

Response to Suicide Memorandum of Agreement

As part of the Renfrew County District School Board (RCDSB) Mental Health & Well-Being Strategy, the RCDSB is implementing a planning document in suicide prevention, intervention and postvention. The planning document is intended to support school administrators and school staff with information to facilitate school readiness for suicide prevention, intervention and postvention responses. A key component of the board's strategic planning is the sustained capacity for training RCDSB staff in SafeTALK or Applied Suicide Intervention Skills Training (ASIST) based on their role within the board for supporting suicide prevention and/or intervention within a school community.

To support students beyond the capacity of school board resources, community agencies were identified and engaged based on their expertise and specialization as a current service pathway within Renfrew County to support coordinated responses with emergency, urgent care and mental health services. The identified agencies are: The Phoenix Centre for Children, Youth and Families; Mental Health Services of Renfrew County; Community Care Access Centre; Ontario Provincial Police; Victim Services of Renfrew County; Family and Children Services; and the Children's Hospital of Eastern Ontario (CHEO).

This memorandum of agreement between the RCDSB and identified community agencies acknowledges the collaboration that went into linking the pathways from the school to the community. In signing this memorandum of agreement, identified community agencies agree:

- That their agency adds value as a coordinated and planned service pathway for students at risk of suicide.
- That the coordination of services adheres to each the respective agency protocols and procedures for responding to children and youth at risk of suicide.
- To communicate to support the student's safety and mental health, with consent or without consent in accordance with privacy legislation. Consent to disclose personal information should be obtained, when and as required by applicable law.
- To collaborate in the provision of services and review/update to the pathways or protocol for supporting student safety and mental health.

The planning document highlights the roles, expectations and agreements within RCDSB that support board and school planning and capacity, as well as the 4 agreements outlined in this Response to Suicide Memorandum of Agreement between RCDSB and identified community agencies to provide pathways for service that extend care beyond what school resources can offer. Key sections from the planning document that reference community agencies are attached to this memorandum as information relevant to supporting system navigation and the linkages between school and community. Flow charts are also included for an overall perspective of school boards and community agencies working together to support student mental health and well-being.

Renfrew County District School Board

Agency Name



Signature

May 3, 2016

Date

Section D3.7 of the RCDSB Planning Document for Suicide Prevention, Intervention and Postvention

Pathways to Care

The development of the protocol and capacity to support students at risk of suicide and respond to tragic events involves the collaboration of the school board and identified community agencies.

The protocol is designed using evidence based programs to train RCDSB staff in suicide prevention and/or intervention.

SafeTALK training provides a pathway for responding to suicide concerns. ASIST training provides a pathway for responding to suicide risk and facilitating the community connections needed to support the student's safety and mental health.

The protocol uses existing school board partnerships and community agencies servicing Renfrew County for facilitating community connections to emergency services, urgent care and mental health services.

The Renfrew County Integrated Crisis Response Network has helped facilitate conversations and connections to coordinate community responses for youth in crisis.

Identified agencies include:

- Mental Health Services of Renfrew County-Pembroke Regional Hospital
- Phoenix Centre for Children, Youth and Families
- Champlain Community Care Access Centre
- Ontario Provincial Police
- Family and Children Services of Renfrew County
- Victim's Services of Renfrew County
- Children's Hospital of Eastern Ontario, hereinafter referred to as CHEO

(See Appendix Q for a list of Community Resources for Principals, Vice Principals and ASIST trained staff).

The pathways identified in the protocol for responding to risk of suicide involve two main routes: Safety First and Safety Planning.

Safety First involves 911 emergency and police services in response to life threatening suicide attempts and immediate harm, danger, violence or threat of risk of violence.

Safety Planning involves ASIST staff meeting with the student and parent/guardian to assess risk and protective factors for creating safety.

Safety for now involves a SafePlan, involved parent/guardian to care for the student, and confirmation of actions in the SafePlan. A crisis line number and support to connect with a mental health resources are also always included as part of the SafePlan.

When safety for now cannot be established at the school level due to apparent risk factors, ASIST staff support the coordination of Urgent Care services, described below, provided by Mental Health Services of Renfrew County-Pembroke Regional Hospital. ASIST staff contacts the School Board Mental Health Leader to contact CHEO's Urgent Care Protocol.

Urgent Care services are intended for children and youth who present with acute mental health needs involving safety concerns or possible psychosis that comprise identified risk factors for service. Urgent Care provides access to professional services for assessment, intervention, stabilization, information, support and referral to mental health agencies as needed. Apparent risk factors include:

- Current suicidal/homicidal ideation
- Current/recent suicide attempt/gesture (not life threatening)
- Intention to suicide with or without a plan and/or means

- Acute change in mental status
- Acute emotional crisis precipitated by trauma or other social stressors

Identified Agencies for Emergency and Police Services

911 for emergency and Ontario Provincial Police services are identified for situations involving immediate the serious risk of or actual harm, threat, and danger to self and/or others.

Situations may include but are not limited to:

- Life threatening suicide attempt
- Inability to locate a student identified at risk of suicide
- Possibility of a weapon involved
- The active intention to kill oneself, with a plan and means

Identified Agency for Child Protection

Family and Children Services of Renfrew County is identified for child protection services as required by law and through school board policy. Family and Children Services is available 24/7 for all children/students under 16, and in some instances under 18 years of age.

Identified Agencies for Urgent Care

Urgent care through **Mental Health Services of Renfrew County- Pembroke Regional Hospital Mobile Crisis Services** is coordinated through ASIST trained staff using a pager. Students 12 and older can be supported by this service. Trained staff gets verbal consent from parent or student 16+ to involve the mobile crisis team for consultation and access to urgent care. The team will respond to the school contact promptly and is available to transport to the school as needed. The Crisis Team is comprised of Crisis Workers who have a minimum B.A. in the Social Services field. ASIST and Non-Violent Crisis Intervention are mandatory trainings. The worker assesses risk, provides intervention and support to stabilize the individual, assists in navigation of referrals to the most appropriate services and provides information and advocacy. For students under 16, referrals for follow up mental health care are typically made to Phoenix Centre for Children, Youth and Families; Children's Hospital of Eastern Ontario; or Renfrew County Addiction Treatment Service. Students 16 and older can receive follow up mental health services through Mental Health Services of Renfrew County -Pembroke Regional Hospital, Phoenix Centre for Children, Youth and Families; or Renfrew County Addiction Treatment Service. The service selected depends on the needs of the student and the parent/guardian and student's preference for service. Emergent cases are sent to the emergency department at the Pembroke Regional Hospital and referred to Children's Hospital of Eastern Ontario as needed.

CHEO's Urgent Care Protocol can be coordinated through the School Board Mental Health Leader. Psychologists and psychiatrists at CHEO are able to provide prompt mental health assessments on an outpatient/voluntary basis for children and youth up to and including 17 years old who are in crisis but not at immediate risk of suicide and meet specific triage criteria.

Triage Criteria for CHEO Urgent Care:

- Current suicidal/homicidal ideation,
- Current or recent suicide attempt/gesture, and is medically stable,
- Recent history of suicide attempts,
- Acute change in mental status, particularly as a result of psychosis
- Able to engage in safety planning until scheduled appointment.

Exclusion Criteria for CHEO Urgent Care:

- Involved in any current /on-going treatment
- Evidence of substance abuse as primary problem
- Chronic behavior/conduct disturbance
- Chronic conflicts; family / school related
- Legal assessments and/or placement issues

The Board Designate upon their assessment of the situation and in consultation with the school, may refer the student to CHEO Urgent Care team for further assessment and follow-up by completing the “Referral to CHEO Emergency Department Mental Health Assessment” form (or such other document that is substantially in the same form), along with the HEADS-ED screening tool (Appendix X).

The referral package may also include additional information such as the student’s IEP, psychological assessments and SafePlan. The Board Designate will then contact the Urgent Care Team at CHEO to determine eligibility to their Urgent Care program and complete the “**Consent to Share Personal Health Information**” form. A student requiring Urgent Care will be provided with an appointment with a psychologist or psychiatrist at CHEO within 7-10 days as per CHEO’s Urgent Care Protocol, which protocol may be updated and amended by CHEO from time to time, and follow-up with a psychologist or psychiatrist as determined by the practitioner. All completed documentation including the referral form, HEADS-ED and consent form, should be faxed to CHEO intake service once the referral is accepted and booked.

The student should bring any additional relevant documentation to their first appointment. Following CHEO involvement, a referral to community-based mental health care will also be facilitated by the Urgent Care Provider and Board Designate as appropriate. With consent, CHEO will strive to provide feedback to the referral source (e.g. Board Designate), who may then share this information with the school as appropriate.

At the school level, ASIST trained staff complete the HEADS-ED and the referral form that requires consent for CHEO Acute Mental Health Services. (Attachments from CHEO for the referral form and information about urgent care is included as Appendix W,X). Trained staff contact the Board Designate, School Board Mental Health Leader, to support service coordination. The School Board Mental Health Leader will call the Urgent Care Pager regarding the referral. Every effort is made to return the call within one hour. Students with emergent mental health needs will be sent, as appropriate and depending on age and clinical presentation, to the CHEO emergency department. As appropriate, students with urgent care needs will scheduled an appointment within 7-10 days. Students with non-urgent needs will be redirected to local mental health agencies.

Identified Agencies for Follow up Mental Health Services

The **Phoenix Centre for Children, Youth and Families** school based program is a resource for connecting students with follow up mental health services. The school based program is accessed through Principal referral and coordinated by the therapist working in the school. Since not all schools have a school based Mental Health Therapist nor the capacity to resource all students using this program, the Phoenix Centre community service can provide follow up assessment and mental health services within 24 hours (up to 72 hours if referred over a weekend). ASIST trained staff are encouraged to support the student/parent to call the Phoenix Centre and schedule an appointment as part of developing the Safe Plan. The Phoenix Centre will make every effort to obtain consent to communicate with the school about recommendations for after care planning to support the student’s mental health and safety at school.

The **Champlain Community Care Access Centre’s Mental Health and Addiction Nurses (MHAN)** can provide onsite services within 72 hours for short term assessment, support and referrals to long term services. MHAN is also designed to support students upon discharge from hospitals or treatment settings. The MHAN is accessed by the Principal through referral to the CCAC. Upon receiving the referral, The Mental Health and Addiction Nurses contact the parent/guardian and student to confirm informed consent for services and request consent to communicate with a school contact to support aftercare planning for the student’s mental health and safety at school.

Identified Agency for Tragic Event Response

Victim Services of Renfrew County is a non-profit volunteer based organization which assists police and other emergency services in providing emotional and practical assistance to people who have experienced a crime, tragic life event or community disaster. Victim Services of Renfrew County can assist staff and students following tragic events to support the needs of the school and community. Student 16 and older can give consent for service. Students 15 and younger require consent from a parent/guardian for service.

Additional resources included in the protocol but not part of the formal agreement include:

TeleMentalHealth services in Ontario is listed as a pathway option for access to psychiatric and psychological services which may be useful during after care planning to support the student's mental health.

Appendix W



THE URGENT CARE SERVICE INFORMATION REGARDING PROTOCOLS WITH SCHOOL BOARDS

Overview:

Urgent Care protocols have been established with a number of school boards in the Champlain LIHN for the purpose of providing timely service for students who present with a mental health crisis. The protocols provide an opportunity for school board clinicians to engage in a mental health triage process with the assistance of CHEO Mental Health staff, in particular to determine the level of urgency and care required. Each school board establishes their own set of internal procedures. However, it is expected that they will ensure that a risk assessment is conducted at the school and that a limited number of clinical staff will provide internal consultation and initiate the Urgent Care protocol when specific criteria are met. The Urgent Care Protocol is initiated by calling a toll-free pager number. Referrals are only accepted from physicians and mental health clinicians. The pager number should not be provided to students or family members.

The Urgent Care Service provides focused assessment and consultation for children and youth (up to and including 17 years old) who are presenting with urgent mental health needs (e.g., suicidal behaviour, abrupt decrease in mood or functioning) who meet specific triage criteria. The service is comprised of psychiatrists and psychologists. The purpose of the assessment is to evaluate the youth's mental health functioning with particular attention to safety and risk. It will be determined whether the youth is presenting with a mental health diagnosis and recommendations for follow-up will be made.

Triage Criteria:

The Urgent Care service is intended for children and youth who present with acute mental health needs involving safety concerns or possible psychosis.

Inclusion Criteria

- Current suicidal/homicidal ideation
- Current/recent suicide attempt/gesture (medically stable)
- With the ability to engage in safety planning until scheduled appointment
- Acute change in mental status, particularly as a result of psychosis
- Acute emotional crisis precipitated by trauma or other social stressors

Exclusion Criteria

- Involved in any current /on-going treatment
- Evidence of substance abuse as primary problem
- Chronic behavior/conduct disturbance
- Chronic conflicts; family / school related
- Legal assessments and/or placement issues

Emergent Criteria*

- Form 1/Form 2/Section 17
- Sudden/ recent onset of psychotic symptoms
- Specific suicide plan (time, date, means)
- Inability to care for self
- Inability to engage in safety planning

* In the case of an immediate life threatening emergency (e.g., suicide attempt, suicidal plan and immediate flight risk), call 911 and notify appropriate CHEO staff of youth's imminent arrival

Referral Process:

Call the Urgent Care Pager (613-737-2273 or 877-251-2273) to speak to a Mental Health Intake Worker (8h00 to 16h00) or Crisis Intervention Worker (16h00 to 23h00) regarding your referral. Every effort will be made to return your call within one hour.

The Urgent Care Consultation:

What should families bring to the appointment?

- Ontario Health Card for each visit
- Any medications that the youth is taking, or a list of them (including dosages)
- Any past psychological assessments or other assessments (e.g. occupational therapists, speech/language pathologists, etc.)
- Recent school report cards / academic reports
- Any other relevant reports or information

What Happens During a Visit?

The youth should be accompanied by a parent or legal guardian. The clinician will talk to the parent and youth. He or she may also ask the parent and youth to complete questionnaires.

What can families expect from the appointment?

- Mental health assessment by a psychologist or psychiatrist with an emphasis on risk
- Recommendations for follow-up
- A limited number of follow-up sessions, if indicated
- Medication consultation, if seen by psychiatry
- Feedback to the student's primary care physician, as appropriate
- Liaison to community partners, including school board staff, as appropriate
- Internal referrals for youth who meet criteria for tertiary care services

How school-based clinical staff can assist the Urgent Care clinician

- Provide relevant background and clinical information on the CHEO Referral Form and HEADS-ED
- Obtain parent and youth (as appropriate) consent for exchange of information
- Prepare youth and parents for the appointment, particularly by explaining the format and consultative/short-term role of the service
- Provide clinical/crisis support prior to the appointment
- Facilitate the provision of appropriate clinical follow-up in the school setting (may involve referral to external agency counsellors providing services in the school or the CCAC Mental Health and Addictions Nurse)
- Provide liaison to school personnel, as appropriate
- Provide information about other mental health resources (e.g., crisis resources) and make appropriate referrals (e.g., Youth Services Bureau, Crossroads Children's Centre)

Cancellation Policy

Please note that it is hospital policy to require at least 24-hrs advance notice of an appointment cancellation.

Only Board Designate(s) to initiate Urgent Care and provide completed form.

*This form may be revised, updated or amended by CHEO as part of its general internal protocol review.

Referral to CHEO Acute Mental Health Services for Mental Health Assessment (cont'd)

Name:	Date:
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Section A of RCDSB Planning Document for Suicide Prevention, Intervention and Postvention

Suicide Risk Response Protocol: Overview Flow Chart

HEADS-ED

	0 No action needed	1 Needs action but not immediate	2 Needs immediate action
Home <i>Example: How does your family get along with each other?</i>	○ Supportive	○ Conflicts	○ Chaotic / dysfunctional
Education <i>Example: How is your school attendance? How are your grades?</i>	○ On track	○ Grades dropping / absenteeism	○ Failing / not attending school
Activities <i>Example: What are your relationships like with your friends?</i>	○ No change	○ Reduced / peer conflicts	○ Fully withdrawn / significant peer conflicts
Drugs & alcohol <i>Example: How often are you using drugs or alcohol?</i>	○ None or infrequent	○ Occasional	○ Frequent / daily
Suicidality <i>Example: Do you have any thoughts of wanting to kill yourself?</i>	○ No thoughts	○ Ideation	○ Plan or gesture
Emotions, behaviours, thought disturbance <i>Example: How have you been feeling lately?</i>	○ Mildly anxious / sad / acting out	○ Moderately anxious / sad / acting out	○ Significantly distressed / unable to function / out of control / bizarre thoughts
Discharge resources <i>Example: Do you have any help or are you waiting to receive help (counselling etc.)?</i>	○ Ongoing / well connected	○ Some / not meeting needs	○ None / on waitlist / non-compliant

Notes:

Staff member becomes alert to warning signs for risk of suicide and connects the student with **trained staff**. **Safety first responses** are used as needed to support student safety.

Suicide Concern

Stage 1: Preventing Suicide - **SafeTALK and ASIST trained staff** explore concern, ensure safety and report.

Suicide Risk

Stage 2: Intervening with Suicide - **ASIST trained staff**

- Ensure the student is never left alone, unsupervised or released to go home alone.
- Parents/guardians are always informed and asked to respond immediately.
- Principal/Vice Principal is actively involved.
- If a student at risk of suicide cannot be located, Safety First applies for immediate harm, threat, danger.
- If the student is 16 and under, lacking parental involvement for care and decisions, call Family and Children Services.

Life Threatening Suicide Attempt:

- **Safety First Response:** ensure call to 911 emergency.

Immediate Harm/Danger/Threat:

- **Safety First Response:** call Ontario Provincial Police.

Suicide Threat:

- ASIST trained staff assess risk and protective factors for safety planning.

Safety For Now:

Confirmed SafePlan, involved parent/guardian. Support referral to mental health agency and seek consent for contact with identified agency to support after care school planning.

Urgent Care:

Safety for now is not possible due to apparent risk factors.

12 and over, seek consent to involve Mobile Crisis Team Mental Health Services of Renfrew County. **ASIST staff contact mobile crisis team.**

Complete referral for CHEO and HEADS-ED. **Contact School Board Mental Health Leader for service coordination.**

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Mental health professionals assess and intervene for stabilization, refer to mental health agencies as needed, advocate and support parents. Emergent cases are sent to Pembroke Hospital emergency dept.

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Emergent cases sent to CHEO emergency dept. Urgent cases scheduled within 7-10 days. Non-urgent cases referred to local mental health agency.

Stage 3: After Care School Planning - Principal, Vice Principal reviews documentation, debriefs team and supports planning.

Section A1 of the RCDSB Planning Document for Suicide Prevention, Intervention and Postvention

Overview Flow Chart for Tragic Event Response

Tragic Event

Principal/Vice Principal leads the School Response

Immediate Coordination of the Crisis

- Use a log to document actions.
- Confirm facts with police.
- Notify Superintendent and alert school response team. [Superintendent notifies Director, Executive Council, School Trustee, Mental Health Leader and Communications dept. Mental Health Leader notifies mental health leadership team and contacts the Principal/Vice Principal to support tragic event response.](#)
- Talk to the family.

First 24 Hours: Coordination of School Response

- Update Superintendent and Communications Dept. [Superintendent updates Director. Director informs co-terminate school board.](#)
- See Postvention considerations for a death by suicide as needed to guide: release of information, managing contagion and media.
- Meet with tragic event response team to plan school response. (ie. scripted communication with staff, students, parents and onsite support). Contact Victim Services of Renfrew County as needed to support needs of school community.

Next 48 - 72 Hours: Monitor and support the needs of students, staff, school

- Tragic event response team continue to support needs of school community.
- Keep staff informed.
- Reconnect with family.

First Month: long term school planning and tragic event response review

- Plan support and/or referrals for students beyond initial response
- Meet with tragic event response team for review and school planning
- May consider involving mental health agencies for information sessions.

Planning for the future: Long term RCDSB Tragic Event Response Planning

- Send review recommendations to Mental Health Leadership Team.
- Continue to monitor and support well-being of school community.

**Section A2 of RCDSB Planning Document for Suicide Prevention, Intervention and Postvention
Community Resources for School Planning**

Name of Service	Contact Information	Service Provided for Situation
Emergency Response Services	911	Available to provide immediate response for emergency, police and fire services. Identify yourself as a school staff in need of assistance.
Ontario Provincial Police	1-888-310-1122 or 911	Available to provide immediate response for situations involving violence or risk of violence and/or immediate harm or danger, as needed to ensure safety.
Family and Children Services	613-735-6866 or 1-800-267-5878	Family and Children Services is available 24/7 for all children/students under 16, and in some instances under 18 years of age.
Children, Youth and Family Crisis Line for Eastern Ontario	1-877-377-7775	Available to provide immediate crisis support 24 hours a day, 7 days a week offering counselling, information and referral. Given to all students and parents as part of a safe plan.
Victim Services of Renfrew County	613-649-2852 or 1-877-568-5730	Available to provide short term response within a school and/or community following a tragic event.
Community Care Access Centre) - Mental Health and Addiction Nurses (MHAN)	Principal completes referral form for Mental Health and Addiction Nurses. Form available online at: https://staff.rcdsb.on.ca/en/thesource/Mental_Health.asp The form is faxed to the Champlain Community Care Access Centre 1-888-990-8151.	Available to provide follow up onsite short term assessment, support and referral from qualified mental health professional(s).
Phoenix Centre for Children, Youth and Families - Mental Health Services.	<p>Secondary School based Mental Health Therapist: Principal completes referral form and coordinates services through the Therapist. Form available online at: https://staff.rcdsb.on.ca/en/thesource/Mental_Health.asp</p> <p>All students have access to mental health services by calling Phoenix Centre Intake Services at 613-735-2374. For follow up to a suicide intervention, request an appointment within 24 hours (up to 72 over weekend).</p> <p>Evening hour walk in clinics are also available to parents/students through the Phoenix Centre (613-735-2374) and Addiction Treatment Services 613-432-9855 or 1-800-265-0197.</p>	Available to provide follow up mental health services from qualified mental health professional(s) and makes referrals as needed.
Mental Health Services of Renfrew County - Crisis Line and Mobile Crisis Team	<p>ASIST staff can use the direct line for contacting the Mobile Crisis Team: 1-877-307-9953.</p> <p>The public Crisis Line (16+) to provide to youth and families is: 1-866-996-0991.</p>	Available for immediate consultation and urgent care response to a student 12+ at risk of suicide with verbal consent from the parent and/or student 16+, as required. Crisis workers provide assessment, intervention for stabilization, referrals to mental health agencies, as needed, information, support and advocacy.
Children's Hospital of Eastern Ontario (CHEO)	Complete referral form for CHEO urgent care including the HEADS-ED and contact the School Board Mental Health Leader to coordinate service. Mental Health Leader will call pager 613-737-2273 or 877-251-2273 or CHEO 1-613-737-2328.	Provides access to urgent mental health assessment by qualified psychologists and psychiatrists, with consent of parent/student, as required. Provides service to a student up to and including 17 years old. Emergent cases will be sent to CHEO emergency department. Urgent cases are scheduled for an appointment within 7-10 days. Non-urgent cases are redirected to local mental health agencies.
Tele Mental Health	This service is best supported through referral by mental health professionals or a primary care physician.	Available for mental health services using live, interactive videoconferencing. for assessment, recommendations and referral for child and youth mental health problems/illness. May be helpful during after care planning.