



Murrieta Valley Unified School District Suicide Prevention Protocol Table of Contents

Abstract.....	2
Suicide Protocol.....	3
Elementary Special Circumstances.....	4
Suicide Assessment Risk Form.....	5
Suicide Screening Questions.....	6
Suicide Risk Levels.....	8
Risk Level Interventions and Follow-Up.....	9
No Harm Contract Disclaimer.....	10
No Harm Contract.....	11
Letter to Mental Health.....	12
Parent Meeting.....	13
Suicide Prevention Parent Notification.....	14
Emergency Evaluation Centers.....	15
Student Safety Plan.....	17
Appendix.....	19

Murrieta Valley Unified School District Youth Suicide Prevention Program Abstract

Suicide is the third leading cause of death in youth between the ages of 10-19. Eleven percent of high school students have made at least one suicide attempt, while 40 percent have indicated serious suicidal thoughts. Schools are in a unique position to teach /reinforce resiliency skills, identify at risk students/adults, and provide appropriate intervention and postvention strategies. A program that implements a systematic approach has the potential to increase both emotional and academic performance stability.

This protocol will serve as a uniform tool for school counselors, psychologists and administrators when assessing a person for suicidal risk, intervention and continued safety.

The protocol component of Murrieta Valley Unified School District's Youth Suicide Prevention Program will include systematic training for staff at each campus. This will also contribute to a more normalized educational setting at each campus.

The goals of this suicide protocol are to:

- ⇒ Increase the knowledge of at-risk indicators.
- ⇒ Provide strategies to increase and reinforce resiliency factors.
- ⇒ Provide a user friendly and standardized concerned persons/referral protocol.
- ⇒ Provide a standardized intervention/postvention protocol that includes cooperation and collaboration with outside agencies and a more overall, protective environment for potential existing, returning and reoccurring suicidal students.

Suicide Protocol

- ⇒ Student is identified and a staff member escorts student to the office. The Staff member will bring student to that student's school counselor. If the counselor or school psychologist is unavailable, student shall be escorted to a school administrator or designee.
- ⇒ Once student is contacted--**do not leave the student unsupervised at any time.**
- ⇒ Contact administrator/designee to let him/her know assessment is in progress.
- ⇒ Contact another school counselor or school psychologist to inform him/her that a suicide assessment is occurring.
- ⇒ The school counselor or school psychologist assesses the risk of suicide, and determines risk level (See pages 6-9). If it is determined that student is at RISK LEVEL 3, Notify site administrator and contact SRO or Call 911 if SRO is not on campus. SRO will determine whether to 5150.
- ⇒ Consult with another counselor, school psychologist, or administrator (If not available, call 696-1600 ext. 1064 to speak to a member of the Student Services Department); or call Dean Lesicko at (951) 696-1600 ext. 1216.
- ⇒ Contact parent/guardian and document.
- ⇒ Follow recommendations for risk level.
- ⇒ Complete the Suicide Assessment Risk Form (SARF) and file it in a confidential place. DO NOT file in the cumulative file.
- ⇒ Document in AERIES — Go to Guidance > Visitation > select "04" from dropdown menu (individual counseling), type SARF in description area and include your initials.
- ⇒ File a CPS report if necessary.
- ⇒ Complete follow up procedure.

Special Considerations for Elementary School

- ⇒ Student is identified, if no counselor or school psychologist is on campus, referral shall be given to administrator or designee.
- ⇒ When student is contacted, **do not leave student unattended at any time.**
- ⇒ Administrator/Designee makes an attempt to get counselor or school psychologist to the campus.
- ⇒ If counselor or school psychologist is not available for consultation, call Student Services 696-1600 ext. 1064, or contact a school resource officer.
- ⇒ Administrator/Designee assesses the risk of suicide and determines risk level. (See Pages 6-9).
- ⇒ Contact parent/guardian and document.
- ⇒ Follow recommendations for risk level.
- ⇒ Complete the Suicide Assessment Risk Form (SARF) and file it in a confidential place. **DO NOT** place in the cumulative file.
- ⇒ File CPS report if necessary.
- ⇒ Collaborate with school counselor or school psychologist as part of follow-up procedure.

**Murrieta Valley Unified School District
Suicide Assessment Risk Form
Confidential**

Referral Date: _____ Time: _____

1. Student's Name: _____ Age: _____ Gender: _____

2. Parent/Guardian: _____ Phone Number: _____

3. School: _____ Grade: _____ Ethnicity: _____

4. Person Completing SARF: _____ Title: _____

5. Name Of Person You Collaborated With: _____

6. Student Referred by:

- _____ Self
- _____ Parent
- _____ Teacher
- _____ Counselor
- _____ Other

7. Previous SARF ____ Yes ____ No

8. Reasons For Referral:

- _____ Direct Threat TO SELF ____ OTHERS _____
- _____ Indirect Threat TO SELF ____ OTHERS _____
- _____ Sudden Change in Behavior ____ Signs of Depression
- _____ Previous Attempt(s) _____ Truancy/Running Away
- _____ Giving Away Possessions ____ Frequent Complaints of Illness
- _____ Mood Swings _____ Alcohol or Drug Use
- _____ Self-Injurious Behavior ____ Other: _____

9. Intervention:

- _____ Parent/Guardian Contact Date/Time: _____
- _____ Resources Provided to Parent/Guardian INCLUDING: _____
- _____ Outside Referral Made: _____
- _____ Child Abuse Report Made (endangerment): NAME OF INTAKE WORKER: _____
- _____ Referred to SRO/Police: NAME OF OFFICER _____
- _____ Hospitalization
- _____ School Based Counseling: _____
- _____ Program Modification INCLUDING: _____
- _____ Other: _____

Counselor's/ School Psychologist's Name: _____

Place This Form In Your Confidential File—DO NOT Place in CUM FILE

Suicide Screening Questions

Current Situation:

On a scale of 1 to 10, 1 being as bad as it ever has been, 10 being as good as it ever has been, how would you rate your life right now? 1 2 3 4 5 6 7 8 9 10

What is going on in your life that makes you feel that particular number?

What are some of the things that are causing you stress (home, school, friends, etc.)?

Somatic Questions:

Have you had or are you having any recent health concerns? (Headaches, stomach aches, illness, physical pains, etc.)?

Are you taking any medications now or in the past, if so which medications? (Prescription or self-medication?)

Have you ever been hospitalized? **If so**, when and for what?

Reality Check: *Determine how aware the student is with time and space presently. Can they keep a train of thought? Are they disoriented? You may ask questions, like:*

How long have you lived in Murrieta?

Tell me what you did this morning when you woke up?

What were you doing before I called you in?

What is today's date?

What school do you attend?

What is your name?

Drug Use: *Determine drug history.*

Are you using any drugs or alcohol?

If so, which type of drugs?

How often do you use?

When was the last time you used?

Emotional: *Determine degree of hopelessness.*

Have you ever felt depressed or very sad for more than a couple of weeks?

Do you ever feel lonely or empty inside?

How about recently?

Do you ever think that the world would be a better place without you living in it?

Do you feel as if nobody loves or likes you?

Have you ever been so depressed that you feel hopeless, like things are not going to get better?

Where do you see yourself in ten years?

Do you feel in control of your life now and in the future?

Behavior: *Determine coping mechanisms.*

How do you deal with your stress, anger, sadness?

Have you ever attempted suicide, if so when and how?

Ask about high risk behaviors, such as: drug/alcohol use, self-mutilation, eating disorders, sexual acting, etc. Determine change in behavioral patterns (eating, sleeping, concentrating.)

Cognition: *Determine if they have ever thought about killing themselves.*

Have you ever thought about killing yourself?

If so, how would you do it?

When and where would you do it?

Do you have the means to kill yourself?

When was the last time you thought about killing yourself?

What kept you from completing suicide, from going through with it?

History: Any information that would be relevant to the student's emotional, behavioral, cognitive state: Consider recent hospitalizations, major traumas in the last five years (break up, death of a loved one, etc.) History of a friend or loved one that committed suicide. Previous suicide attempts. History of abuse.

THINGS TO CONSIDER WHEN ASSESSING RISK IN SUICIDAL STUDENTS:

Risk Level I

- **Has the student thought about suicide (thoughts or threats alone, whether direct or indirect, may indicate LOW risk)? SPECIFICALLY ASK THE STUDENT IF THEY HAVE ANY THOUGHTS OF HURTING OR KILLING THEMSELVES!**

Risk Level II

- **Have they tried to hurt themselves before (previous attempts, repetitive self-injury may indicate MODERATE risk)?**

Risk Level III

- **Do they have a plan to harm themselves now (the greater the planning, the greater the risk)?**
- **What method are they planning to use and do they have access to the means (these questions would indicate HIGH risk)?**

SUICIDE RISK LEVELS

Risk Level I:

Thoughts, suicide ideation, but no previous attempts, no plan, no immediate suicides, signs of depression, direct or indirect threats, change in personality, evidence of self harm in written/non-written work, dark internet websites and chat rooms.

Risk Level II:

Suicide ideation, plan, but no means, destructive behavior, student can commit to safety (ask student to sign no harm contract, but do not use in isolation), previous attempts, or recent suicides among family/friends or high profile suicide in media or community, alcohol/drug use, diagnosed or undiagnosed mental illness, recent traumas, or change in medication.

Risk Level III:

Ideation, plan, means, cannot commit to being safe, previous suicide attempts, previous hospitalization for mental health, recent trauma, depression signs, diagnosed or undiagnosed mental illness "i.e. mood disorder", recent suicide in family or friend, recent suicide/good-bye letter, alcohol/drug use, repetitive self-injurer, access to lethal methods (guns), changes in medication, lack of support system.

NOTE:

- ⇒ **Any time there is an indication of previous suicide attempt, suicide in family/friends, recent hospitalizations, alcohol/drug use, and change in medication for diagnosed mental illness, lack of support system, and abrupt changes in behavior, recent traumas, recent loss, victimization the student will automatically be a moderate risk to high risk level.**
- ⇒ **Access to lethal means potentially increases the risk level. If a student cannot commit to safety and has access to guns, the level is automatically high.**
- ⇒ **Always consult with another counselor, school psychologist, or contact 696-1600 ext. 1064 to speak with Student Services.**
- ⇒ **Never leave a student unsupervised.**
- ⇒ **No Harm Contracts are not designed to be used in isolation, do not rely on that for student's safety. It is recommended to be used for the purpose of determining if the student is willing to sign it.**
- ⇒ **The risk levels described are designed to assist you in determining suicide risk, but is not an absolute measure of suicidality.**

RISK LEVEL INTERVENTIONS AND FOLLOW UP

DO NOT LEAVE THE STUDENT UNSUPERVISED

RSL I Action:

- ⇒ Consult with another counselor, school psychologist or like professional, if unavailable call Student Services
- ⇒ Contact parent/guardian and give resources
- ⇒ Fill out Student Agreement Plan--identify support systems on campus
- ⇒ Document all contacts in conference screen under LEA code
- ⇒ Contact CPS if suspected abuse

RSL II Action:

- ⇒ Consult with like professional
- ⇒ Notify and hand off student ONLY to parent or guardian who commits to seek an immediate mental health assessment or to law enforcement if parent is unavailable or uncooperative.
- ⇒ Parent needs to sign Parent Notification Form
- ⇒ Document student and parent contact in conference screen
- ⇒ Complete follow up with student and parent when student returns
- ⇒ Contact CPS if suspected abuse

Ideation plus high risk indicator(s):

- ⇒ Do the above and PROVIDE THE SRO ALL OF THE OBTAINED INFORMATION IN A COHESIVE TIME LINE MANNER. THE SRO WILL USE THE INFORMATION TO CONDUCT HIS/HER OWN ASSESSMENT TO DETERMINE IF A 5150 IS APPROPRIATE. THE SRO WILL USE YOUR INFORMATION IN CONJUNCTION WITH HIS/HER INFORMATION TO COMPLETE THE APPLICATION OF A 5150.

RSL III Action:

- ⇒ Consult with like professional
- ⇒ Contact SRO: PROVIDE THE SRO ALL OF THE OBTAINED INFORMATION IN A COHESIVE TIME LINE MANNER. THE SRO WILL USE THE INFORMATION TO CONDUCT HIS/HER OWN ASSESSMENT TO DETERMINE IF A 5150 IS APPROPRIATE. THE SRO WILL USE YOUR INFORMATION IN CONJUNCTION WITH HIS/HER INFORMATION TO COMPLETE THE APPLICATION OF A 5150.
- ⇒ If SRO arranges for transport notify site administrator
- ⇒ Document student and parent contact in conference screen
- ⇒ Contact CPS if suspect abuse 1-800-442-4918. http://ag.ca.gov/childabuse/pdf/ss_8572.pdf
- ⇒ Complete follow up with student and parent when student returns to school

Warning Disclaimer:

No Harm Contracts should not be used in isolation.

Protective Contract

I, _____, promise to not engage in any behavior that will or may cause myself bodily injury. Should I have any thoughts or feelings about hurting or killing myself, I promise to contact one or all of the individuals listed on this contract. These individuals include:

1. _____
Name Number Location
2. _____
Name Number Location
3. _____
Name Number Location
4. _____
Name Number Location

IF NONE OF THE ABOVE ADULTS ARE AVAILABLE TO CONTACT THEN I WILL CONTACT 911 AND ASK THE DISPATCHER FOR AN OFFICER TO CONDUCT A WELFARE CHECK TO KEEP ME SAFE.

Printed Name of Student

Student Signature

School Counselor/School Psychologist Signature

PARENT SIGNATURE

Suicide Hotline 1-800-SUICIDE (1-800-784-2433)

**Give copy to student and place a copy in school counselor's confidential file.
Do not place in cum file.**

Murrieta Valley Unified School District
Letter to Mental Health
CONFIDENTIAL

TO: Mental Health Professional
Evaluator for 5150

FROM: _____, Counselor

SUBJECT: _____
(Student's Name)

DATE:

The above student told me the following:
(Check all that apply.)

Student said that he/she had been thinking about suicide, the last time he/she thought about suicide was _____ BUT IS NOT CLEAR WITH THE THOUGHT.

Student said that he/she had A PLAN BUT WILL NOT DIVULGE: _____

Student indicated that he/she had previously attempted suicide on _____ by means of: _____

Other Important Information:

This is a recommendation for further psychological evaluation for suicide based on the following:

- Suicide Interview
- Other: _____

If you should have any questions, please call _____. Upon the student's return to school I would like to meet with him/her and the parent(s)/guardian(s) to determine how the school can assist with a mandatory follow up plan.

EMERGENCY PARENT MEETING

- ⇒ **Give referrals**
- ⇒ **Have parent sign letter**
- ⇒ **Give parent the mental health letter**
- ⇒ **Schedule follow up meeting**

**THIS PLAN AND ALL PERTINENT INFORMATION
SHOULD NOT BE PLACED IN STUDENT'S CUM FILE**

KEEP IN SCHOOL COUNSELOR'S CONFIDENTIAL FILE

Murrieta Valley Unified School District Murrieta, CA

Suicide Prevention Notification

I have been informed that the school has serious concern about my child's health, safety and welfare.

I understand that by signing this form I am acknowledging that the school is fulfilling its duty to notify me pursuant to Education Code Section 49602 (c) regarding a matter involving my child's safety. It is further recommended that a mental health status exam performed by a licensed professional be conducted immediately.

- Referrals for an emergency evaluation for suicide risk/potential have been given to me and I understand that it has been recommended that I take my child to one of these agencies immediately to help ensure the safety of my child. (See Emergency Evaluation Center form)

OR

- Referrals to local counseling services have been provided to me and I understand that it is recommended that I contact one of them directly to schedule an appointment to obtain professional psychological services for my child.

I understand that a school counselor/school psychologist will have a mandatory follow up meeting with me and my child on _____.

Student Name

Parent/Legal Guardian Signature

Date

School Counselor/School Psychologist Signature

GIVE PARENT COPY AND FILE ORIGINAL IN CONFIDENTIAL FILE

Emergency Evaluation Centers

**Emergency Treatment Services (ETS)
9990 County Farm Rd., Suite 4
Riverside, CA 92503
Adults & Minors, – (951) 358-4881**

**FOR THERAPY RECOMMENDATIONS SEE:
COMMUNITY RESOURCES IN APPENDIX**

**THIS FOLLOW-UP PLAN IS DESIGNED TO
ASSIST THE STUDENT IN:**

**IDENTIFYING AND COPING WITH THOUGHTS,
EMOTIONS AND**

**EVENTS THAT HAVE THE POTENTIAL OF
INCREASING**

INTENTIONAL INJURIOUS BEHAVIORS

KEEP IN SCHOOL COUNSELOR'S CONFIDENTIAL FILE

**MURRIETA VALLEY UNIFIED SCHOOL DISTRICT
STUDENT SAFETY PLAN**

Student Name: _____ Staff Name: _____

Parent Name: _____ Date: _____

Current Interventions

SOCIAL WORKER

Name: _____
Contact Number: _____

THERAPY

Therapist Name: _____
Agency: _____
Time/Duration: _____
Contact Number: _____

MEDICAL

Doctor's Name: _____
Time/Duration: _____
Type: _____
Contact Number: _____

PROBATION

Name: _____
Contact Number: _____

ACADEMIC INTERVENTION

Type: _____
Time/Duration: _____
Person's Name: _____
Contact Number: _____

OTHER SUPPORT

Type: _____
Time/Duration: _____
Person's Name: _____
Contact Number: _____

LIST MEDICATION(S)/PRESCRIPTIONS:

Prescription Name: _____ Times per day: _____ Duration _____
Taken at school: Yes No

Prescription Name: _____ Times per day: _____ Duration _____
Taken at school: Yes No

Prescription Name: _____ Times per day: _____ Duration _____
Taken at school: Yes No

ON SITE COUNSELING

_____ Type _____ Time/Duration _____
Counselor's Name

_____ Type _____ Time/Duration _____
Site Psychologist's Name

STUDENT SAFETY PLAN (Cont'd)

The purpose of this plan is to build the student's support system on campus. By connecting students to a team of identified staff members we are providing a safety net of individuals that the student can turn to in time of need, and the staff can check in on the student, encouraging students to follow their treatment plan. It is recommended that a minimum of 3 staff be identified to contact for a minimum of two weeks and re-evaluated for modification after that time.

For the next two weeks _____ will check in with the following people:

Name	How Often	When	Where
1.			
2.			
3.			

Parent communication—please list time and frequency of parent contact.

Who will initiate contact? Parent or Interviewer	How Often?	Phone Number

DATE/TIME FOR NEXT MEETING: _____

COMMENTS: _____

**** Make copy for student, keep original. File in counselor's confidential file, NOT cum.**

Counseling/Community Resources 2012-13

Riverside County Mental Health

(951) 600-6355
41002 County Center Drive
Suite 320
Temecula, CA 92590

- Marriage, child, family and rehabilitation counseling
- Fees as low as \$60.00; insurance welcome

Loma Linda University Behavioral Medical Center

(909) 558-9200
1710 Barton Road
Redlands, CA 92373

Riverside Area Rape Crisis Center

(951) 686-7273 (24 hours)
1485 Spruce, Suite C
Riverside, CA 92507

- Free services for victims and families of sexual assaults
- Rape awareness and prevention
- Community education
- Child abuse prevention education

Riverside Center for Behavioral Health

(951) 275-8400
5900 Brockton
Riverside, CA 92506

- Adult Chemical dependency
- In-patient care
- Evening classes
- Sliding Fee Scale/Medicare/Medi-Cal

Help Line

(951) 686-4357 (24 hour hotline)

- Suicide crisis
- Crisis intervention and referral
- Homeless referrals
- Counseling for anger management
- Food pantry
- Financial assistance
- Financial utility assistance
- Medical referrals accepted for counseling

Riverside County Substance Abuse Program

Administrative Office

(951) 782-2400
3525 Presley Avenue
Riverside, CA

- Narcotics
- Prenatal program
- Adolescence

Substance Abuse Services

(951) 600-6355
41002 County Center Drive, Suite 320
Temecula, CA 92590

- Drug counseling for adolescent/adult
- Prenatal program
- Method one maintenance

Adult Mental Health Services

(951) 600-6355
41002 County Center Drive, Suite 320
Temecula, CA 92590

- Outpatient services for adults
- Crisis outpatient services
- Adults 18 years and over

Children Interagency Program

(951) 413-5678
23119 Cottonwood Ave., Bldg. A, Suite 110
Moreno Valley, CA 92553

- Special Friends
- Daughters & Sons United
- Substance abuse
- Children under 18 years

Novell and Novell Counseling Services

29478 Rancho California Rd.
Temecula, CA 92591
(951) 252-9911

County Contracted Medi-Cal service provider

Loma Linda University Center for Health Promotion

(909) 558-4594
Monday -Thursday. 8:00 a.m. – 5:00 p.m.
Friday 8:00 a.m. – 12:00 noon
Contact Person: Linda Ball