



# School-Based Suicide Prevention and Crisis Response

*A cross-sector partnership for policy AB 2246 implementation*

**Jennifer Del Bono**, *Director of Safe & Healthy Schools - Santa Clara County Office of Education*

**Jasmine Lopez, MA**, *Suicide Prevention Program Coordinator - Santa Clara County BHSD*

**Kathy Marek, LMFT**, *Mental Health Program Coordinator - Santa Clara Unified School District*

**Mary Ojakian, RN**, *HEARD Alliance*

**Jessica Swift**, *Student Support Services Coordinator - Morgan Hill Unified School District*

# Session Overview

1. **Safe & Healthy Schools**, *Santa Clara County Office of Education*
2. **Suicide Prevention Program**, *Santa Clara County BHSD*
3. **K-12 Toolkit for Mental Health Promotion and Suicide Prevention**,  
*HEARD Alliance*
4. **Santa Clara Unified School District and Morgan Hill Unified School District**, *Santa Clara County School-Based Partnerships*
5. **Q & A**

# EQUITY

## MTSS

System  
Structure

Data

Practices



Santa Clara County Office of Education Hosted 2018-2019 Trainings/Events	# of Trainings/Events	# of Participants
Applied Suicide Intervention Skills Training (ASIST)	6	106
Youth Mental Health First Aid	3	68
Trauma Informed Care	3	150
Suicide to Hope	2	34
NorCal PBIS/School Climate Symposium	1	274
Middle School Conference	1	200
California School Climate, Health and Learning System (Cal-SCHLS) Workshop	1	15
SH Schools Network	4	106
School Crisis Response Training	1	15
School Safety Planning Workshop	1	13
Question, Persuade, Respond (QPR)	1	25

# Suicide Prevention Adult Training Programs

Basic

QPR: Question,  
Persuade, Refer

Recognize the warning signs of a suicide crisis. Learn how to question, persuade, and refer someone to help.

**Audience:** General-adult

**Format:** In-class, online

**Duration:** 1-2 hrs

\* Suicide  
Prevention 101

Learn to define suicide and identify warning signs. Practice how to ask about suicide with compassion and how to connect individuals to supportive resources.

**Audience:** General-young adult, adult

**Format:** In-class

**Duration:** 1.5 hrs

ASIST

Learn to provide suicide first aid to a person at risk. Identify key elements of a suicide safety plan and the actions required to implement it.

**Audience:** Mental health professionals, caregivers

**Format:** In-class

**Duration:** 2 days

Advanced

suicide to Hope

Understand a framework for finding and exploring recovery and growth opportunities for clients with suicide experiences. Apply a Pathway to Hope (PaTH) model for setting recovery goals.

**Audience:** Mental health professionals

**Format:** In-class

**Duration:** 8 hrs

To arrange a training or for more information about youth trainings, please contact [jasmine.lopez@hhs.sccgov.org](mailto:jasmine.lopez@hhs.sccgov.org), 408-885-6421.

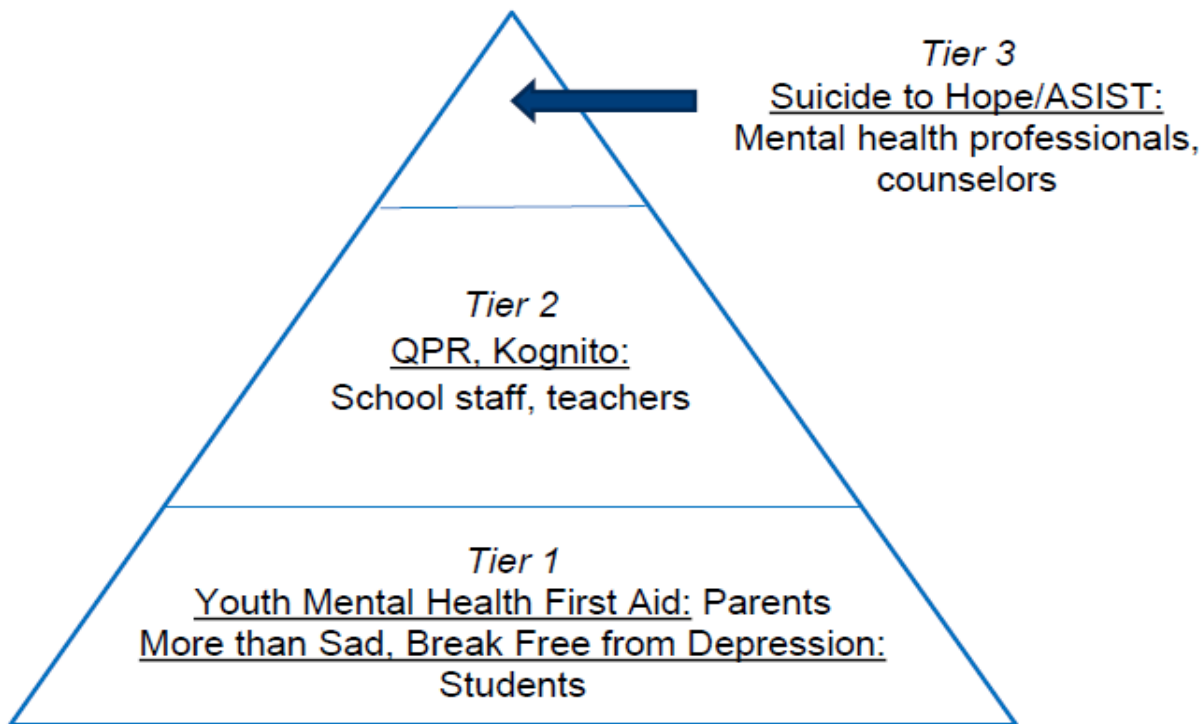
*\* Pilot trainings are offered in collaboration with our partners from Palo Alto University.*



All trainings are free and funded by the voter-approved Mental Health Services Act (Prop. 63).



## TIERED APPROACH TO SUICIDE PREVENTION AND MENTAL HEALTH TRAININGS



## KOGNITO/HEARD Alliance/County Partnership

- Why Kognito?
- What do districts receive under the partnership?
  1. Discounted access to Kognito online health simulations
  2. Consultations by the HEARD Alliance
- Year 1 focus: Crisis Response and Protocols



## Kognito Modules

At-Risk  
Trauma Informed Practices  
Friend2Friend  
Building Respect: Bullying Prevention  
Step In, Speak Up!: Supporting LGBT Youth

## At-Risk For Elementary School Educators



### TOPICS

Mental health

### SETTINGS

Elementary schools, youth programs, foster care

### USERS

Educators, teachers, and staff

### DURATION

60/120 minute versions\*  
(\*satisfies state mandates)



Lucas: A third grader who has recently become withdrawn



Sandra: The mother of a fifth grader who has become increasingly disruptive and aggressive

## At-Risk For Middle School Educators



### TOPICS

Mental health and suicide prevention

### SETTINGS

Middle schools, youth programs, foster care

### USERS

Educators, teachers, and staff

### DURATION

60/120 minute versions\*  
(\*satisfies state mandates)



Mariah: A new girl who is being teased by a clique of popular girls



Jen: The clique ringleader, who is having trouble at home



Michael: A boy struggling with impending loss and thoughts of suicide

## At-Risk For High School Educators



### TOPICS

Mental health and suicide prevention

### SETTINGS

High schools, youth programs, foster care, juvenile justice

### USERS

Educators, teachers, and staff

### DURATION

60/120 minute versions\*  
(\*satisfies state mandates)



Rene: A girl who is highly anxious about her grades and may be cutting



Joey: A shy freshman who is often teased, writes about suicide in an essay



Rob: A boy with poor attendance, low motivation, and drug use



## Toolkit Overview

1. Promotion of Mental Health and Wellness
2. Intervention in a Suicidal Crisis
3. Postvention Response to Suicide of a School Community Member

### Appendices:

- A. School Suicide Prevention Policy, Law & Educational Standards
- B. Staff, Parent & Student Resources
- C. Kara Resources on Grief

## Toolkit Goals

- **Improve recognition of student mental health needs**
  - Educate staff, families and students regarding mental health, protective and risk factors for suicide and warning signs
  - Increase early detection of students
  - Know how to refer students
  - Provide follow-up support
- **Handle crisis situations in a coordinated, consistent, and documented fashion**
- **All prevention, intervention, and postvention efforts are guided by evidence-based research**
- **Be a practical, usable document**

# Benefits of Implementing the Toolkit

- **Protocol Development** – Help schools organize crisis response to various risk behaviors
- **Education** – Increase knowledge; change attitudes; teach skills
- **Increased Safety Net** – Eye opening experience of how frequently suicidal behavior surface, increase confidence in the ability to make a difference, especially with early intervention
- **Systematic Re-Entry after Hospitalization or Absence** - Give parents, students and school staff an improved readiness to be supportive of returning students.
- **Strengthened Relationships** – Between schools and crisis service providers
- **Stigma Against Seeking Help Reduced** – Impact school as a result of the school community learning to talk openly and respectfully about suicidal behavior and taking concrete steps to help support individuals
- **Early Interventions** - Results in fewer crisis situations and better management of those that did occur

*"Notes from the Field"*

*Maine School Community Based Youth Suicide Prevention  
Intervention Project 2003 - 2006*

# Santa Clara County BHSD- School District Partnerships

## Kognito Partnership - Cohort 1 Participants

- Alum Rock Union
- County Office of Education - ALTED
- Los Gatos - Saratoga HS Union
- Milpitas Unified
- **Morgan Hill Unified - Jessie Swift**
- Mountain View Whisman
- **Santa Clara Unified - Kathy Marek**

## Morgan Hill USD Kognito and HEARD Alliance Roll Out

### Timeline

#### Early July

Confirmed MOU with Behavior Health and Kognito

#### Mid-August

Met to review AB2246 and the District's policies and practices around suicide prevention (DO)

#### Late August

Finalized district PD calendar and Kognito roll out plan (DO)- date finalized.

#### September

Kognito On-boarding video conference (DO). Discuss logistics: #of sites, time frames, training, leadership teams, etc.)

#### Late September

Coordinator worked with Kognito to ensure all sites were included and technology settings worked. Sent out information about PD session.

#### Early October

5 days prior to the roll out, Kognito checked in and any final details worked out.

Coordinator shared ppt used on PD day with site leadership

#### Oct 5

District wide PD day and Kognito rollout

#### On the day

9:00-10:00 AM

Trained and modeled process and "training" to site admin to replicate in their breakout sessions.

10:00-12:00

10:00-10:30: Sites broke off and admin reviewed the ppt and assisted with login (code-no need for individual logins)

10:30-12:00 all certificated staff went through the simulation

#### November (2 sessions)

Kognito and Heard consultations. Leadership team met to review next steps for sites- developing crisis teams and protocol for suicide prevention.

#### January

90 day follow up survey sent to all certificated staff who completed the training.

Want further information or have questions about how MHUSD rolled out the suicide prevention training?

Jessie Swift: 408-201-6000 or [swift@mhUSD.org](mailto:swift@mhUSD.org)  
[www.mhUSDstudentservices.com](http://www.mhUSDstudentservices.com)

### Grows

1. It was so easy having the training all in one day, this way I was able to ensure all staff was trained. If they were absent that day, I was able to run a report and give those names to site admin and they would have them run through it.
2. Having the HEARD Team follow up with the site leadership was key to ensuring that process and conversations were continuing to happen and be planned (it was just a one-day thing).
3. We were able to take a proactive approach to filling in any gaps we had in our procedures.
4. The simulations allowed teachers to work at their own pace as well as see what they can/need to do with kids in crisis. It made it everyone's issue not just a counselor or admin.
5. There was virtually no "set up" need for teachers to be able to login and do the training- all they needed was internet and a laptop.

### Grows

1. I would have liked to train admin a couple of days prior instead of the day of.
2. We needed to provide more time to complete the simulations.
3. I would have liked to have a second "roll out" for classified staff. Maybe not all in one day but site and DO based.
4. I would like to have a parent component and option for training.
5. Make sure you have EARPHONES
6. Based on input, would like more cultural norms addressed with this issue.
7. More time for closure and discussion.

### Teacher Responses

"I appreciate the simulation because it helped me take my knowledge and better understand how to phrase particular ideas in a way that is helpful to kids."

"Kognito, with its role plays, was very effective in teaching us how to speak and connect with students that are concerning us. By making us decide the next piece of conversation - it made the experience more real. Had a presenter been hired to simply state the signs to look out for and procedures, it would not have had the same impact on the staff."

"I thought the scenario program was more engaging than previous presentation on the same topic."

## Santa Clara Unified School District

### Kognito Implementation

Kathleen Marek  
Mental Health Coordinator

#### Implementation Considerations:

##### Leadership

Rationale for Support:  
AB 2246  
Larger Vision of Wellness for SCUSD  
Data

##### Crisis Response Teams:

Multi-disciplinary Team- Review process and Protocols \*Heard Alliance Consult  
Site based training for Crisis Response Teams  
Return for debrief and follow up

##### Kognito Roll Out: Trained all Wellness Coordinators to Implement

Certificated Staff: Site Professional Development day  
Classified Staff: District PD day  
Small Group Roll Out for Security, front office staff, other specialization teachers and support staff

#### Outcomes:

Staff Trained to Date: 1, 153

This includes all secondary

- 2 Comprehensive High Schools
- 3 Alternative High Schools
- 4 Middle Schools
- 10/18 Elementary Schools
- \* Training is still happening

Increase in referrals for services

Increase in number of risk assessments

Increase in number of hospitalizations

\* How is this beneficial?

Response:

- Focus Groups for Student Input on Services
- Parent Support and Education 2019/2020
- Team with Outside Agencies more Intentionally

#### Staff Response:

Many people said it was the most relevant training they had ever received in a PD.

At one of our high schools we had 4 risk assessments the day after the training. Two ended in hospitalizations. Teachers reported that they would not have known how to address the students had they not had the training.

Nurses altered their assessment and conversation on sleep after taking the training.

Several staff commented that it helped give them confidence that they can have these conversations with students.

# Comments & Questions