

REGIONAL OFFICE OF EDUCATION #21

Suicide and Depression Awareness and Prevention Policy

Youth suicide impacts the safety of the school environment. It also affects the school community, diminishing the ability of students to learn and the school's ability to educate. Suicide and depression awareness and prevention are important school goals.

Suicide and Depression Awareness and Prevention Program

The Superintendent or designee shall develop, implement, and maintain a suicide and depression awareness and prevention program that advances the School's goals of increasing awareness and prevention of depression and suicide. This program must be consistent with the requirements of *Ann Marie's Law* listed below, each listed requirement. 1-6, corresponds with the list of required policy components in the School Code Section 5/2-3, 166(c)(2)-(7). The Program shall include:

1. Protocols for administering youth suicide awareness and prevention education to students and staff.
 - a. For students, implementation will incorporate Board policy 6:60, *Safe2Help*, which implements 105 ILCS 5/2-3,139 and 105 ILCS , 5/27-7 (requiring education for students to develop a sound mind and a healthy body).
 - b. For staff, implementation will incorporate Board policy 5:100, *Mental Health First Aid*, and teacher's institutes under 105 ILCS 5/3-14.8 (requiring coverage of the warning signs of suicidal behavior).
2. Procedures for methods of suicide prevention with the goal of early identification and referral of students possibly at risk. Implementation will incorporate:
 - a. The training required by 105 ILCS 5/10.23.39 for licensed school personnel and administrators who work with students to identify the warning signs of suicidal behavior in youth along with appropriate intervention and referral techniques, including methods of prevention, procedures for early identification, and referral of students at risk of suicide; and
 - b. Illinois State Board of Education (ISBE)-recommended and educational materials for staff training and professional development, along with ISBE-recommended resources for students containing age-appropriate

educational materials on youth suicide and awareness, if available pursuant to *Ann Marie's Law* on the ISBE's website.

3. Methods of intervention, including procedures that address an emotional or mental health safety plan for use during the school day and at school-sponsored events for a student identified as being at increased risk of suicide including those students who: (A) suffer from a mental health disorder; (B) suffer from a substance abuse disorder, engage in self-harm or have previously attempted suicide; (D) reside in an out-of-home placement; (E) are experiencing homelessness; (F) are lesbian, gay, bisexual, transgender, or questioning (LGBTQ); (G) are bereaved by suicide; or (H) have a medical condition or certain types of disabilities. Implementation will incorporate paragraph number 2, above, along with School policies:
 - a. 6:65, *Student and Social Emotional Development*, implementing the goals and benchmarks of the Illinois Learning Standards and 405 ILCS 49/15(b) (requiring students social and emotional development in the District's educational program):
 - b. 6:120, *Education of Children with Disabilities*, implementing special education requirements for the District:
 - c. 6:140, *Education of Homeless Children*, implementing provision of District services to students who are homeless:
 - d. 6:270, *Guidance and Counseling Program*, implementing guidance and counseling program(s) for students, and 105 ILCS 5/10-22:24a and 22:24b, which allow a qualified guidance specialist or any licensed staff member to provide school counseling services;
 - e. 7:10, *Equal Education Opportunities*, and its implementing administrative procedure and exhibit, implementing supports for equal educational opportunities for student who are LGBTQ;
 - f. 7:50, *School Admissions and Student Transfers To and From Non-District Schools*, implementing State law requirements related to students who are in foster care;
 - g. 7:250, *Student Support Services*, implementing the Children's Mental Health Act of 2003, 405 ILCS 49/ (requiring protocols for responding to students with social emotional, or mental health issues that impact learning ability): and
 - h. State and/or federal resources that address emotional or mental health safety plans for students who are possible at an increased risk for suicide, if available on the ISBE's website pursuant to *Ann Marie's Law*.
4. Methods of responding to a student or staff suicide or suicide attempt. Implementation of this requirement shall incorporate building-Level Student Support Committee(s) established through Board policy 7:250, *Student Support Services*.

5. Reporting Procedures. Implementation of this requirement shall incorporate Board policy 6:270. *Guidance and Counseling Program*, and Board policy 7:250, *Student Support Services*, in addition to other State and/or federal resources that address reporting procedures.

PROCEDURES FOR CRISIS INTERVENTION

Any staff member with reason to believe a student is in danger or is a danger to self or others or when a student self-reports, staff should contact the Principal, Dean of Students or Social Worker immediately. Concerns related to a student's danger to self might be related to such issues as suicidal ideation, bullying, threats or acts of violence, self-injury, family violence, disordered eating, and/or substance abuse. The staff member who has become aware of this information must assume direct responsibility for reporting the information. When possible, the student about whom there is concern should be escorted to the social worker.

- The social worker (or designee) will interview the student to assess imminent danger, moderate risk, or low risk; provide support to the student; and inform the student that concern for their safety may be shared with the parents/guardians.
- After interviewing the student, the social worker (or designee) will determine if the student is in imminent risk of harm.
- If the student is assessed to be safe, the social worker (or designee) will follow up with the referral source, the Principal or Dean of Students, and the student's parents/guardians.
- If the student is assessed to be a danger to self or others, the social worker (or designee) will make a call to the Cares Line at 800-345-9049 to determine student eligibility for immediate services through the crisis hotline.
- If determined eligible, the social worker (or designee) will contact the Centerstone Crisis Line 855- 608-3560 to arrange a crisis assessment for the student.
- The social worker (or designee) will contact administration to share pertinent details of the situation and determine appropriate personnel to be informed on a "need-to-know" basis. Confidentiality is respected.

- If this can be completed at the school, the social worker (or designee) should maintain support for the student until the crisis counselor arrives. Also, during this time the social worker or a school designee will contact the parent/guardian.
 - Inform parent/guardian that a crisis call has been made. Let the parent/guardian know of eligibility status and what steps may be pending (including, but not limited to, a crisis assessment, a potential safety plan, etc)

- Should the assessment take place after school hours, a parent/guardian will be informed of the decision made by the crisis team. If resources are available, the team will stay with the student until the crisis assessor can complete the assessment. If adequate resources are not available, local emergency personnel will be contacted for transport.
 - If the assessment determines the student can be released to a parent/guardian, the expectation is that the parent/guardian will provide transportation.
 - If the assessment determines the student needs additional emergency support, they will be transported by local emergency personnel or follow the instruction of the responding crisis team/personnel.

- If unable to reach a parent/guardian, the social worker (or designee) will call emergency contacts listed within the student management system.

- After the intervention, the social worker (or designee) will: contact the parents/guardians to ascertain interventions and request a signed **Consent for Release of Information Form** to allow the social worker (or designee) to contact the referral resources to coordinate services.
 - Collaborate with the external crisis professionals involved in the case if parental/guardian consent is provided. This collaboration will be conducted to ascertain supports needed for student success.

- The Safety Plan will be developed by members of the Crisis Team to ascertain the best approach for support services provided within the school building.

- Conduct a re-entrance conference along with the Principal/Dean of Students, student, and parent/guardian (documentation is requested from a licensed mental health professional stating the student is safe from harm to self/ others and able to attend classes).
 - Finalize the Safety Plan with the student and parent/guardian.

- In addition, if the District is still concerned that a student may harm themselves or others in the school setting, then that student may be referred to a mental health professional for a safety evaluation. The purpose of this evaluation is to determine whether the student is safe to remain in the school setting and/or to determine if any special supports are needed in the school setting.
 - Failure to comply with evaluation requirements may result in a report to DCFS.
 - A student who engages in self-injurious behaviors or suicidal/homicidal ideations in the school setting may be excluded from school until he/she has been evaluated by a licensed mental health professional and deemed safe to return.
 - Repeated behavior of this nature may result in a referral for a special education evaluation if appropriate.

DOCUMENTATION

The appropriate school employee will document pertinent information relative to an intervention for a student at risk. A confidential written report will be on file in the Social Worker's office. A copy of the documentation from the intervening mental health professional will be kept on file in the Records Custodian.

Behavioral Health Resource List

Immediate Support Contacts

Emergency	911
Call for Help, National Suicide Prevention Lifeline	988
Centerstone Hotline	877-HOPE123
Cares Line	800-345-9049

Hospitals that provide Behavioral Health services for children and adolescents:

Cardinal Glennon Children's Hospital	(314) 577-5600
Center Pointe Hospital (St. Charles, Mo)	(800) 345-5407
Mercy Behavioral Health (St. Louis, Mo)	(314) 251-4845
SSM Behavioral Health (Bridgeton, Mo)	(314) 344-7133
Lincoln Prairie Behavioral Health Center (Springfield, IL)	(217) 585-1180
Pavilion Behavioral Health Center (Champaign, IL)	(217) 373-1700
BJC Behavioral Health Services (St. Louis)	(314) 206-3700

Authorization to Use or Disclose Health Records Information

Student/Patient Name: _____ **Date of Birth:** _____

I request and authorize _____ to use or disclose my health information during the term of this Authorization to the recipient(s) that I have identified below:

Recipient: I authorize health information to be released to:

Project Echo
17428 Route 37
Johnston City, IL 62951
Phone:(618) 983-6628
Fax: (618) 983-6975

Purpose: I authorize the release of health information for the purpose of:

Example: “at the request of the patient/student or guardian.” “continuation of care”

Information to be disclosed:

- Psychiatric/Psychological Report Behavioral Health Treatment Records
- Physical Health Records & Treatment Records Medication Records
- Other (specify) _____

Term: This authorization will remain in effect

- From the date of this authorization until _____ day of _____, 20____.
- Until the provider fulfills the request.

Patient/Student Signature

Date

Parent/Guardian Signature

Date