



DOCUMENTED ACTIONS LIST

SUPPORTING DOCUMENT TO IDAHO GUIDELINES FOR SCHOOL-BASED SUICIDE INTERVENTION

- **1**. Documented referral and filed any related materials.
- **2**. Interviewed youth.
- **3**. Administered screener. If not, please explain why.
- □ 4. Determined risk level.
- **5**. Notified parent or guardian.
- a. Contacted parent for *low risk*.
 - Gave relevant materials and referrals to parents or guardians.
 - Followed up with youth and parents the next day.
 - Thanked person who made the referral
 - b. Asked parents to come to school for *medium or high risk* and sign documents in-person.
 - Had parents sign that they received related materials including means restriction pamphlet.
 - Ascertained where and when child will receive mental health assessment and ask for confidentiality release.
 - Or called appropriate agency if parents refused to pick up youth or refused to take youth for mental health.
 - Thanked the person who made the referral.
- **6**. Shared incident and steps taken with principal and/or crisis team.
- □ 7. Documented all steps taken.
- **8**. Followed up with family (date/time).
- **9**. Followed up with mental health provider, if appropriate (date/time).
- □ 10. Practiced self-care.

The Idaho Lives Project is a partnership between the Idaho State Department of Education and the Idaho Department of Health andWelfare. The Project is funded by the Idaho Department of Health and Welfare's Suicide Prevention Program and the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant from the Substance Abuse and Mental Health Services Administration.

This publication was supported by the Grant Number 2 801 OT 009017, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for DiseaseControl and Prevention or the Department of Health and Human Services.