

# RI Model Policy on Suicide Prevention

Developed per the requirements of the Nathan Bruno/Jason Flatt Act



**RIDE** Rhode Island  
Department  
of Education

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## RI Model Policy on Suicide Prevention

### Introduction

In the spring of 2021, the RI General Assembly passed the [Nathan Bruno/Jason Flatt Act \(16-21.7\)](#) that serves as the enabling legislation for this model policy guidance.

Requirements of the act include:

- Adoption of Rules and Regulations supporting suicide awareness and prevention training each year for public school personnel and students;
- Prepare a list of approved [suicide prevention training materials](#); and,
- Develop and adopt a model policy on student suicide prevention to address procedures related to prevention, intervention and postvention

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

- Physical and mental health as integral components of student outcomes, both educationally and throughout the lifespan;
- Suicide as a leading cause of death among young people locally, nationally, and globally;
- School's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience;
- Comprehensive suicide prevention policies include prevention, intervention, and postvention components; and
- Alignment with other policies, programs and practices that support the overall social, emotional and behavioral health of students ([American Foundation For Suicide Prevention](#), 2022).

This guidance is based on the [Model School District Policy on Suicide Prevention: Model Language, Commentary and Resources](#). It is published by the [American Foundation For Suicide Prevention](#) and represents a collaboration of the Foundation, [American School Counselor Association](#), [National Association of School Psychologists](#), and [The Trevor Project](#). A model policy template is included.

Schools with positive school climate and integrated social emotional learning are more likely than comparison schools to achieve higher standards of school safety, including less bullying, less student isolation, more positive peer and teacher-student relationships, and less weapon threat and use on school campuses. Most students with mental illness are not violent, establishing systems for early identification and mental health treatment for students with mental health challenges can protect students who may be vulnerable to disconnection, isolation, loss of social status, self-harm, retaliation, and aggressive behavior, all of which are predictive of future violence ([National Center on School Mental Health, 2021](#)).

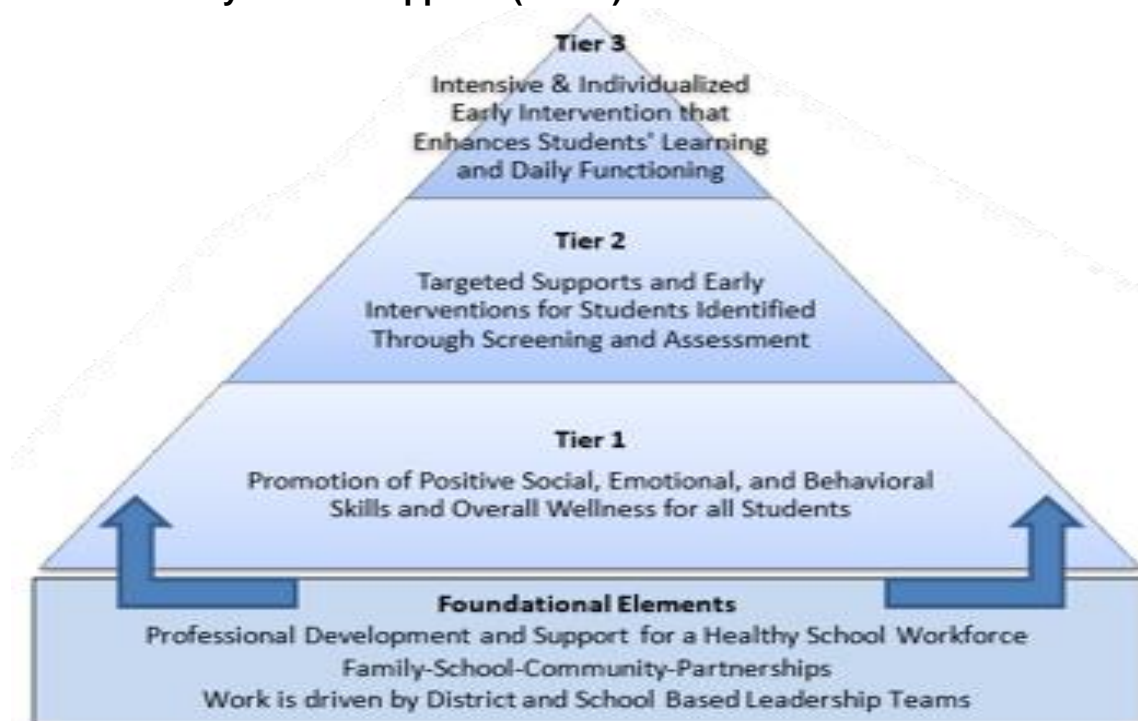
## Scope

This policy covers the entire school community defined as: in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy also includes school responses to suicidal or high-risk behaviors that take place outside of the school environment.

## Context and Frameworks to Consider Suicide Prevention

This model policy guidance aligns with existing Rhode Island Department of Education (RIDE) efforts including Multi-Tiered System of Support (MTSS) framework, social and emotional learning standards and indicators, RI Health Education Framework and other mental health and wellness resources.

## Multi-Tiered System of Supports (MTSS)



The RIDE defines MTSS as a framework for school improvement to ensure that all students, including general education, Multilingual Learners (MLL) and students with IEPs, are supported for meeting academic, behavioral, and social-emotional outcomes. According to the Federal Every Student Succeeds Act, MTSS is defined as “a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students’ needs, with regular observation to facilitate data-based decision making.”

The utility of this framework for all students is evident when there is an understanding of each of the tiers within the framework. The adoption of a MTSS framework ensures that all students have equitable access to strong effective core instruction using high quality curriculum and differentiated instructional practices at Tier 1. The Tier 1 supports are foundational and ensure that policies, programs and practices provide a predictable and safe learning environment for all students. Tier 2 includes the addition of evidence-based group interventions for students who could benefit from that support. Tier 3 includes intensive evidence-based interventions that may be provided by school based mental health support professionals or mental health professionals in the community.

## **A Comprehensive Approach to Suicide Prevention**

The [Suicide Prevention Resource Center](#) (SPRC) is the only federally supported resource center devoted to advancing the implementation of the [National Strategy for Suicide Prevention](#). SPRC is funded by the U.S. Department of Health and Human Services' [Substance Abuse and Mental Health Services Administration](#) (SAMHSA). Suicide is a multifaceted problem which requires a multi-faceted approach. There may be practices happening in your school and district that are protective and can be part of a comprehensive approach to suicide prevention, intervention and postvention, including the MTSS Framework. The SPRC provides information on a [Comprehensive Approach to Suicide Prevention](#). This includes:

- [Identify and Assist Persons at Risk](#)
- [Increase Help-Seeking](#)
- [Ensure Access to Effective Mental Health and Suicide Care and Treatment](#)
- [Support Safe Care Transitions and Create Organizational Linkages](#)
- [Respond Effectively to Individuals in Crisis](#)
- [Provide for Immediate and Long-Term Postvention](#)
- [Reduce Access to Means of Suicide](#)
- [Enhance Life Skills and Resilience](#)
- [Promote Social Connectedness and Support](#)

Presently, there is no published empirical investigation that explicitly links implementation of the MTSS framework (with fidelity) to reduction in youth suicides. However, there are logical ways to directly link implementation of MTSS (with fidelity) to enhancing social-emotional-behavioral wellness by 1) reducing risk factors that directly associate with suicide, 2) mitigating the adverse impact of risk factors in the event they are present (such as exposure to high levels of Adverse Childhood Experiences (ACES) or experiencing trauma) as a result of 3) building and enhancing protective factors in each student's life.

## **Rhode Island Data Context**

Rhode Island overall has a low rate of suicide deaths per 100,000 population. The state is ranked 43<sup>rd</sup> of 50 states in the nation in suicide deaths per 100,000 population and ranked second lowest in New England. The proportion of suicide deaths reported by county of residence was consistent with the distribution of the Rhode Island population (Source: 2010 Census). This means that there are no places in Rhode Island where there are significantly more suicides than we would expect to see, based on the percent of the population that lives there. Overall, more males die by suicide than females. The rate of suicide deaths among males in Rhode Island for 2015-2019 was about 3.3 times higher than for females. People die by suicide at all ages; deaths at younger ages are more frequent among males. Female deaths are somewhat clustered later in life. Additional data concerning suicide in Rhode Island can be found on the [Prevent Suicide Rhode Island](#) website.

Though historically, Rhode Island has low rates of suicide, previous to and during the pandemic we have seen an increase in serious thoughts about suicide and suicidal attempts among young Rhode Islanders. Using emergency department (ED) visit data from the National Syndromic Surveillance System, the Centers for Disease Control and Prevention (CDC) found that in May 2020, during the height of the COVID-19 pandemic, ED visits for suspected suicide attempts began to increase among teens ages 12 to 17. By February-March 2021 ED visits for suspected suicide attempts were 50.6% higher among females 12-17 than during the same period in 2019. Among males in this age group, suspected suicide attempt ED visits increased by 3.7%.

Results from the 2019 [Rhode Island Youth Risk Behavior Survey](#) (YRBS) show that in the year prior 13.3% of high school students seriously considered attempting suicide (95% confidence intervals [CI]: 11.5-15.4) and 14.7% actually attempted suicide (95% CI: 13.2 – 16.3). Among the U.S high school student population, 8.9% reported attempting suicide in 2019 (95% CI: 7.9 – 10.0), which was significantly lower than that reported by Rhode Island high schools. The prevalence of suicide ideation and attempts among middle school students is disturbing. In 2019, 16.9% of middle school students ever seriously thought about killing themselves (95% CI: 14.5-19.6), 11.3% ever made plans to kill themselves (95% CI: 9.2- 14.0) and 6.1% ever attempted suicide (95% CI: 5.0-7.5).

## **Statutory Framework**

This section includes federal and state statutes, policies and guidance that guide the work and may provide additional support for this model policy guidance.

## **Federal Call to Action**

In 2021, the Surgeon General released this Call to Action to bring attention to the growing problem of youth mental health. [Protecting Youth Mental Health: The US Surgeon General Advisory](#)

## **Federal Statutes**

[Garrett Lee Smith Memorial Act of 2004](#), awards grants or cooperative agreements to States or Indian tribes to: (1) develop and implement the suicide prevention strategies in schools, juvenile justice systems, and other child and youth support entities; (2) support organizations actively involved in such strategies and in developing and continuing such strategies; (3) provide grants to institutions of higher education to coordinate the implementation of such strategies; (4) collect and analyze data to monitor the effectiveness of suicide prevention services and for research, technical assistance, and policy developments; and (5) assist eligible entities in achieving their targets for youth suicide reductions.

[Protection of Pupil Rights Amendment \(PPRA\)](#), commonly referred to as the parental consent amendment, applies to all programs and activities of a state education agency, local education agency, or any other entity receiving funds from the U.S. Department of Education. The PPRA expressly requires school districts and other entities receiving federal funding to obtain written consent from parents/guardians before requiring minor students to participate in any survey, analysis or evaluation that reveals information about themselves or their family concerning one or more of eight protected areas. Mental health is one of the protected areas.

[Family Educational Rights and Privacy Act \(FERPA\) \(20 U.S.C. § 1232g; et seq:34 CFR Part 99\)](#) is a “Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the US Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.”

[HIPPA Privacy Rule 45 CFR Part 160](#) allows a parent to have access to the medical records about his or her child, as his or her minor child's personal representative so long as such access is not inconsistent with state or other law.

There are three situations when a parent is not the Student's personal representative under the HIPPA Privacy Rule which are:

1. When the minor is the one who consents to care, and the consent of the parent is not required under State or other applicable law;
2. When the minor obtains care at the direction of a court, or a person appointed by the court; and
3. When, and to the extent that, the parent agrees that the minor and the health care provider may have a confidential relationship.

## Rhode Island State Statutes

[Nathan Bruno Jason Flatt Act](#) (RIGL § 16-21.7)

[Rhode Island Safe Schools Act](#), (RIGL § 16-21-34) requires all school districts, charter schools, career and technical schools, approved private day or residential schools and collaborative schools to adopt the [RI Statewide Bullying Policy](#). RIDE produced additional bullying [guidance](#) in 2015 including a sample investigation response report form.

[Threat Assessment Teams and Oversight Committees](#) (RIGL §16-21-23.2) which specifies that: "Each local school board or committee shall adopt written policies for the establishment of threat assessment teams, including the assessment and intervention with individuals whose behavior may pose a threat to the safety of school staff or students, consistent with the model policies developed by the School Safety Committee. Such policies shall include procedures for referrals to community services or health care providers for evaluation or treatment when appropriate.

[Requirements of school safety plans, school emergency response plans, and school crisis response plans](#) (RIGL §16-21-24). The law requires RIEMA, in coordination with RIDE to develop a template for school districts to work with local police and fire departments to create a school safety plan and emergency response plan. Each school safety plan must include "policies and procedures for annual school safety training and a review of the school crisis response plan for staff and students." A [Model School Safety Plan](#) was developed by RIEMA, in collaboration with RIDE, the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, the Rhode Island Department of Public Safety, Rhode Island State Police and the Division of the State Fire Marshal, and many other stakeholders, which incorporates best practices and state requirements that school districts can adopt or modify to meet their needs.

[Basic Education Plan](#) Section G-14-2.1. "Each LEA shall ensure that schools promote a positive climate with emphasis on mutual respect, self-control, good attendance, order and organization, and proper security. Each LEA shall develop protocols that define a set of discipline strategies and constructs that ensure that students and adults make positive behavioral choices and that are conducive to a safe and nurturing environment that promotes academic success."

[Instruction in health and physical education\(16-22-4\)](#) "All children in grades Kindergarten through twelve (12) attending public schools, or any other schools managed and controlled by the state, except as provided in § 16-100-3(d), shall receive in those schools instruction in health and physical education under rules and regulations the department of elementary and secondary education may prescribe or approve during periods that shall average at least twenty (20) minutes in each school day." This [provision goes on to state: "The department of elementary and secondary education shall incorporate, in consultation with the state department of behavioral healthcare,

developmental disabilities and hospitals, substance abuse prevention and suicide prevention into the health education curriculum. For the purpose of this section, "substance abuse prevention" means the implementation of evidence-based, age-appropriate programs, practices, or curricula related to the use and abuse of alcohol, tobacco, and other drugs; "suicide prevention" means the implementation of evidence-based, appropriate programs." In accordance with this statute, the administrative head of the school is responsible for developing a manual of procedures governing health education including the prevention and management of injuries and violent behaviors for the protection and safety of students on school premises and at authorized school activities." Specific content area requirements in statute includes: "Safety and Injury Prevention: the causes, effects, treatment, and prevention of behaviors that can result in unintentional or intentional injury; and: Suicide Prevention: the causes, effects, and treatment of behaviors related to suicide."

[RI Age of Consent](#) (RIGL § 23-4.6-1) for medical and surgical care is 16 years old.

[Child Death Review](#) (RIGL § 23-4-3) [Office of the State Medical Examiner](#) – is responsible for "a multidisciplinary team review of child fatalities with the goal to decrease the prevalence of preventable child deaths and report recommendations for community- and systems-intervention strategies. A child death-review team shall include, but is not limited to, representation from state agencies, health care, child welfare, and law enforcement." The work product of the child death review team is confidential and protected under all applicable laws.

[Regulations Governing Protections for Students Rights to be Free from Discrimination on the Basis of Sex, Gender, Sexual Orientation, Gender Identity, or Gender Expression Guidance to Support Transgender and Gender Nonconforming](#) (200-RICR-30-10-0) and the [Guidance for Rhode Island Schools on Transgender and Gender NonConforming Students: Creating Safe and Supportive School Environments](#) provides additional context around the creation of safe and supportive environments for youth who identify as LGBTQ+

[Suicide Prevention and Awareness](#) (RIGL §16-22-14) requires RIDE to develop and prescribe a suicide prevention awareness program for public school students in grades 9-12. This statute also requires that the Council for Elementary and Secondary Education develop and provide workshops by the Samaritans, Inc for public school teachers who are teaching the suicide prevention awareness program.

[Educational records access and review rights](#) (RIGL§16-71-3) Confidentiality of records, is similar to FERPA in that this statute safeguards the right of privacy of student education records however this statute only applies to public schools.

[Right to a safe school](#) (RIGL §16-2-17) asserts that "each student, staff member, teacher, and administrator has a right to attend and/or work at a school which is safe and secure, and which is conducive to learning, and which is free from the threat, actual or implied, of physical harm by a disruptive student."



## **Suicide Prevention Initiative RI Efforts**

The Rhode Island Department of Health (RIDOH) has received funds to support suicide prevention for a number of years. The Suicide Prevention Initiative represents a partnership of the RI Department of HEALTH, Rhode Island Student Assistance Services, Bradley Hospital/KidsLink RI, Brown University and a number of Rhode Island school districts. The [Suicide Prevention Initiative Handbook](#) contains a referral process that is recommended for referring a student at risk for suicide to appropriate services. The Providence Public School Department adapted this referral process specific to their schools. Both referral processes are included as resources here in.

## **Suicide Prevention**

### **Classroom Based Support**

Per the requirements of the Nathan Bruno Act, each public middle school and high school is required to implement an evidence based, developmentally appropriate suicide prevention curriculum for all public-school students in grades 6-12 in each academic year. LEAs can select from a list of curricula listed [here](#). Suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, physical education and others as appropriate). Access to school based mental health professionals is necessary in the event that a student needs support following the training. Per the Act the content of the training must include:

- How to identify appropriate mental health services both within the school and the larger community; and,
- When and how to refer students and their families to those services.

Additional training content could include:

- Focusing on safe and healthy choices and coping strategies focused on resilience building;
- Recognizing risk factors and warning signs of mental health conditions and suicide in oneself and others; and,
- Identifying help seeking strategies for oneself and others (American Foundation for Suicide Prevention).

Per the Act, this training is required for all students every year. School leaders and teams are advised to use professional judgement in exempting a child from instruction. If you feel that a student may be uncomfortable with the training or if a student expresses discomfort related to the training, other support avenues should be pursued.

## **Staff Professional Development**

The Act requires that all public school personnel hired or contracted by the school district, including, but not limited to: teachers, administration, custodians, lunch personnel, substitutes, nurses, coaches and coaching staff, and volunteers will receive a training in suicide prevention every year.

LEA's may choose from a list of training materials included [here](#). Approved training materials and instruction must include:

- How to identify appropriate mental health services both within the school and the larger community, and
- When and how to refer youth and their families to those services.

These materials and instruction are to be given by qualified suicide prevention instructors as determined by the entities and groups.

As part of best practice, all suicide prevention training should be offered in coordination with school-based mental health professionals. These individuals may receive advanced training specific to suicide prevention. Access to and participation in training of trainer models for suicide prevention will enable districts to build their capacity to implement provisions of the Nathan Bruno Act. Although school based mental health professionals, as a result of their training, would be in a strategic position to support these trainings, other education professionals such as school nurses, health and physical education teachers or other content teachers, by virtue of their lived experiences, may have an interest in leading these trainings with appropriate preparation. Districts may:

- offer suicide prevention training as part of new employee training and orientation;
- provide additional professional development in suicide risk assessment and crisis intervention to mental health professionals including school counselors, psychologists, social workers, as well as school nurses; and
- include the requirement for suicide prevention training within school food, school maintenance and other contractual service providers.

The RI Department of Behavioral Health Developmental Disabilities and Hospital developed the [Family Behavioral Health Crisis Plan](#). This is a prevention resource to help families plan in the event of a behavioral health crisis. It is available in English, Spanish and Portuguese.

## **Suicide Intervention**

### **Assessment and Referral**

Schools could link this work to the requirements of school safety plans, school emergency response plans and school crisis response plans, as a way to streamline crisis response protocols and ensure that all appropriate staff are involved in emergency

response efforts. Schools can use the Suicide Prevention Initiative flowchart or the Providence Public School Department protocol adapted from the State protocol as a visual reference for this section.

Students identified by peers or staff as potentially suicidal shall be seen immediately by members of the school-based mental health team. The school-based mental health professional will assess the risk and facilitate a referral if necessary and appropriate. [Kids Link RI](#)<sup>™</sup> is a behavioral health triage service and referral network. It represents a collaboration of Gateway Healthcare, Lifespan, Hasbro Children's Hospital and Bradley Hospital, Kids' Link RI is available 24 hours a day, seven days a week to help triage children and youth in need of mental health services and refer them to treatment providers. Kids Link RI can also provide after care and support services for students and families.

Districts may also explore the resource in the Unite US platform. [Unite Us](#) is a coordinated care network of health and social service providers serving RI. Interested districts and schools can contact Unite Us directly for more information about the service. This platform could enhance district level supports to children and families by linking with organizations and services that address the social determinants of health that can influence student success in school.

If a **student is not in immediate danger**, the school team can create a safety plan with the student and connect the student and family to resources. The team can set up a follow-up with the student to check in with progress on accessing the resources and assess how the student is managing.

If the **student is in crisis but not in immediate danger**, the school principal and parent should be contacted. Then, with parent permission, the school based mental health professional can contact Kids Link RI at [1-855-543-5465](tel:1-855-543-5465) to connect the student and family with support services. Kids Link RI can enroll students in a same day emergency evaluation or a same week crisis evaluation based on need. This can be determined using the Rhode Island Suicide Prevention Screener found in the [Rhode Island Suicide Prevention Initiative Handbook](#).

**Students who are in immediate danger and crisis** should be transported to the hospital immediately. The building administrator and parent needs to be contacted. Parents need to consent to enable Kids Link RI to follow-up with the student as well as consent to communicate with the school designee. The school-based teams need to meet with the family to establish re-entry supports.

**Any student in crisis and/or danger should not be left alone.**

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. This process should be shared with parents, caregivers

and students. The recommended referral process to be used as a starting point is listed in the [Rhode Island Suicide Prevention Initiative Handbook](#).

Districts and schools are strongly encouraged to disseminate and display the referral protocol and flow chart to all staff members so that they know how to respond to a crisis as well as be aware of school and community-based resources in an urgent situation.

The Superintendent or designee shall establish crisis intervention procedures 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.

### **Parental Notification and Involvement**

As indicated above, a parent/guardian needs to be notified if their child is in danger or in crisis. Schools will need to verify that any follow-up treatment that is recommended has been accessed. Parents may be required to provide documentation of care for the student following the student's mental health-related absence, though this may be determined by the school district on a case-by-case basis. While there is no law that requires or prohibits such documentation as a precondition to re-entry following a student's mental health-related absence, in at least one case, the Rhode Island Superior Court found that the school district "had a legitimate and substantial legal basis for insisting upon more information before it allowed [the student] back into classes" because school districts have "a common law duty to protect [the student] and the other students at [the high school] for whom, while on school grounds, they stood *in loco parentis*." See *Pierre v. City of Providence School Board*, 2014 WL 2807237 at \*8 (R.I. Super. 2014).

In line with *Pierre*, it is therefore RIDE's position that "schools may require a re-entry letter from a student's mental health provider prior to allowing student to return to school after a mental health examination or related absence. However, in making such a request, the school district must remain mindful that excluding a student from school pending receipt of such a re-entry letter may violate the student's rights under the Individuals with Disabilities Education Act ("IDEA") and/or Section 504 of the Rehabilitation Act of 1973 ("Section 504") if the absence extends beyond 10 days and the school district fails to conduct an appropriate evaluation in connection with the significant change of placement. See *Boston (MA) Public Schools*, 53 IDELR 199 (OCR 2009) (in which the U.S. Department of Education, Office for Civil Rights found that a Massachusetts district failed to meet its obligations under Section 504 to conduct an appropriate evaluation in connection with a significant change of placement following a student's extended mental-health-related absence from school).

In the event that a parent/guardian/caregiver refuses or neglects to access treatment for a student who has been identified as at-risk for suicide or in emotional distress, a member of the school based mental health team will meet with the parent/guardian to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to address the concerns. Unite Us may be a helpful platform here. If follow-up care for the student is still not provided, school staff may consider contacting the [RI Department of Children, Youth and Families, Child Protective Services](#).

District leaders are strongly encouraged to consult with their legal team and to avail themselves of legal resources through the RI school leader professional associations and RIDE.

### **Special Considerations for In School and Out Of School Suicide Attempts.**

If a suicide attempt is made during the school day and 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:

- Remain calm;
- Move all other students out of the immediate area;
- Contact the administrator or designee;
- Call 911 and give them as much information as possible, e.g. suicide note, medications taken, and access to weapons, if applicable;
- Provide medical first aid until a medical professional is available if needed;
- Contact parents/guardians/caregivers as soon as possible.
- Remain with the student and provide comfort, listen, and prompt the student to talk;
- Be comfortable with moments of silence; and
- Promise privacy and help, do not promise confidentiality.

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

If a suicide attempt by a student is outside of the school day and off campus, the privacy of the student must be protected. Schools should maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians and offer support to the family;
- Discuss how the student/family would like the school to respond to the attempt to minimize misinformation and rumors.

- Obtain permission from the parents/guardians to share information to ensure the facts regarding the crisis are accurate;
- Designate a staff member to handle media requests;
- Provide care and determine appropriate support to affected students; and,
- Discuss steps for re-entry to school.

## **Suicide Postvention**

Postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide
- To prevent suicide among people who are at high risk after exposure to suicide ([Survivors of Suicide Taskforce](#))

Postvention also includes counseling or other care given to students after another student's suicide or attempted suicide and counseling to students that have made a suicide attempt or have reported ideation. This counselling shall consist of regular check ins, as determined by a mental health professional.

Suicide Postvention Response Plan would include:

- Identification of a media spokesperson for the district;
- Process to notify all staff members;
- Provide emotional support and resources available to staff;
- Communicate to students about suicide death and the availability of support services;
- Prepare staff to respond to needs of students including a review of protocols for referring students for support/assessment;
- Identify students significantly affected by suicide;
- Communicate with the larger school community about the suicide death;
- Identify what platforms students are using to respond to suicide death;
- Identify/train staff and students to monitor social media outlets, and,
- Include long-term suicide postvention responses such as the anniversary of the death, birthday, school-based milestone events.

## **Model Policy Template**

A requirement of the Nathan Bruno/Jason Flatt Act is for districts to develop and adopt a policy on student suicide prevention to address procedures related to prevention, intervention and postvention. This template is a guide to enable schools to develop their own suicide prevention policy based on the information in the RIDE Model Guidance.

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

- Physical and mental health as integral components of student outcomes, both educationally and throughout the lifespan;
- Suicide as a leading cause of death among young people locally, nationally, and globally;
- School's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience;
- Comprehensive suicide prevention policies include prevention, intervention, and postvention components; and
- Alignment with other policies, programs and practices that support the overall social, emotional and behavioral health of students (American Foundation of Suicide Prevention, 2022).

## **Curricula and Training**

Per the statute, suicide prevention curricula for grades 6-12 and staff professional development will be selected from the [RIDE approved list](#).

The content of the curricula must include:

- How to identify appropriate mental health services both within the school and the larger community; and,
- When and how to refer students and their families to those services.

Additional content could include:

- Focusing on safe and healthy choices and coping strategies focused on resilience building;
- Recognizing risk factors and warning signs of mental health conditions and suicide in oneself and others; and,
- Identifying help seeking strategies for oneself and others (American Foundation for Suicide Prevention).

Per the statute, anyone working in a school must receive training every year on suicide prevention. Staff approved training materials and instruction shall include training on how to identify appropriate mental health services both within the school and the larger community, and when and how to refer youth and their families to those services. These materials and instruction are to be given by qualified suicide prevention instructors as determined by the entities and groups. School based mental health professionals will play an integral role in the selection of training and curriculum.

Districts could include the configuration of trainings/curricula offered. This would also be a place to include how the training will roll out, inclusion in contracts with vendors who provide school based services and new hire requirements as applicable.

### **Suicide Intervention**

This work will be connected to School Safety Plans, School Emergency Response Plans and School Crisis Response Plans, along with like efforts as appropriate. Districts are encouraged to modify the flow chart to meet local needs and add specifics that will facilitate the process in your district/schools. All protocols must emphasize the safety of the youth as well as other youth in schools.

In every case, parents must be notified to ensure that the youth receive the necessary care. Schools may require a re-entry letter from a student's mental health provider prior to allowing a student to return to school. This may be determined on a case by case basis given the details of each situation. The school's role of "*en loco parentis*" requires that the health and safety of each youth is given consideration.

### **Suicide Postvention**

Postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide
- To prevent suicide among people who are at high risk after exposure to suicide (Survivors of Suicide Taskforce)

Postvention includes counseling or other care given to students after another student's suicide or attempted suicide. It may include counseling to students that have made a suicide attempt or have reported ideation. This counselling shall consist of regular check ins, as determined by a mental health professional. Schools may delineate the roles and responsibilities of people on the school crisis team for postvention.



## **Additional Resources**

[After a Suicide: A Toolkit for Schools](#)

[Suicide Prevention Centers for Disease Control and Prevention.](#)

[National Institute for Mental Health » Suicide Prevention](#)

[Mental Health Technology Transfer Center Suicide Prevention Resources](#)

[Surgeon General's Call To Action To Implement the National Strategy for Suicide Prevention](#)

[Survivors of Suicide Loss Task Force Responding to grief, trauma, and distress after a suicide: U.S. National Guidelines](#)

[SAMHSA Ready Set Go Review Screening for Behavioral Health Risks in Schools.](#)

## **RI Specific Resources**

[Guidance.for.RhodeIsland.Schools.on.Transgender.and.Gender.Nonconforming.Students-2016.pdf](#)

[Healthy Transitions and Behavioral Health Guide for Young Adults](#)

[Rhode Island Model for School Emergency Planning Mitigations/Prevention, Preparedness, Response, and Recovery](#)

## **References**

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**Disclaimer** \*This document is intended to support district and school leadership teams in developing robust suicide prevention policies. For the reader's convenience, this document contains examples of potentially useful products and resources. The inclusion of such information does not constitute an endorsement by the Rhode Island Department of Education, nor a preference/support for these examples as compared with others that might be available.