Building Information for District Suicide Prevention Plan

This form provides building specific details and captures actions/efforts that are not included in the district plan.

| School | District: |
|--------|-----------|
| | |

Building:_____

| General | | |
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| | Г . . | <u> </u> |
| Who is responsible for ensuring that staff are | Name | Contact |
| provided with this plan and receive adequate | | |
| training to follow the plan. | | |
| How will staff be provided with this plan? | | |
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| | | |
| How will this be tracked? | | |
| | | |
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| | | |
| Who will staff speak to if they have | Name | Contact |
| Who will staff speak to if they have | Name | contact |
| questions/concerns about it? | | |
| | | |
| Name the staff responsible for maintaining and | Name | Contact |
| reviewing student mental health information? | Name | Contact |
| How and when will this be done? | Name | Contact |
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| Prevention | | |
|--|------|---------|
| School Personnel | | |
| Who is responsible for ensuring and tracking that | Name | Contact |
| staff receive the training named in the district | | |
| suicide prevention plan? | | |
| Students - Name things specific to your building that are not captured in the district plan. | | |
| Name the evidence-based SEL and health | | |
| curriculum that is being implemented. | | |
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| | | |
| Name the evidence-based suicide prevention | | |
| curriculum that is being implemented. | | |
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| Name any other suicide prevention, mental health, etc. evidence-based trainings offered for students, including: Which training? How will it be implemented? What staff trainings will be necessary for implementation? | |
|---|--|
| How will students know who to go to if they are concerned for themself or a peer. How are trusted adults identified and made accessible to students? How are these staff supported in having the skills and support to do this work? What physical safe spaces are available for students to access trusted adults and share safely? | |
| Name methods being used to address the needs of students from these groups: Youth Bereaved by Suicide Youth with Disabilities Youth with Mental Illness Youth with Substance Use Disorders Youth Experiencing Homelessness Out of Home Settings or Foster Care Lesbian, gay, bisexual, transgender, queer and other minority gender identities and sexual orientations Native American, Black, Latinx, and Asian Students | |

| Name the supports provided to other students | |
|--|---|
| who might be at higher risk for suicide and/or are | |
| exhibiting high risk behaviors. | |
| For example: | |
| • Students who are bullied or engage in | |
| bullying | |
| Students engaging in self-injury | |
| Students experiencing isolation | |
| Students exhibiting sudden changes in | |
| behavior | |
| Others | |
| Include: | |
| How will these students be | |
| identified/who should staff report these | |
| warming signs to? | |
| • Who and how will support be provided? | |
| Who will track this information so that | |
| students at risk do not fall through | |
| cracks? How will it be documented and | |
| tracked? | |
| How will this info be kept confidential | |
| and on a need-to-know basis? | |
| How can students, parents, and staff learn about | |
| and access student behavioral support? | |
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| Culture – Name things specific to your building | g that are not captured in the district plan. |
| Name promotion initiatives for mental health | |
| awareness within school and community | |
| (student voice, fairs, committees, opportunity for | |
| connection). | |
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| Name any school clubs that promote equity and | |
| inclusion (cultural groups, SOS, affinity groups, | |
| gay straight alliance clubs, inclusive art clubs)? | |
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| What is happening in your building to develop a | |
| culture of connection and inclusion? | |
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| How can the student population engage in events/school campaigns/etc. around mental health and school culture. | |
|--|---|
| How is your school cultivating a collective understanding that respecting cultural identities and growing a sense of belonging is suicide prevention? | |
| Parents/Community - Name things specific to | your building that are not captured in the district plan. |
| Parents/Community - Name timigs specific to | your building that are not captured in the district plan. |
| What opportunities exist for parents to receive suicide prevention trainings/education? | |

| Intervention | | |
|--|------|---------|
| Which school officials are responsible for | | |
| responding to reports of suicidal risk. | | |
| Who are the trained screeners in the building? | Name | Contact |
| | Name | Contact |
| | Name | Contact |
| | Name | Contact |
| How the intervention process will be shared with | | |
| all school community members (teachers, bus drivers, coaches, etc.). | | |
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| | | |
| | | |
| Where the intervention process will be located for staff to access easily. | | |
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| Who will contact the parent/guardian when suicide risk is suspected. | |
|--|--|
| Who will work with a student and their parent/guardian when returning to school after an attempt, hospitalization, or other mental health crisis? | |
| How are your intervention efforts adapted to be culturally appropriate and impactful for the varying races and ethnicities of your families? | |

| Postvention | | |
|---|------|---------|
| Who is responsible for ensuring that the district suicide postvention protocol is followed in the event of a suicide death? | Name | Contact |
| Which staff/team members will be actively | Team | |
| involved in postvention? | Name | Role |
| | Name | Role |
| District Communication and Responsibilities Flow Where will this live? How will it be communicated to the necessary parties? How will staff be informed of the district policy for handling ALL student/staff deaths as well as special precautions and protocols for suicide deaths? | | |
| How are your postvention efforts adapted to be culturally appropriate and impactful for the varying races and ethnicities of your families? | | |

Recommended to schedule a meeting with your ESD or other district/local suicide prevention coordinator to receive technical assistance with developing, implementing, and enhancing any part of your plan.

Contact for TA:

Email: _____