



District of Columbia
Office of the State
Superintendent of Education

MENTAL HEALTH GUIDELINES

February 2018

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, D.C. Law 21-0120; see also D.C. Official Code § 38-2602(b)(27), (“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 post-vention. 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. The Act also requires that the Office of the State Superintendent of Education (OSSE), (1) publish online written guidance to assist local education agencies (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 and eventual permanent program for schools to administer annual school climate surveys. 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 post-vention, 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 www.supportdcyouth.com/. 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 post-vention.
- OSSE has published an online catalogue of professional development and training opportunities for school staff, which can be found on the OSSE Events Calendar: <https://osse.dc.gov/events>.
- In the 2016-17 school year, OSSE, along with Child Trends, Safe School Certification, and the DC Office of Human Rights, participated in a school climate survey pilot program, using a school climate survey tool developed by the U.S. Department of Education. The school climate survey pilot program yielded several key lessons that will inform OSSE’s future work to expand school climate surveys to all District public schools and public charter schools serving grades 6-12. The first report is available at: <http://lims.dccouncil.us/Download/39310/RC22-0106-Introduction.pdf>.

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, and by health providers across the country. These guidelines are not exhaustive and are intended to offer a starting point for LEAs to implement, or adopt and adapt, effective mental health policies and procedures. OSSE believes all public schools in the District of Columbia must ensure students are reaching their maximum academic potential through living healthy lives. OSSE is committed to working with schools, District agencies, elected officials, and community partners to ensure all students are protected, healthy, and safe.

Section II: Rationale

The Centers for Disease Control and Prevention (CDC) reports that suicide is the third leading cause of death for youth between the ages 10 and 24 in the United States.¹ 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 2017 DC Youth Risk Behavior Survey (YRBS), 16 percent of all District high school students attempted suicide during the past 12 months.² Even more concerning, the number is higher among middle school student subpopulations, with approximately 33 percent of Hispanic female students and 36 percent of multiracial female students reporting they have seriously considered attempting suicide in the past 12 months. Lesbian, gay, or bisexual (LGB) middle school students reported thinking about, planning, and attempting suicide at about three times the rate of their heterosexual peers, and 50 percent of transgender students reported having made a plan to kill themselves 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.³ 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 2017 DC YRBS, 45 percent of District middle school students who identify as LGB reported that they were bullied at school, and 26 percent reported they were electronically bullied through social media or texting. These statistics 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.

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.⁴ ACEs may include physical,

¹ CDC, Gateway to Health Communication & Social Marketing Practice, Suicide Among Youth www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/SuicideYouth.html

² OSSE, DC Youth Risk Behavior Survey (YRBS), 2017 DC YRBS Survey <https://osse.dc.gov/service/dc-youth-risk-behavior-survey-yrbs>

³ American Educational Research Association, Review of School Research, Amrit Thapa, Jonathan Cohen, Shawn Guffey, and Ann Higgins-D'Alessandro <http://www.ijvs.org/files/Publications/A%20Review%20of%20School%20Climate%20Research.pdf>

⁴ 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

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.⁵ 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 2017 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 16 percent of high school students were in a physical fight at school.⁶

Unfortunately, many District students report the prevalence of ACEs such as violence, crime, drug-abuse, sexual-abuse, and homelessness in their schools and communities.⁷ Nearly 9 percent of all District high school students reported they were physically forced to have sexual intercourse (raped) and 24 percent of LGB high school students were physically hurt by someone they were dating. Five percent of all District high school students reported going hungry most or all of the time in the past 30 days because there was not enough food in their home. Fifteen percent of black male high school students and 12 percent of Hispanic male high school students reported running away, being kicked out, or abandoned by their parent or guardian in the past 30 days. According to the CDC, ACEs such as these are linked to increased risky health behaviors, chronic health conditions, low life potential, and early death.⁸ 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).⁹ In the District, middle school students who reported sleeping somewhere other than their parent or guardian's home were 1.7 times more likely to carry a weapon, 1.6 times more likely to have been in a physical fight, and 1.7 times more likely to bully others. High school students who reported having been raped were five times more likely to think about committing suicide, with 34 percent reporting at least one suicide attempt. Further, District high school students who report having been bullied were nearly eight times more likely to bully someone else. Without proper attention, intervention, counseling, and connection to mental health services, students experiencing ACEs may suffer lifelong repercussions, increased risky behaviors, and thoughts or attempts of suicide.¹⁰ All of these factors impact a student's ability to learn.

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

⁵ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, The Effects of Childhood Stress on Health Across the Lifespan http://health-equity.lib.umd.edu/932/1/Childhood_Stress.pdf

⁶ OSSE, DC Youth Risk Behavior Survey (YRBS), 2017 DC YRBS Survey <https://osse.dc.gov/service/dc-youth-risk-behavior-survey-yrbs>

⁷ OSSE, DC Youth Risk Behavior Survey (YRBS), 2017 DC YRBS Survey <https://osse.dc.gov/service/dc-youth-risk-behavior-survey-yrbs>

⁸ Centers for Disease Control and Prevention, Violence Prevention, About Adverse Childhood Experiences www.cdc.gov/violenceprevention/acestudy/about_ace.html

⁹ Centers for Disease Control and Prevention, About The CDC-Kasier ACE Study www.cdc.gov/violenceprevention/acestudy/about.html

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, The Effects of Childhood Stress on Health Across the Lifespan http://health-equity.lib.umd.edu/932/1/Childhood_Stress.pdf

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.¹¹

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 towards meeting these unique needs to ensure every student is happy, healthy, and positioned to succeed.

¹¹ Centers for Disease Control and Prevention, Adolescent and School Health, School Connectedness www.cdc.gov/healthyyouth/protective/school_connectedness.htm

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

This section outlines steps that schools and local education agencies should take to create mental and behavioral health policies and procedures.¹² Much of this guidance is drawn from best practices developed by organizations with extensive knowledge and expertise in the field of student mental and behavioral health, including The American Foundation for Suicide Prevention (AFSP), The American School Counselor Association (ASCA), The National Association of School Psychologists (NASP), and The Trevor Project.¹³ 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.”¹⁴

While particular focus is given to suicide prevention, intervention, and post-vention of at-risk populations as defined by the Suicide Prevention and School Climate Act of 2016,¹⁵ 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.¹⁶

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 a veteran 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, or adopt and

¹² These guidelines are not intended to supersede *The School Emergency Response Plan and Management Guide* but acts as an adjunct protocol in protecting and insuring optimal mental health in response to crisis as defined.

¹³ The American Foundation for Suicide Prevention (AFSP): <https://afsp.org/>, The American School Counselor Association (ASCA): www.schoolcounselor.org/, The National Association of School Psychologists (NASP): www.nasponline.org/, The Trevor Project: www.thetrevorproject.org/#sm.00000ohv785edsd0fws1p1xndooo9

¹⁴ Addressing Mental Health in School Crisis Prevention & Response:

http://wvde.state.wv.us/counselors/documents/addressingmentalhealth_resourceFINALforBoard.pdf

¹⁵ 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.

¹⁶ 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, p.9

<https://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf>

adapt existing, mental health policies and procedures for the school. This team is known as the Crisis Team.¹⁷

Similar to the School-Based Leadership Team (SBLT) rooted in the Response To Intervention model (RTI),¹⁸ 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.¹⁹ 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.²⁰

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 DCPS' list of roles and responsibilities listed in their School Crisis Handbook²¹ 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 Prevention²² 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 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

¹⁷ 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.

¹⁸ RTI Action Network, Tiered Instruction and Intervention in a Response-to-Intervention Model www.rtinetwork.org/essential/tieredinstruction/tiered-instruction-and-intervention-rti-model

¹⁹ 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

²⁰ DBH, District of Columbia Youth Behavioral Health Program, Kognito Module www.supportdcyouth.com/

²¹ Response Handbook SY 15-16, p.14 <https://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf>

²² 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 p.107

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.²³

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 several pieces of legislation that impact 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 2016²⁴
- South Capitol Street Memorial Amendment Act of 2012²⁵
- Youth Bullying Prevention Act of 2012²⁶

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 wish to develop its own guidelines upon review of this list. Section IV of this document provides schools with 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

²³ 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 p.4

²⁴ Youth Suicide Prevention and School Climate Survey Amendment Act of 2016, District of Columbia Government <http://lms.dccouncil.us/Download/34497/B21-0361-SignedAct.pdf>

²⁵ South Capitol Street Memorial Amendment Act of 2012, District of Columbia Government <http://dcclims1.dccouncil.us/images/00001/20120329100554.pdf>

²⁶ Youth Bullying Prevention Act of 2012, District of Columbia Government <http://lms.dccouncil.us/Download/25767/B19-0011-SignedAct.pdf>

justice, and other aspects of student mental and behavioral health. These offerings are available on the OSSE website.

- OSSE Events Calendar webpage:²⁷ A publicly available and searchable online catalog, which is periodically updated as additional programs are added.
- Health and Wellness Menu of Professional Development, Services, and Technical Assistance²⁸
- Health and Physical Education Curricula and Resource Library Request Portal²⁹

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 post-vention), 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 post-vention. While these resources have been vetted for their effectiveness, each school Crisis Team must make a determination on 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.

- **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;³⁰
 - Stimulating school connectedness;³¹
 - Promoting mindfulness;³²

²⁷ Office of the State Superintendent of Education, Events Calendar <https://osse.dc.gov/events>

²⁸ Health and Wellness Menu of Professional Development, Services, and Technical Assistance, Office of the State Superintendent of Education, Division of Health and Wellness, 2016-2017
<http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Health%20and%20Wellness%20Menu%20of%20Professional%20Developments%2C%20Services%2C%20and%20Technical%20Assistance.pdf>

²⁹ Technical Assistance Request Form, Office of the State Superintendent of Education, Division of Health and Wellness
<https://docs.google.com/forms/d/e/1FAIpQLSfFuDMINBZGTclZvbrblTyqQhKDrB13vzC2zrIWzA5gewdpFQ/viewform?c=0&w=1>

³⁰ 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

³¹ Centers for Disease Control and Prevention, Adolescent and School Health, School Connectedness www.cdc.gov/healthyyouth/protective/school_connectedness.htm

- Developing and utilizing a screening tool;³³
- Recognizing students suffering from toxic stress and adverse childhood experiences;³⁴
- Identifying risk factors for youth suicide;³⁵ and
- Detecting warning signals for youth suicide.³⁶
- **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;³⁷
 - Protocols for responding to students expressing suicidal ideation;³⁸ and
 - A step-by-step directive for addressing youth suicidal/homicidal ideations or attempts.³⁹
- **Suicide Post-vention**
 - 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 post-vention include:
 - After a Suicide, A Toolkit for Schools⁴⁰

³² 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 p.30

³³ Substance Abuse and Mental Health Services Administration, Preventing Suicide, A Toolkit for High Schools <https://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf> p.162

³⁴ Substance Abuse and Mental Health Services Administration, Adverse Childhood Experiences www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

³⁵ Substance Abuse and Mental Health Services Administration, Preventing Suicide, A Toolkit for High Schools <https://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf> p.33 and p.41 and The Trevor Project, Model School District Policy on Suicide Prevention www.thetrevorproject.org/wp-content/uploads/2017/09/District-Policy.pdf p.3

³⁶ Suicide Prevention Coalition of Warren and Clinton Counties, Dealing with Suicide in Schools: Prevention, Intervention, and Post-vention, A model Protocol www.mhronline.org/media/spc_schools/A%20Model%20Protocol%20-%20PDF%20Format.pdf p.5

³⁷ DCPS, DCPS School Crisis Response Handbook SY 15-16 <https://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/CRISIS%20HANDBOOK%2015-16%20FINAL.pdf> p.4. The protocol should ensure there is a backup coordinator designated for times when the main point of contact is unavailable.

³⁸ Board of Education, Commonwealth of Virginia, Suicide Prevention Guidelines www.doe.virginia.gov/boe/guidance/health/suicide_prevention.pdf p.17

³⁹ Cobb County School District, Protocol for Addressing Suicidal/Homicidal Ideations or Attempts www.cobbk12.org/preventionintervention/forms/Suicidal-Homicidal%20Ideations%20Protocol%20-%2020121009%20-%20Final%20Copy.pdf p.1

⁴⁰ American Foundation for Suicide Prevention, After a Suicide: A Toolkit for Schools <https://afsp.org/wp-content/uploads/2016/01/toolkit.pdf>

- Post-vention: After a Student Death by Suicide⁴¹
- Guidelines for Post-vention Procedures⁴²

Schools and LEAs wishing to receive technical support in developing their policies and procedures should contact OSSE at 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 periodically check 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.⁴³

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 post-vention. 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.

⁴¹ 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 p.16

⁴² 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 p.21

⁴³ Administrative Issues brief, checklist 4 <http://theguide.fmhi.usf.edu/pdf/2012PDFs/2012GuideAll.pdf> p.65

Section IV: Resources

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 in an effort 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	Contact Information
<p>Children and Adolescent Mobile Psychiatric Services (ChAMPS): 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"> ○ Website: www.catholiccharitiesdc.org/champs/ ○ Address: 1001 Lawrence St., NE, Washington, DC 20017 ○ Phone: (202) 481-1440
<p>DBH School Mental Health Program (SMHP): 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"> ○ Website: https://dbh.dc.gov/service/school-behavioral-health-program ○ School Mental Health Program School Listing: https://dbh.dc.gov/node/1075922 ○ Address: 64 New York Ave., NE, Washington, DC 20002 ○ Phone: (202) 698-2391
<p>DBH Access Helpline: 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 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>	<ul style="list-style-type: none"> ○ Website: https://dbh.dc.gov/service/access-helpline ○ Certified Behavioral Healthcare Providers: https://dbh.dc.gov/node/119532 ○ Address: 64 New York Ave, NE, Washington, DC 20002 ○ Phone: 1 (888) 793-4357

Local Programs and Service Providers	Contact Information
<p>Comprehensive Psychiatric Emergency Program: 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 18 years of age and older.</p>	<ul style="list-style-type: none"> ○ Website: https://dbh.dc.gov/service/emergency-psychiatric-services ○ Address: DC General Hospital Compound Building 14, 1905 E St, SE, Washington, DC 20003 ○ Phone: (202) 673-9319
<p>Mobile Crisis Services: 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 9a.m. to 1a.m. every day.</p>	<ul style="list-style-type: none"> ○ Website: https://dbh.dc.gov/node/119752 ○ Address: DC General Hospital Compound Building 14, 1905 E St, SE, Washington, DC 20003 ○ Phone: (202) 673-9300
<p>The Metropolitan Police Department (MPD): The Metropolitan Police Department, as the primary law enforcement arm of the District, responds to all emergency calls from any school; however, MPD should never be called for behavioral or disciplinary issues. 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"> ○ Website: https://mpdc.dc.gov/ ○ MPD School Safety Resources: https://mpdc.dc.gov/page/school-safety-resources ○ School Safety Division Contact List: https://osse.dc.gov/service/health-programming-and-services ○ Address: 300 Indiana Avenue, NW, Room 5059, Washington, DC 20001 ○ Phone: 911
<p>Community resources for additional mental health services: DBH ensures that high quality mental health services are available through the public behavioral health system to District residents through a rigorous certification program conducted by the Accountability Administration. DBH certifies a provider 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</p>	<ul style="list-style-type: none"> ○ Website: http://dbh.dc.gov/page/list-community-based-service-providers

Local Programs and Service Providers	Contact Information
rules and regulations, and be located in the District. A person can choose a provider that 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.	
Wendt Center for Loss and Healing: 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.	<ul style="list-style-type: none"> Website: www.wendtcntr.org/ Address: 730 11th St, NW, Third Floor, Washington, DC 20001 Phone: (202) 624-0010

Mental and Behavioral Health Resources

The table provides schools with 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. 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
Title: DCPS School Crisis Response Handbook Source: Office of Human Rights	<p>Primary Purpose: 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>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Different levels of crises on a scale of 1 through 3, and lists corresponding responses appropriate for each level of crises. (Page 4) 2. Individual Student Safety Plan which addresses specific behavior that is dangerous to the student and/or others. (Page 22) 	http://bit.ly/2oclg02
Title: Dealing with Suicide in Schools: Prevention, Intervention and Post-vention A Model Protocol	<p>Primary Purpose: The primary reasons for developing and using this model protocol are to address four issues that arise as a result of suicide attempts, completion, and other sudden deaths – dealing with contagion, controlling rumors, doing what is best for students, and outlining duties, responsibilities, and liabilities.</p>	http://bit.ly/2EGF7qP

Resource	Description	Link
<p>Source: Suicide Prevention Coalition of Warren and Clinton Counties</p>	<p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Sample letters to students, families, and staff, sample announcements, sample response to media, and sample response to incoming calls from media. (Page 29) 2. Steps to take when dealing with school re-entry for a student who has attempted suicide or made serious suicidal threats. (Page 28) 3. Warning signals for suicide, list to observe signs, and clues which help in assessing greater risk of suicide. (Page 5) 4. Post-vention steps to take if a school administrator or other Crisis Response Team member is notified of a death by suicide, even during the summer or when affected students are on break. (Page 16-19) 	
<p>Title: Youth Suicide Awareness and Prevention</p> <p>Source: The School District of Philadelphia</p>	<p>Primary Purpose: This document describes procedures for several different activities along the suicide prevention continuum.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Guidance on dissemination of suicide awareness and prevention education among school-based personnel, including but not limited to, administrators, teachers, school counselors, coaches, bus drivers, and cafeteria workers. (Page 4) 2. Guidance on categorizing the risk level to determine the appropriate action in all cases. Categories are divided into Routine, Urgent, and Emergent. (Page 6) 	<p>http://bit.ly/2okCT5j</p>
<p>Title: Orick Schools Youth Suicide Prevention Policy</p>	<p>Primary Purpose: This policy document aims to safeguard students and staff against suicide attempts, deaths and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicide attempts and loss.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Guidance on staff trainings which include core components like suicide risk factors, warning signs, how to talk to students about thoughts of suicide, and reducing stigma associated with mental illness. (Page 5) 2. Training resources for teachers, administrators, and other school personnel. (Page 6) 	<p>http://bit.ly/2CyPZRT</p>

Resource	Description	Link
<p>Title: District-wide Model Bullying Prevention Policy</p> <p>Source: DC Office of Human Rights</p>	<p>Primary Purpose: 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>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Bullying policy unique for the District 2. Policy development and resource mapping 3. Primary, secondary, and tertiary bullying prevention strategies 	<p>https://ohr.dc.gov/node/419342</p>
<p>Title: K-12 Toolkit for Mental Health Promotion and Suicide Prevention</p> <p>Source: HEARD Alliance</p>	<p>Primary Purpose: 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>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Guidelines around safe and caring school climate which can reduce suicidal behavior. (Page 10) 2. Sample social emotional learning activities specific for high schools, middle schools, and elementary schools. (Page 72) 3. Crisis response team members and their specific roles. (Page 105) 4. Sample post-vention telephone tree. (Page 167) 	<p>http://bit.ly/2HwjQOP</p>
<p>Title: After a Suicide: A Toolkit for Schools</p> <p>Source: American Foundation for Suicide Prevention</p>	<p>Primary Purpose: 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>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Sample checklists for Crisis Response Team Leader and Team Coordinator in the event of a suicide on or off campus. (Page 10) 2. Sample agendas for meetings with staff, students, parents, and media. (Page 13) 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 32) 4. Guidelines around memorializing a student who has died to strike a balance between 	<p>https://afsp.org/wp-content/uploads/2016/01/toolkit.pdf</p>

Resource	Description	Link
	compassionately meeting the needs of distraught students while preserving the ability of the school to fulfill its primary purpose of education. (Page 35)	
<p><i>Title: Model School District Policy on Suicide Prevention</i></p> <p><i>Source: The Trevor Project</i></p>	<p>Primary Purpose: The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. 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 5) 2. Information about the relationship between bullying and suicide. Research indicates that persistent bullying can lead to or worsen feelings of isolation, rejection, exclusion, and despair, as well as to depression and anxiety, which can contribute to suicidal behavior in those at risk. (Page 6) 3. Risk factors for suicide which are characteristics or conditions that increase the chance that a person may try to commit suicide. (Page 3) 4. Additional resources for guidelines and toolkits, school programs, crisis services for students, relevant research, and working with media. (Page 10) 	<p>http://bit.ly/2EFsrjY</p>
<p><i>Title: Youth Suicide Prevention School-Based Guide</i></p> <p><i>Source: Florida Mental Health Institute at University of South Florida</i></p>	<p>Primary Purpose: The Guide will help to provide information to schools to assist them in the development of a framework to work in partnership with community resources and families.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. True/False test for staff and parents on adolescent suicide as a way of increasing their awareness and knowledge. (Info Dissemination in Schools Page 1) 2. Strategies that schools can implement in order to make students' learning environment the safest possible and most productive. School climate has a direct effect on the health, safety, and performance of students. (Issue Brief 2) 3. Guidelines to deal with school administrative issues. Research has found that schools can provide an ideal and strategic setting for preventing adolescent suicide. Because law and school education codes include the mandate to not only educate, but to protect students, it seems only 	<p>http://theguide.fmhi.usf.edu/pdf/2012PDFs/2012GuideAll.pdf</p>

Resource	Description	Link
	reasonable and prudent to implement, maintain, and evaluate prevention programs in schools, the places where adolescents spend more than one-third of their day. (Issue Brief 4)	
<p>Title: Guidelines for School-Based Suicide Prevention Programs</p> <p>Source: Prevention Division of the American Association of Suicidology</p>	<p>Primary Purpose: This document outlines a conceptual basis to give schools rationale for choosing a particular prevention strategy for a particular problem, with a particular population, in a particular setting.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Sample curriculum outline for student class component of a universal prevention program. (Page 13) 2. Requirements for an effective prevention program, implementation, and institutionalization of selected programs. (Page 7) 	<p>http://bit.ly/2Cck8dG</p>
<p>Title: School Interventions to Prevent Youth Suicide</p> <p>Source: Center for Mental Health in Schools at UCLA</p>	<p>Primary Purpose: This guide provides effective prevention strategies are needed to promote awareness of suicide while also promoting prevention, resilience, and a commitment to social change.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Basic facts and stats on suicide including gender, racial, and ethnic disparities, and YRBSS trends in the prevalence of suicide-related behavior. (Page 11) 2. Additional resources inventory for models, research, and guides. (Page 59) 	<p>http://smhp.psych.ucla.edu/pdfdocs/sample/suicide/suicide.pdf</p>
<p>Title: Preventing Suicide A Toolkit for High Schools</p> <p>Source: Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<p>Primary Purpose: The information and tools in this toolkit will help schools and their partners to assess their ability to prevent suicide among students and respond to suicides that may occur, understand strategies that can help students who are at risk for suicide, and integrate suicide prevention into activities that fulfill other aspects of the school's mission, such as preventing alcohol and drug abuse.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Info sheets such as the <i>Suicide and Substance Abuse Information Sheet</i> and the <i>Suicide and Bullying Information Sheet</i> provide staff and community partners a basic understanding of suicide prevention. (Page 45) 2. Checklists of suicide prevention activities assesses what is already in place and what is missing. (Page 52) 	<p>https://store.samhsa.gov/shin/content//SMA12-A12-4669/SMA12-4669.pdf</p>

Resource	Description	Link
	<ol style="list-style-type: none"> Guidelines for anniversaries of a death to prepare the school for grief and emotions associated with the death. (Page 109) Guidelines for memorializing a student who has died by suicide. It is important to be prepared to respond to and channel the need to people to grieve into activities that will not raise the suicide risk of vulnerable students. (Page 105) Risk factors for suicide identified by the most recent research which help identify a greater probability of suicidal behavior. (Page 33) 	
<p>Title: Youth Suicide Prevention, Intervention, and Post-vention Guidelines</p> <p>Source: Maine Department of Health and Human Services</p>	<p>Primary Purpose: This document recognizes and builds on the skills and resources inherent in school administrative units. These suicide prevention, intervention, and post-vention guidelines are designed for schools to use within existing protocols to assist at-risk students and intervene appropriately in a suicide related crisis; the purpose is to assist school administrators in their planning.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> The Readiness Survey which assesses the present level of preparedness of a school to manage suicidal behavior. (Page 4) Guidelines for when the threat involves a suicide pact. A suicide pact is when two or more individuals agree to kill themselves at the same time, place or agree that if one dies, the others will soon follow. (Page 15) Recommendations to assist reporters and editors in safe reporting on suicide. Research indicates that the way suicide is reported in the media can contribute to additional suicides and suicide attempts. Conversely, stories about suicide can inform readers/viewers about causes, warning signs, and treatment advances. (Page 38) Guidance for school administrators and designated others around documenting and maintaining files and secure individual student records containing forms documenting actions taken. (Page 43) 	<p>www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf</p>
<p>Title: Emotional and Behavioral Distress Guide</p> <p>Source: Office of Superintendent of</p>	<p>Primary Purpose: This document is a plan template for recognition, screening, and response to emotional or behavioral distress in students, including possible sexual abuse.</p> <p>Unique Features Include:</p>	<p>www.k12.wa.us/safetycenter/YouthSuicide/SuicidePrevention.aspx</p>

Resource	Description	Link
Instruction, State of Washington	<ol style="list-style-type: none"> 1. Guideline around setting up internal school systems and developing a list of staff and others at the district and in each school building who have expertise in behavioral health and crisis response, including their contact information and days in the office (Page 4). 2. Flowcharts for intervention and post-vention to help determine steps in different scenarios. (Page 9) 3. National best practice recommendations. (Page 2) 	
<p>Title: Model Youth Suicide Prevention Policy</p> <p>Source: California Department of Education</p>	<p>Primary Purpose: This sample policy document is meant to serve as a model for local educational agencies (LEA). Additionally, CDE encourages each LEA to work closely with their county behavioral health department to identify and access resources at the local level.</p> <p>Unique Features Include: Additional resources listed for suicide prevention training and education, intervention, and post-vention.</p>	www.cde.ca.gov/ls/cg/mh/index.asp
<p>Title: Guidelines for Suicide Prevention Policy and Procedures</p> <p>Source: Department of Education, Connecticut</p>	<p>Primary Purpose: These guidelines contribute to the overall goal of helping students feel secure, supported, and safe.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Guidance on collaboration with community partners. While it is important for schools to have in-house expertise on suicide, schools must collaborate with other agencies and community providers to optimize the capacity to meet the needs of students. (Page 25) 2. A collection of sample schools district policies and procedures to help schools in learning from the best efforts of others. (Appendix A) 	http://bit.ly/2BIXx7s
<p>Title: Addressing Mental Health in School Crisis Prevention and Response</p> <p>Source: West Virginia Board of Education</p>	<p>Primary Purpose: The guide provides resources, tools and recommendations for incorporating best practices related to mental health into the school crisis plans to address the four phases of school crisis: planning, prevention, response and recovery. This guide provides credible resources and outlines evidence-based practices to support each school in easily customizing their prevention and response plans and is organized by chapters addressing each of the four phases.</p> <p>Unique Features Include:</p>	http://bit.ly/2olurmB

Resource	Description	Link
	<ol style="list-style-type: none"> 1. Definitions, rationale, and best practices for preparedness, prevention, response, and recovery. (Pages 4-13) 2. A role description template to define roles and responsibilities of staff in the school. (Page 36) 	
<p>Title: Suicide Prevention Guidelines</p> <p>Source: Virginia Board of Education</p>	<p>Primary Purpose: These guidelines focus on procedures to follow for contacting parents, or if conditions warrant, the local or state service agencies when educators believe a student is in imminent risk for attempting suicide. Guidelines for assessment strategies and related practices such as suicide prevention techniques are also covered.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Case readings that are fictitious but represent typical presentations of child suicide issues. (Page 26) 2. Guidelines for obtaining and conducting an in-school assessment and follow up, notifying parents or social services when a child is in imminent danger of suicide. (Page 7) 3. Responses to students expressing suicidal intentions. (Page 17) 	www.doe.virginia.gov/boe/guidance/health/suicide_prevention.pdf
<p>Title: Model Youth Suicide Awareness and Prevention Policy</p> <p>Source: Pennsylvania Department of Education</p>	<p>Primary Purpose: This document is a model for school entities to adopt and implement in order to maintain a safe school environment, protect the health, safety, and welfare of its students, promote healthy development, and to safeguard against the threat or attempt of suicide among school-aged youth.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Additional resources for youth suicide awareness and prevention. (Page 6) 2. Information on prevention education for students. (Page 4) 	http://bit.ly/2FjuN5k
<p>Title: Protocol for Addressing Suicidal/Homicidal Ideations or Attempts</p> <p>Source: Cobb County School District</p>	<p>Primary Purpose: This protocol is designed for the protection of students in crisis and the school employees who serve them. If a school employee has reason to believe that a student is at risk for suicide or will harm himself or herself, that person should take action in accordance with this procedure.</p> <p>Unique Features Include:</p> <p>Protocol for when a student has made an attempt that is life threatening or it is suspected that a student may make an attempt on school property. (Page 1)</p>	http://bit.ly/2onlXLx

Resource	Description	Link
<p>Title: GaDOE Model Policy for Suicide Awareness, Prevention, Intervention, and Post-vention</p> <p>Source: Georgia Department of Education</p>	<p>Primary Purpose: This document draws on the best practices in suicide prevention, intervention, and post-vention.</p> <p>Unique Features Include:</p> <ol style="list-style-type: none"> 1. Definitions of terms that would be useful in determining policies and protocols around suicide prevention. (Page 4) 2. Action plan for suicide attempt and suicide ideation. (Page 17) 3. Action plan for suicide death which identifies staff responsible and external contacts. (Page 21) 	<p>http://bit.ly/2EGIHhH</p>



District of Columbia
Office of the State Superintendent of Education
1050 First Street, NE, Washington, DC 20002