



# Perris Union High School District Suicide Prevention Plan



Adopted February 2018

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## **Background**

Suicide is the second leading cause of death in young people between the ages of 10-24. Suicide is the 10th leading cause of death in the US for all ages. Every day, approximately 105 Americans die by suicide. There is one death by suicide in the US every 12 minutes (Centers for Disease Control and Prevention, 2015).

Schools are in a unique position to teach/reinforce resiliency skills, identify at-risk students/adults, and provide appropriate intervention and postvention strategies. The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the district and schools to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths and other trauma associated with suicide, including ensuring adequate support for students, staff, and families affected by suicide attempts and loss. As it is known that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students.

This policy is based on research and best practices in suicide prevention, and has been adopted with the understanding that suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those at risk of suicide, and decrease suicidal behaviors. This protocol will serve as a uniform tool for school counselors, psychologists, mental health professionals, and administrators when assessing a person for suicidal risk, intervention and continued safety.

The goals of this suicide protocol are to:

- Increase the knowledge of at-risk indicators and current suicide statistics.
- Provide district staff with strategies that increase and reinforce resiliency factors.
- Provide a district-wide standardized protocol that is user-friendly for students and staff.
- Provide a district-wide standardized intervention/postvention protocol that includes cooperation and collaboration with outside agencies and a more overall, protective environment for potential existing, returning and recurring suicidal students.

## **Purpose**

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:

- (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcome,
- (b) further recognizes that suicide is a leading cause of death among young people,
- (c) has an ethical responsibility to take a proactive approach to preventing deaths by suicide, and

(d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at a greater risk for suicide and one which helps to foster positive youth development.

## Overall Strategic Plan for Suicide Prevention

The Perris Union High School District (PUHSD) shall involve school-employed mental health professionals (e.g., school counselors, psychologists, social workers, nurses, Educationally Related Mental Health Service (ERMHS) therapists), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention and intervention. The district will work in conjunction with local government agencies, community-based organizations, and other community support to identify additional resources. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

### Definitions

1. **At risk:** A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. **Crisis team:** A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols and may provide mental health services for effective crisis interventions and recovery supports.
3. **Mental health:** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **Postvention:** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
5. **Risk assessment:** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, ERMHS therapist, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, the presence of a suicide plan and its level of lethality and availability, the presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

**6. Risk factors for suicide:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, academic performance deficits, and/or social factors in the individual, family, and environment.

**7. Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

**8. Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

**9. Suicide attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

**10. Suicidal behavior:** Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating an intent to end one's life.

**11. Suicide contagion:** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

**12. Suicidal ideation:** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

**14. Warning Signs:** The behaviors that may signal the presence of suicidal thinking. They indicate the need to inquire directly about whether the individual has thoughts of suicide or self-harm. Warning signs include the following: suicide threat; suicide notes and plans; prior suicidal behavior; making final arrangements; preoccupation with death; changes in behavior, appearance, thoughts and/or feelings.

## **Prevention**

### **A. Messaging about Suicide Prevention**

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, PUHSD along with its partners, has critically reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide. Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing

environment, and strengthen protective factors that reduce the risk for students. Prevention includes:

- Promoting and reinforcing the development of desirable behavior such as help seeking behaviors and healthy problem-solving skills.
- Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- Monitoring and being involved in young people's lives by giving structure, guidance and consistent, fair discipline.
- Modeling and teaching desirable skills and behavior.
- Promoting access to school and community resources.

## B. Suicide Prevention Training and Education

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, LBGTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions of certain types of disabilities.

## Training

- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- All suicide prevention trainings shall be offered under the direction of school-employed mental health professionals (e.g., school counselors, psychologists, ERMHS therapists, or social workers) who have received advanced training specific to suicide and may benefit from collaboration with one or more county and/or community mental health agencies. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.
- At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment. Previously employed staff members shall attend a minimum of one-hour general suicide prevention training.
- Core components of the general suicide prevention training shall include:
  - Suicide risk factors, warning signs, and protective factors;
  - How to talk with a student about thoughts of suicide;
  - How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
  - Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member;

- Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
- Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California Healthy Kids Survey (CHKS) should also be analyzed to identify school climate deficits and drive program development. See the California Healthy Kids Website at <http://chks.wested.org/>.

## **Intervention, Assessment, Referral**

### **A. Staff**

PUHSD counselors and ERMHS therapists are staff members who have received advanced training in suicide intervention shall be designated as suicide prevention liaisons. Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify a suicide prevention liaison. A full assessment of the student will be done and appropriate referrals will be processed based on the needs of the student. All district employees are expected to report immediately any possible concerns, reports or behaviors relating to suicide or self-injury.

The principal, another school administrator, school counselor, school psychologist, social worker, ERMHS therapist or nurse shall then notify, if appropriate and in the best interest of the student, the student's parents/guardians/caregivers as soon as possible and shall refer the student to mental health resources in the school or community. Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911.

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify a suicide prevention liaison or law enforcement if outside school hours.

Students experiencing suicidal ideation shall not be left unsupervised.

A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

The PUHSD suicide prevention procedures shall be followed to ensure student safety and appropriate communications if a suicide occurs or an attempt is made by a student or adult on campus or at a school-sponsored activity.

All student matters are confidential and may not be shared, except with those persons who need to know as part of the prevention/intervention process. Personnel with the need to know shall not re-disclose student information without appropriate legal authorization. Information sharing should be within the confines of the district reporting procedures.

## B. Parents, Guardians, and Caregivers

Parents/guardians/caregivers have access to the district suicide prevention plan so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

## C. Students

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt.

## D. Parental Notification and Involvement

After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers will be required to provide documentation of care for the student.

If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide prevention liaison (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, school staff will contact Child Protective Services (CPS) to report neglect of the youth. (Child Protective Services 800-442-4918).

## E. Action Plan for In-School Suicide Attempts

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her is critical. The following steps should be implemented:

- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- Move all other students out of the immediate area;
- Immediately contact the administrator or suicide prevention liaison;
- If needed, provide medical first aid until a medical professional is available;
- Parents/guardians/caregivers should be contacted as soon as possible;
- Do not send the student away or leave them alone, even if they need to go to the restroom;
- Listen and prompt the student to talk;
- Review options and resources of people who can help;
- Be comfortable with moments of silence as you and the student will need time to process the situation;
- Provide comfort to the student;
- Promise privacy and help, and be respectful, but do not promise confidentiality;



- Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

## F. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of school property, it is crucial that the district protects the privacy of the student and maintains a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family;
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;
- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis are correct;
- Ensure the designated district official is given the factual information to address media requests;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for reintegration to school.
- Follow postvention guidelines with mandatory parent, student, and suicide prevention liaison.

## G. Supporting Students after a Mental Health Crisis

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The following steps should be implemented after the crisis has happened:

- Treat every threat with seriousness and approach with a calm manner; make the student a priority;
- Listen actively and non-judgmental to the student. Let the student express his or her feelings;
- Acknowledge the feelings and do not argue with the student;
- Offer hope and let the student know they are safe and that help is provided. Do not promise confidentiality or cause stress;
- Explain calmly and get the student to a trained professional, guidance counselor, or designated staff to further support the student;
- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student.

## H. Re-Entry to School After a Suicide Attempt

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment. The following steps shall be implemented upon re-entry:

- Obtain a written release of information signed by parents/guardians/caregivers and providers;

- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- Inform the student's teachers about possible days of absences;
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and mood;
- Work with parents/guardians/caregivers to involve the student in an aftercare plan.

## I. Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. The crisis team will develop an action plan to guide the school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following the news of the suicide death. The action plan may include the following steps:

- **Verify the death.** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until accurate cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
- **Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- **Share information.** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. External communication with the media or for distribution to students should be done by the district communication liaison in conjunction with the crisis intervention team to provide facts about the death, postvention plans, and available resources.
- **Avoid suicide contagion.** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

- **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

## J. Messaging and Suicide/Self-harm Contagion

Research has shown a link between certain kinds of suicide-related media coverage and increases in suicide deaths. Responsible reporting with the media can reduce the risk of this occurring. Suicide contagion has been observed when:

- the number of stories about individual suicides increases,
- a particular death is reported in great detail,
- the coverage of a suicide death is prominently featured in a media outlet, or
- when the headlines about specific deaths are framed dramatically (e.g., “Bullied Gay Teen Commits Suicide By Jumping From Bridge”)

Contagion can also play a role in cases of self-harm behavior. These behaviors may originate with one student and can spread to other students through imitation. Because adolescents are especially vulnerable to the risk of contagion, in the case of a suicide death, it is important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Schools can do this by seeking opportunities to emphasize the connection between suicide and underlying mental health issues such as depression or anxiety that can cause substantial psychological pain but may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

However, schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces stigma and may be deeply and unfairly painful to the student’s family and friends.

Finally, after a death by suicide it is important for schools to encourage parents/guardians to monitor their child’s social networking pages. Students often turn to social networking websites as an outlet for communicating information and for expressing their thoughts and feelings about the death. Parents/guardians should be advised to monitor the websites for warning signs of suicidal behavior.

## Resources

[Center of Disease Control Suicide Fact Sheet](#)

[Assembly Bill 2246](#)

[Local Resource Database](#)

[www.reportingonsuicide.org](http://www.reportingonsuicide.org)

# Appendix



## Suicide Prevention Assessment

<b>Low</b> No Imminent Danger	<b>Moderate</b> Possible Danger	<b>High</b> Poses Imminent Danger
<b>Definition:</b> Student is depressed, has thought about suicide in last six months, but has not developed a plan of action. Feels life is overwhelming at times, may have experienced some kind of significant challenge recently. Does not pose imminent danger to self; insufficient evidence for suicide potential.	<b>Definition:</b> Student is seriously depressed, has given thought as to how he/she might end his/her life. Feels life is overwhelming, unbearable, feels worthless. May have experienced traumatic or hazardous situation recently. Might have a plan and/or a means of carrying out the plan.	<b>Definition:</b> Student is threatening or making an attempt on his/her life at the present time. Has a plan and a weapon or a means of ending his/her life immediately. Refuses to sign No Harm Agreement.
<b>Keys words or phrases to look for:</b> <ul style="list-style-type: none"> <li>• I feel depressed</li> <li>• I am overwhelmed</li> <li>• I don't know how to deal with...</li> <li>• I am worried about...</li> <li>• I am stressed about...</li> <li>• Drawings without a plan</li> <li>• I feel lonely</li> <li>• Nobody really likes me</li> <li>• Nobody understands me</li> <li>• I have nobody to talk to</li> <li>• I really don't have any friends</li> <li>• Writing phrases in notebooks/papers to express self</li> </ul>	<b>Keys words or phrases to look for:</b> <ul style="list-style-type: none"> <li>• I have thought about just not being around</li> <li>• It might be better if I was just gone</li> <li>• I don't see another way out</li> <li>• I can't keep doing this</li> <li>• I just don't care anymore</li> <li>• I should just kill myself</li> <li>• You know I love you, right?</li> <li>• I want to tell you something...forget it or nevermind</li> </ul>	<b>Keys words or phrases to look for:</b> <ul style="list-style-type: none"> <li>• I am going to kill myself by...(plan)</li> <li>• I will do it with/by....(means)</li> <li>• I just want to be done</li> <li>• I just want to go sleep (and not wake up)</li> <li>• I don't think I'll be at school next week</li> <li>• I just came to say goodbye</li> <li>• I wonder if anyone would notice if I just disappeared</li> <li>• I wonder what happens after you die (or I wonder what Heaven is like)</li> <li>• If something happens to me promised to care of...</li> </ul>
<b>Indicators:</b> Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system is in place; no alcohol/substance abuse; some depressed mood/affect;	<b>Indicators:</b> Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication;	<b>Indicators:</b> Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g., giving away prized possessions, goodbye

evidence of thoughts found in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).	self-injurious behavior; recent trauma (e.g., loss, victimization).	messages in writing, text, on social networking sites); isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.
<b>Plan of Action:</b> Reassure and supervise student; communicate concerns with parent/guardian; assist in connecting with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; establish a follow-up plan and monitor as needed.	<b>Plan of Action:</b> Supervise student at all times; follow PUHSD 5150 procedure for a mental health evaluation to determine level of risk; notify parent/guardian (if safe to do so), ERMHS/School Resource Officer (SRO) determine if student needs hospitalization; proceed with release to parent or hospitalization based on the mental health evaluation; establish a follow-up plan and monitor as needed. Possible No Harm Agreement pending outcome. If student removed from school site by someone SRO or Community Response Evaluation and Support Team (CREST) other than guardian/parent, then complete Removal of Pupil from School.	<b>Plan of Action:</b> Supervise student at all times; follow PUHSD 5150 procedure for a mental health evaluation to determine level of risk; notify parent/guardian (if safe to do so), ERMHS/SRO determine if student needs hospitalization; proceed with release to parent or hospitalization based on the mental health evaluation; establish a follow-up/re-entry plan and monitor as needed. Possible No Harm Agreement pending outcome. If student removed from school site by someone (SRO/CREST) other than guardian/parent, then complete Removal of Pupil from School.
<b>Resources:</b> <a href="#">Social/Emotional Assessment Form</a> <a href="#">5150/5585 Procedure</a> <a href="#">Suicide Risk Screening Checklist</a> <a href="#">No Harm Agreement</a> <a href="#">Pupil Removal Form</a> <a href="#">Local Community Resources</a>		

## Suicide Risk Screening Checklist



Student Name:

Grade:

Date of Birth:

Completed By:

Position/Title:

Date:

1. What led up to what you said or wrote?

2. Tell me about the problem that is causing you stress.

3. Are you thinking of killing or hurting yourself? ☐ Yes ☐ No \*

4. Are you thinking of killing or hurting anyone else? ☐ Yes ☐ No \*

5. How will you do it (plan)?

6. Where will you get the (identified means)?

7. Is the (identified means) available to you right now? ☐ Yes ☐ No

Where is the means located?\*\*

\*\* (If Yes and student has means on person currently then SRO or Admin needs to be involved immediately for possible search in order to maintain safety)\*\*

8. When do you plan to do this?

9. Who else have you told about your plan?

10. Have you posted anything on social media about how you've been feeling or your plan? (\*If yes, notify site administration/SRO\*) ☐ Yes ☐ No

11. Is anyone else involved? If yes, who? ☐ Yes ☐ No

\* If answers to both questions 3 and 4 are "no" then refer to Low Risk level on PUHSD Suicide Prevention Assessment. Intervention and follow up should remain at the site level. Document interaction in Social/Emotional Assessment Form.



## Suicide Assessment Risk Form

School: <<School Site>>

Referral Date<<Date>>

Time/Period:<<Time>>

Day of Week: <<Day of the week seen>>

Student ID #: <<ID>> Student's Name: <<Student Name>>

Person Completing SARF/Counselor: <<Counselor Name>> ERMHS (if one responded): <<ERMHS>>

Grade: <<Grade Level>>

Age: <<Age>>

Gender: <<Gender>>

Program: <<Program>>

Student Referred by: <<Referral Source>>

Reasons for Referral: <<Reason for Visit>>

Was student removed?: <<Removed>> If removed, by who?: <<By Who>>

Notes:

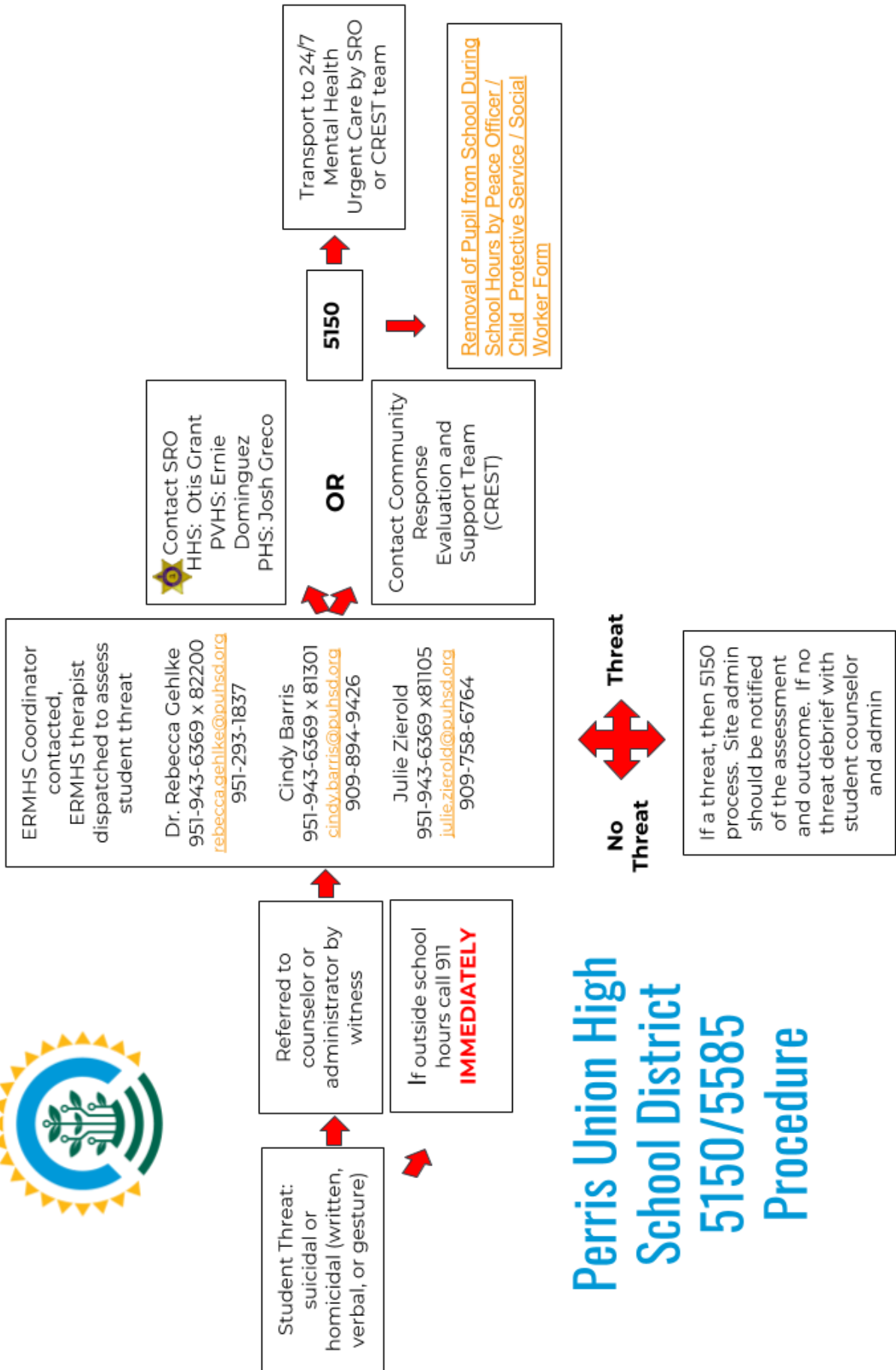
<<Notes on Meeting>>

Total time spent: <<Total Time>>

**Place This Form in Your Confidential File-DO NOT Place in CUM FILE**



# Perris Union High School District 5150/5585 Procedure







# PERRIS UNION HIGH SCHOOL DISTRICT

155 E. Fourth Street, Perris, CA 92570  
951-943-6369

puhsd.org

@puhsd

PerrisUnionHSD

**Superintendent:** Grant Bennett

**Candace Reines**  
Deputy Superintendent  
Business Services

**Marilyn Saucedo, Ed.D.**  
Assistant Superintendent  
Educational Services

**Kirk Skorpanich**  
Assistant Superintendent  
Human Resources

**Joseph Williams**  
Executive Director  
Technology

## Removal of Pupil from School

**During School Hours by Peace Officer / Child Protective Service / Social Worker** (*Sacar a un estudiante de la escuela durante las horas escolares por parte de un agente de la policía/Servicios de protección infantil/Trabajador(a) social*)

**Education Code** (Código de educación) \_\_\_\_\_

**Pupil** (El estudiante) \_\_\_\_\_

**ID#**(Numero del estudiante) \_\_\_\_\_ **DOB** (FDN) \_\_\_\_\_ **Grade** (Grado) \_\_\_\_\_

was removed from \_\_\_\_\_ School during school hours by a peace officer (making an arrest or taking this child into custody), Child Protective Service, or Social Worker, in accordance with the laws of the State of California and the rules and regulations of the Perris Union High School District. (*lo/la sacaron de School durante las horas escolares por parte de un agente de la policía (haciendo un arresto, llevando a este estudiante en custodia), los Servicios de protección infantil, o por parte de un trabajador(a) social, conforme a las leyes del Estado de California y a las reglas y reglamentos de Perris Union High School District.*)

**Officer** (Oficial) \_\_\_\_\_ **Badge #** (# de la Insignia) \_\_\_\_\_

**Date** (Fecha) \_\_\_\_\_ **Time** (Hora) \_\_\_\_\_

**Basis for Removal** (*Base para sacarlo(a)*)

\_\_\_\_ Section 625 – Welfare and Institution Code – Without Warrant (Sección 625 – Código del Bienestar, Institución Sin orden judicial)

\_\_\_\_ For investigation or interview (Para investigar, o entrevistar)

\_\_\_\_ Section 836 – Penal Code (Sección 836 – Código Penal)

\_\_\_\_ Warrant for arrest (Orden de arresto)

\_\_\_\_ In case of emergency when parents cannot be reached (En caso de emergencia cuando no pueden localizar a los padres)

\_\_\_\_ In case of emergency when rights of one the persons involved might otherwise be seriously impaired (En caso de emergencia cuando los derechos de las personas involucradas de lo contrario podrían verse seriamente perjudicados)

**Parent notified by:**(Name) \_\_\_\_\_ **Time** \_\_\_\_\_

*Los padres fueron notificados por (Nombre)*

*Hora*

**Parent notified:** (Parent Name) \_\_\_\_\_

*Padre Notificado:(Nombre de Padre(s))*

**Comments** (Comentarios):

**Principal or Credentialed Person in Charge** (*Director(a), o persona titulada encargada*):



## 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 Riverside County Emergency Treatment Services immediately to help ensure the safety of my child.

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

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.

\*Failure to access recommended treatment will require the suicide prevention liaison to contact Child Protective Services to ensure the child's safety.

\_\_\_\_\_ I understand that I am to schedule a mandatory follow up meeting with the school counselor and other relevant school staff with me and my child prior to my child returning to school to maximize my child's safety.

\_\_\_\_\_ Student Name

\_\_\_\_\_ Parent/Legal Guardian Signature

\_\_\_\_\_ School Counselor or ERMHS Signature

Place This Form in Your Confidential File-DO NOT Place in CUM FILE



## Local Community Resource Database

Family Assistance, Food, Housing	Contact	Services
<a href="#">Supplemental Security Income</a>	800-772-1213	Provides cash assistance and Medi-Cal to low income disabled.
<a href="#">Temporary Aid for Needy Families (TANF)</a>	951-245-3150	If a family has little or no cash and needs housing, food, utilities, clothing or medical care, it may be eligible to receive immediate short-term help.
<a href="#">United Way Community Assistance</a>	951-697-4700	Free and confidential service that helps people find the local resources they need 24 hours a day, 7 days a week.

### **Food**

7th Day Adventist Church Community Outreach	909-361-2676	Provides food and resource assistance to those who need to get back on their feet.
<a href="#">CalWorks - Perris Dept. of Social Services</a>	951-940-6600	
<a href="#">Community Outreach Ministries</a>	951-698-7650	Helping at-risk kids to break the cycle of poverty, illiteracy, drugs, violence, delinquency, gangs and incarceration.
<a href="#">CalFresh</a>	951-245-3100	CalFresh (federally known as the Supplemental Nutrition Assistance Program or SNAP) is a federally mandated, state-supervised, and county-operated government entitlement program that provides monthly food benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels
<a href="#">Hope Lutheran Church</a>	951-676-6262	Reach out to the needy to include their voices in seeking solutions to their problems
<a href="#">Menifee Community Cupboard</a>	951-301-4414	Menifee Valley Community Cupboard is a private community based non-profit charitable organization providing emergency food assistance at no cost to Menifee Valley residents in need
<a href="#">St. Martha's Pantry</a>	951-677-6347	Nutritious food and supplementary resource assistance so that lives of people are filled with hope as they get back on their feet.
<a href="#">St. Vincent De Paul</a>	951-587-6752	
<a href="#">Temecula-Murrieta Rescue Mission</a>	951-303-6789	Free box food items/Fam.(Wed. 3:30) Rancho Community Church

The Concerned Family	951-657-5400	Program feeds the homeless and families in need daily
<a href="#">Western Eagle</a>	951-695-7206	Western Eagle Foundation launched the "Project Food Box" program to assist families that have limited resources and do not qualify for government assistance
<a href="#">Women, Infant, Children</a>	800-455-4942	Available to low to moderate income pregnant women, recently delivered women, breastfeeding women, infants, and children up to age 5 who are at nutrition risk. Fathers can also bring their children to apply for WIC. You may apply for WIC if you are working or unemployed.

## Housing

<a href="#">Catholic Charities</a>	951-784-5020	Provides food and resource assistance to those who need to get back on their feet.
<a href="#">City of Riverside Homeless Outreach</a>	951-826-2200	<a href="mailto:HomelessHelp@RiversideCA.gov">HomelessHelp@RiversideCA.gov</a> The homeless outreach team assists homeless individuals with connecting to services they need, including: Housing referrals; employment referrals; CA identifications; social security benefits; substance abuse treatment placement; medical services; psychological issues; bus rides home; and other services.
<a href="#">Gods Helping Hands</a>	951-657-3041	Transitional housing for men only
<a href="#">Path of Life Family Shelter</a>	951-683-4101	Emergency shelter
<a href="#">Riverside Homeless Access Center (Walk In Center)</a>	951-826-3938	
<a href="#">Riverside Housing Authority</a>	951-826-3938	Homeless supportive services
<a href="#">Safe House</a>	951-351-4418	Shelter for 11-17 year olds
<a href="#">Salvation Army</a>	951-925-7176	The Salvation Army offers many programs that offer refuge to struggling men, women, children and families
<a href="#">Transitional Housing</a>	951-369-4921	Services are available to older homeless youth ages 18-22 for up to 18-months
<a href="#">Valley Restart</a>	951-776-7476	Valley Restart is a shelter and resource center for persons experiencing homelessness located in the Hemet-San Jacinto Valley.

## Clothing

7th Day Adventist Church Community Outreach	909-361-2676	Provides clothing assistance to those who need to get back on their feet.
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<a href="#">Riverside Assistance League</a>	951-682-3445	As an all volunteer organization, we are dedicated to clothing, comforting and educating the children of our community
<a href="#">Temecula Assistance League</a>	951-694-8018	Assistance League of Temecula Valley, a chapter of National Assistance League, is a nonprofit, volunteer philanthropic organization dedicated to serving the needs of families in Southwest Riverside County.

Family Support	Contact	Services
Alternatives to Domestic Violence - 24 hour Hotline	800-339-7233	
<a href="#">Alternatives to Domestic Violence - Temecula</a>	951-506-2552	Safe Alternatives for Everyone is committed to providing services for children, youth and families, who have experienced, or are at risk of abuse and violence.
<a href="#">Breakthrough Student Assistance</a>	951-696-1600 x1046	Provides family conference for families in stress.
<a href="#">C.A.P.I. (Cash Assistance Program for Immigrants)</a>	888-960-4477	State program that provides cash assistance to elderly and disabled immigrants who may not be eligible for federal Supplemental Security Income (SSI). Some immigrants who are not eligible for SSI may be able to receive cash assistance under this program.
<a href="#">C.A.S.A. (Court Appointed Special Advocate) Riverside County</a>	951-358-4305	This designated CASA program recruits and trains volunteer advocates to investigate the circumstances of a child who has been abused or neglected, develop a relationship with the child, and make best interest recommendations to the Juvenile Court.
<a href="#">C.P.S. (Child Protective Services)</a>	800-442-4918	Investigates reports of child abuse
<a href="#">C.P.S. Temecula</a>	951-696-3450	Investigates reports of child abuse
<a href="#">Child Care Referrals (R.C.O.E.)</a>	800-442-4927	Provides countywide child care referrals
<a href="#">Child Help USA</a>	800-442-4453	At Childhelp, our goal is to meet the physical, emotional, educational, and spiritual needs of abused, neglected and at-risk children. We focus our efforts on prevention, intervention, treatment, and community outreach.
<a href="#">Community Action</a>	951-955-4900	Provides assistance with utilities. 2038 Iowa Ave. B102 Monday & Thursday 8 a.m. - 5 p.m.
Community Settlement House	951-686-6266 x101	Transportation/Bus Passes 4366 Bermuda Ave. (First come, First Serve) Tuesdays & Thursdays only, 8:30am - 12:30pm
<a href="#">Family Service Association of Western Riverside County</a>	951-686-1096	Offers childcare services, counseling programs, advocacy, and support programs promoting mental wellness

<a href="#">Inform Riverside (All Referrals)</a>	800-464-1123	2-1-1 is a toll free, confidential service providing Riverside County residents access and referrals to community and health information 24 hours a day, 7-days a week and in many languages. Are you or someone you know in need of food and shelter information, suicide prevention hotline, health care and mental health services, job training and unemployment services, education and the arts, rent and mortgage assistance, financial assistance, children's services including day care, senior services including social security, help with healthcare options, and/or ways to volunteer.
<a href="#">Inland County Legal Aid Project</a>	951-369-3009	Providing legal services to low-income persons residing in Riverside and San Bernardino Counties.
<a href="#">Loma Linda Veterans Services</a>	800-741-8387 x6085	Health and Wellness programs and clinics for US Military Veterans
<a href="#">Perris Valley Resource Center</a>	951-443-1158	Provides referrals and information to the public at no cost
<a href="#">Riverside County Office on Aging</a>	800-510-2020	ASA is the essential resource to cultivate leadership, advance knowledge, and to strengthen the skills of those who work with, and on behalf of, older adults.
<a href="#">Rubidoux Community Resource Center</a>	951-328-1575	Provides referrals and information to the public at no cost
<a href="#">S.A.F.E. (Safe Alternatives for Everyone)</a>	951-587-3900	Safe Alternatives for Everyone is committed to providing services for children, youth and families, who have experienced, or are at risk of abuse and violence.
<a href="#">Salvation Army</a>	951-784-4490	Provides assistance with Edison. 3695 First St. Tuesdays & Thursdays only 1 p.m. - 4 p.m.
<a href="#">Survivors of Suicide</a>	951-679-2008	Open group meetings for suicide loss survivors
<a href="#">T.O.D.E.C. (Training Occupational Development Educating Communities)</a>	951-943-1955	Free immigration and legal services
<a href="#">The Parent Center - Murrieta</a>	951-304-1623	Provides high quality educational and personal support services to parents and educators in Southwest Riverside County. Several classes and workshops are offered such as: Parent Project, P.R.I.C.E. for parenting and co-parenting, Parent and me, child health and safety classes to qualify for child care license, First Aid/CPR, homework assistance, child care, behavior management and many more. Support Groups: 'Al Anon' Families and Friends of Murder Victims 'Special Education Parent Advisory Council (SEPAC)' Mommy and Me
<a href="#">The Sheepfold</a>	877-743-3736	Domestic violence support for women and children. M-F 9-4

<a href="#">U.S. Vets</a>	951-788-9515	The successful transition of military veterans and their families through the provision of housing, counseling, career development and comprehensive support.
<a href="#">Victor Community Support Services</a>	951-436-5300	Mental health and family support services in the homes, schools, and communities.

<b>Alcohol &amp; Other Drugs</b>	<b>Contact</b>	<b>Services</b>
<a href="#">24 Hour Detox Referral</a>	800-499-3008	Outpatient services include individual counseling, recovery groups, substance abuse prevention, and education services with individual treatment planning and overall case management including referrals to other agencies and services for Adolescents, men, and women who are abusing alcohol and other drugs. Fees are based on a sliding scale and Medi-Cal is accepted.
<a href="#">Addiction Recovery</a>	800-559-9503	Addiction recovery programs are most successful if the substance abuser truly wants to be involved. They generally do not work if they are forced upon an addict.
<a href="#">Alanon Family Group</a>	951-848-0914	Help for people who are affected by someone else's drinking.
<a href="#">Alcoholics Anonymous</a>	951-695-1535	Alcohol recovery meetings.
<a href="#">Hill Counseling Center</a>	951-303-1230	At our addiction treatment center, we offer a broad spectrum of alcohol and drug recovery for those addicted to substances. Our programs range from a day treatment program to an intensive outpatient patient program, we offer a level of quality and cost containment that is unsurpassed.
<a href="#">MFI Recovery</a>	866-218-4697	We utilize evidence-based techniques with a multi-dimensional approach to recovery; bringing the family together in counseling to share the knowledge and establish the communication necessary to build effective and positive coping strategies.
<a href="#">Narcotics Anonymous</a>	800-397-2333	Through all of our service efforts and our cooperation with others seeking to help addicts, we strive to reach a day when every addict in the world has an opportunity to experience our message of recovery in his or her own language and culture.
<a href="#">Riverside County Substance Abuse</a>	800-499-3008	Substance Use Community Access, Referral, Evaluation, and Support (SU CARES) Line
<a href="#">Riverside Recovery</a>	951-674-5354	RRR provides alcohol and other drug recovery services to nearly all Western Riverside County communities with a dedicated, certified and well trained staff.



Residential Programs	Contact	Services
<a href="#">Army/Navy Academy</a>	888-762-2338	Our college preparatory curriculum is catered to the ways that boys learn best. Interactive lessons, small class sizes, personal attention, and formal leadership training motivate each Cadet to reach his full potential.
<a href="#">Aspen Achievement Academy</a>	800-283-8334	Aspen offers professionals and families the opportunity to choose a setting that best meets a student's unique academic and emotional needs.
<a href="#">Boys and Girls Town</a>	800-448-3000	Family Home Programs, Residential Treatment Centers and Intervention and Assessment Services
<a href="#">Grizzly Academy</a>	800-926-0643	For youth between the ages of 16 and 18 who have dropped out of high school, or are at-risk of dropping out, we offer a highly-structured environment that promotes leadership, cooperation, and academic skills, while building self-esteem, pride, and confidence.
<a href="#">Job Corps</a>	800-733-5627	We provide our students with the skills you need to succeed in today's workforce—at no cost to you or your family
<a href="#">Sunburst Youth Academy</a>	877-463-1921	To intervene in and reclaim the lives of 16-18 year old high school dropouts, producing program graduates with the values, life skills, education, and self-discipline necessary to succeed as productive citizens.

Health Services	Contact	Services
<a href="#">Blind Children's Center</a>	323-664-2153	Blind Children's Learning Center prepares children with visual impairments for a life of independence.
<a href="#">Blindness Support Services</a>	951-341-9244	We at Blindness Support Services are dedicated to teaching those who are blind or have visual impairments to become more independent and adapt to the challenges they have.
<a href="#">Braille Institute</a>	858-452-1111	Within the center, teaching and learning studios provide ample space for one-on-one consultations, small group classes and coordination of in home visits to help people learn to live well with low vision. Although the center offers services for people of all ages with vision loss, the focus is on serving people ages 55+.
<a href="#">C.C.S. (California Children Services)</a>	951-358-5401	Pays for medical care for children of eligible families (Not health insurance)
<a href="#">Calvary Presbyterian Church</a>	951-686-0761	4495 Magnolia Ave. Riverside (Once a month, please call for date)
<a href="#">Child Health &amp; Disability Prevention Program</a>	800-346-6520	Provides health exams & immunizations to eligible children. Call for requirements.
<a href="#">Denti-Cal</a>	800-322-6384	Provides referrals to doctors and dentists that take Medi-Cal



<a href="#">Eastside Health Center</a>	951-213-3450	1970 University Ave. Riverside Monday - Friday 8 a.m. - 5 p.m.
<a href="#">First Congregational Church</a>	951-867-7742	3504 Mission Inn Avenue Riverside, Every other Wed at 5:30 p.m.
<a href="#">Healthy Families/Healthy Kids</a>	888-747-1222	Provides health coverage for children of eligible families
<a href="#">Health to Hope</a>	951-595-4444	2880 Hulen Place Riverside Mon-Fri 8 a.m. - 5 p.m.
<a href="#">Hemet Health Center</a>	951-766-2450	To provide and/or support the delivery of comprehensive, culturally competent, quality primary health care services to the low-income and the underserved population.
<a href="#">Injury Prevention Network</a>	800-455-4942	Provides low cost car seats to eligible families
<a href="#">Inland Valley Medical Center</a>	951-677-1111	Hospital/Medical Center
<a href="#">Jurupa Family Care Center</a>	951-360-8795	9415 Mission Blvd Riverside Mon-Fri 8 - 11 a.m. and 1-4 p.m.
<a href="#">Lake Elsinore Family Care Center</a>	951-471-4200	2499 E Lakeshore Dr. Lake Elsinore, CA 92530
<a href="#">Medi-Cal</a>	800-464-1123	Provides referrals to doctors that accept Medi-Cal
<a href="#">Medicare Hotline</a>	800-633-4227	Contact Medicare for billing questions and questions about claims.
<a href="#">Menifee Valley Medical Center</a>	951-679-8888	Hospital/Medical Center
<a href="#">Mental Health - Central Access Team</a>	800-706-7500	Specialized information and referral for therapist, psychiatrist, LCSW
<a href="#">Perris Family Care Center</a>	951-940-6700	Primary care, family planning, pregnancy testing and counseling, perinatal care, cancer screening, sexually transmitted diseases, adult and pediatric immunizations, tuberculosis skin testing, well child care and nutrition.
<a href="#">Planned Parenthood</a>	888-743-7526	Everything you need to know, from general health care to birth control for both men and women.
<a href="#">Public Health</a>	951-358-5000	We offer a wide range of services and programs, with a staff of 700 doctors, nurses, health educators, nutritionists, communicable disease and community program specialists, managers and fiscal and support staff.
<a href="#">Rancho Springs Medical Center</a>	951-696-6000	Hospital/Medical Center
<a href="#">Riverside County Family Care Center</a>	800-720-9553	Primary care, family planning, pregnancy testing and counseling, perinatal care, radiology, cancer screening, sexually transmitted diseases, adult and pediatric immunizations, tuberculosis skin testing, well child care and nutrition.

<a href="#">Riverside County Regional Medical Center</a>	951-486-4000	26520 Cactus Ave., Moreno Valley
<a href="#">University Community Health Center</a>	951-224-8220	2933 University Avenue Riverside Mon-Fri 8 a.m. - 5 p.m. MEDICAL
<a href="#">University Community Health Center</a>	951-224-8230	2933 University Avenue Riverside Mon-Fri 8 a.m. - 5 p.m. DENTAL
<a href="#">Well-One Health FREE Medical Clinic</a>	951-777-8225	An organization that seeks to provide quality care to underserved families and empower the community of Perris, California to improve their health and enhance their well-being through community-based partnerships.

Counseling & Mental Health	Contact	Services
<a href="#">Access Line of Riverside</a>	800-706-7500	Access all of the Riverside County Mental Health Lines
<a href="#">American Foundation for Suicide Prevention</a>	888-333-2377	This is a website for training and volunteering. If immediate assistance is needed, please call 800-273-8255 or text TALK to 741741
<a href="#">Anti-Bullying</a>	951-321-5633	Anti-Bullying parent classes, staff training to empower children, parents, school and youth organization personnel to effectively deal with the issue of bullying.
<a href="#">CA Youth Crisis Hotline</a>	800-843-5200	Depression, suicide, pregnancy, runaway, more
<a href="#">Canyon Ridge Hospital</a>	909-590-3700	Canyon Ridge Hospital offers full-service mental health care for adolescents (ages 13 to 17), adults, and senior adults. Located in Chino, California, our 106-bed locked facility offers patients a safe, comfortable environment for healing.
<a href="#">Caritas Counseling Catholic Charities</a>	951-370-1293	Sliding scale counseling in Temecula & Lake Elsinore Caritas Counseling provides a range of immediate and preventive services that strengthen individuals and families.
<a href="#">Centro de Información Nacional de la Salud Mental de SAMHSA</a>	800-789-2647	Lunes-Viernes 8:30 a.m. - 12:00 a.m., hora del este
<a href="#">Children's Interagency Program - Moreno Valley, CA</a>	951-413-5678	Program provides services to children with severe emotional and behavioral problems. Services include: Psychiatric evaluations Medication services Individual and family therapy Case management services
Connecting Youth & Families	951-723-7704	Provides anger management training. Menifee behavior Analyst
<a href="#">Helpline of Riverside</a>	951-686-4357 800-273-8255	The HELpline of Community Connect offers a confidential 24/7 Suicide/Crisis Intervention hotline service. When you dial (951) 686-4357, you are put in touch with someone

		who cares, who will listen and support you in your time of crisis.
<a href="#">Knollwood Psychiatric Hospital</a>	951-275-8400	Chemical Dependency, Psychiatric Programs and Outpatient Program Recovery Center
<a href="#">Loma Linda University Behavioral Medical Center</a>	909-558-9200	1710 Barton Road Redlands, CA 92373 Facility that is accredited by The Joint Commission. Offering multi-level care including inpatient, partial hospitalization, intensive outpatient, and outpatient services. Mental Health for Youth, Adult, Senior, Eating Disorders, Substance Abuse and other specialty services.
<a href="#">Mental Health Emergency Treatment Services</a>	951-358-4700	Provides evaluation crisis intervention, and referrals to patients experiencing psychiatric emergencies. Client may be referred to Inpatient Treatment Facility (ITE). Hours of operation are 24 hrs.
<a href="#">National Alliance of Mental Illness</a>	800-950-6264	NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities to raise awareness and provide essential and free education, advocacy and support group programs.
<a href="#">Rape Crisis Center</a>	951-686-7273	A visible presence and resource for the victims of sexual assault and their families during a particularly traumatic time in their lives.
<a href="#">Riverside County Behavioral Health - Temecula</a>	951-600-6355	Adult Mental Health Clinics provide services to adult individuals suffering from severe and persistent mental health problems. These services include crisis intervention, psychiatric assessments, recovery management, medication services, case management, and dual-diagnosis treatment
<a href="#">Riverside County Crisis Line</a>	951-686-4357 800-843-5200	Depression, suicide, pregnancy, runaway, more
<a href="#">Riverside County Health Services - Teen</a>	800-720-9553	Our Family Care Centers have special clinics just for teens. We offer confidential counseling, information and education to help prevent pregnancy and prevent sexually transmitted diseases.
<a href="#">Riverside County Mental Health</a>	951-600-6350	Provides 24 hour/7 days/365 urgent care mental health screening and assessment services and medications to address the needs of those in crisis in a safe, efficient, trauma-informed, and least-restrictive setting.
<a href="#">Southwest Family Counseling</a>	951-699-3644	Sliding scale counseling for a mix of mental health and substance abuse services
<a href="#">Stanford Center for Youth Mental Health and Resilience</a>	650-498-9111	Clinical Questions contact information. Site has news, events and resources for mental health in youth.

<a href="#">Suicide Prevention Lifeline</a>	800-273-8255	The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
<a href="#">Suicideology.org</a>	202-237-2280	American Association of Suicidology - Suicide prevention, trainings, materials and resources
<a href="#">The Trevor Lifeline</a>	866-488-7386	National organization providing crisis and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) Youth
<a href="#">USC TeleHealth</a>	866-740-6502	Online counseling for families of youth or adult with special needs
<a href="#">Veterans Crisis Line</a>	800-273-8255	Suicide Prevention hotline, chat and text; send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.
<a href="#">Victor Community Support Services</a>	951-436-5300	Mental health and family support services in the homes, schools and communities.
<a href="#">Youth Service Center</a>	951-683-5193	Services and the resources that promote positive youth development and reduce risky behaviors.

Mentoring Programs	Contact	Services
<a href="#">S.A.F.E (Screening Applicants for Effectiveness)</a>	951-587-3900	SAFE includes the latest in child molestation research, decades of Friends for Youth's experience with screening volunteers, and recommendations from leading experts.

Law Enforcement	Contact	Services
<a href="#">CA Highway Patrol</a>	951-506-2000	
<a href="#">Family Justice Center</a>	951-304-5680	FJC is a safe place for victims of domestic violence, sexual assault, child and elder abuse. We're here when you need to discuss your options about safety, emotional well-being, and your legal rights as a victim of a crime.
<a href="#">Juvenile Probation</a>	951-304-5700	The Riverside County Probation Department is a progressive criminal justice agency that believes in continuous improvement, searching for and applying "best practices," using measurable outcomes to evaluate programs, and making every effort to fulfill our mission and make Riverside County a safe and law-abiding community for its citizens.
<a href="#">Local Police Department</a>	951-210-1000	Serving Perris and Menifee

Employment	Contact	Services
<a href="#">California Department Rehabilitation</a>	951-782-6650	2010 Iowa St. Suite 100 Riverside Open Monday-Friday 8 a.m. - 5 p.m.
<a href="#">Goodwill Job Center</a>	823-8030 x8001	2002 Iowa St. Suite 110 Riverside Open Mon- Fri 8:30 a.m. - 4:30 p.m.
<a href="#">Temporary Employment - TAP</a>	951-955-9175	3450 14th Street Floor 2 Riverside Open Mon-Thurs 7:30-5:00 Fri 7:30-4:00
<a href="#">Workforce Development Center</a>	951-955-3100	1325 Spruce St. Riverside, Open Monday - Friday 8 a.m. - 5 p.m.
<a href="#">Youth Opportunity Center</a>	951-826-2272	2060 University Ave, Riverside Monday - Thursday 12 p.m. - 8 p.m. & Friday 12 p.m. - 6 p.m.

Public Benefits	Contact	Services
<a href="#">CalWorks/GAIN</a>	951-358-3400	This division assists applicants and recipients of CalWORKs temporary assistance to become self-sufficient. Adults who receive CalWORKs temporary assistance and have the ability to work are registered with GAIN when their aid is provided.
<a href="#">DPSS Assistance Programs</a>	951-358-3400	Family, Adult and Children Services
<a href="#">CalFresh</a>	951-245-3100	CalFresh (federally known as the Supplemental Nutrition Assistance Program or SNAP) is a federally mandated, state-supervised, and county-operated government entitlement program that provides monthly food benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels
<a href="#">Social Security/Medicare</a>	800-772-1213	
<a href="#">Women, Infant, Children</a>	800-455-4942	Available to low to moderate income pregnant women, recently delivered women, breastfeeding women, infants, and children up to age 5 who are at nutrition risk. Fathers can also bring their children to apply for WIC. You may apply for WIC if you are working or unemployed.
24 Hour Child Abuse Hotline (CPS)	800-442-4918	
24 Hour Adult Protective Services	800-491-7123	
24 Hour Fraud Hotline	800-344-8477	
Kinship and Youth Hotline	800-303-0001	



## No Harm Agreement

### 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:

☐ School: These individuals are available to me during school hours

1. \_\_\_\_\_  
Name Number Location

2. \_\_\_\_\_  
Name Number Location

☐ Personal Contacts: Available during or after school hours

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

\_\_\_\_\_ Counselor/Psychologist Signature

\_\_\_\_\_ PARENT SIGNATURE

\_\_\_\_\_ Date

Suicide Hotline 1-800-SUICIDE (1-800-784-2433) or (951) 686-HELP

Give copy to student and place a copy in school counselor's confidential file.

**Place This Form in Your Confidential File-DO NOT Place in CUM FILE**



## **SAFETY PLAN FOR PARENT/CAREGIVER**

Student's Name: \_\_\_\_\_ Parent/Caregiver's Name: \_\_\_\_\_

Date: \_\_\_\_\_ School Representative: \_\_\_\_\_

I understand that suicide risk should be taken seriously. I will help my child find new ways of managing stress in times of crisis. I will do the following to support my child (Please initial):

1. \_\_\_\_\_ I can provide encouragement and support by:  
\_\_\_\_\_
2. \_\_\_\_\_ I will help my child follow his/her Safety Plan.
3. \_\_\_\_\_ To ensure a safe environment, I will remove or lock up:
  - Firearms and ammunition
  - Knives, razors (including shaving razor) and other Sharp objects
  - Prescriptions and over-the-counter drugs (including vitamins and aspirin)
  - Alcohol, illegal drugs and related paraphernalia
  - All potentially harmful cleaning products (including bleach) and flammables
  - All ropes and belts
4. \_\_\_\_\_ I will make sure someone is available to monitor my child at all times.
5. \_\_\_\_\_ I will restrict access to a vehicle and car keys.
6. \_\_\_\_\_ I will identify people who might trigger my child and minimize or restrict contact.
7. \_\_\_\_\_ I will provide access to things my child identifies as helpful.
8. Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If I am unable to continue to provide these supports or if I believe that the Safety Plan is not sufficient, I will contact the following people immediately and express my concerns:

During School Hours:

- Principal or Assistant Principal \_\_\_\_\_
- School Counselor or School Psychologist \_\_\_\_\_

After Hours:

- Outside Mental Health Provider \_\_\_\_\_
- Local Police Department or Emergency Room: 911

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Place This Form in Your Confidential File-DO NOT Place in CUM FILE**



## STUDENT SAFETY PLAN

To be completed with student in collaboration with a school counselor or ERMHS therapist.

Student's Name: \_\_\_\_\_ Parent/Caregiver's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### I FEEL...

- ☐ Sad ☐ Hopeless ☐ Lonely ☐ Scared ☐ Physical pain ☐ Overwhelmed ☐ Tired ☐ Alone  
☐ Want to disappear ☐ Angry ☐ Focused on death ☐ Self hatred ☐ Determined to harm myself

### OTHER FEELINGS

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### MY THOUGHTS

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### MY TRIGGERS

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### MY HARMFUL BEHAVIORS

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### WHAT IS THE WORST TIME OF DAY

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### REASONS FOR LIVING

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## COPING PLAN

- ☐ Taking deep breaths   ☐ Be active   ☐ Listen to soothing music   ☐ Relaxation exercise   ☐ Read   ☐ Draw
- ☐ Do crafts   ☐ Write or journal   ☐ Watch TV   ☐ Go for a walk   ☐ Call Friends

## WAYS OF COPING WITH TRIGGERS

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## SUPPORTIVE PEOPLE IN MY LIFE

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## OTHER COPING STRATEGIES

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## PEOPLE I CAN ASK FOR HELP

- Family Members \_\_\_\_\_
- School Counselor \_\_\_\_\_
- School Psychologist \_\_\_\_\_
- School Staff (Teacher, Principal, Campus Supervisor, etc.): \_\_\_\_\_
- HELP Line: (951) 686-HELP (4357) 24 hour hotline
- National Suicide Prevention Hotline: (800) 273-8255
- Crisis Text Line: Text “Connect” to 741741 24 hours a day
- Police: Call 911

## SAFETY PLAN AGREEMENT

I, \_\_\_\_\_, will remain safe and keep others safe by committing to use the strategies in this plan. I will contact someone and get help immediately if:

- I feel like hurting or killing myself or someone else.
- I feel sad and hopeless and wish I was dead.
- I have any other plans or feelings that may lead to harm or death.

Student Signature: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

Signature of Adult Assisting with Plan: \_\_\_\_\_

**Give original to student and place a copy in counselor’s confidential file. DO NOT Place in CUM FILE.**



## Steps for Responding to Students At-Risk for Suicide/Self-Injury

The following is a summary checklist of general procedures to respond to any reports of students exhibiting suicidal behavior/ideation and/or self-injury. The urgency of the situation will dictate the order in which the subsequent steps are followed. The site administrator and the site mental health team should be actively involved in this process.

### A. RESPOND IMMEDIATELY

- ☐ Report concerns to administrator/designee immediately or as soon as possible
- ☐ Do not leave the student unsupervised

### B. SECURE THE SAFETY OF THE STUDENT

- ☐ Supervise the student at all times
- ☐ This may include School Counselor, ERMHS Therapist, calling law enforcement (SRO), or School Psychologist

### C. ASSESS FOR SUICIDE RISK (Form A) [Suicide Prevention Assessment](#))

- ☐ School counselor, ERMHS Therapist or Psychologist in collaboration with site administrator meets with the student at-risk for suicide (Form B) [Suicide Risk Screening Checklist](#))
- ☐ Site mental health team members collaborate to determine level of risk and communicates appropriately with administrators the student suicide risk level (Google form [Social/Emotional Assessment Form](#)) (Form C)

### D. SUSPECTED CHILD ABUSE

- ☐ When reporting child abuse, include information about the student's suicide risk (CPS 800-442-4918)

### E. DETERMINE APPROPRIATE ACTION PLAN

- ☐ Determine action plan based on level of risk (Form A) [Suicide Prevention Assessment](#)
- ☐ If student is a suicide risk, follow (Form C) [5150/5585 Procedure](#) Complete (form D) [Pupil Removal Form](#) if student is transported
- ☐ If student is transported to hospital, designated administrator should accompany student if parent is not reached
- ☐ Communicate with parent/guardian. Have parent complete the (Form E) [Parent Suicide Prevention Notification](#) form and give referrals for follow-up (Form F) [Local Community Resource Database](#)

### F. DETERMINE APPROPRIATE FOLLOW-UP PLAN

- ☐ Develop a safety plan and document on Safety Plan Forms (Form I, J, K) [No Harm Agreement](#), [Safety Plan for Parent/Caregiver](#), [Student Safety Plan](#),
- ☐ Mobilize a support system and provide resources (Form F) [Local Community Resource Database](#)
- ☐ Monitor and manage-make a plan for ongoing support for student at the school site including counseling, check-ins, etc (Forms I, K) [No Harm Agreement](#), [Student Safety Plan](#)

### G. STUDENT RE-ENTRY GUIDELINES

- ☐ Re-entry plan when student out of school, such as for hospitalization (Form F) [Parent Suicide Prevention](#)
- ☐ If student transfers to new school, coordinate re-entry with that school (Form F) [Parent Suicide Prevention](#)

### H. DOCUMENT ALL ACTIONS

- ☐ A copy of all documents completed and additional notes in a separate confidential file.