

Rhode Island
Suicide Prevention
Initiative
(SPI)
Handbook

Fall 2021



Table of contents

What is the SPI?	02
Important contacts	03
SPI flow	04
Unite Rhode Island frequently asked questions	05
Key reminders	06
Essential forms	07

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 high school students with mental health services.** It diverts at-risk students experiencing a mental health crisis from unneeded emergency room visits and inpatient 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 a dozen 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

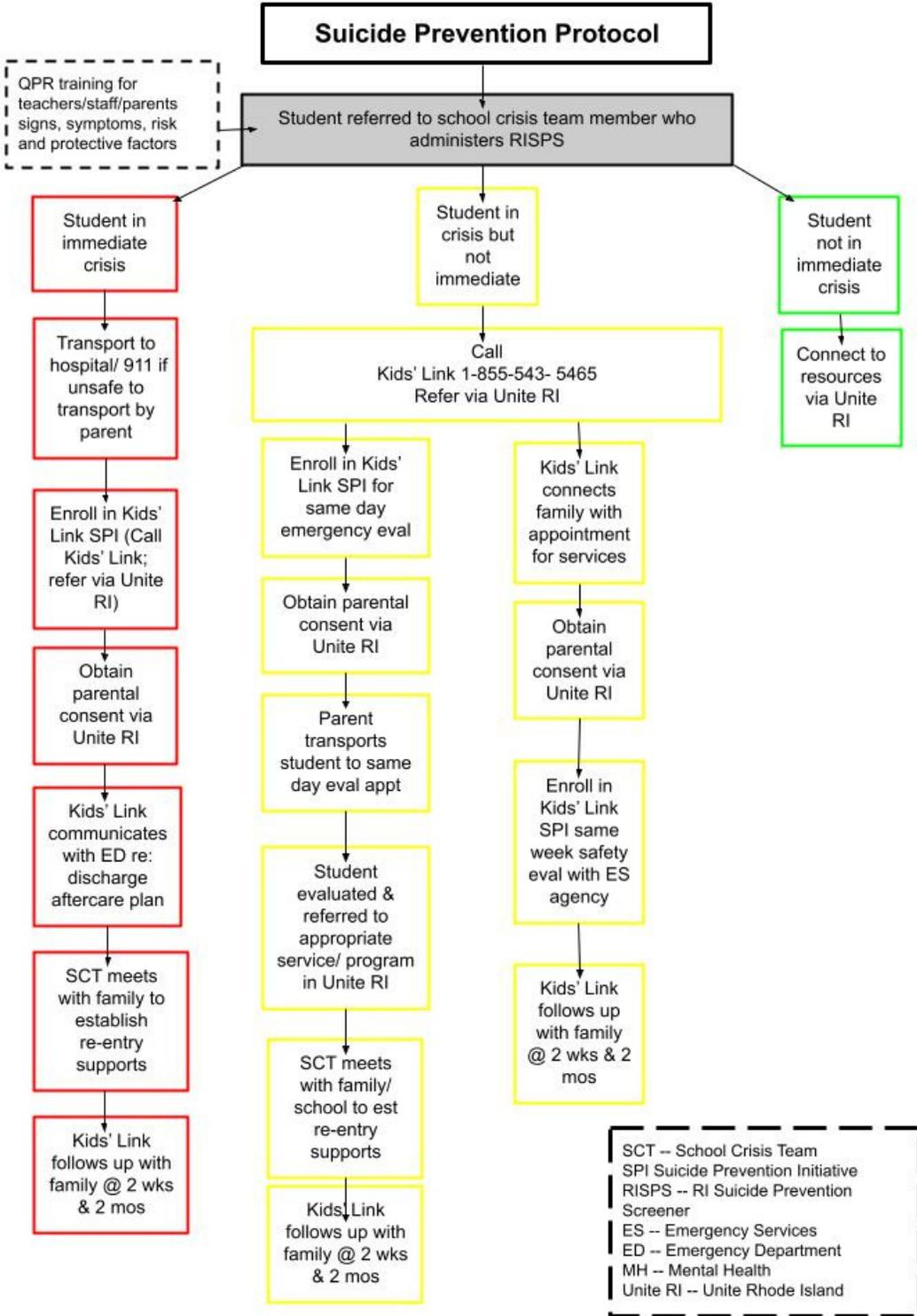
*If you have **questions about getting trained on the SPI, getting a refresher training, or getting copies of these training materials**, contact:*

*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, log into Unite Rhode Island**. This is the preferred method.
However, you can still fax: 401-432-1507
or email: kidslinkreferral@lifespan.org.*

The SPI flow



Created by Bradley Hospital Access Center and RISAS

Unite Rhode Island frequently asked questions

What is Unite Rhode Island?

Unite Rhode Island is a coordinated care network of health and social care providers, connected through a shared technology platform, Unite Us. Unite Us allows members of the network to send and receive electronic referrals, address people's social needs, and improve health across communities.

Why should my school or organization register with Unite Rhode Island?

Unite Rhode Island will:

1. Help you navigate the complex behavioral health care system of Rhode Island
2. Allow you to track referrals you make through the system
3. Get all the necessary information communicated right away, to the right people
4. Help you find all the forms you need in one place.

How do I register my school or organization with Unite Rhode Island?

Visit RhodeIsland.UniteUs.com to learn how.

How do I access a Unite Rhode Island training?

Once you are registered with Unite Rhode Island, you are given automatic access to all training options. Or, Unite Us offers ongoing training options via webinar and self-paced e-learning courses, which can be accessed here [t.sidekickopen07.com] (password: uniteuspartner).

How to contact technical assistance at Unite Rhode Island

Once your school/organization is a member of the network, you can contact technical assistance at support@uniteus.com, or utilize the chat bubble on the bottom right-hand corner of the platform.

Key reminders...

01. Call Kids' Link RI

Phone: 1-855-543-5465.

02. Send your forms

Send all your SPI forms (screener, referral, consent-to-follow-up) through Unite Rhode Island. This is the preferred method.

If that's not available, you can fax your SPI forms to 401-432-1507 or email them to: Kidslinkreferral@lifefspan.org.

03. Get parental consent

Complete and send over the parental consent-to-follow-up form. The easiest way to do this is through Unite Rhode Island. Also, remember that you don't need to do it at the moment; you can get consent within a couple of days after the initial conversation.

04. Take care of yourself

Helping a child in distress is important. It can also bring up a lot of feelings. It's important for people who take care of kids to take care of themselves too. Take a walk, take a break, take care of you.

Rhode Island Suicide Prevention Screener (RISPS)

SUICIDE IDEATION SCREENING QUESTIONS AND DEFINITIONS

Ask questions that are **bolded** and underlined.

Ask questions 1 and 2.

Past month

YES

NO

1. Have you wished you were dead or wished you could go to sleep and not wake up?

(**Wish to be dead:** person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.)

2. Have you actually had any thoughts of killing yourself?

Suicidal Thoughts: 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.)

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?

Suicidal Thoughts with Method (without Specific Plan or Intent to Act): 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."

4. Have you had these thoughts and had some intention of acting on them?

Suicidal Intent (without Specific Plan)

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."

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?

Suicidal Intent (with Specific Plan): Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

(*Suicide Behavior Question.* 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.)

If YES, ask: 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?

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

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

Email: Kidslinkreferral@lifespan.org

Rhode Island Suicide Prevention Screener (RISPS)

RISK ASSESSMENT

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.

<u>Present</u>	<u>Past</u>	<u>Unknown</u>	<u>Risk Factors</u>
			<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?
<u>Present</u>	<u>Past</u>	<u>Unknown</u>	<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
			<i>Other risk factors:</i>
			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:
<u>Present</u>	<u>Past</u>	<u>Unknown</u>	<u>Protective Factors</u>
			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 an 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 (Suicide Prevention Initiative) referral form and parent consent sent through Unite RI or faxed/electronically sent to Kids' Link (1-401-432-1507)
- 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 (Suicide Prevention Initiative) referral form and parent consent sent via Unite RI or faxed/electronically sent to Kids' Link (1-401-432-1507)

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 overcomeConnect 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.

Iniciativa de Prevención del Suicidio (SPI) Kids'Link

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

Nombre de Padre/ guardián: _____

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), y en 2 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).

Firma del Niño(a)/Adolescente

Fecha

Firma del Padre

Fecha

Firma del Testigo

Fecha

para Divulgar Información

Yo, _____ (nombre) autorizo al personal de Kids'Link SPI a divulgarle información a: _____ (escuela/personal).

Información relacionada a lo siguiente puede ser divulgada:

- _____ Resultado de evaluación de crisis
- _____ Recomendaciones de tratamiento
- _____ Apoyos familiares recomendados
- _____ Otro _____

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 _____

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.

Kids'Link Suicide Prevention Initiative (SPI)

Child/adolescent's name: _____ Date of Birth: ____/____/_____
Parent/guardian's name: _____

I hereby authorize my child's enrollment in the Kids'Link SPI program, which means a member of the SPI staff will contact us within 2 weeks of our crisis evaluation (or discharge from inpatient or partial treatment), and at 2 months to follow up on treatment recommendations, help reduce barriers to treatment and facilitate any additional supports my child needs. 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 by speaking to a staff member of Kids'Link SPI (1-855-543-5465).

_____ Signature of child/adolescent	_____ Date
_____ Signature of parent	_____ Date
_____ Signature of witness	_____ Date

I, _____ (name) authorize Kids'Link SPI staff to release information to: _____
_____ (school/personnel).

Information may be released regarding:

____ Outcome of crisis evaluation
____ Treatment recommendations
____ Family supports recommended
____ Other _____

This information is needed for the following purposes:

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

This authorization expires one year from today's date. I understand that I may revoke my authorization to release information at any time except where action has already been taken prior to its revocation.



SCHOOL EMERGENCY EVALUATION REFERRAL FORM

1-855-543-5465

Fax to Kids' Link: 401-432-1507

Email: Kidslinkreferral@lifespan.org

SCHOOL NAME: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

MALE ___ FEMALE ___ TRANSGENDER ___ PRIMARY LANGUAGE _____ INTERPRETER REQUIRED: YES ___ NO ___

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PARENT PHONE: Home: _____ Cell: _____

TODAY'S DATE: _____ INSURANCE: _____

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: _____

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

ALLERGIES: _____ No known allergies

CURRENT MEDICAL ISSUES (if known): _____

CURRENT MENTAL HEALTH PROVIDERS: _____

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 signed? YES NO By: _____

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

NAME: _____ DATE: _____

CONTACT INFORMATION: EMAIL _____ PHONE _____