DISTRICT PROCEDURES ON SUICIDE AWARENESS, PREVENTION, AND RESPONSE

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Erie's Public Schools
Erie City Career and Technical School

Office of Human Resources
ww.eriesd.org/hr | 814.874.6080

Training, policies and procedures were revised in accordance with
Act 71, School Code-24 P.S. Sec 1526, 22 PA Code Sec. 12.12

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These Suicide Procedures are to be used in the event that suicidal ideation is suspected, a threat of suicide has been made, has been attempted or death by suicide has occurred. Each school building must have a Suicide Response team which may include but is not limited to the following members: Administrator, School Nurse, Counselor, School Psychologist.

Procedures for Early Identification of Students At-Risk for Suicide

1. All staff members shall familiarize themselves with the Suicide Risk Factors, listed in Appendix A, and the Suicide Warning Signs, listed in Appendix B.
2. The district shall utilize a multifaceted approach to suicide prevention which integrates school and community-based supports. This may include referral to the SAP/Suicide Response Team for further evaluation, informal student counseling, consultation with parents, and/or consultation with outside service providers (if applicable).
3. Staff members who feel that a student exhibits risk factors or warning signs of suicide ideation and is possibly at risk for being suicidal should provide a written statement to the SAP/Suicide Response Team articulating their concerns.

Procedures in Response to Assessment Results Whereby a Student is Identified as Being at Increased Risk of Suicide

1. If rating scale data or assessment of risk factors indicate that a student is at elevated risk for suicidal behavior, a plan will be put into place which may include small group intervention, check in/check out with a designated staff member, informal support through school staff, provide student with a list of community resources that are available, etc..
2. Parental permission will be obtained prior to further assessments being conducted. However, if after three documented attempts at obtaining parent permission and permission is not received in school supports will be utilized. This may include small group intervention, check in/check out with a designated staff member, informal support through school staff, provide student with a list of community resources that are available, etc.

Procedures in the Event of a Student Expressing Thoughts of Suicide

Primary Contact - This individual will immediately set forth the following crisis procedure:

1. Stay with student. **Never leave the student alone.**
2. Notify a member of the Suicide Response Team.
3. Keep student talking.
4. If necessary, move student to private area (ex. Guidance Office).

Suicide Response Team Responsibilities

1. **Student should not be left alone!**
2. Assessing Risk
   - Designated professional should be trained to assess the student's level of risk.
   - Three key questions should be included in any interview: 1) *Have you ever thought of committing suicide?* 2) *Have you ever attempted suicide before?* 3) *Do you have a plan to harm yourself now?*
   - When assessed at any level of risk, the school has the duty to supervise the student, warn his/her parents, and provide appropriate referrals and follow-up.
   - If the student is identified as receiving Special Education Services and/or 504 Accommodations Plan, notify the Special Education Supervisor.

3. Warning Parents
   - The parents of the student must be notified, regardless of the information obtained in the interview.
   - If it appears that the student is the victim of child abuse contact Childline (1-800-932-0313).
   - The school staff must attempt to meet with the parents or the emergency contact and student together before releasing the student.
   - Conference should focus on how everyone can work together to obtain treatment and supervision needed.
   - If the student has a specific plan and method, steps need to be taken to remove access to it.
4. Providing Referrals
   - Offer to assist the student and parent in contacting Crisis Services.
   - If parents refuse offer the Crisis Services contact information (814) 456-2014.
   - If the parent refuses to contact Crisis Services and the threat level is deemed to be high, the designated professional should contact Crisis Services and Childline (1-800-932-0313).
   - A determination will be made if the student should have immediate psychiatric evaluation and/or treatment at a facility for the care and treatment of mental illness. (See Appendices C (Emergency Mental Health Procedures) and D (Involuntary Commitment), below).
5. Documentation and Follow Up
   - Staff member needs to document the conference.
   - Have the parents sign a form indicating that they have been notified of the suicidal emergency of their child and have received referral information.
   - A re-entry planning meeting should be scheduled for when the student returns from home or from hospitalization.
   - A referral to the SAP team should be made.

Procedures for a Response to Suicide Attempt in School

1. Call 911 if immediate medical attention is needed.
2. Contact nurse.
3. Contact building administrator
4. Contact the Suicide Response Team.
5. Member of the Suicide Response Team will contact the parent and inform them of the situation and let the parent know if student is being taken to the hospital.

6. If student is not in need of immediate medical attention, offer to assist the student and parent in contacting Crisis Services.
7. If the parent refuses to contact Crisis Services, the designated professional should contact Crisis Services and Childline (1-800-932-0313).
8. If the student is identified as receiving Special Education Services and/or 504 Accommodations Plan, notify the Special Education Supervisor.
9. Documentation and Follow Up
   - Staff member needs to document the conference.
   - Have the parents sign a form indicating that they have been notified of the suicidal emergency of their child and have received referral information.
   - A re-entry planning meeting should be scheduled for when the student returns from home or from hospitalization.
10. A referral to the SAP team should be made.

Procedures for a Response to a Reported Student Suicide Attempt Outside of School

Building Administrator

1. The Building Administrator or designee will attempt to verify the validity of the report.
2. Determine if emergency medical procedures have been initiated, and do so if necessary.
3. Once emergency medical services have been implemented, contact the parent or guardian if they have not yet been made aware of the situation. Crisis Services should also be called.
4. Notify the Suicide Prevention Coordinators.
5. Complete incident report form.
6. SAP or Suicide Response Team will distribute and process referral forms.

Follow-Up Procedures

1. If a student suicide attempt has been verified, a referral to SAP will be made.
2. Decisions on the types of support needed for the student to attend school will be made by the Building Administrator. The Suicide Prevention Coordinators will be notified of the decision.
3. Student should be monitored by counselor and/or SAP team.
4. Counselor should maintain contact with the student's parents in order to extend support, encourage parental involvement, and report progress.

Procedures for Responding to Death by Suicide

Despite the best intervention and early identification methods utilized by district staff, a student may die by suicide. If a suicide does occur, it is the intent of the School District of the City of Erie to provide support for students, parents, and members of the school staff. We would hope that establishing procedures to help all individuals react in a healthy fashion will serve as a deterrent to future suicides.

Immediate Response:

1. The building administrator notifies the Suicide Prevention Coordinators.

2. Suicide Prevention Coordinators will oversee arrangements for postvention procedures in the home, school, and sibling schools so that the individual interviews may be conducted as quickly as possible.
3. The building administrator will contact the coroner to determine known facts.
4. The student's death and the circumstances of the death are reported to school personnel.
5. The crisis building administrator initiates two phone chains:
    a. In-school faculty and all other building staff for early morning faculty meetings.
    b. In-school SAP Team for a.m. meeting to organize campus crisis work.
6. Contact the Funeral Director to obtain funeral arrangements and discuss release of students and their attendance at the funeral proceedings.
7. Activate the school crisis team.
8. Contact the victim's family to offer support and determine their preferences for student outreach, expressions of grief, and funeral arrangements/attendance.
9. Determine what and how information is to be shared. Correct any misinformation.
10. Inform students through discussion in classrooms and smaller venues, not assemblies or school wide announcements.
11. Identify at-risk youth. Provide support and referral when appropriate. Those at particular risk to imitate suicidal behavior are those might have facilitated the suicide, failed to recognize or ignored warning signs, or had a relationship with the victim.
12. Focus on survivor coping and efforts to prevent further suicides.
13. Advocate for appropriate expressions of memorialization (administrator's discretion).
14. The School Safety Task Force should meet to debrief.
15. Media representatives should be encouraged to follow the American Association of Suicidology guidelines. These recommend not making the suicide front page news or publishing a picture of the deceased, but instead emphasizing suicide prevention, recognition of warning signs, and where to go for help.

Appendix A

Risk Factors

Risk factors refer to personal or environmental characteristics that are associated with suicidal behavior including, but not limited to:

1. Behavioral Health Issues/Disorders, specifically but not exclusively:
    a. Depression
    b. Bipolar disorder or other mood disorder
2. Substance abuse or dependence
3. Previous suicide attempts
4. Self-injury
5. Hopelessness/low self-esteem
6. Loneliness/social alienation/isolation/lack of belonging
7. Poor problem-solving or coping skills
8. Impulsivity/risk-taking/recklessness
9. Adverse/stressful life circumstances
10. Gender identity/sexual orientation
11. Homelessness
12. Interpersonal difficulties or losses
13. Disciplinary or legal problems, including school disciplinary issues
14. Bullying (victim or perpetrator; target, aggressor and/or witness)
15. School or work issues
16. Physical, sexual or psychological abuse
17. Exposure to family or peer suicide
18. Family characteristics – lots of conflict, few activities
19. Family mental health problems, including alcoholism
20. Divorce/death of parent
21. Parent-child conflict

Appendix B

Warning Signs of Suicidal Intention

Approximately 80% of adolescents who attempt suicide exhibit warning signals. They typically tell peers or siblings more often than adults. They may use either direct or indirect means of signaling their distress. They may demonstrate this through:

1. Specific comments about death.
    a. "I'd be better off dead."
    b. "I might as well kill myself."
    c. "They won't have to worry about me much longer."
2. Remarks about a personal sense of worthlessness.
    a. "They'll be sorry when I'm gone."
    b. "Nobody will really miss me."
    c. "I can't do anything right; why try?"
3. Expressions of self-destructive thoughts in either written form (e.g. journals, letters, poetry, or art work). A preoccupation with death or the "darker" side of life (e.g. the occult).
4. A lack of "connectedness," namely few acquaintances, no close friend, perhaps a recent break-up with friends, recent death in family or among peers, withdrawn behavior, a refusal to communicate with others.
5. Prior history of suicide in the family or previous suicide attempts, threats or gestures on the part of the adolescent.
6. Expressions of depressed behavior such as enduring sickness, lack of energy, apathy about the pleasures of life.
7. Inadequate problem-solving skills, fatalistic view of the world, seeing oneself as a victim, dichotomous thinking.
8. Dramatic changes in behavior such as life threatening risk taking behavior, changes in eating or sleeping habits, drop in academic grades, radical turnabout in behavior, personality change, disinterest about one's appearance.
9. Prolonged involvement in drug or alcohol abuse or recent heavy usage.
10. Family systems problems—chaotic family structures, conflict ridden separation or divorce, physical and/or sexual abuse, alcoholism.
11. A recent embarrassment (loss of self-esteem) in the family or among peers, a sudden frustration of an adolescent's plans and hopes for the future.
12. The act of giving away favorite possessions, putting one's affairs in order.

A suicidal youngster generally has experienced a number of problems associated with adolescent development. There is often a precipitating event which plunges a very vulnerable youngster into thoughts of hopelessness and helplessness. Quite often the event which precipitates the attempt is a serious interpersonal conflict with a relative or close friend. The suicidal youngster fixates on the specific problem only, and incorrectly assumes that all of his or her life will be as conflicted and painful as it now appears.

Appendix C

Emergency Mental Health Procedures

Voluntary Psychiatric Hospitalization ("201")

A student aged 14 years or older may submit him/herself to examination and in-patient treatment without parental consent provided the student believes s/he is in need of treatment, substantially understands the nature of the voluntary treatment sought and the decision to do so is made voluntarily, subject to the provisions of the Pennsylvania Mental Health Procedures Act, 50 P.S. §7201 et seq. The student's parents must be notified and they have the right to seek legal appeal concerning the admission decision should they have objections. (For students under the age of 14 years, treating facilities will require consent from the student's parent, guardian or person standing in loco parentis to the child prior to making an admission decision.) If the parent files an objection to the treatment/admission, a hearing shall be held within 72 hours by a judge or mental health review officer, who shall determine whether the voluntary treatment is in the best interest of the minor student. Obviously, a parent supported admission is the most desirable approach, since follow-up outpatient care and parental involvement is a major factor in promoting a maximum recovery picture for the child. The admission is "open ended" in that there is no mandated duration period for the admission. A treatment team must oversee the delivery of inpatient treatment services, and the patient may actively participate in treatment planning efforts.

Emergency Involuntary Psychiatric Hospitalization ("302")

The Mental Health Procedures Act creates a procedure to provide for involuntary emergency detention, transportation, evaluation and treatment of a person who is "severely mentally disabled and in need of immediate treatment." 50 P.S. §7301. A person is "severely mentally disabled" when, as a result of mental illness, his/her "capacity to exercise self-control, judgment and discretion in the conduct of his affairs and social relations or to care for his own person needs is so lessened that he poses a clear and present danger of harm to others or to himself."

"Clear and present danger to others" shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is a reasonable probability that such conduct will be repeated. A "clear and present danger of harm to others" may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm. 50 P.S. §7301(b).

"Clear and present danger to himself" shall be shown by establishing that within the past 30 days:

(i) the person has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is a reasonable probability that death,

serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded to him; or

(ii) the person has attempted suicide and that there is the reasonable probability of suicide unless adequate treatment is afforded under this act. For the purposes of this subsection, *a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide*; or

(iii) the person has substantially mutilated himself or attempted to mutilate himself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

Any responsible party who has observed the conduct of such an individual which fits the descriptions above, may request to file a petition with the County Mental Health/Mental Retardation Administrator or his/her representative ("Delegate") to have a suspected individual evaluated. The Delegate investigates the grounds of the complaint in line with the Mental Health Procedures Act, and upon making a positive determination that reasonable grounds exist, then arranges for the individual to be examined by a physician. If the examining physician finds sufficient evidence to confirm for the presence of severe mental disability and clear and present danger status, the physician may then certify the person to be involuntarily committed to an approved psychiatric inpatient facility. A person who is involuntarily admitted for in-patient treatment pursuant to this process shall be discharged whenever it is determined that he no longer is in need of treatment and, in any event, within 120 hours, unless within such period: (a) he is admitted to voluntary treatment pursuant to the Mental Health Procedures Act, or (b) a certification for extended involuntary emergency treatment is filed pursuant to the Mental Health Procedures Act.

Appendix D

Involuntary Commitment – 302 Procedures

Chapter 12 – PENNSYLVANIA SCHOOL CODE dictates that "if the health, welfare, and safety of a student is in jeopardy, the District will take such actions to maintain the safety of the student."

Therefore, if a student is refusing to follow the District Emergency Medical Procedures, the District will take such action, through Mental Health 302 Procedures to provide necessary medical services to the student (said procedure describe in Appendix C, above).

According to the Mental Health Procedures Act, if a responsible person is aware of threatening behavior (suicidal or homicidal in intent) as a result of emotional illness and there has been a behavioral furtherance of a threat, then a responsible individual can petition to have a 302 warrant issued.

Crisis Services should be called (456-2014). They will come to the scene and will assist the Petitioner in obtaining the warrant. Once the warrant is obtained by Crisis Services, they will assist the police in accompanying the student and the petitioner to the mental health facility. The Petitioner should be prepared to give background information to assist in the evaluation. An inquiry should be made to determine if the parent/guardian would be willing to act as the Petitioner.

The mental health facility has the responsibility for the evaluation and whether or not the patient will be committed according to the Mental Health Procedures Act.

Appendix E

Announcement of Student's Death

(to be read by designated classroom teacher)

On (date) a student from our school died tragically. We are all saddened by this loss. A sudden loss like this can cause many strong feelings. It is good to talk to someone about these feelings. We recommend that you speak to your parents about this and share your reactions. It is important to let your parents know how you feel.

In other schools where this has happened students have also found it helpful to speak to a counselor. The school is sensitive to this need and has arranged to have counselors from our own school district as well as local mental health agencies and Crisis Services Intervention available to talk with you (time and place). Requests to see a counselor can be made through your teacher.

Appendix F

To:

From:

Date:

RE: Emergency Memo to Teachers

The following information will hopefully help you through this most difficult day.

1. Don't expect to get your usual amount or quality of work done. Try to teach, based on your feelings as well as those of your students. If this is not possible, a quiet class period is appropriate.
2. It is okay for a teacher to feel uncomfortable about dealing with this situation. Ask for help from the Student Assistance Team if you want.
3. It is okay for teachers to show their feelings.
4. Both teachers and students need to support each other as much as possible.
5. You may be overwhelmingly upset, especially if you have had contact with the student. There are professional support staff available to talk with you. If you cannot meet your classroom responsibilities please inform someone immediately and coverage will be provided.
6. You should give mutual support to other staff. The faculty room may be the most comfortable place to share your feelings.
7. Establish your classroom routines as soon as possible **AFTER** children have had a chance to express their feelings.
8. Be aware of the **FACTS** regarding this situation in order to be able to counter-act inaccurate rumors.
9. What may seem like inappropriate feelings expressed by some children reflect real feelings which we may not immediately understand. There is no inappropriate immediate response. Children can be helped to empathize with others and express honest feelings appropriately. Expect the entire range of emotional reactions from hysterical behavior to joking. ALL reactions are normal. Teachers may get the feeling that there are some students who are using this tragedy to avoid school responsibility. These students are in the minority. We all need to be careful not to judge the feelings or motivations of others.
10. If a child expresses the feeling that he should have done something to prevent the situation, listen to what he/she has to say. Let him/her fully express themselves and then let him/her know they were not responsible. When children speculate, ask them if they know for sure what happened, listen, and then point out gently and without criticism what we know and don't know.

11. Think about who children can talk with, at home and at school.
12. For those students who are extremely upset, designated areas have been set up in the building where professional support staff is available to assist them. Grieving students should not be in the corridors unsupervised, but rather sent to the designated areas. They will be returned to class when they are ready. The names of these students will be kept in a confidential log and:
    a. Their parents/guardians will be notified immediately.
    b. Individual follow-up sessions will be scheduled with them by members of the professional support staff.
13. Many children may have to "talk this through." This may take a number of days. If it begins to seem excessive please talk to members of the Student Assistance Team.
14. Do not be surprised if you find yourself dealing with a student who is grieving another death. The recent past death of a parent, grandparents, friend or significant other could trigger grieving for the person at this time.
15. Help the children to find appropriate ways to express sympathy to the family. Children should be attending the funeral with an adult.
16. Monitor yourself and help other staff. All support services available to students <u>are available for staff as well</u>!

*Please plan to attend an after school faculty meeting today at _____P.M. in _____.

Appendix G

Sample One

Letter to Parents Regarding the Recent Death of a Student

Dear Parents,

I want to inform you of the death of a (name of school) student on (date). A young person's death is always tragic and a sudden loss can affect surviving students.

It is important that we recognize this loss and offer help. This is a sensitive issue for students and we suggest that you talk with your children about their feelings.

We will have a counselor available in the school to talk with students.

If you have any questions or concerns please feel free to call me at (phone number).

Sincerely yours,

Principal

Appendix H

Sample Two

Letter to Parent – To Be Mailed

Dear Parents,

On (date) one of our students died tragically. We are all saddened by this sudden loss. Death at any time, but especially at a young age, can cause many different feelings and have a profound effect upon other students.

It is important for you to talk with your children about their feelings concerning the death. Death is often difficult to talk about; parents often want to ignore the issue to save children pain. However, a sudden loss can elicit profound emotions in teens. It is important that you let your child know you are available to listen to their problems and concerns.

We have made arrangements to have counselors available to talk with students who may need additional guidance. This may be accomplished individually or in small groups.

Written excuses from parents will be required for students who want to attend the funeral.

On behalf of the entire (Name of School), I have extended our sincere condolences to the student's family on this sad occasion.

We appreciate your cooperation regarding this sensitive issue. If you have any questions, please call me.

Sincerely yours,

Principal

Appendix I

This form should be filled out by a school Suicide Response Team member in the event that a Mental Health Specialist is not available.

Suicidal Incident Report

CONFIDENTIAL

Name _____ ID# _____

Date _____

Parent/Guardian _____

Telephone _____ D.O.B. _____

Age _____ Grade _____ Homeroom _____

School _____

Comments:

Incident:

School Response:

Follow-Up:

*** If the student is a Special Education Student, please notify the building Special Education Supervisor***

CONFIDENTIAL AT-RISK STUDENT EVALUATION/REPORT

PROTOCOL FOR MENTAL HEALTH SPECIALISTS

Date: _____

The Student At-Risk Report is to be faxed to the SAP/MH Supervisor for any incident of student violence to self or others including threats, abuse issues or other critical incidents you may be asked to respond to. A copy must also be given to your building principal. Please fax as soon as any incident described above occurs. If the student receives Special Education services please notify the building Special Education Supervisor

NAME: _____ **MALE** _____ **FEMALE** _____

ADDRESS: _____

CITY STATE ZIP CODE

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____

PARENT/GUARDIAN: _____ **HOME PHONE:** _____

EMERGENCY: _____

PARENT NOTIFIED: YES _____ NO _____ NOT NECESSARY _____

DATE OF NOTIFICATION _____ **TIME:** _____

NOTIFIED BY: **PHONE** _____ **LETTER** _____

PERSON NOTIFIED: _____ **NOTIFICATION MADE BY:** _____

(IF OTHER THAN PARENT)

SCHOOL CONFERENCE HELD: YES _____ NO _____

STAFF MEMBERS INVOLVED: _____

_____

PARENTAL RELEASE OF INFORMATION SIGNED: YES _____ NO _____

WAS BUILDING ADMINISTRATOR NOTIFIED? YES _____ NO _____

WAS POLICE INVOLVED? YES _____ NO _____ WERE CHARGES FILED? YES _____ NO _____

DESCRIPTION OF CRISIS (INCLUDE VERBAL, BEHAVIORAL, OR SITUATIONAL) _____

_____

_____

_____

_____

LEVEL OF RISK: HIGH _____ MEDIUM _____ LOW _____

DIAGNOSTIC IMPRESSION (IF SAP LIAISON IS INVOLVED):_____

_____

CURRENT INTERVENTION PLAN:

_____ **CALLED CRISIS SERVICES**

_____ **SIGNED SAFETY CONTRACT**

_____ **OFFERING SAP SERVICES**

_____ **REFERRAL TO OTHER AGENCY**

(OCY, BSU, MCH)

PLEASE SPECIFY: **AGENCY** _____

TIME: _____ **TRANSPORTATION** _____

CHECK ALL THAT APPLY:

_____ **THOUGHTS TO HURT SELF OR OTHERS**

_____ **THOUGHTS/THREATS TO HURT OTHERS**

_____ **DRUG/ALCOHOL USE**

_____ **FEELING HELPLESS, HOPELESS, WORTHLESS**

_____ **PREVIOUS SUICIDE ATTEMPT**

_____ **HARASSMENT BY OTHERS**

_____ **SUICIDE PLAN**

_____ **PREVIOUS INPATIENT TREATMENT**

_____ **STUDENT IS CURRENTLY RECEIVING MHO, DA TREATMENT.**

_____ **STUDENT IS CURRENTLY RECEIVING MEDS**

_____ **REPORTED OR SUSPECTED ABUSE**

FOLLOW-UP:

_____ **AGENCY APPOINTMENT KEPT**

_____ **AGENCY REFERRAL FAILED, SPECIFY REASON:** _____

_____ **PARENT AWARE OF REFERRAL, SAP REFUSED**

_____ **SAP TEAM MONITORING**

_____ **REFERRAL TO ANOTHER AGENCY**

_____ **PROBLEM RESOLVED**

DISPOSITION/ADDITIONAL INFORMATION:

_____

_____

Signature: _____ Date: _____

Clinical Review: _____ Date: _____

STUDENT SERVICES/BEHAVIORAL HEALTH SERVICES
STUDENT FOLLOW-UP

Student Name _____ **School** _____

Incident Date _____

Next Day Status:

Contacts:

Follow-Up:

One Week Status:

Contacts:

Follow-Up:

Two Week Status:

Contacts:

Follow-Up:

One Month Status:

Contacts:

Follow-Up:

Final Recommendations/Comments:

Contacts:

Follow-Up:

C:excel/FORMS/SAP-BH AT RISK FOLLOW-UP FORM

REPORT OF CRISIS CONFERENCE

Date: _____

I/We _____ the parent/guardian of _____ was/were involved in a conference with the school personnel at _____ School. I/we have been informed that our child has reported or exhibited behaviors that are a cause of concern for his/her personal safety or the safety of others. I/we have also been advised to consider seeking further evaluation and consultation from a community mental health provider. I/we have been provided information regarding crisis precautions and have been given resource information including how to access Crisis Services of Community Integration, which provides crisis counseling, assessment and referral services to children and families:

24 HOUR A DAY – 7 DAYS PER WEEK AT <u>NO CHARGE</u>

_____ _____
PARENT/GUARDIAN STUDENT

_____ _____
SCHOOL REPRESENTATIVE ADMINISTRATOR

Crisis Services of CII: 2560 West 12th Street
Erie, PA 16505
(814) 456-2014 <u>or</u>
1-800-300-9558 (can be called by pay phone at no charge)

_____ _____
SCHOOL CONTACT PHONE

_____ _____
STUDENT ASSISTANCE PROGRAM MENTAL HEALTH SPECIALIST PHONE

STUDENT ASSISTANCE PROGRAMS

SAFETY PLAN

I, _____, have discussed with _____ not to harm myself or anyone else. If at any time I have thoughts or intentions to hurt myself or someone else, or if I am in any type of crisis situation, I agree that I will immediately talk with _____ at school and _____ if I am at home or in the community as part of my safety plan.

If I cannot reach the persons I have identified above, I agree to call:

CRISIS SERVICES at (814)456-2014 or 1-800-300-9558

_____ _____ _____

Student Signature Date Time

_____ _____ _____

Support Person Signature Date Time

Get Help

DO NOT LEAVE THE PERSON ALONE!

You can keep asking about their plan and get more info, but get a resource!

- Building level resources, like SAP
- 24/7/365
  - Crisis Services at 814/456-2014 or 800-300-9558
  - LIFELINE 1-800-273-TALK
  - Mobile, Walk In, Telephone
  - FREE
- ER's and Inpatient for youth
  - MCH-Crisis can help
  - Clarion-Crisis can help (Direct admission/transport)
  - Belmont Pines-Crisis can help (Direct admission/transport)
  - Warren
  - Meadville
  - *Adults: MCH, St V's, Clarion, Belmont, Warren, Meadville*
- Outpatient
  - Safe Harbor, Achievement Center, Sarah Reed, Private

UPMC Hamot