



Dubuque
COMMUNITY SCHOOLS

**PROGRAM MANUAL:
SUICIDE PREVENTION,
INTERVENTION, AND
POSTVENTION**

**PUBLICATION DATE:
SEPTEMBER 2022**

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INTRODUCTION

Suicide is the second leading cause of death for teenagers. Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. The Centers for Disease Control and Prevention (CDC) reports that the rate of suicide death among persons aged 10-24 increased by 56% from 2007 to 2017. After the pandemic, the CDC reported that there has been a 22% rise in trips to the emergency room for potential suicides by teens.

Reasons why schools should address suicide:

1. Maintaining a safe school environment is a part of a school's overall mission. Programs that reduce bullying, reduce abuse of alcohol, improve connectedness, promote adult caring and promote student mental/brain health also reduce suicide risk. The overwhelming loss of a young person can often be prevented.
2. Students' mental/brain health can affect their academic performance.
3. A student suicide can significantly impact other students and the entire school community.

A comprehensive suicide prevention program in a school district is multi-faceted and includes protocols for helping students at risk, as well as staff, parent, and student education, and is part of ongoing work to create safe school environments that foster the social, physical, and emotional well-being of students. ¹



BY THE NUMBERS: TEEN MENTAL HEALTH

1 in 5

teens has had a **serious mental health disorder** at some point in their life

50%

of all **mental illnesses** begin by age 14 and **75% by the mid-20s**

suicide is the **second leading cause of death** for **15- to 24-year-olds**

SOURCE: National Council for Behavioral Health

SUICIDE PREVENTION COALITION

The Suicide Prevention Coalition is composed of members from Dubuque Community Schools and the Dubuque community. The purpose of this group is to provide advice to the district administration regarding suicide prevention activities and policy implementation.

COALITION MEMBERS

DISTRICT MEMBERS:

Lisa Anderson | Bryant Elementary School Counselor
Paula Baumann | GEER II Grant Facilitator
Sara Dowell | Washington Middle School Counselor
Jennifer Erickson | Alta Vista Campus Counselor
Ed Glaser | Audubon Elementary Principal
Shirley Horstman | Executive Director of Student Services
Jeff Johl | Roosevelt Middle School Principal
Kari Kuhle | Brain Health Retreat Room Liaison
Laura Lawrence | Dubuque Senior High School Counselor
Natalie Nemmers | Hempstead High School Counselor
Kristen Nolen | Brain Health Retreat Room Liaison
Carlos Pittman | Hempstead VERTEX Coach
Molly Summer | Eisenhower Elementary School Counselor
Annika Sunleaf | Family Resource Connector
Allie White | Lead Nurse

COMMUNITY MEMBERS:

Ann Butzier | Parent and Nurse
Dr. Michael Peroski | Psychiatrist, Medical Associates
Sade Pointer | School Resource Officer, Dubuque Police Department
Sue Whitty | Mental Health Nurse Practitioner, Mental Health Iowa

FACTORS AND POPULATIONS

RISK FACTORS

Risk factors are characteristics or conditions that increase the chance that a person may try to attempt suicide. Suicide risk tends to be highest when someone has several risk factors at the same time or has long-standing risk factors and experiences a sudden or devastating setback. These factors interact, and the more there are and the more they intensify, the greater the risk.

THE MOST FREQUENTLY CITED RISK FACTORS FOR SUICIDE ARE:

- Major depression (feeling down, withdrawn, or agitated in a way that impacts daily life), bipolar disorder (extreme mood swings), substance use disorders (alcohol, prescribed and illicit drugs), anxiety disorders (excessive worry, obsessions, or panic attacks), or eating disorders
- Feeling hopeless
- Past suicide attempt(s)
- Family history of suicide or mental/brain health problems
- Problems with impulse control and aggression
- Serious medical condition and/or pain
- Personality traits that create a pattern of intense, unstable relationships, or trouble with the law
- Psychosis (i.e., marked change in behavior, unusual thoughts, and behavior or confusion about reality)
- History of early childhood trauma, abuse, neglect, or loss
- Current family stress or transitions
- History of head trauma

PROTECTIVE FACTORS

Protective factors are characteristics or conditions that may help to decrease a person's suicide risk. Protective factors help to create resiliency, or an ability to "bounce back" from setbacks encountered throughout life.

PROTECTIVE FACTORS FOR SUICIDE INCLUDE:

- Receiving effective mental/brain health care
- Positive connections to family, peers, and community
- Access to welcoming and affirming faith-based institutions, supportive social groups, and clubs
- Presence of healthy role models
- Development of coping mechanisms, safety plans, and self-care strategies
- The skill and ability to solve problems
- Cultural, spiritual, or faith-based beliefs that promote connections and help-seeking

AT-RISK POPULATIONS

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors. ²

Youth living with brain and/or substance use disorders or mental/brain health conditions:

Depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people.

An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental/brain health conditions are a risk factor of suicide, most people with mental/brain health concerns do not engage in suicidal behavior.

Youth who engage in self-harm or have attempted suicide:

Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population.

Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life.

Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the emergency room go on to attempt suicide again within two years.

Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources (transportation, insurance, copays, parental consent, etc.).

Youth in out-of-home settings:

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in the juvenile justice residential programs are three times more likely to die by suicide than the general youth population.

According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth experiencing homelessness:

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder.

Youth bereaved by suicide:

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide.

Youth living with medical conditions or disabilities:

Several physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations.

Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma.

Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth:

The CDC finds that LGB youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18.

Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization.

For those youth with baseline risk for suicide (especially those with a mental/brain health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, neglected, in concert with other individual factors such as mental/brain health history.

PREVENTION

DISTRICT IMPLEMENTATION

- A district level suicide prevention coordinator (Executive Director of Student Services) shall be designated by the superintendent.
- The district suicide prevention coordinator will be responsible for planning and coordinating implementation for the school district.
- Each school principal shall designate a school suicide prevention coordinator (typically a school counselor) to act as a point of contact in each school for issues relating to suicide prevention and implementation.
- All staff members who intervene with a student they believe to be at elevated risk for suicide shall consult with or inform the school suicide prevention coordinator.
- The school suicide prevention coordinator will maintain documentation of students who staff report as being of elevated risk.

STAFF PROFESSIONAL DEVELOPMENT

- Iowa Code 279.70 requires all public school districts to conduct training on suicide prevention and postvention, adverse childhood experiences identification, and strategies to mitigate toxic stress response. School districts are required to adopt protocols and require training for all school personnel who hold a license, certificate, authorization, or statement of recognition issued by the board of educational examiners and who have regular contact with students in kindergarten through grade twelve. The training is required to occur annually between July 1 and June 30.
- Additional professional development in risk assessment and crisis intervention will be provided to school suicide prevention coordinators, school counselors, school nurses, and others involved in this work.

SCHOOL SUICIDE PREVENTION COORDINATOR

- Ensure that the suicide interventions are being followed including use of the Columbia-Suicide Severity Rating Scale Screener and Documentation of Suicide Risk form, and that parents/guardians are informed when staff determine that a student is at risk.
- Maintain ongoing data regarding every instance when a student is screened for suicide risk from any and all staff members and note when students have multiple episodes of risk of suicide.
- Consult with staff when questions arise regarding best practices in screening and intervening with students at risk of suicide, in working with students returning to school after hospitalization for suicide attempts or risk, or after a death from suicide.
- Serve as a point of contact with the district suicide prevention coordinator in implementing the district suicide prevention plan and providing data and information.

PROGRAM MANUAL (PUBLICATION AND DISTRIBUTION)

- This manual will be published on the district's website.
- Hard copies will be provided to all administrators, school counselors, mental/brain health providers, and school nurses upon request.

INTERVENTION

ASSESSMENT AND REFERRAL

When a student is identified by a staff person as potentially suicidal (i.e., verbalizes or writes/draws about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers), the student must be seen by a school counselor within the same school day to assess risk and facilitate a referral. If a counselor is not available, a school nurse or administrator will fill this role. ³

CONSIDERATIONS FOR INTERVENTION PROTOCOLS:

- When a school staff member screens a student with the Columbia-Suicide Severity Rating Scale Screener, parents/guardians must be informed.
- Screening and informing parents/guardians should be documented.
- The fact that a student was previously evaluated for suicidal risk by a professional mental/brain health provider does not impact a subsequent episode of suicidal ideation. Each incident needs to be screened and handled with the same due diligence.
- When parents/guardians are contacted, they should be informed of what the student said and did that lead to school personnel being concerned.
- If the student's parents/guardians do not live in the same household, the school staff should contact both parents/guardians.
- Parents/guardians should be told to remove potentially dangerous items from their child's access such as guns, knives, medicine/drugs, etc. while their student is at risk.
- At-risk students must be supervised continuously, even when going to the restroom, retrieving items from their lockers, moving about the school, etc.
- School personnel may need to check a student's book bag, pockets, and/or locker during the period of time that the student is at risk of self-harm.
- Staff with a "need to know" should be informed of any safety plan for the student that impacts their school day to ensure safety. In addition, school counselor or administrator should ask student permission regarding who they can share information within the school.
- School staff should seek a "release of information" to coordinate with community providers.
- If parent/guardian is not available, the school staff should attempt to contact any of the emergency contacts that are designated in the student's records. If none of the contacts are available, the principal or designee goes with the student to the appropriate facility until the parent/guardian arrives or the student is admitted.
- If the parent/guardian does not respond or refuses to respond and the school team is concerned regarding the student's safety, the school team should contact the Department of Human Services or the police.

FOR YOUTH AT RISK

1. School staff will continuously supervise the student to ensure their safety.
2. A school counselor will screen the student using the Columbia-Suicide Severity Rating Scale and document with the Documentation of Suicide Risk form. The principal and school suicide prevention coordinator will be made aware of the intervention as soon as reasonably possible.
3. The school counselor may complete a safety plan with the student.
4. The school counselor will contact the student's parent/guardian.
5. The school counselor should state to the parent/guardian what they observed or what information they have regarding the student's risk factors, and should acknowledge the stress and emotions this may cause.
6. If parent/guardian is not available and the risk is imminent, call emergency services.
7. If appropriate, parent/guardian should be encouraged to contact a mental/brain health provider and communicate the reason for the referral and relevant risk factor. The school staff member should offer to assist with this, if appropriate.
8. Advise parent/guardian to remove or secure lethal means (knives, guns, medicines) from home while the student is possibly suicidal and to carefully supervise the student.
9. In situations where a student is simultaneously posing a threat to others as well, a threat assessment should include a mental/brain health professional, an administrator, and/or police to determine the response.
10. The school counselor or administrator may ask parent/guardian for written permission (Release of Information form) to discuss the student's mental/brain health with outside care, if appropriate.

IN-SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations: ⁴

1. First aid will be rendered until professional medical treatment can be received (may need to call 911).
2. School staff will supervise the student continuously to ensure their safety.
3. Staff will secure the area and create privacy, either moving the student or all other students as appropriate.
4. A counselor or the principal will contact the student's parent/guardian.
5. The school will determine whether it is necessary to convene a crisis team to take additional steps to ensure student safety and well-being.
6. Ensure incident is documented and filed with school suicide coordinator.

OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will: ⁵

1. Call the police and/or emergency medical services such as 911.
2. Inform the student's parent/guardian.
3. Inform the school suicide prevention coordinator and principal.
4. If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student, if possible. The staff member should enlist the assistance of another person to contact the parents/guardians or police, if possible.

RE-ENTRY PROCEDURE

For students returning to school after a mental/brain health crisis (e.g., suicide attempt or psychiatric hospitalization), a school counselor and the principal (or designee) will meet with the student's parent/guardian, and if appropriate the student, to discuss re-entry and appropriate next steps to ensure a successful return to school. Issues to address may include issues that facilitated the suicide attempt, medication management, academic concerns related to mental/brain health or absences, who in the school is aware of the student's situation and who the student would like to be made aware, whether the school day needs to be modified or the student needs additional supports, and what services/interventions the school could provide.

1. A counselor or designee will be identified to coordinate with the student, their parent/guardian, and outside mental/brain health providers.
2. The school counselor will complete the Student Re-entry Plan form.
3. The school counselor will inform the school suicide prevention coordinator and the school administrator regarding the plan.
4. The designated staff person will periodically check in with the student to help the student readjust and address ongoing concerns.

PARENT/GUARDIAN NOTIFICATION AND INVOLVEMENT

In situations where a student is screened, the student's parent/guardian will be informed about the circumstances that lead to the student being screened. If the student is determined to be at risk for suicide or has made a suicide attempt, the student's parent/guardian will be informed as soon as practicable by the principal, designee, or counselor. If the student has exhibited any type of suicide behavior or shared specific intent, the parent/guardian should be counseled on "means restriction," or limiting the student's access to mechanisms for carrying out a suicide attempt. Staff will also seek written permission from the student's parent/guardian to communicate with outside mental/brain health care providers regarding the at-risk youth, if appropriate.

POSTVENTION

POSTVENTION PROTOCOLS

A crisis team will convene immediately after receiving news of a death by suicide. The building principal will convene this team. The team will create an action plan which may include the following steps: ⁶

- 1. Assess the situation.** The crisis team will consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected at the school involved and other schools.
- 2. Verify the death.** Staff will confirm the death with the student's parent/guardian or police department. If the cause of death has been confirmed but the parent/guardian will not permit the cause of death to be disclosed, the school will respect the wishes of the parent/guardian.
- 3. Share information.** When a death is confirmed, the principal and/or member of the school crisis team should convene and plan to share only factual information. This information is best shared in a brief staff meeting. Work with the district communication office to prepare a statement that all staff can share with students. The statement should include basic facts of the death (with input from parent/guardian) and known funeral arrangements, recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address systems and assemblies should be avoided.
- 4. Initiate support services.** Students identified as being more likely to be affected by death will be assessed by a school counselor or other school staff to determine what support is needed. The crisis team will coordinate support services for students and staff in need. In concert with parents/guardians, crisis team members will refer to community mental/brain health care providers as appropriate.
- 5. Develop memorial plans.** The school should not create on-campus physical memorials, funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) should include a focus on how to prevent future suicides and provide prevention resources.
- 6. Avoid suicide contagion.** It should be explained to staff that the purpose of trying to identify and provide services to other high-risk students is to prevent another death. The crisis team will work with staff to identify students who are most likely to be significantly affected by the death.
- 7. Communicate appropriately.** The district's chief communication officer, or designee, will be the sole spokesperson. Staff will refer all inquiries from the media directly to the designated spokesperson.

COMMUNITY RESOURCES

EMERGENCY AND CRISIS RESOURCES

RESOURCE	CONTACT
EMERGENCY <ul style="list-style-type: none"> Using 911 is not encouraged for a mental health emergency unless safety is an issue. For Dubuque Police Department non-emergency dispatch, call 563/589-4415. 	CALL: 911
Your Life Iowa Suicide Help Line	CALL: 855/581-8111 TEXT: 855/895-8398 CHAT: www.yourlifeiowa.org
State and National Suicide Hotline <ul style="list-style-type: none"> Beginning July 16, 2022, state and national crisis numbers will forward to 988 crisis counselors who will provide phone-based triage, support, and local resources. If needed, the school counselor can activate a mobile mental/brain health crisis team that will arrive on site to de-escalate; provide brief therapeutic interventions; either refer for close outpatient follow-up or transport the individual for further psychiatric evaluation; and even offer food, drink, and hygiene supplies. 	CALL: 988
Hillcrest Mobile Crisis Outreach Team <ul style="list-style-type: none"> Ask for a crisis team to be sent to your home, school or another location. The team consists of a licensed mental health therapist, bachelor level staff, and/or peer support staff with lived experience. Usually, two staff will respond to the location and will work with the person to de-escalate the situation and determine the next steps. 	CALL: 988
MercyOne Dubuque Medical Center Emergency Room	CALL: 563/589-9666
MercyOne Dubuque Inpatient Behavioral Health Care	CALL: 563/589-8280 OR 563/589-9299
UnityPoint Health - Finley Hospital Emergency Room	CALL: 563/589-1881
Hillcrest A New Day Behavioral Health Walk-In Clinic <ul style="list-style-type: none"> Located at 2505 Wilbricht Lane, Dubuque, Iowa Open Monday through Friday, 8 a.m. to 5 p.m. When calling, enter "O" and ask for A New Day patient advocate. 	CALL: 563/207-5495 OR 563/583-7357
Crescent Community Health Center Brain Health Clinic <ul style="list-style-type: none"> Located at 1690 Elm St., Dubuque, Iowa Open for walk-ins Monday through Friday, 11 a.m. to 2 p.m. 	CALL: 563/690-2863

GENERAL SUPPORT AND INFORMATION HOTLINES

RESOURCE	CONTACT
United Way 2-1-1 Resource and Referral Hotline <ul style="list-style-type: none"> Visit dbqunitedway.org/211-resource-hotline to learn more. Visit www.211iowa.org to search the online resource database. 	CALL: 211 OR 800/244-7431 TEXT: text zip code to 898211
Dubuque County Department of Human Services	CALL: 563/557-8251
Iowa Warm Line	CALL: 844/775-WARM (9276)
NAMI HelpLine <ul style="list-style-type: none"> Contact Monday through Friday, 9 a.m. to 9 p.m. (CST) 	CALL: 800/950-NAMI (6264) TEXT: 62640 CHAT: www.nami.org/help
NAMI Dubuque	CALL: 563/557-6264

NATIONAL RESOURCES

Preventing Suicide: A Toolkit for High Schools

↳ www.samhsa.gov/resource/dbhis/preventing-suicide-toolkit-high-schools

The Trevor Project

↳ thetrevorproject.org

After a Suicide: A Toolkit for Schools, Second Edition

↳ www.sprc.org/resources-programs/after-suicide-toolkit-schools

TRAILS to Wellness

↳ trailstowellness.org

Columbia-Suicide Severity Rating Scale (C-SSRS) Screener

↳ cssrs.columbia.edu

A Guide for Suicide Prevention in New York Schools

↳ www.preventsuicideny.org/a-guide-for-suicide-prevention-in-new-york-schools

Suicide Safety Plan App

↳ www.suicidesafetyplan.app

Society for the Prevention of Teen Suicide (SPTS)

↳ sptsusa.org

The Lifelines Trilogy: Prevention, Intervention, & Postvention

↳ sptsusa.org/training-programs

The Jason Foundation

↳ jasonfoundation.com

REFERENCES

1 Substance Abuse and Mental Health Services Administration, Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

2, 3, 4, 5 American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.) New York: American Foundation for Suicide Prevention.

6 American School Counselor Association. ASCA Ethical Standards for School Counselors. ASCA, Alexandria, VA, 2016.

DOCUMENTATION

The following forms will be used for documentation:



Columbia-Suicide Severity Rating Scale (C-SSRS) Screener (REQUIRED)



Documentation of Suicide Risk (including parent/guardian notification) (REQUIRED)



My Safety Plan Version 1 (RECOMMENDED)



My Safety Plan Version 2 (RECOMMENDED)



Student Re-entry Plan (RECOMMENDED)



Authorization for Exchange of Confidential Information

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u>.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: <u>Was this within the past three months?</u>		

- Low Risk
- Moderate Risk
- High Risk

TODAY'S DATE:

STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
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PARENT/GUARDIAN NAME:	RELATIONSHIP TO STUDENT:
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PARENT/GUARDIAN CONTACT INFORMATION (phone and/or email):

PARENT / GUARDIAN NOTIFICATION INFORMATION

DATE NOTIFIED:	TIME NOTIFIED:	METHOD OF CONTACT: <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON
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NAME OF DISTRICT STAFF MEMBER MAKING CONTACT:

COLUMBIA SUICIDE SCREENER ADMINISTERED? YES NO *If no, please specify why:***RISK CONCERN INFORMATION (DESCRIPTION OF ISSUE THAT PRECIPITATED PARENT/GUARDIAN NOTIFICATION)**

NATURE OF CONCERN:

SCHOOL STAFF INVOLVED:

CONVERSATION WITH PARENT/GUARDIAN:

RESPONSE OF PARENT/GUARDIAN:

INFORMATION SHARED WITH (check all that apply): SCHOOL SUICIDE PREVENTION COORDINATOR ADMINISTRATOR *Name:*

OUTCOME:

<p>☹ Things that upset me...</p>	<p>😊 Things that help me feel better...</p>
<p>MY SAFETY PLAN</p>	
<p>📍 Places I can go to feel safe...</p>	<p>👥 People I can ask for help...</p>

TODAY'S DATE:

TRIGGERS / WARNING SIGNS

(THOUGHTS, IMAGES, MOOD, SITUATION, BEHAVIOR) THAT MAKE ME UNCOMFORTABLE AND MAY TELL ME THAT A CRISIS COULD DEVELOP

1.

2.

3.

INTERNAL COPING STRATEGIES

THINGS I CAN DO TO TAKE CARE OF MYSELF AND TO TAKE MY MIND OFF MY STRUGGLES, WITHOUT CONTACTING ANOTHER PERSON (relaxation technique, physical activity, etc.)

1.

2.

3.

4.

5.

6.

PEOPLE I CAN ASK FOR HELP

1.

Phone:

2.

Phone:

3.

Phone:

PLACES I CAN GO TO FEEL SAFE

1.

2.

3.

PROFESSIONALS I CAN CONTACT WHEN I'M IN CRISIS

Doctor:

Phone:

Therapist:

Phone:

THINGS I CAN DO TO MAKE MYSELF SAFE

i.e. HAND MY PRESCRIPTION MEDICATION OFF TO SOMEONE, REMOVE KNIVES/GUNS FROM MY HOME, MAKE SURE I AM WITH SOMEONE AT ALL TIMES, ETC.

1.

2.

3.

ONE THING THAT IS IMPORTANT TO ME AND WORTH LIVING IS:

1.

WHO ELSE DO I WANT TO HAVE A COPY OF THIS PLAN?

TODAY'S DATE:

STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
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DATE STUDENT RETURNED TO SCHOOL:

MEETING ATTENDEE INFORMATION LIST NAMES AND TITLES OF ALL PRESENT AT MEETING

NAME:	TITLE:
NAME:	TITLE:
NAME:	TITLE:
NAME:	TITLE:
NAME:	TITLE:
NAME:	TITLE:

STUDENT RELEASE INFORMATION

WAS A SIGNED RELEASE FROM DOCTOR/COUNSELOR/HEALTHCARE PROVIDER/OTHER PROVIDED? YES NO

COMMENTS:

ASSESSMENT NEEDS INFORMATION

PLAN FOR STUDENT TO ANSWER QUESTIONS/COMMENTS BY STAFF AND PEERS ABOUT ABSENCE:

CONCERNS BY STUDENT ABOUT RETURNING TO SCHOOL:

DOES STUDENT HAVE A SAFETY PLAN? YES *If yes, review, update and distribute as needed.* NO *If no, create safety plan and distribute as needed.*



AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

STUDENT INFORMATION

STUDENT NAME:	DATE OF BIRTH (MM/DD/YYYY):	PHONE:
ADDRESS:	CITY:	ZIP:

PARENT / GUARDIAN / LEGAL REPRESENTATIVE / STUDENT (over 18, own guardian): Your signature on this Authorization for Exchange of Confidential Information will give the individual, program, organization or entity listed permission to disclose and/or exchange the confidential information indicated below.

I authorize Dubuque Community School District/Keystone AEA to exchange confidential information with:

ADDRESS:	CITY:	ZIP:
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THE PURPOSE FOR THE EXCHANGE OF INFORMATION IS FOR:

- COORDINATION AND CONTINUITY OF CARE, EVALUATION
- INSTRUCTION AND EDUCATIONAL PLANNING
- OTHER

If other, please specify:

YOUR SIGNATURE WILL GIVE PERMISSION FOR THE FOLLOWING SPECIFIC INFORMATION TO BE EXCHANGED:

- MEDICAL STATUS
- CURRENT MEDICATIONS/TREATMENTS
- RECOMMENDATIONS FOR SCHOOL
- OTHER

If other, please specify:

Before giving your permission for exchange of confidential information, please carefully review the following:

This authorization is good until the following date: ___/___/___; or until one year after the date of signing, whichever occurs first. I understand that I may refuse to sign this authorization or revoke this authorization at any time. I understand that my revocation or refusal to sign this authorization will not affect my ability to obtain services. I also understand that if I revoke, the revocation will take effect on the day it is received in writing. All members of the Dubuque Community School District and Keystone AEA staff that are identified as having a legitimate educational interest may review the information received. The information may also be used in the future, including if the student moves, for the purpose of educational decision making.

Health Insurance Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) Notice. Any and all personally identifiable student information is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a student's records, and contains complaint and appeal procedures which apply to disputes over records, including records in possession of special education or its providers, among other provisions.

I further understand that, except in the case of substance abuse, mental health or AIDS-related information, if the individual, program, organization or entity that receives the information requested is not covered by the federal privacy regulations or is not a business associate of these entities, the information described above may be re-disclosed and will no longer be protected by the regulations.

Iowa and/or Federal law provides that I have a right to prohibit redisclosure of confidential medical information and further disclosure may not be had without my express written authorization.

I SPECIFICALLY AUTHORIZE AND CONSENT TO THE DISCLOSURE AND REDISCLOSURE DESCRIBED ABOVE.

_____ SIGNATURE	_____ DATE	_____ RELATIONSHIP TO STUDENT
_____ WITNESS SIGNATURE		

» PLEASE COMPLETE BOTH SIDES

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW CONCERNING MENTAL HEALTH, SUBSTANCE ABUSE, OR AIDS-RELATED INFORMATION

I acknowledge that information to be released to the individual, program, organization or entity listed above (Iowa Code Chapters 228 and 125, Iowa Code 141.23 and Federal regulations 42 CFR, Part 2) may include material that is protected by Federal and/or State Laws applicable to substance abuse, mental health, and/or AIDS-related information. Additionally, I understand that I have the right to inspect or copy the health information to be disclosed by this form and the right to receive a copy of this form.

I SPECIFICALLY AUTHORIZE THE RELEASE OF CONFIDENTIAL INFORMATION RELATING TO:

Check YES or NO for each item:

YES NO Substance Abuse (drug or alcohol) information

YES NO Mental Health Information

YES NO AIDS-related information, diagnosis and test results

SIGNATURE

DATE

RELATIONSHIP TO STUDENT

WITNESS SIGNATURE

Furthermore, I **SPECIFICALLY AUTHORIZE** disclosure and re-disclosure of this confidential information to all of the persons referred to above. In order for the above information to be released, you must sign here and at the bottom of page 1 of this form.

If mental health information is being disclosed, I acknowledge receipt of a copy of this Authorization.

SIGNATURE

DATE

RELATIONSHIP TO STUDENT

WITNESS SIGNATURE

Federal and/or State law specifically require that any disclosure or re-disclosure of substance abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

See also Chapter 228 and Chapter 141(A) of the Iowa Code and other applicable laws.

NOTE: A PHOTOCOPY OR EXACT REPRODUCTION OF THIS SIGNED AUTHORIZATION SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL.

