) approaches to mental health awareness and positive school climate is critical as LEAs and schools recover, welcome students back into school buildings, and work to reimagine schools for the future.

The guidelines available in this document help schools evaluate and understand their own school climate and build policies and procedures that will protect the health of every student and strengthen overall academic success. Every school and every student is unique, but every school must work toward meeting these unique needs to ensure every student is happy, healthy, and positioned to succeed.

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<sup>8</sup> Centers for Disease Control and Prevention, Violence Prevention, Adverse Childhood Experiences Fast Facts [www.cdc.gov/violenceprevention/aces/fastfact.html](http://www.cdc.gov/violenceprevention/aces/fastfact.html)

<sup>9</sup> Centers for Disease Control and Prevention, About The CDC-Kasner ACE Study [www.cdc.gov/violenceprevention/acestudy/about.html](http://www.cdc.gov/violenceprevention/acestudy/about.html)

<sup>10</sup> Centers for Disease Control and Prevention, Adolescent and School Health, School Connectedness [www.cdc.gov/healthyyouth/protective/school\\_connectedness.htm](http://www.cdc.gov/healthyyouth/protective/school_connectedness.htm)

## **Section III: Developing Policies and Procedures for a Handling Mental or Behavioral Health Crisis**

This section outlines steps that schools and LEAs should take to create mental and behavioral health policies and procedures. Much of this guidance is drawn from best practices developed by local and national organizations with extensive knowledge and expertise in the field of student mental and behavioral health, including DBH, the American Foundation for Suicide Prevention (AFSP), the American School Counselor Association (ASCA), the National Association of School Psychologists (NASP), and The Trevor Project<sup>11</sup>. This guidance also borrows from well-developed guidelines from other jurisdictions, such as West Virginia Board of Education’s resource guide titled, “Addressing Mental Health in School Crisis Prevention & Response.”<sup>12</sup>

While particular focus is given to suicide prevention, intervention, and postvention of at-risk populations as defined by the Suicide Prevention and School Climate Act of 2016,<sup>13</sup> the steps below serve as a roadmap in developing the structures necessary to address a range of mental and behavioral health crises of all District students.<sup>14</sup>

### **Step 1: Select and Convene a Mental Health Team**

The first step in developing, or adopting and adapting, a successful set of mental and behavioral health policies and procedures is to select a staff member to initiate and shepherd the development process forward. This individual, or Team Lead, should ideally be a school administrator, school mental health professional (such as the counselor, social worker, or school psychologist), or an experienced teacher with deep knowledge of the school climate, school personnel, student community, and community partners who should be involved in developing procedures. While the Team Lead will act as a default point of contact for issues related to a mental and behavioral health crisis, including those related to suicide, the Team Lead’s first charge is to convene a group of school-based staff who will develop new,

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<sup>11</sup>DC Department of Behavioral Health (DBH): [dbh.dc.gov/](http://dbh.dc.gov/), the American Foundation for Suicide Prevention (AFSP): [afsp.org/](http://afsp.org/), the American School Counselor Association (ASCA): [www.schoolcounselor.org/](http://www.schoolcounselor.org/), the National Association of School Psychologists (NASP): [www.nasponline.org/](http://www.nasponline.org/), The Trevor Project: [www.thetrevorproject.org/](http://www.thetrevorproject.org/)

<sup>12</sup> Addressing Mental Health in School Crisis Prevention & Response:

[wvde.state.wv.us/counselors/documents/addressingmentalhealth\\_resourceFINALforBoard.pdf](http://wvde.state.wv.us/counselors/documents/addressingmentalhealth_resourceFINALforBoard.pdf)

<sup>13</sup> The Suicide Prevention and School Climate Act of 2016 defines “at-risk” as: (1) youth living with mental illness or substance use disorders; (2) youth who engage in self-harm or have attempted suicide; (3) youth in out of home settings; (4) youth experiencing homelessness; (5) youth who identify as lesbian, gay, bisexual, transgender, or questioning; (6) youth bereaved by suicide; and (7) other populations identified as at-risk of suicide in the most recent DC Youth Risk Behavior Survey results.

<sup>14</sup> A crisis is defined as an event that produces a temporary state of psychological disequilibrium and a subsequent state of emotional turmoil that disrupts the educational program. An example of a crisis would include a death or other traumatic event involving a student or staff member that interrupts the normal day-to-day functioning of the school. DCPS Crisis Handbook, Page 9

[dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf](http://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf)

or adopt and adapt existing, mental health policies and procedures for the school. This team is known as the Crisis Team.<sup>15</sup> This team's work should not be siloed to crisis management but captured and integrated into the larger work of school culture and climate. This integration can be leveraged through collaboration with other key teams within the school and ensuring mental and behavioral health priorities are present in school climate infrastructure.

Similar to the School-Based Leadership Team (SBLT) rooted in the Response to Intervention model (RTI),<sup>16</sup> the Crisis Team is a multidisciplinary team of primarily administrative, mental health, and support staff who are charged with developing policies and procedures regarding mental health crisis preparedness, intervention/response, and recovery.<sup>17</sup> While depth of knowledge will vary between team members, it is essential that all members complete the required online mental health training offered through DBH.<sup>18</sup>

The Crisis Team will work collaboratively to achieve the common mission of developing and implementing the school's policies and procedures. Additionally, once policies and procedures are in place, this team will have an active role in implementation. Roles and responsibilities of each team member must be defined clearly and agreed upon by the respective member. OSSE recommends DC Public Schools' list of roles and responsibilities listed in their School Crisis Handbook<sup>19</sup> as a resource for developing the Crisis Team and defining responsibilities. Additionally, a school may also want to consider the table found in the Toolkit for Mental Health Promotion and Suicide Prevention<sup>20</sup> by the HEARD Alliance.

The exact length, frequency, and independent work of each member may vary between schools (and potentially between members) depending on the specific school need and staff available. The development of policies and procedures will require several meetings among the Crisis Team, including potentially meeting with school leadership, community partners, and mental health experts. Once the team has finalized the school's materials, the Crisis Team should convene at least three times a year to

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<sup>15</sup> When identifying the Team Lead or any member of the Crisis Team, it is important to note that school-based personnel, especially those in the classroom, often have multiple and demanding responsibilities and duties. School administrators should carefully consider prospective candidates' time constraints and competing responsibilities. As such, the Team Lead should recruit individuals for the Crisis Team that have already been identified by the school's administration.

<sup>16</sup> RTI Action Network, Tiered Instruction and Intervention in a Response-to-Intervention Model, [www.rtinetwork.org/essential/tieredinstruction/tiered-instruction-and-intervention-rti-model](http://www.rtinetwork.org/essential/tieredinstruction/tiered-instruction-and-intervention-rti-model)

<sup>17</sup> The Trevor Project, Model School District Policy on Suicide Prevention: Model Commentary, Language, and Resources [www.thetrevorproject.org/wp-content/uploads/2017/09/District-Policy.pdf](http://www.thetrevorproject.org/wp-content/uploads/2017/09/District-Policy.pdf)

<sup>18</sup> DBH, District of Columbia Youth Behavioral Health Program, Kognito Module, [www.supportdcyouth.com/](http://www.supportdcyouth.com/)

<sup>19</sup> DCPS, DCPS School Crisis Response Handbook SY 15-16, [dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf](http://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf) (page 14)

<sup>20</sup> HEARD Alliance, Toolkit for Mental Health Promotion and Suicide Prevention, [www.sccgov.org/sites/bhd/Services/SP/Documents/2017/heard-toolkit-07-01-17.pdf](http://www.sccgov.org/sites/bhd/Services/SP/Documents/2017/heard-toolkit-07-01-17.pdf) (page 107)



monitor the progress of implementation, determine if amendments are needed to policies or procedures, and assess the need for additional professional development.

In developing policies and procedures, a school may decide to create sub-teams responsible for discrete health or behavioral health issues, such as a crisis response sub-team or a health promotion sub-team. Schools should consider adding suicide prevention to their school mission explicitly and/or establishing a suicide prevention strategies and protocols sub-team. Whether a Crisis Team elects to work as one unit or divide the work into a sub-team, school staff should engage students and parents in the planning process and take advantage of existing mechanisms, such as a school's Local Wellness Council. Participation by parents and the broader community is often helpful, but student confidentiality must be maintained at all times. Finally, it is critical that the Crisis Team intersects and regularly communicates with other similar mental and behavioral health service groups (e.g., social workers and mental health partners) within the school so that the developed policies and procedures are fully informed by evolving student needs.

### ***Step 2: Identifying Existing Policies and Resources***

Once the Crisis Team is selected and responsibilities are defined, its first task is to understand the programs and policies in the school, community, and the District that could facilitate or otherwise affect the work. Schools may consider employing a Readiness Survey such as one developed by the Maine Youth Suicide Prevention Program.<sup>21</sup>

**First, determine whether there are existing policies** regarding student mental health, such as mandated training for staff or protocols for suicide prevention or intervention. The District of Columbia has enacted legislation that impacts school climate, school-based mental health services, and other relevant guidance including anti-bullying policies. Below is the list of relevant legislation. Please note that an LEA may have internal policies which the school may also need to consider.

- The Youth Suicide Prevention and School Climate Survey Amendment Act of 2016<sup>22</sup>
- South Capitol Street Memorial Amendment Act of 2012<sup>23</sup>
- Youth Bullying Prevention Act of 2012<sup>24</sup>

**Second, inventory suicide prevention programs and resources available to the school** in the District and throughout the country. Schools may choose to adopt one or parts of several of these exemplars, adapting them to the unique needs and student population of the school. Alternatively, a school may

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<sup>21</sup> Maine Center for Disease Control and Prevention, Maine Injury Prevention Program, Department of Health and Human Services, Youth Suicide Prevention, intervention, and postvention guidelines: A Resource for School Personnel [www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf](http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf) (page 4)

<sup>22</sup> Youth Suicide Prevention and School Climate Survey Amendment Act of 2016, District of Columbia Government [lims.dccouncil.us/Download/34497/B21-0361-SignedAct.pdf](https://lims.dccouncil.us/Download/34497/B21-0361-SignedAct.pdf)

<sup>23</sup> South Capitol Street Memorial Amendment Act of 2012, District of Columbia Government [dcclims1.dccouncil.us/images/00001/20120329100554.pdf](https://dcclims1.dccouncil.us/images/00001/20120329100554.pdf)

<sup>24</sup> Youth Bullying Prevention Act of 2012, District of Columbia Government [lims.dccouncil.us/Download/25767/B19-0011-SignedAct.pdf](https://lims.dccouncil.us/Download/25767/B19-0011-SignedAct.pdf)

wish to develop its own guidelines upon review of this list. Section IV of this document provides schools a menu of existing school-based mental and behavioral health guidelines, protocols, and policies from both local and national sources. These resources are intended to support schools in crafting policies and procedures for appropriately identifying, supporting, and referring students with mental and behavioral health concerns.

Regardless of a school's decision for developing or adopting and adapting policies and procedures, OSSE provides regular trainings and technical assistance that impact mental health, school climate, restorative justice, and other aspects of student mental and behavioral health. These offerings are available on the OSSE website.

- OSSE Events Calendar webpage:<sup>25</sup> A publicly available and searchable online catalog, which is periodically updated as additional programs are added.
- OSSE Supporting Mental Health in Schools Webpage<sup>26</sup>
- OSSE Responding to a School Crisis Webpage<sup>27</sup>

**Third, assess the health and behavioral health programs** that are already in place that can be enhanced with suicide prevention activities. These programs may include those designed to build school connectedness, improve the school climate, or prevent bullying, violence, or the abuse of alcohol and other drugs.

**Step 3: Create, or adopt and adapt, mental and behavioral health policies and procedures.**

After assessing the policy environment, existing programs in the school, and the resources (including those targeting suicide prevention, intervention, and postvention), the Crisis Team can begin its primary task: creating, or adopting and adapting, mental and behavioral health policies and procedures.

As mentioned previously, the resources shared in Section IV of this document include several model policies emphasizing student suicide prevention, intervention, and postvention. While these resources have been vetted for their effectiveness, each school Crisis Team must determine which policies fit their school's unique needs and further customize the policies to meet those needs.

In developing mental health policies and procedures, there are essential components that must be considered.

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<sup>25</sup> Office of the State Superintendent of Education, Events Calendar [osse.dc.gov/events](https://osse.dc.gov/events)

<sup>26</sup> Office of the State Superintendent of Education, Supporting Mental Health in Schools [osse.dc.gov/page/supporting-mental-health-schools#creating](https://osse.dc.gov/page/supporting-mental-health-schools#creating)

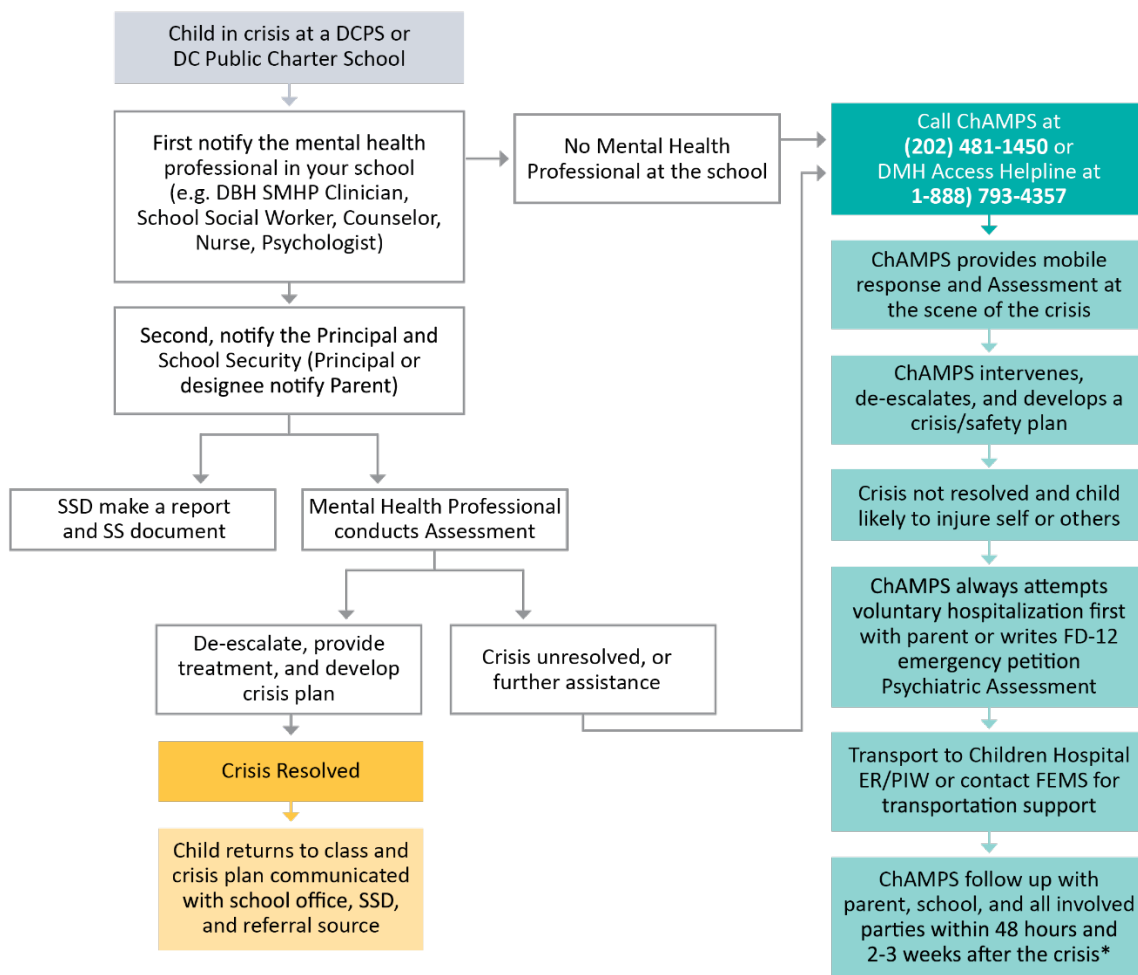
<sup>27</sup> Office of the State Superintendent of Education, Responding to a School Crisis [osse.dc.gov/page/responding-school-crisis](https://osse.dc.gov/page/responding-school-crisis)

## Crisis Response Flow Chart

It is almost inevitable that a crisis will impact us all at some point, and this fact remains true for our school communities. A school crisis might include, but is not limited to: assault of a student or student’s family member, missing student, violence resulting in death, student accidental overdose, sexual harassment or assault of a student, and death or attempted death by suicide of a student or staff member. A school crisis may result in emotional and traumatic impact on the school community, even if the event happened off school grounds. **The Crisis Response Flow Chart** is an external support process developed to help guide schools in decision making as they navigate a crisis at school. This flow chart is not a legal mandate and should be used as guidance and in coordination with all local and federal school safety laws and regulations, and school policies.

## Children and Adolescent Mobile Crisis Services (ChAMPS) Crisis Protocol

### DCPS AND DC PUBLIC CHARTER PROTOCOL FLOWCHART



### Key:

- DBH SMHP Clinician: Department of Behavioral Health School Mental Health Program Clinician
- SSD: Metropolitan Police Department School Security Division
- SS: School Security

\*Crisis/Safety Plan and follow up information shared with school personnel may be limited due to Health Information Portability Accountability Act (HIPAA). Information regarding crisis plan, hospitalization, or mental health services can only be shared with school personnel with a signed consent from the school.

- **Suicide Prevention:**

- The Crisis Team should provide concise guidance for identifying signs of, and screening for, emotional distress and crisis. This includes, but is not necessarily limited to, protocols on:

- Fostering a positive school climate<sup>28</sup>;
- Stimulating school connectedness;<sup>29</sup>
- Promoting mindfulness;<sup>30</sup>
- Developing and utilizing a screening tool;<sup>31</sup>
- Recognizing students suffering from toxic stress and adverse childhood experiences;<sup>32</sup>
- Identifying risk factors for youth suicide;<sup>33</sup> and
- Detecting warning signals for youth suicide.<sup>34</sup>

- **Suicide Intervention:**

- The Crisis Team should carefully weigh and consider the protocols for when a student has been identified as exhibiting warning signs for suicide. Policies and procedures for suicide intervention should include:

- Guidance for instances where a school staff member is made aware of a student with an imminent mental and behavioral crisis;<sup>35</sup>
- Protocols for responding to students expressing suicidal ideation;<sup>36</sup> and

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<sup>28</sup> Centers for Disease Control and Prevention, Fostering School Connectedness, Information for School Districts and School Administrators, [www.cdc.gov/healthyyouth/protective/pdf/connectedness\\_administrators.pdf](http://www.cdc.gov/healthyyouth/protective/pdf/connectedness_administrators.pdf)

<sup>29</sup> Centers for Disease Control and Prevention, Adolescent and School Health, School Connectedness [www.cdc.gov/healthyyouth/protective/school\\_connectedness.htm](http://www.cdc.gov/healthyyouth/protective/school_connectedness.htm)

<sup>30</sup> HEARD Alliance, Toolkit for Mental Health Promotion and Suicide Prevention, [www.sccgov.org/sites/bhd/Services/SP/Documents/2017/heard-toolkit-07-01-17.pdf](http://www.sccgov.org/sites/bhd/Services/SP/Documents/2017/heard-toolkit-07-01-17.pdf) (page 30)

<sup>31</sup> Substance Abuse and Mental Health Services Administration, Preventing Suicide, A Toolkit for High Schools [store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf](http://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf) (page 162)

<sup>32</sup> Substance Abuse and Mental Health Services Administration, Adverse Childhood Experiences, [www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences](http://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences)

<sup>33</sup> Substance Abuse and Mental Health Services Administration, Preventing Suicide, A Toolkit for High Schools [store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf](http://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf) (pages 33 and 41) and The Trevor Project, Model School District Policy on Suicide Prevention [www.thetrevorproject.org/wp-content/uploads/2017/09/District-Policy.pdf](http://www.thetrevorproject.org/wp-content/uploads/2017/09/District-Policy.pdf) (page 3)

<sup>34</sup> Suicide Prevention Coalition of Warren and Clinton Counties, Dealing with Suicide in Schools: Prevention, Intervention, and Postvention, A model Protocol [www.mhronline.org/media/spc\\_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf](http://www.mhronline.org/media/spc_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf) (page 5)

<sup>35</sup> DCPS, DCPS School Crisis Response Handbook SY 15-16, [dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf](http://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf) (page 4). The protocol should ensure there is a backup coordinator designated for times when the main point of contact is unavailable.

<sup>36</sup> Board of Education, Commonwealth of Virginia, Suicide Prevention Guidelines, [www.doe.virginia.gov/boe/guidance/health/suicide\\_prevention.pdf](http://www.doe.virginia.gov/boe/guidance/health/suicide_prevention.pdf) (page 17)

- A step-by-step directive for addressing youth suicidal/homicidal ideations or attempts.<sup>37</sup>
  - **Suicide Postvention**
    - The Crisis Team must also prepare protocols and guidance for the potential aftermath of a youth suicide. School staff should be aware that adolescents are vulnerable to the risk of suicide contagion following the suicide of a peer. Proper mental health and grief counseling services need to be made available to students following the suicide. Schools should ensure there is communication to parents, students, staff, media, and other members of the affected community. Resources for developing procedures for suicide postvention include:
      - After a Suicide, A Toolkit for Schools<sup>38</sup>
      - Postvention: After a Student Death by Suicide<sup>39</sup>
      - Guidelines for Postvention Procedures<sup>40</sup>

Schools and LEAs wishing to receive technical support in developing their policies and procedures should contact OSSE at [OSSE.HYDT@dc.gov](mailto:OSSE.HYDT@dc.gov).

#### ***Step 4: Updating and Maintaining Your Mental Health Policies and Procedures***

As with any policy and procedure, you will need to check periodically for compliance with your set policies and update them accordingly. Additionally, roles will need to be re-clarified or reassigned, for example, when your school recruits new members to the Crisis Team or when other members change roles or no longer work at the school. As such, your team should consider employing a checklist such as the one offered by the Florida Mental Health Institute.<sup>41</sup>

The Crisis Team should develop a long-term safety protocol aimed at updating a school's policies and procedures, and all other aspects of youth suicide prevention, intervention, and postvention. As part of this long-term plan, all policies and procedures should be evaluated and revised periodically by administrators, teachers, parents, and other community members to promote healthy outcomes.

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<sup>37</sup> Cobb County School District, Protocol for Addressing Suicidal/Homicidal Ideations or Attempts. [www.cobbk12.org/preventionintervention/forms/Suicidal-Homicidal%20Ideations%20Protocol%20-%20121009%20-%20Final%20Copy.pdf](http://www.cobbk12.org/preventionintervention/forms/Suicidal-Homicidal%20Ideations%20Protocol%20-%20121009%20-%20Final%20Copy.pdf) (page 1)

<sup>38</sup> American Foundation for Suicide Prevention, After a Suicide: A Toolkit for Schools, [afsp.org/wp-content/uploads/2016/01/toolkit.pdf](http://afsp.org/wp-content/uploads/2016/01/toolkit.pdf)

<sup>39</sup> Suicide Prevention Coalition of Warren and Clinton Counties, Dealing with Suicide in Schools: Prevention, Intervention and Postvention: A Model Protocol, [www.mhrsonline.org/media/spc\\_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf](http://www.mhrsonline.org/media/spc_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf) (page 16)

<sup>40</sup> Maine Center for Disease Control and Prevention, Maine Injury Prevention Program, Department of Health and Human Services, Youth Suicide Prevention, intervention, and postvention guidelines: A Resource for School Personnel [www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf](http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf) (page 21)

<sup>41</sup> Administrative Issues brief, checklist 4, [theguide.fmhi.usf.edu/pdf/2012PDFs/2012GuideAll.pdf](http://theguide.fmhi.usf.edu/pdf/2012PDFs/2012GuideAll.pdf) (page 65)

## Section IV: Resources

### ***Mental and Behavioral Health Resources***

The table below provides schools with a menu of existing school-based mental and behavioral health guidelines, protocols, and policies from local and national sources. These resources are intended to support schools in crafting policies and procedures for appropriately identifying, supporting, and referring students with mental and behavioral health concerns. Schools may choose to adopt one or parts of several of these exemplars, adapting them to the unique needs and student population of the school. Alternatively, schools may wish to develop their own guidelines upon review of this list.

RESOURCE	DESCRIPTION	LINK
<b>Model Mental Health Polices</b>		
<p><b>Title:</b> Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources</p> <p><b>Source:</b> American Foundation for Suicide Prevention</p>	<p><b>Primary Purpose:</b> The primary purpose of this document is to provide LEAs with a comprehensive way to implement suicide prevention policies in a manner that promotes a wellness culture in schools.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Sample language for a school and/or district mental health policy and student handbook. (Page 3)</li> <li>2. Actionable steps to support school personnel and suggestions for involving parents and guardians in suicide prevention, and guidance for address in-school suicide attempts. (Page 16)</li> <li>3. Information on referrals for LGBTQ youth. LGBTQ youth are at a heightened risk for suicidal behavior. It is therefore especially important that school staff be trained to support at-risk LGBTQ youth with sensitivity and cultural competency. (Page 20)</li> </ol>	<p><a href="https://afsp.org/ModelSchoolPolicy">afsp.org/ModelSchoolPolicy</a></p>
<p><b>Title:</b> DCPS School Crisis Response Handbook</p> <p><b>Source:</b> DC Public Schools</p>	<p><b>Primary Purpose:</b> The primary purpose of this handbook is to assist school staff and administration in managing school crises in a universal, consistent, and appropriate way.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Different levels of crises on a scale of 1 through 3 and lists corresponding responses appropriate for each level of crises. (Page 5)</li> <li>2. Individual Student Safety Plan which addresses specific behavior that is dangerous to the student and/or others. (Page 20)</li> </ol>	<p><a href="https://dcps.dc.gov/publication/dcps-school-crisis-response-handbook">dcps.dc.gov/publication/dcps-school-crisis-response-handbook</a></p>
<p><b>Title:</b> District-wide Model Bullying Prevention Policy</p> <p><b>Source:</b> DC Office of Human Rights</p>	<p><b>Primary Purpose:</b> The District’s model policy assists other District agencies, grantees, and educational institutions that provide services to youth, in adopting/developing a bullying prevention policy required by the <i>Youth Bullying Prevention Act of 2012</i>.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Bullying policy unique for the District</li> <li>2. Policy development and resource mapping</li> <li>3. Primary, secondary, and tertiary bullying prevention strategies</li> </ol>	<p><a href="https://ohr.dc.gov/node/419342">ohr.dc.gov/node/419342</a></p>

RESOURCE	DESCRIPTION	LINK
<b>Model Protocols for Screening for Harm to Self or Others</b>		
<p><b>Title:</b> Maryland’s Model Policy for Behavior Threat Assessment</p> <p><b>Source:</b> Maryland Center for School Safety</p>	<p><b>Primary Purpose:</b> This guide includes model policy, procedures, and guidelines for school-based threat identification and assessment for the State of Maryland.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Guidance on the structure and function of a threat assessment team. (Page 8)</li> <li>2. Model procedures for threat assessments including, identify and classifying threats; assessing threats; and intervening, monitoring, and resolving threats. (Page 10)</li> </ol>	<p><a href="http://bit.ly/3i004xb">bit.ly/3i004xb</a></p> <p><a href="http://schoolsafety.maryland.gov/Pages/RES-Reports-Data.aspx">schoolsafety.maryland.gov/Pages/RES-Reports-Data.aspx</a></p>
<p><b>Title:</b> Threat Assessment in Virginia Public Schools: Model Policies, Procedures, and guidelines</p> <p><b>Source:</b> Virginia Department of Criminal Justice Services; Virginia Center for School and Campus Safety</p>	<p><b>Primary Purpose:</b> This guide includes model policy, procedures, and guidelines for school-based threat identification and assessment for the Commonwealth of Virginia.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Inclusive of guidance on threats from students, staff, families, school visitors, and others. (Page 2)</li> <li>2. Adaptable model policies, procedures, and guidelines.</li> <li>3. Model threat assessment and triage form. (Page 30)</li> </ol>	<p><a href="http://bit.ly/3x5oqM9">bit.ly/3x5oqM9</a></p> <p><a href="http://www.dcj.virginia.gov/virginia-center-school-and-campus-safety/k-12/resources">www.dcj.virginia.gov/virginia-center-school-and-campus-safety/k-12/resources</a></p>
<b>Health Promotion, Suicide Prevention and Postvention Resources</b>		
<p><b>Title:</b> K-12 Toolkit for Mental Health Promotion and Suicide Prevention</p> <p><b>Source:</b> HEARD Alliance</p>	<p><b>Primary Purpose:</b> This policy addresses the needs of high-risk groups such as youth bereaved by suicide, youth with disabilities, mental illness, or substance use disorders, youth experiencing homelessness or in out-of-home settings, and LGBTQ youth.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>3. Guidelines around safe and caring school climate which can reduce suicidal behavior. (Page 10)</li> <li>4. Sample social emotional learning activities specific for high schools, middle schools, and elementary schools. (Page 72)</li> <li>5. Crisis response team members and their specific roles. (Page 105)</li> <li>6. Sample postvention telephone tree. (Page 167)</li> </ol>	<p><a href="http://bit.ly/2HwjQ0P">bit.ly/2HwjQ0P</a></p>
<p><b>Title:</b> Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools</p> <p><b>Source:</b> Substance Abuse and Mental Health Services Administration</p>	<p><b>Primary Purpose:</b> This toolkit is designed to guide schools through the process of developing comprehensive screening procedures, as well as provide readily available resources to facilitate the implementation of effective behavioral health screening in schools.</p> <p><b>Unique Features Include:</b></p> <p>This guide provides steps schools can take in preparing infrastructure for school-based screening, planning for implementation, engaging in screening, and monitoring and following up with students.</p>	<p><a href="http://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf">www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf</a></p>
<p><b>Title:</b> Responding to a School Crisis webpage</p>	<p><b>Primary Purpose:</b> The purpose of this webpage provides schools with general guidelines, action steps, and appropriate resources to activate during and in the immediate aftermath of a crisis.</p>	<p><a href="http://osse.dc.gov/page/responding-school-crisis">osse.dc.gov/page/responding-school-crisis</a></p>

RESOURCE	DESCRIPTION	LINK
<p><b>Source: Office of the State Superintendent of Education</b></p>	<p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Defines what could constitute a school crisis.</li> <li>2. Provides a crisis protocol flow chart to use in coordination with and in support of school policy during and in the immediate aftermath of a school crisis.</li> <li>3. Provides community crisis support resources and contact information.</li> </ol>	
<p><b>Title: Treatment for Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth</b></p> <p><b>Source: Substance Abuse and Mental Health Services Administration</b></p>	<p><b>Primary Purpose:</b> The goal of this guide is to review the literature on treatment for suicidal ideation, self-harm, and suicide attempts among youth, distill the research into recommendations for practice, and provide examples of how practitioners can use these practices in their programs.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. This guide presents programs and practices that address effective treatment of suicidal thoughts, suicidal behaviors, and self-harm among youth.</li> <li>2. Information to consider when selecting and implementing programs and practices to treat suicidal ideation, self-harm, and suicide attempts among youth.</li> <li>3. Guidance and resources for implementing programs and practices, monitoring outcomes, and improving quality.</li> </ol>	<p><a href="https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-002.pdf">store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-002.pdf</a></p>
<p><b>Title: After a Suicide: A Toolkit for Schools (2018)</b></p> <p><b>Source: American Foundation for Suicide Prevention</b></p>	<p><b>Primary Purpose:</b> After a Suicide: A Toolkit for Schools includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials, all in an easily accessible format applicable to diverse populations and communities.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Key considerations on memorializing a student who has died and identifying other students at possible risk for suicide. (Page 25)</li> <li>2. Sample guidelines and notifications for staff, students, and parents. (Page 45)</li> <li>3. Guidelines to work with the community since it is important in the aftermath of a suicide to maintain open lines of communication with partners such as coroner/medical examiner, police department, mayor's office, funeral director, clergy, and mental health professionals. (Page 65)</li> </ol>	<p><a href="https://afsp.org/after-a-suicide-a-toolkit-for-schools">afsp.org/after-a-suicide-a-toolkit-for-schools</a></p>
<b>Crisis Teaming Resources</b>		
<p><b>Resource: School Mental Health Quality Guide: Teaming</b></p> <p><b>Source: National Center for School Mental Health</b></p>	<p><b>Primary Purpose:</b> The purpose of this guide is to provide school staff with background information on teaming, best practices, possible action steps, and examples from the field.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Best practices and tips for developing a multidisciplinary team, engaging in partnerships, establishing effective referral processes, and data-based decisions for student interventions.</li> </ol>	<p><a href="https://www.schoolmentalhealth.org/Resources/Teaming/">www.schoolmentalhealth.org/Resources/Teaming/</a></p>



RESOURCE	DESCRIPTION	LINK
<b>Professional Development and Technical Assistance</b>		
<p><b>Resource:</b> Support DC Youth Training Portal</p> <p><b>Source:</b> Department of Behavioral Health</p>	<p><b>Primary Purpose:</b> These training simulations are designed to prepare school personnel to: (1) recognize when someone is exhibiting signs of psychological distress or underlying trauma, and (2) manage conversations with the goal of connecting youth with the appropriate support.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Self-paced virtual training modules.</li> <li>2. Virtual coaching that supports users in engaging in difficult conversations, including applying motivational interviewing skills, asking open-ended questions, and avoiding common pitfalls.</li> <li>3. Additional supplemental trainings for school personnel on creating a supportive learning environment for LGBTQ students and best practices for supporting your school community after a crisis.</li> </ol>	<p><a href="http://supportdcyouth.kognito.com/">supportdcyouth.kognito.com/</a></p>
<p><b>Resource:</b> Supporting Mental Health in Schools</p> <p><b>Source:</b> Office of the State Superintendent</p>	<p><b>Primary Purpose:</b> This webpage is a hub for mental health supports and resources for schools, school staff, and families.</p> <p><b>Unique Features Include:</b></p> <ol style="list-style-type: none"> <li>1. Resources for universal suicide prevention and staff training.</li> <li>2. Resources for child sexual abuse prevention and staff training.</li> <li>3. Access to the School Behavioral Health Community of Practice training calendar, training archive, and resource library.</li> <li>4. Access to Educator Wellness training and technical assistance.</li> </ol>	<p><a href="http://osse.dc.gov/page/supporting-mental-health-schools#creating">osse.dc.gov/page/supporting-mental-health-schools#creating</a></p>

**District of Columbia Comprehensive School Behavioral Health Program**

The Comprehensive School Behavioral Health Program is designed to expand mental health services to every public and public charter school. The guiding principle of the program is to develop a unified service delivery framework that builds upon existing services to maximize the resources available within a school building. The program is designed as a coordinated behavioral health system that creates a positive school culture that promotes mental wellness and provides timely access to high-quality services for children, youth, and their families. The table below identifies key activities within the comprehensive plan that will support school behavioral health teams with actualizing mental and behavioral health supports and services within their buildings.

RESOURCE	DESCRIPTION	LINK
<b>Comprehensive School Behavioral Health Resources</b>		
Resource	Description	Link
<p><b>Resource: DC School Behavioral Health Community of Practice</b></p> <p><b>Source: Comprehensive Plan for Expanding School Based Behavioral Health</b></p>	<p>DBH facilitates a District-wide School Behavioral Health Community of Practice (DC CoP), engaging school professionals, community leaders, and clinicians from CBOs who jointly conduct school-based activities and services that promote healthy development and wellbeing for all students and their families. The DC CoP meets in person every month and offers additional learning activities (e.g., webinars, trainings, dialogue) around topics selected by the community members (e.g., trauma-informed practices, crisis response and intervention, social and emotional learning, family engagement and more) to build new knowledge, support implementation of best practices in school behavioral health, and solve persistent problems of practice.</p>	<p><a href="http://dbh.dc.gov/service/school-behavioral-health-program">dbh.dc.gov/service/school-behavioral-health-program</a></p>
<p><b>Resource: Strengthening Schools Surveys for Students, Staff, and Families</b></p> <p><b>Source: Strengthening Schools Survey Communication Toolkit</b></p>	<p>In spring 2021, DBH launched an annual online survey of students, parents, and school staff to learn about school behavioral health supports at all public and public charter schools. These surveys will provide schools with information on student, family, and staff perceptions of school behavioral health services. Each school will receive a report that can be used to help them complete their School Strengthening Workplans and to monitor delivery of school behavioral health services.</p>	<p><a href="http://dbh.dc.gov/service/school-behavioral-health-program">dbh.dc.gov/service/school-behavioral-health-program</a></p>

**Local Programs and Service Providers**

Irrespective of the policies and procedures developed or selected by a school, all members of the Crisis Team should be aware of locally available programs and services to address youth mental health crisis. Moreover, certain points of contact should be posted prominently in the central office, teacher’s lounge, and other high-traffic areas to ensure all school personnel know who to contact in a moment of need. The table below identifies essential local programs and services available to schools in a moment of crisis. This information is also available on the [OSSE website](#).

LOCAL PROGRAMS AND SERVICE PROVIDERS	DESCRIPTION	CONTACT INFORMATION
<p><b>Children and Adolescent Mobile Psychiatric Services (ChAMPS)</b></p>	<p>ChAMPS is an emergency response service for children, teenagers and adolescent adults who are experiencing a mental health or behavioral health crisis. ChAMPS is partnered with the DBH, local hospitals, and the District of Columbia’s Metropolitan Police Department to provide help for children living in the District and facing a behavioral or mental health crisis. ChAMPS comes to a school the same day at no charge and is available 24 hours a day, seven days a week for youth aged 6-18, and up to age 21 for fostered youth.</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b> <a href="http://www.catholiccharitiesdc.org/champs/">www.catholiccharitiesdc.org/champs/</a></li> <li>○ <b>Address:</b> 1001 Lawrence St. NE, Washington, DC 20017</li> <li>○ <b>Phone:</b> (202) 481-1440</li> </ul>
<p><b>DBH School Mental Health Program (SMHP):</b></p>	<p>DBH operates a school-based program in public and public charter schools that offers prevention, early intervention, and clinical services to youth and their families. Behavioral health clinicians in public schools complement services already offered to students and families, work within existing support services in the schools to help create a safer and more supportive school climate, and provide supportive services for school teachers and staff, such as professional development on a variety of behavioral health topics, classroom management techniques, and case management. In addition, mental health program clinicians are on hand in the aftermath of traumatic events affecting the school community.</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b> <a href="http://dbh.dc.gov/service/school-behavioral-health-program">dbh.dc.gov/service/school-behavioral-health-program</a></li> <li>○ <b>School Mental Health Program School Listing:</b> <a href="http://dbh.dc.gov/node/1075922">dbh.dc.gov/node/1075922</a></li> <li>○ <b>Address:</b> 64 New York Ave. NE, Washington, DC 20002</li> <li>○ <b>Phone:</b> (202) 698-2391</li> </ul>
<p><b>DBH Access HelpLine:</b></p>	<p>The Access HelpLine is an easy way to get connected to services provided by the DBH and its certified behavioral health care providers. This 24-hour, seven-day-a-week telephone line is staffed by behavioral health professionals who can refer a caller to immediate help or ongoing care. The Access HelpLine can activate mobile crisis teams to respond to adults</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b> <a href="http://dbh.dc.gov/service/access-helpline">dbh.dc.gov/service/access-helpline</a></li> <li>○ <b>Certified Behavioral Healthcare</b></li> </ul>

LOCAL PROGRAMS AND SERVICE PROVIDERS	DESCRIPTION	CONTACT INFORMATION
	<p>and children who are experiencing a psychiatric or emotional crisis and are unable or unwilling to travel to receive behavioral health services. Call the Access HelpLine to get emergency psychiatric care, help with problem solving, and to determine whether to seek ongoing mental health services or other types of services, and/or find out what services are available.</p>	<p><b>Providers:</b>  <a href="http://dbh.dc.gov/node/119532">dbh.dc.gov/node/119532</a></p> <ul style="list-style-type: none"> <li>○ <b>Address:</b> 64 New York Ave, NE., Washington, DC 20002</li> <li>○ <b>Phone:</b> 1 (888) 793-4357</li> </ul>
<p><b>Comprehensive Psychiatric Emergency Program:</b></p>	<p>The Comprehensive Psychiatric Emergency Program is a 24-hour, seven-day-a-week operation that provides emergency psychiatric services, mobile crisis services, and extended observation beds for individuals age 18 and older.</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b>  <a href="http://dbh.dc.gov/service/emergency-psychiatric-services">dbh.dc.gov/service/emergency-psychiatric-services</a></li> <li>○ <b>Address:</b> DC General Hospital Compound Building 14, 1905 E St. SE, Washington, DC 20003</li> <li>○ <b>Phone:</b> (202) 673-9319</li> </ul>
<p><b>Mobile Crisis Services:</b></p>	<p>The Mobile Crisis Services team responds to adults throughout the District who are experiencing a psychiatric crisis whether in the home or on the street and who are unable or unwilling to travel to receive mental health services. Clinicians are also available to provide counseling support after traumatic events, whether personal or community wide. Services are available from 9 a.m.-1 a.m. every day.</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b>  <a href="http://dbh.dc.gov/node/119752">dbh.dc.gov/node/119752</a></li> <li>○ <b>Address:</b> DC General Hospital Compound Building 14, 1905 E St. SE, Washington, DC 20003</li> <li>○ <b>Phone:</b> (202) 673-9300</li> </ul>
<p><b>Community resources for additional mental health services:</b></p>	<p>DBH ensures that high-quality mental health services are available through the public behavioral health system. DBH certifies providers to deliver services that support individual recovery with qualified, culturally competent staff in a safe facility. Services include diagnostic assessment, medication, counseling, and community support. All providers must comply with local and federal rules and regulations and be located in the District. A person can choose a provider that</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b>  <a href="http://dbh.dc.gov/page/list-community-based-service-providers">dbh.dc.gov/page/list-community-based-service-providers</a></li> </ul>

LOCAL PROGRAMS AND SERVICE PROVIDERS	DESCRIPTION	CONTACT INFORMATION
	<p>best serves their needs from the list found on the website listed to the right. A person can also call or visit a provider to help make a choice. Additionally, a resident in need can talk with a mental health counselor at DBH’s Access HelpLine to help select the most appropriate provider.</p>	
<p><b>Wendt Center for Loss and Healing:</b></p>	<p>The Wendt Center for Loss and Healing serves the Greater Washington area and seeks to help people rebuild a sense of safety and hope after experiencing a loss, life-threatening illness, violence, or other trauma. The Wendt Center offers expertise in grief, trauma, and mental health services for children, teens, adults, families, and local communities. Services are provided on a sliding scale basis according to need, or free under grants for those who qualify. The Wendt Center also accepts covered insurance plans.</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b> <a href="http://www.wendtcen ter.org/">www.wendtcen ter.org/</a></li> <li>○ <b>Address:</b> 730 11th St. NW, Third Floor, Washington, DC 20001</li> <li>○ <b>Phone:</b> (202) 624-0010</li> </ul>
<p><b>The Metropolitan Police Department (MPD):</b></p>	<p>The Metropolitan Police Department, as the primary law enforcement arm of the District, responds to all emergency calls from any school; however, <b>MPD should never be called for behavioral or disciplinary issues</b>. Schools must exercise prudence in accessing MPD’s resources and have an understanding of what constitutes criminal or dangerous behavior. MPD calls for elementary school students, for example, generally do not meet the criteria for criminal behavior. All calls to MPD must be vetted through the school principal or principal’s designee, with the exception of imminent danger or physical harm.</p>	<ul style="list-style-type: none"> <li>○ <b>Website:</b> <a href="http://mpdc.dc.gov/">mpdc.dc.gov/</a></li> <li>○ <b>MPD School Safety Resources:</b> <a href="http://mpdc.dc.gov/pag e/school-safety-resources">mpdc.dc.gov/pag e/school-safety-resources</a></li> <li>○ <b>School Safety Division Contact List:</b> Lt. Anthony Guice, (202) 498-9817, <a href="mailto:Anthony.Guice@dc.gov">Anthony.Guice@dc.gov</a></li> <li>○ <b>Address:</b> 300 Indiana Ave. NW, Room 5059, Washington, DC 20001</li> <li>○ <b>Phone:</b> 311</li> </ul>



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