

Rhode Island Suicide Prevention Initiative (SPI) Handbook

Fall 2023



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What is the SPI?

In 2015, Bradley Hospital Access Center, in partnership with the Rhode Island Department of Health and Rhode Island Student Assistance Services, developed **an innovative and coordinated youth suicide prevention referral system--the Suicide Prevention Initiative, or SPI --that links elementary, middle, and highschool students with mental health services.** It diverts at-risk students experiencing a mental health crisis from emergency room visits and in patient services by connecting them to local mental health services with follow-up support. This system has grown every year--it began with five school districts and now has been adopted in more than fifteen districts and reaches more than 100 schools throughout Rhode Island.

You are a key part of this important system. Thank you for the work you do!

Important contacts

If you have questions about getting trained on the SPI, getting a refresher training, or getting copies of these training materials, contact:

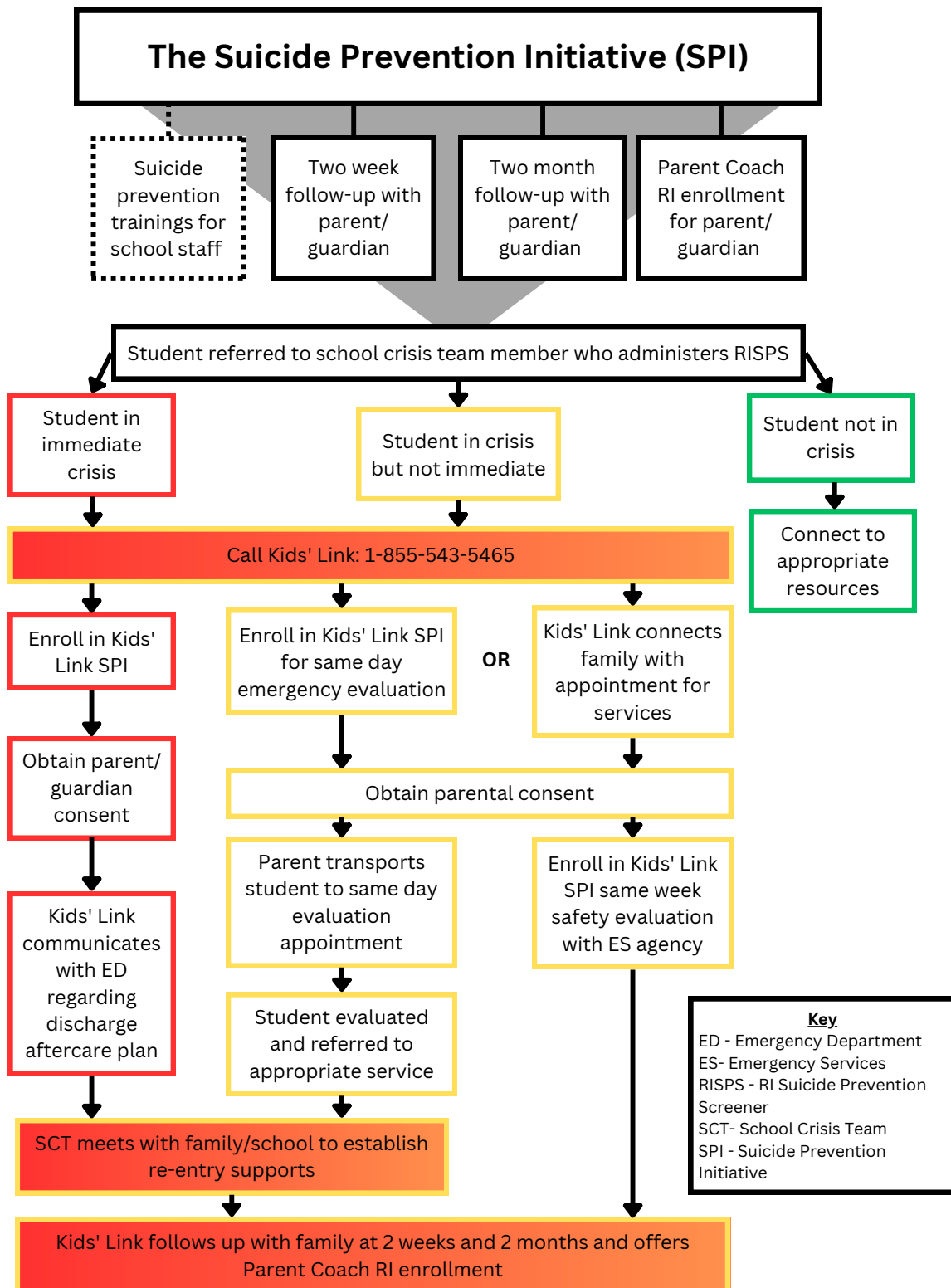
Leigh A. Reposa,
Program Manager,
Rhode Island Student Assistance Services, at
lreposa@risas.org, or
401-952-7260.

To refer a young person to Kids' Link RI,
call 1-855-543-5465.

To send your forms to Kids' Link RI,
fax: 401-432-1507
or email: kidslinkreferral@lifespan.org

*If you are a school that already utilizes it,
you can send your forms via Unite Rhode Island.

The SPI flow



Key reminders...

01. Call Kids' Link RI

Phone: 1-855-543-5465.

02. Get Consent from Parent/Guardian

Complete the parental consent-to-follow-up form. Remember that you don't need to obtain consent immediately; you can get it within a couple of days of the initial conversation.

03. Fax your SPI forms

(screener, referral, consent-to-follow-up) to 401-432-1507 or email them to kidslinkreferral@lifespan.org.

*If you are a school that already utilizes it, you can send your forms via Unite Rhode Island.

If you're having trouble getting consent from the parent/guardian, you may send this form after the screener and referral.

04. Offer Parent Coach RI

Helping a child in distress is difficult. It's important for people who take care of kids to take care of themselves, too. Make sure to offer Parent Coach RI, a free 30-day text messaging program that provides information on youth mental health and adult self care, to parents/guardians of referred youth.

05. Remind Parents/Guardians of the SPI Components

Make sure to end your conversation with the parent/guardian of the referred youth by reminding them that they will be contacted by Kids' Link for:

- a 2 week followup
- a 2 month followup
- Parent Coach RI enrollment if they did not already consent

Rhode Island Suicide Prevention Screener (RISPS)

Kids'Link Phone: 1-855-543-5465

Email: Kidslinkreferral@lifespan.org

SCHOOL NAME:	DATE:	
SUICIDE IDEATION SCREENING QUESTIONS AND DEFINITIONS		
Ask questions that are bolded and <u>underlined</u> . Ask questions 1 and 2.	Past Month	
1. Have you wished you were dead or wished you could go to sleep and not wake up? <u>Wish to be dead:</u> person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you actually had any thoughts of killing yourself? <u>Suicidal Thoughts:</u> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. Have you been thinking about how you might kill yourself? <u>Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</u> Person endorses thoughts of suicide and has thought of at least one method during the assessment period. this is different than a specific plan with time, place, or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it... and I would never go through with it."	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you had these thoughts and had some intention of acting on them? <u>Suicidal Intent (without Specific Plan):</u> Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to, "I have the thoughts but I definitely will not do anything about them."	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? <u>Suicidal Intent (with Specific Plan):</u> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? <u>Suicide Behavior Question.</u> Examples include: collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, ask: <u>How long ago did you do any of these? Over a year ago? Between three months and a year ago? Within the last three months?</u>		

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann
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Rhode Island Suicide Prevention Screener (RISPS)

RISK ASSESSMENT

Kids'Link Phone: 1-855-543-5465

Email: Kidslinkreferral@lifespan.org

Instructions: Based on your interview with the student, please check all known risk and protective factors that apply to the student. These questions are not intended to be asked directly, but instead to be elicited from past knowledge and/or your interview during the crisis situation.

Present	Past	Unknown	Risk Factors
			<i>Affect & Behavioral:</i>
			Past suicide attempt(s)? Did student tell anyone at the time?
			Hopelessness
			Access to means
			Depression/decrease in functioning
			Recent loss(es) or significant negative event (describe)
			Substance use/misuse
			Agitation, quick to anger, or severe anxiety
			Perceived burden on family or others
			Self-injurious behavior (i.e. cutting, scratching, burning, etc.)
			Has been impulsively aggressive in recent past?
Present	Past	Unknown	<i>Violence/Aggression</i>
			Threatens to harm or kill others
			Fights with peers
			Trouble with the law
			Exposure to violence at home or in community
			School suspensions
			Other risk factors:
			Bullying: physical or electronic
			Victim of abuse: Sexual? Physical? Other?
			Minority status: sexual orientation/gender/ethnicity
			If LGBTQ, is student out to their family/community?
			Other risk factors:
Present	Past	Unknown	Protective Factors
			Parents encourage participation in school
			Student identifies reasons for living
			Student expresses responsibility to family, friend, or others
			Supportive family or social network
			Fear of dying or death
			Belief that suicide is immoral; high spirituality
			Engaged in work or school
			Engaged in treatment
			Other protective factors:

Rhode Island School Based Suicide Prevention Intervention Protocol

The following protocol should be followed when a school staff member becomes aware that a student is experiencing a crisis that may involve risk of harm to self or others.

Understanding the scope of the crisis and the risk of suicide

If the information comes directly from the student to a member of the school staff, expressed either verbally or through behavior, the staff member will:

- Obtain basic information from the student about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.
- Share this information with a member of the School Crisis Team (SCT), in the presence of the student and with the student's participation whenever possible.

If the information comes to a staff member from another person such as a peer or a parent, the staff member will:

- Obtain the student's name and basic information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.
- Refer the situation to a school crisis team member before the end of the school day
- If the student is identified outside of school hours but is at a school related activity or event, 911 should be called and school crisis team contacted the following school day for follow up.

Upon receiving information or a referral related to an emotional or behavioral crisis, the crisis team member will:

- Schedule a meeting with the student before the end of the school day, or at the beginning of the next school day if this information is shared outside school hours.
- Further discuss the situation with the student to obtain information about the crisis, such as what stressors the student is facing and what they are thinking and doing in response, and evaluate their needs.
- A crisis team member, trained and qualified to do further evaluation of risk, will administer the Rhode Island Suicide Prevention Screener (RISPS) two sided screener to assess the student's suicide risk and other risk and protective factors. In addition to suicide assessment the intention of the screener is to improve the consistency and effectiveness of the communication between school personnel and behavioral health triage services.

STUDENT IN IMMEDIATE CRISIS

- There is immediate danger to the student's self or others (for example, possible presence of a weapon or other means the student intends to use to harm self or others; physical aggression; flight risk; actively psychotic)
- There is a suicide attempt in progress (for example, the student has taken a drug or medication overdose)
- Student elopement/AWOL

The School Crisis Team Member or other staff will do the following:

- Provide for continuous supervision of the student at risk until an emergency responder arrives, keeping personal safety in mind
- Call 911 or designate a person to call for an emergency transport to HASBRO Children's Hospital or closest emergency department
- Notify the building administrator or their proxy
- Call Kids' Link at: 1-855-KID-LINK or 1-855-543-5465 notifying them that a student has been transported for emergency services

The Kids' Link Clinician/Care Coordinator will do the following:

- Kids' Link On Site Care Coordinator will communicate with hospital emergency department re: parent consent to follow up and discharge aftercare plan
- School Crisis Team Member schedules re-entry meeting with parent to establish supports
- Kids' Link Care Coordinator continues follow up with family (if consents were signed)

STUDENT MEETS CRITERIA FOR SAME DAY EMERGENCY ASSESSMENT

- The student is in severe distress due to mental health symptoms or a serious stressor
- The student has identified a realistic suicide plan and intention to follow through on it but has not yet taken action

The School Crisis Team Member will do the following:

- Remain with the student and provide support, safety, and continuous supervision
- Notify the building administrator
- Call Kids' Link at: 1-855-KID-LINK or 1-855-543-5465
- Notify the student's guardian(s) by telephone requesting they come to the school
- Student Kids' Link SPI referral form and parent/guardian consent sent via fax (401-432-1507) or email (kidslinkreferral@lifespan.org)
- Facilitate emergency crisis evaluation via telephone with Kids' Link clinician

The Kids' Link Clinician/Care Coordinator will do the following

- Kids' Link clinician communicates with lead school crisis team member re: same day emergency assessment availability for appointments within the Lifespan Emergency Services network and other statewide community providers Kids' Link calls ahead to provider to verify parent/student coming to appointment
- Parent transports student to appointment
- Kids' Link care coordinator follows up with parent for active consent if not completed at school
- School crisis team member schedules meeting with family re: re-entry supports for students following appointment/treatment

STUDENT NOT IN CRISIS BUT REQUIRES SERVICES REFERRAL

- The student identifies thoughts of death but has no plan, intent to die, or suicidal behavior
- The student is experiencing some stressors but also has strong supports

The School Crisis Team Member will:

- Interview and work with the student to describe the situation to her or his guardian(s) by phone or, if appropriate, in person
- Obtain active parental consent for release of information
- Call Kids' Link at: 1-855-KID-LINK or 1-855-543-5465
- Student Kids' Link SPI referral form and parent/guardian consent sent via fax (401-432-1507) or email (kidslinkreferral@lifespan.org)

The Kids' Link Clinician/Care Coordinator will do the following:

- Kids' Link discusses with the student's guardian the importance of preventive mental health care and provide an appropriate referral, taking into account:
 - The family's language, religious beliefs, and culture
 - The student's stressors and needs
 - Barriers to receiving care such as transportation, health insurance, cost, and how they can be overcome. Connect the family with an appointment for services in the community within 5 days
- Have family sign active consent for follow up
- Follow up with family to confirm appointment kept/barriers to obtaining services

Kids' Link Suicide Prevention Initiative (SPI)



Consent for Enrollment and Authorization to Release Information

Child/adolescent's name: _____ Date of Birth: _____

Parent/guardian's name: _____ Telephone Number: _____

I hereby authorize my child's enrollment in the Kids' Link SPI program. The purpose of this program is to help me obtain appropriate mental health services for my child. As part of the program, a Kids' Link staff person will contact me within two weeks of my child's evaluation, and again two months after the evaluation. The purpose of the contact will be to help me follow up on treatment recommendations, overcome any barriers to care, and facilitate any additional supports my child needs.

I also authorize Kids' Link SPI staff to release information to: _____
(School personnel)

Information may be released regarding:

_____ Outcome of crisis evaluation (Initial Here)	_____ Treatment recommendations (Initial Here)
_____ Family supports recommended. (Initial Here)	_____ Other _____ (Initial Here)

This information is needed for the following purposes:

_____ To coordinate a safe and effective transition for my child when they return to school
_____ Other _____

I understand that this authorization will expire one year from the date signed, that I have the right to refuse to sign this authorization, and that I may revoke this authorization at any time, except where action has already been taken prior to its revocation, by speaking to a staff member of Kids' Link SPI (1-855-543-5465).

As part of this program, I can also enroll in Parent Coach RI, a text-messaging program that sends parenting tips via text daily for thirty days. Enrollment is voluntary and I can withdraw from the program at any time by texting STOP.

_____ I agree to receive texts from Parent Coach RI.
(Initial Here)

Signature of parent _____ Date _____

Signature of witness _____ Date _____

Iniciativa de Prevención del Suicidio (SPI) Kids'Link



Consentimiento para la inscripción y Autorización para Divulgar Información

Nombre del Niño(a)/Adolescente: _____ Fecha de Nacimiento: _____

Nombre de Padre/Guardián: _____ Número de Teléfono: _____

Yo, por medio del presente documento, autorizo la inscripción de mi hijo(a) en el programa Kids'Link SPI, lo cual significa que un miembro del personal de SPI estará en comunicación con nosotros dentro de 2 semanas después de nuestra evaluación de crisis (o de haber sido dado(a) de alta de un hospital o tratamiento parcial), en 3 meses para darle seguimiento a las recomendaciones de tratamiento, ayudar a reducir barreras al tratamiento y facilitar cualesquiera otros apoyos que mi hijo(a) necesite. Entiendo que esta autorización se vence un año después de la fecha en la cual es firmada, que tengo el derecho de rechazar esta autorización, y que puedo revocar esta autorización en cualquier momento al hablar con un miembro del personal de Kids'Link SPI (1-855-545-5465).

Yo autorizo al personal de Kids'Link SPI a divulgarle información a: _____

(Personal de la escuela)

Información relacionada a lo siguiente puede ser divulgada:

_____ Resultado de evaluación de crisis

(Iniciales aquí)

_____ Recomendaciones de tratamiento

(Iniciales aquí)

_____ Apoyos familiares recomendados

(Iniciales aquí)

_____ Otro _____

(Iniciales aquí)

Esta información es requerida para el(los) siguiente(s) propósito(s):

_____ Para coordinar una transición sana y efectiva cuando mi niño(a) regrese a la escuela

_____ Otro _____

Como parte de este programa, también puedo inscribirme en Parent Coach RI, un programa de mensajes de texto que envía consejos para padres a través de mensajes de texto diariamente durante treinta días. (pueden aplicarse cargos por mensajes y datos.) La inscripción es voluntaria y puedo retirarme del programa en cualquier momento enviando un mensaje de texto con la palabra STOP.

_____ Acepto recibir mensajes de texto del Parent Coach RI.

(Iniciales aquí)

Esta autorización se vence un año después de la fecha de hoy. Yo entiendo que puedo revocar mi autorización para divulgar información en cualquier momento excepto cuando se haya tomado acción antes de su revocación.

Firma del Padre, Guardián o Representante Autorizado

Fecha

Firma del Testigo (personal)

Fecha

School Emergency Evaluation Referral Form

1-855-543-5465 | Fax to Kids' Link: 401-432-1507

Email: Kidslinkreferral@lifespan.org



TODAY'S DATE: _____

SCHOOL NAME: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

MALE FEMALE TRANSGENDER NONBINARY PRONOUNS: _____

PRIMARY LANGUAGE _____ INTERPRETER REQUIRED? YES NO

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: Home: _____ Cell: _____

CURRENT MEDICAL ISSUES (If known): _____

CURRENT MEDICATION (If known or self-reported): _____

ALLERGIES: _____ No known allergies

CURRENT MENTAL HEALTH PROVIDERS: _____

REASON FOR REFERRAL:

- Student in Immediate Crisis (immediate danger to self or others, suicide attempt in progress)
- Student in Crisis but not immediate (severe distress due to mental health symptoms, serious stressor, suicide plan and intent)
- Student not in crisis but requires services (identifies thoughts of death, no plan, intent to die or suicidal behavior and has supports)
- Other: _____

TRANSPORTED TO EVALUATION VIA AMBULANCE OR RESCUE? YES NO

IF YES, TRANSPORTED FROM: _____ TO: _____

PARENTAL NOTIFICATION:

- Parent/guardian is transporting the student to: _____
- Parent/guardian has been informed and will meet student at: _____
- We have been unable to reach parent.

Consent for Kids' Link SPI signed? YES NO By: _____

PLEASE PROVIDE INFORMATION REGARDING SCHOOL PERSONNEL REFERRING STUDENT TO KIDS' LINK BELOW:

NAME: _____

CONTACT INFORMATION: EMAIL _____ PHONE _____