

SUICIDE PREVENTION AND INTERVENTION

The Newtown Board of Education (the “Board”) recognizes that suicide is a complex issue and that schools are not mental health treatment centers. The Newtown Public Schools (the “District”) cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, school personnel may become aware of specific factual circumstances in which a student has communicated a suicidal intent or other specific circumstances in which a student is perceived by school staff to be at risk for suicide. In such cases, the Board is committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or who communicates that they are considering attempting suicide.

Any Board employee who has knowledge that a student has made a suicidal threat or attempt or exhibited suicidal ideation must immediately report this information to the building principal or designee, who will, in turn, notify appropriate Pupil Personnel Services (PPS) staff. PPS staff, with administrative assistance, if necessary, will contact the student's family and appropriate resources within and outside the school system, as permitted by law. The Board further directs the school staff to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school. Information concerning a student's suicide attempt, threat or risk will be shared with others only as permitted by state and federal law.

In recognition of the need for youth suicide prevention procedures, the Board directs the Superintendent or designee to adopt and maintain administrative regulations addressing youth suicide prevention.

Training will be provided for teachers, other school staff, and students regarding the prevention of and response to youth suicide.

Legal Reference:

Connecticut General Statutes § 10-220a
Connecticut General Statutes § 10-221(f)
Public Act 23-167, “An Act Concerning Transparency in Education.”

SUICIDE PREVENTION AND INTERVENTION REGULATIONS

1. LEGAL AUTHORITY AND BOARD POLICY

These procedures and guidelines are governed by the legal framework established under Connecticut General Statutes § 10-220a and § 10-221(f). They are maintained and updated in accordance with the mandates of Public Act 23-167 ("An Act Concerning Transparency in Education").

Board Policy Statement (Series 5000 / 5151.5) The Newtown Board of Education (the "Board") recognizes that suicide is a complex issue and that schools are not mental health treatment centers. The Newtown Public Schools (the "District") cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, school personnel may become aware of specific factual circumstances in which a student has communicated a suicidal intent or other specific circumstances in which a student is perceived by school staff to be at risk for suicide. School staff are required to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school.

MANDATORY RESPONSE The Board is committed to respond in a supportive manner, both "aggressively and immediately," to any student who has attempted, has threatened, or who communicates that they are considering attempting suicide.

2. DISTRICT-WIDE PREVENTION STRATEGIES AND UNIVERSAL SCREENING

Universal Screener Mandate The **Signs of Suicide (SOS) Program** is the district's designated universal screener for students in grades 7, 9, and 11. This evidence-based program is utilized to identify risk factors for depression and suicide and to empower students to act on behalf of their peers.

Program Implementation Requirements

- **Scheduling:** SOS implementation occurs quarterly within the health curriculum for the designated grade levels.
- **Materials:** Implementation materials must include student screener forms, student response forms, the teacher's SOS script, and ACT (Acknowledge, Care, Tell) cards for students to take home.

- **Opt-Out Procedures:** Parents/guardians are notified at the start of the school year. They may opt their student out of the program via a formal opt-out form. Each school is mandatorily required to keep a record of the families who have opted-out.
- **Documentation:** Staff must complete SOS follow-up forms for any student identified through the screening criteria, and, when indicated, refer the student to the appropriate staff member to administer the Columbia-Suicide Severity Rating Scale (C-SSRS).

Personnel Roles

- **Administrators & Director of Pupil Personnel:** These individuals are responsible for providing yearly suicide prevention training (or refresher programs) such as QPR: Question, Persuade, Refer to all teachers, staff, and administrators.
- **Crisis Intervention Team (CIT):** Building administrators lead the CIT, which meets as needed to oversee school response, review relevant data, and ensure all staff understand their procedural responsibilities.

3. STUDENT REFERRAL AND MANDATORY ASSESSMENT PROTOCOLS

Standardized Assessment Requirement

The C-SSRS is the district's required clinical tool for assessing suicide risk.

Trigger for C-SSRS Administration

The C-SSRS must be administered by a school psychologist, social worker, or school counselor for any student:

- Presenting with suicidal ideation or behaviors.
- Identified with an elevated risk through the SOS universal screener (e.g., indicating thoughts of suicide/past attempts or meeting depression thresholds).

Level of Assessed Risk Guidelines

Level of Assessed Risk	Indicator(s) (Verbal, Social Media, or Peer-Reported)
Emergency	Student has taken a life-threatening action. A serious, self-inflicted injury or a life-threatening circumstance has occurred.
Risk Level III: Imminent Danger	Student is in imminent danger of suicide. The student has thoughts of suicide with intent to act; has started working out details of a plan; has prepared means (e.g., purchasing pills/weapon/rope, giving away possessions, or writing a will); or cannot verbalize a safety plan.
Risk Level II: High Risk	Student is at high risk for self-directed violence. The student has thought about suicide and methods but has no current intent to act; or expresses a wish to be dead/not wake up.
Risk Level I: At Risk	Student is at risk, but not presently in danger. The student exhibits changes in behavior associated with suicide risk but has not expressed suicidal intentions.

4. INTERVENTION PROCEDURES BY RISK LEVEL

Immediate Action Steps

Emergency / Risk Level III (Imminent Danger)

1. **Continuous Supervision:** Ensure the student is **not left alone at any time**.
2. **Emergency Activation:** Call 911 immediately and notify building administration to activate the Emergency Response Team (ERT).
3. **Parent/Guardian Notification:** Contact parent/guardian immediately and provide the name of the hospital where the student is being transported.
4. **Liaison Requirement:** A school psychologist, social worker, or school counselor must meet the student at the emergency room if the parent is not present at the school.

5. **Hospital Notification:** The school nurse or appointed staff must notify the hospital's emergency room that the student is en route.
6. **DCF Mandate:** School staff must contact the Department of Children and Families (DCF) for all students under 18 years of age if the parent/guardian does not follow the recommendations of the professionals assigned to the student.

High Risk (Level II)

1. **Mobile Crisis Activation:** Call Emergency Mobile Crisis (211) and request a counselor to come to the school for a suicide risk evaluation.
2. **Parent/Guardian Involvement:** Notify the parent/guardian by phone and **mandate their attendance at the school** to discuss the situation.
3. **Refusal Protocol:** If a parent refuses 211 services, the 211 counselor must be told not to come. Staff must recommend an outside clinician for risk assessment and **explicitly note the parent's refusal of 211 services** on the Crisis Intervention Form.

At Risk (Level I)

1. **Consultation:** Notify and discuss the situation with the parent/guardian by phone; request a meeting if appropriate.
2. **Resource Mandate:** Mandatory provision of the professional resource directory to the family.
3. **Monitoring:** Monitor the student's behavior and consult with outside providers if applicable.
4. **DCF Mandate:** Contact DCF for all students under 18 if the parent/guardian does not follow professional recommendations.

Mandatory Documentation For all levels of intervention, a **Crisis Intervention Form (Appendix 1)** must be completed and submitted to the building administration and the Director of Pupil Personnel at the Central Office.

5. POSTVENTION AND RE-ENTRY PROTOCOLS

Post-Crisis Re-entry A mandatory re-entry meeting involving school administration and Pupil Personnel staff must occur before a student returns to school following an Emergency or Imminent Danger (Level III) event.

Response to Suicide (Contagion Mitigation) In the event of a suicide within the school community, the Crisis Intervention Team (CIT) will:

- Use verified, brief scripts for student notification; notification should occur in classrooms rather than via the public address system.
- Identify and assign staff to follow up with at-risk peers and close friends of the deceased.
- Monitor social media for rumors, distress, or sensationalized content.

Administrative Tasks

- Immediately remove the student’s name from all distribution lists and PowerSchool attendance.
- Notify the bus company.
- Prepare the student’s belongings (desk/locker) for delivery to the family.
- **Review and Assessment:** Condolence letters and art created by students must be carefully reviewed by staff before being delivered to the family to ensure they do not contribute to contagion or contain inappropriate content.

6. APPENDICES AND COMMUNITY RESOURCES

Appendix 1: Crisis Intervention Form

Administrator’s Report to the Superintendent

Student Name: _____ School: _____

Date: _____ Reporter: _____ Referred by: _____

IEP / 504 (Circle) (If IEP/504) Name of Staff Notified:

Time/Situation Report:

Time/Crisis Intervention Team alerted: _____ **Time Convened:**

Intervention Plan:

Time/Parent Guardian Contacted: _____ **Follow-Up Plan:**

_____ **Follow-Up
Responsibility:** _____ **Pupil Service**

Director Notified: _____

Signature of Reporter: _____ Date: _____ Signature

of Person Responsible for Follow-Up: _____ Date:

_____ Signature of Administrator: _____ Date:

Appendix 2: Risk and Protective Factors

Acute Risk Factors:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself.
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means.
- Talking or writing about death, dying, or suicide, when these actions are out of the ordinary.

Warning Signs (Changes in Behavior/Feelings):

- **No reason for living, no sense of purpose in life.**
- **Anxiety, agitation, unable to sleep or sleeping all the time.**
- **Feeling trapped, like there's no way out.**
- Hopelessness.
- Withdrawal from friends, family, and society.
- Rage, uncontrolled anger, or seeking revenge.
- Acting reckless or engaging in risky activities.
- Dramatic mood changes.
- Increased substance (alcohol or drug) use.

Protective Factors:

- Effective behavioral health care.
- Connectedness to individuals, family, community, and social institutions.
- Life skills (problem-solving, coping, and adaptability).
- Self-esteem and a sense of purpose.
- Cultural, religious, or personal beliefs that discourage suicide.

Appendix 3: Resource Directory

Crisis Services

- Emergency Mobile Psychiatric Services (EMPS): 2-1-1
- Danbury Hospital Crisis Intervention: 1-888-447-3339
- Kids in Crisis 24-hour Helpline: 203-661-1911
- National Suicide Prevention Hotline: 1-800-273-8255 or 1-800-SUICIDE
- LGBTQ Youth Crisis Hotline (The Trevor Project): 1-866-488-7386

Local Resources

- Newtown Center for Support and Wellness (CSW): 203-270-4612
- Newtown Youth and Family Services: 203-270-4335
- Resiliency Center of Newtown: 203-364-9750
- Family and Children's Aid (FCA): 203-748-5689
- Women's Center of Greater Danbury: 203-731-5206 (Domestic Violence) / 203-731-5204 (Sexual Assault)
- School-Based Health Center (Newtown Middle School): 203-270-6114
- Student Assistance Counselor (Newtown High School): 203-426-7646 x6125
- Teen Talk Counselor (Newtown High School): 203-661-1911

Appendix 4: SOS Program Guidelines

Follow-Up Criteria: Pupil Personnel staff must interview any student who:

1. Answers "Yes" to seriously thinking about suicide or a past suicide attempt.
2. Requests on the response form to "speak to someone about myself" or "speak to someone about someone else."
3. Scores "Yes" on 3 or more depression screening questions.
4. **Does not name a trusted adult.**

Student Interview Summary Checklist:

- Student reported history of depression and/or anxiety.
- Student reported behaviors consistent with depression and/or anxiety.
- Student reported student is currently meeting with PPS staff in school regarding these concerns.
- Student currently has a Mental Health Provider outside of school.
- Release of information obtained for outside provider.
- Student reported self-harm.
- Student reported thoughts of self-harm.
- Student reported Suicidal Ideation (thoughts of suicide).
- Student reported Suicidal Intent (means of committing suicide, plan to commit suicide).
- Student reported that responses on form were based on situational/short-term experiences.
- No concerns at this time

ADOPTED: June 24, 2026

Newtown Public Schools
Newtown, CT