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School Administrative Unit 21 Suicide Prevention Plan

Serving the communities of:

Hampton Falls

North Hampton

Seabrook

South Hampton

Winnacunnet High School

***With Support and Membership in the
National Association for Behavioral Intervention and Threat Assessment***



National Association
for Behavioral Intervention
and Threat Assessment

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Joint Board of Education, Winnacunnet Cooperative School District

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The SAU 21 Joint School Board is committed to protecting the health, safety and welfare of its students and school community. District policy JLDDBB ([SAU 21 Joint Board Policy adopted 3/2020](#)) supports federal, state and local efforts to provide education on youth suicide awareness and prevention; to establish methods of prevention, intervention, and response to suicide or suicide attempt (“postvention”); and to promote access to suicide awareness, prevention and postvention resources.

PLAN OBJECTIVES: Prevention, risk assessment, intervention and response to youth suicide and suicide attempts.

PLAN SCOPE: This plan covers actions that take place 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 plan applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This plan also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

1. SUICIDE PREVENTION

a. TERMS (source [American Foundation for Suicide Prevention](#))

Risk Factors	Suicide is rarely caused by a single circumstance or event. Instead, a range of factors—at the individual, relationship, community, and societal levels —can increase risk. These risk factors are situations or problems that can increase the possibility that a person will attempt suicide.
Warning Signs	Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.
Protective Factors	<ul style="list-style-type: none"> ● Access to mental health care, and being proactive about mental health ● Feeling connected to family and community support ● Problem-solving and coping skills ● Limited access to lethal means ● Cultural and religious beliefs that encourage connecting and help-seeking, discourage suicidal behavior, or create a strong sense of purpose or self-esteem
Referrals	NH Suicide Prevention Resource Center CALL 988 NH Suicide & Crisis Hotline

b. RESPONSE

Postvention responses to in or out-of-school student suicides or suicide attempts shall be directed and implemented by the SAU 21 CARE TEAM in coordination with the SAU 21 Suicide Prevention Coordinator and School District Prevention Liaisons. A referral to the CARE TEAM will be initiated for any student believed to be at elevated risk of suicide.

c. STUDENT EDUCATION

Each school district in SAU 21 shall provide education for students regarding safe and healthy choices, coping strategies, recognition of risk factors and warning signs of mental disorders and suicide including help-seeking strategies that are developmentally appropriate.

i. Multi-tiered System of Supports (MTSS)

Using an MTSS approach will support the implementation of **universal programming** for all students and families, **selective interventions** for students with some risk, and **individualized interventions** for students with high risk. See [Rural Health Information Hub](#) for examples of specific developmentally appropriate MTSS programming and interventions.

d. TRAINING

Using evidence-based curriculum, all SAU 21 staff, designated volunteers, and contracted personnel shall be trained on an annual basis on the issues of youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention and resources available within the school and community. See link for Mandatory Training Course [Connor's Climb Foundation: Training Trusted Adults](#)

e. CONFIDENTIALITY

The SAU 21 Joint Board and the SAU 21 Suicide Prevention Coordinator acknowledge the unique confidentiality considerations that come into play when a student presents with an elevated risk of suicide. All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal, or are in need of help. While confidentiality and privacy are important, students and staff should know that when there is risk of suicide, safety comes first.

f. DESIGNATION OF PERSONNEL

Guided by this SAU 21 Suicide Prevention Plan, each individual school district shall designate personnel, in addition to the SAU 21 Suicide Prevention Coordinator and individual School District Suicide Prevention Liaisons, to act as points of contact when students are believed to be at an elevated risk of suicide. Please see Response plan chart (#B2 below) for individual school district liaisons and contacts for: Barnard School; Lincoln Akerman School; North Hampton School; Seabrook Elementary School; Seabrook Middle School; and Winnacunnet High School.

g. RESOURCES

SAU 21 students and staff will have access to national, state, and community resources that they can contact for referral, crisis intervention, and additional support, such as:

- [National 988 Lifeline](#) or 1-800-273-TALK (8255) suicidepreventionlifeline.org
- [We're here for you Now | The Trevor Project](#)
1-866-488-7386 Trevor Lifeline Text/Chat Services, available 24/7 Text "TREVOR" to 678-678
- [Crisis Text Line](#): Text HOME to 741-741 crisistextline.org
- 911 for Local Emergency Rooms
 - (a) [Anna Jaques Hospital](#)
 - (b) [Exeter Hospital](#)
 - (c) [Portsmouth Regional Hospital](#)
- [Seacoast Mental Health Center](#) Portsmouth 603-431-6703; text or chat 833-710-6477 or NH988.com
- [SAU21 SEACOAST CARE TEAM](#) See Something, Say Something TIP LINE
- [Endurance Behavioral Health](#) (Intensive Outpatient Program) 603-760-1942
- [Seacoast Youth Services](#) (Adolescent Substance Abuse Program and Intensive Outpatient Program) 603-474-3332

h. DISSEMINATION

The SAU 21 District Suicide Prevention Plan shall be disseminated to students, parents, faculty, staff, and school volunteers in the following formats:

- Parent Student Handbooks
- Faculty Handbooks
- All SAU 21 School District websites

i. PROMOTION OF COOPERATIVE EFFORTS

The SAU 21 schools coordinate and collaborate with community suicide prevention program personnel in the following ways:

- Ongoing partnership with Seacoast Mental Health Center, the local community mental health provider, for both individual referrals and with co-located mental health providers in several schools within the SAU 21 School District
- [SAU21 SEACOAST CARE TEAM](#) (SCT) is a multidisciplinary, multidistrict team focused on Behavioral Interventions. The Seacoast CARE Team engages in proactive and collaborative approaches to identify, assess, and mitigate risks associated with students, faculty, and staff exhibiting concerning behaviors or thoughts. By partnering with members of the community, the Seacoast CARE Team strives to promote individual student, faculty, and staff wellbeing and success while prioritizing community safety.
 - ➔ The SCT purpose is to act as a Behavior Intervention Team is to prevent self-harm and harm to others. The SCT members follow [NaBITA](#)

[Standards](#) and rely on NaBITA membership to advance training and certification of members.

- The SCT tracks "red flags" over time, detecting patterns, trends, and disturbances in individual or group behavior.
- When SCT receives reports of concerning behavior, the team conducts an investigation, performs a threat assessment, and determines the best mechanisms for support, intervention, warning/notification, and response.

j. OTHER PROVISIONS

Includes such other provisions deemed appropriate to meet the objectives of this Plan (e.g., student handbook language, reporting processes, "postvention" strategies, and re-entry procedures).

2. RISK ASSESSMENT

An evaluation of a student who may be at-risk for suicide is conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor, or in some cases, trained school administrator). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

3. INTERVENTION

a. ASSESSMENT AND REFERRAL

When a student is identified by a peer, educator or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student shall be seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to assess risk and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidents require immediate referral to the appropriate school-employed mental health professional. If there is no mental health professional available, a designated staff member (e.g., school nurse or administrator) shall address the situation according to district protocol until a mental health professional is brought in.

b. AT-RISK STUDENTS

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete
- The principal and school suicide prevention liaison shall be made aware of the situation as soon as reasonably possible

- The school-employed mental health professional or principal shall contact the student's parent or guardian, as described in the Parental Notification Involvement section and in compliance with existing state law/ district policy , and shall assist the family with urgent referral
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian
- If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local Child Protection Services) shall be contacted in lieu of parents as per law
- Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate

c. ENGAGING LAW ENFORCEMENT

There may be situations when school personnel need to engage law enforcement. When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is a suicidal to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

d. PARENTAL NOTIFICATION AND INVOLVEMENT

The principal, designee, or school mental health professional shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (unless notifying the parent will put the student at increased risk of harm). Following parental notification and based on initial risk assessment, the principal, designee, or school mental health professional may offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

4. RESPONSE TO SUICIDES AND ATTEMPTS

a. REENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-employed mental health

professional, the principal, or designee shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student hospitalization, parents may be encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

- A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.
- While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
- The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
- The school-employed mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
- The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

b. IN SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

- First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures
- School staff shall supervise the student to ensure their safety
- Staff shall move all other students out of the immediate area as soon as possible
- The school employed mental health professional or principal shall contact the student's parent or guardian.
- Staff shall immediately notify the principal or school suicide prevention liaison and SAU suicide prevention coordinator regarding the incident of in-school suicide attempt
- The school shall engage the behavior intervention team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim
- Staff shall request a mental health assessment for the student as soon as possible.

c. OUT OF SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

- Call 911 (police and/or emergency medical services)
- Inform the student's parent or guardian
- Inform the school suicide prevention liaison, principal, and SAU suicide prevention coordinator
- If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

d. AFTER A SUICIDE DEATH - Development and Implementation of a Crisis Response Plan

The crisis response team, led by a designated crisis response coordinator, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all school community related suicides whether it be student (past or present), staff, or other prominent school community member. Ideally, this plan shall be developed long before it is needed. A meeting of the crisis team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

For more detailed information on responding to a suicide death, please see the document [After a Suicide, A Toolkit for Schools](#)

3. BIENNIAL REVIEW

No less than once every two years, the Superintendent, in consultation with the District Suicide Prevention Coordinator and Building Suicide Prevention Liaisons along with input and evidence from community health or suicide prevention organizations, and District Health and School Counseling personnel, shall update the District Suicide Prevention Plan, and present the same to the Board for review. Such Plan updates shall be submitted to the Board in time for appropriate budget consideration.

4. SUICIDE PREVENTION COORDINATOR AND LIASONS

a. SAU SUICIDE PREVENTION COORDINATOR

The Superintendent has appointed and identified the personnel below, who, under the direction of the Superintendent shall be responsible for:

- developing and maintaining cooperative relationships with and coordination efforts between the District and community suicide prevention programs and personnel;
- annual updating of (i) State and community crisis or intervention referral intervention information, and (ii) names and contact information of Building Suicide Prevention Liaisons, for inclusion in student handbooks and on the District's website;
- developing - or assisting individual teachers with the development – of age appropriate student educational programming, such that all students receive information in the importance of safe and healthy choices and coping strategies, recognizing risk factors and warning signs of mental disorders and suicide in oneself and others, and providing help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help;
- developing or assisting in the development of the annual staff training required under section C of SAU 21 Joint Board Policy JLDDB;
- Such other duties as referenced in SAU 21 Joint Board Policy JLDDB or as assigned by the Superintendent.
- SAU 21 District Coordinator: Mary A. Toomey, Ed.D., Assistant Superintendent
- SAU 21 Behavioral Health Response Liaison: Heather Cronan, WHS Director of Counseling
- SAU 90 District Coordinator: Dr. Lois DaSilva-Knapton, Director of Student Services

b. SCHOOL-BASED SUICIDE PREVENTION LIAISONS

The Liaison, or, in his/her absence, the building principal, shall be designated as the Building Suicide Prevention Liaison, and shall serve as the in-building point-of-contact person when a student is believed to be at an elevated risk for suicide. Employees who have reason to believe a student is at risk of suicide, or is exhibiting risk factors for suicide, shall report that information to the Building Liaison, who shall, immediately or

as soon as possible, establish and implement a response plan with the SAU Suicide Prevention Coordinator.

SAU 21 School-Based Suicide Prevention Liaisons

<i>School</i>	<i>Building Liaison</i>	<i>Principal (Liaison Backup)</i>
<i>Winnacunnet</i>	Talley Westerberg Heather Cronan	Bill McGowan
<i>North Hampton</i>	Liz Fiore	Susan Snyder
<i>Lincoln Akerman</i>	Hannah Cashin	Beth Raucci
<i>Seabrook Elementary</i>	Jessica Cormier	Bryan Belanger
<i>Seabrook Middle</i>	Jessica Cormier	Jaime Parsons
<i>South Hampton</i>	Martha Johnson	Michelle Witt

5. ANNUAL STAFF TRAINING

As described above, using evidence-based curriculum, all SAU 21 staff, designated volunteers, and contracted personnel shall receive at least one hour of training on an annual basis on the issues of youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention and resources available within the school and community. Each fall, all staff members are required to complete the following web-based course as a part of this training. Mandatory Training Course [Connor's Climb Foundation: Training Trusted Adults](#)

6. DISSEMINATION

Student handbooks and the SAU website will be updated each year with the contact information for the School-Based Suicide Prevention Liaisons along with State and community crisis or intervention referral intervention resources. The SAU Suicide Prevention Plan will be made available on the SAU, and each school's respective websites.

Sample Language for Handbooks (Source [American Foundation for Suicide Prevention](#))

Protecting the health and well-being of all students is of utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

- Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and others. This curricular content will occur in health classes throughout the school year, not just in response to a suicide, and the encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders.

- Each school building will designate a Suicide Prevention Liaison to serve as a point of contact for students in crisis and to refer students to appropriate resources.
- When a student is identified as being at-risk, a risk assessment will be completed by a trained school staff member who will work with the student and help connect the student to appropriate local resources.
- Students will have access to national resources that they can contact for additional support, such as:
 - [National 988 Lifeline](https://www.suicidepreventionlifeline.org) or 1-800-273-TALK (8255) suicidepreventionlifeline.org
 - The Trevor Lifeline: 1-866-488-7386 thetrevorproject.org/get-help-now
 - Trevor Lifeline Text/Chat Services, available 24/7 Text “TREVOR” to 678-678
 - Crisis Text Line: Text HOME to 741-741 crisistextline.org

All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal, or are in need of help. While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first.

For a more detailed review of policy, please see each district’s full suicide prevention policy JLDDB

REFERENCES AND RESOURCES

American Foundation for Suicide Prevention: [Model School District Policy on Suicide Prevention](#)

American Foundation for Suicide Prevention: [Suicide prevention interventions and treatments | AFSP](#)

Connor's Climb Foundation: [Training Trusted Adults](#)

Crisis Text Line: Text HOME to 741-741 [crisistextline.org](#)

[Endurance Behavioral Health](#)

Hospitals 911 Emergency Services: [Anna Jaques Hospital](#); [Exeter Hospital](#); [Portsmouth Regional Hospital](#)

National Association for Behavioral Intervention and Threat Assessment [NABITA](#)

[National Suicide Prevention Lifeline 988](#)

[NH Suicide Prevention Resource Center](#) CALL 988 [NH Suicide & Crisis Hotline](#)

Rural Health Information Hub: [School-Based Programming for Suicide Prevention](#)

[SAU21 SEACOAST CARE TEAM](#)

[Seacoast Mental Health Center](#) Portsmouth 603-431-6703; text or chat 833-710-6477 or [NH988.com](#)

[Seacoast Youth Services](#)

Suicide Prevention Resource Center: [After a Suicide: A Toolkit for Schools 2nd Edition](#)

Suicide Prevention Resource Center: [Warning Signs for Suicide](#)

The Trevor Project: [We're here for you Now | The Trevor Project](#) 1-866-488-7386 Trevor Lifeline Text/Chat Services, available 24/7 Text "TREVOR" to 678-678