CUERO ISD SUICIDE PREVENTION POLICY, PROCEDURES, AND GUIDELINES

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PURPOSE

CISD recognizes that suicide has become one of the top three leading causes of death among young people. It further acknowledges the school's role in providing an environment which is sensitive to societal changes which place youth at greater risk for suicide, and one which helps to foster positive youth development. Consequently, CISD recognizes its moral and ethical responsibility to take a proactive stance in preventing the problem of youth suicide by providing programs which are conducive to the positive development of youth, and by providing appropriate intervention and referral for those potentially suicidal youth who come to the attention of school personnel. At the same time, however, CISD recognizes that suicide is a complex issue and cannot provide the necessary, in-depth, clinical assessment and psychotherapy needed. The school system's role in dealing with youth who are at high risk for suicide is to try to identify and refer these youth to appropriate community agencies for more in- depth assessment and treatment. Therefore, any school employee who may have knowledge of a potential youth at risk for suicide must take the proper steps, as specified in the following administrative procedures, to report this information to the designated school personnel, the student's family, and/ or appropriate community agencies.

FERPA CONSIDERATIONS

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (Department of Education, 2010).

PUBLICATION AND DISTRIBUTION

This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

ADMINISTRATIVE GUIDELINES

DEFINITION OF TERMS

- **SUICIDE PREVENTION COORDINATOR:** Throughout this document, the term "**suicide prevention coordinator**" shall be defined as personnel who hold appropriate certification for, and who are hired for the position of school counselor, social services worker or mental health professional when available, and/or District Nurse as designated by the Superintendent.

- **RISK ASSESSMENT:** A **risk assessment** is defined as an evaluation of a student who

may be at risk for suicide, and is conducted by a school counselor, mental health professional or social services worker. This interview is designed to elicit information regarding the student's intent to kill him/herself, previous history of suicide attempts, the presence of a suicide plan and its level of lethality and availability, the presence of support systems, level of hopelessness and helplessness, mental status, and other relevant risk factors.

- **HIGH RISK:** A student who is defined as **high risk** for suicide is one who has made a suicide attempt, or has the intent to kill him/ herself. He/she has thought about how he/she would do this, and may have a plan. He/she has access to the method described, but may not have everything in place. In addition, he/she may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. Support systems are often limited. This situation would necessitate parental contact and referral, as documented in the following procedures.

- **VERY LOW OR NO RISK:** A student who is defined as **very low or no risk** for suicide is one who has not seriously considered suicide and has no plan or method. He/ she may be experiencing feelings of pain, but is willing to work to help to change the situation.

- **CRISIS TEAM:** At district level this will include district nurse, member of the Social Services Department, district designated counselor and superintendent or his/her designee.

  At the campus level this will include an administrator, nurse, school counselor and teacher, or classroom aide.

- **MENTAL HEALTH:** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

- **POSTVENTION:** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

- **RISK FACTORS FOR SUICIDE:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.

- **SELF-HARM:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself can be categorized as either non-suicidal or suicidal. Although self- harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

- **SUICIDE:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's officer must first

confirm that the death was a suicide before any school official may state this as the cause of death.

- **SUICIDE ATTEMPT:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

- **SUICIDAL BEHAVIOR:** Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or though indicating intent to end one's life.

- **SUICIDE CONTAGION:** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
- **SUICIDAL IDEATION:** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.
- **BARK ALERT:** An alert provided by the Bark System Software that monitors Cuero ISD's google environment.

ASSESSMENT AND REFERRAL

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school employed mental health professional within the same school day to assess risk and facilitate referral (See Columbia-Suicide Severity Rating Scale p. 15) If there is no school counselor, mental health professional, or social worker available, a school nurse or administrator will fill this role until a mental health professional can be brought in.

For youth at risk:

- School staff will continuously supervise the student to ensure their safety.

- The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.

- The student's parent/guardian will be contacted and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve referring to an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

If the student requires emergency medical attention or outside mental health intervention, the

school counselor or other member of the district/campus crisis team will contact the parent/guardian after needed services have been arranged.

- Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

- In order to facilitate such identification, the CISD will provide training to all staff and students deemed necessary in recognizing the warning signs for suicide.

PARENTAL NOTIFICATION AND INVOLVEMENT

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or school counselor. If the student has exhibited any kind of suicidal behavior, the counselor and/or mental health professional and student will create an initial safety plan to ensure student's safety. The parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. A copy of the student's safety plan will be given to the student and available to the parent and/or guardian. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, members of the crisis team will assess whether there is further risk of harm due to parent or guardian notification. If the crisis team believes there is risk of harm, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate.

PARENT/GUARDIAN REFUSAL

If the parent/guardian of the student refuses and is unwilling to engage, or seek assessment/treatment for the student, document all attempts, and inform them their refusal will be documented and they will need to sign the Student Risk Notice and Parent Assessment Refusal Form (see page 28). If the parent/guardian refuses to come to school to sign the form, document this on the form and mail/email it to the parent/guardian. Inform parent that school staff are mandated reporters of abuse/neglect and may have to contact law enforcement, Department of Family and Protective Services/Child Protective Services (DFPS/CPS), and or Gulf Bend Mobile Crisis Outreach Team [1-877-SAFEGBC] for further guidance or to make a report.

DFPS/CPS Reporting Hotline: 1-800-252-5400

DFPS/CPS encourages all mandated reporters to call and report abuse/neglect, even when in doubt. DFPS/CPS has workers available via phone to answer questions related to reporting and the legal definitions of abuse/neglect.

STUDENT 18+

If a student is 18 or older, or legally considered an adult, they are eligible to consent for their

own crisis or mental health services in school. When working with the student, it is strongly recommended to still contact the student's parent/guardian or other adult supports to engage them in the process; however, the student is within their rights to refuse parental involvement. If the student refuses all mental health crisis services and there is strong concern for the student's safety, contact law enforcement, or the Student Resource Officer for guidance.

(For example: If an 18-year-old student has expressed suicidal thoughts with intent to act on an accessible plan (such as overdosing) and they are refusing to engage with the Counselor or Mobile Crisis Outreach Team, then law enforcement should be contacted immediately to assist).

IN- SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

- First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
- School staff will supervise the student to ensure their safety.
- Staff will move all other students out of the immediate area as soon as possible.
- If appropriate, staff will immediately request a mental health assessment for the youth.
- The school employed counselor or member of crisis intervention team will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
- Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
- Suicide Intervention Form will be completed and kept in student's file on student's campus. (See prevention form p. 14)

OUT-OF-SCHOOL SUICIDAL IDEATIONS OR BEHAVIORAL CRISIS SITUATIONS

If a staff member becomes aware of a student with suicide ideations or a behavioral crisis situation by a student in an out-of-school location, the staff member will take appropriate action which may include:

- Inform the student's parent or guardian.
- In the event that the parent or guardian cannot be contacted, the police department and/or emergency medical services, such as 911 will be notified.
- Inform the school suicide prevention coordinator and administrator.
- If the team determines that there are extenuating circumstances where the above procedures are not followed, written documentation of the decision making process will be completed.

OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a suicide attempt by a student that is *in progress* in an out-of-school location, the staff member shall:

- Call 911 (police and/or emergency medical services)
- Contact Gulf Bend Center's Mobile Crisis Team, (877)-SAFE-GBC
- Inform the student's parent/guardian
- Inform the suicide prevention coordinator (s) and administrator

ELECTRONIC DEVICE ALERTS

When technology receives a bark alert or another electronic device alert, the suicide prevention coordinator(s) and campus team members will be notified by email and/or phone using the information provided to the school. The following actions will be taken to ensure student safety after-hours during the school year (from the first day of school to the last day): (After-hours is defined as 3:35 pm to 7:55 am Monday through Friday, weekends, holidays and school breaks, not summer.)

- Inform the student's parent and/or guardian to check on the student's well-being.
- In the event that the student's parent/guardian cannot be contacted, the police and/or emergency medical services, such as 911, may be called.

When a student is off-campus, parents/guardians are responsible for supervising internet access and usage.

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school counselor or member or crisis intervention team member will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

- A school counselor or other member of the crisis intervention team will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
- The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others. The student *will not* be prohibited from returning to school, absent this documentation. A safety plan will be developed with the student and counselor to assist in the student's transition back to school.
- The designated staff person will check in with the student to help the student readjust to the school community and address any ongoing concerns, as needed.

The checklist below will be followed with the greatest extent possible.

During Hospitalization	❑A designated team member will maintain communication with parent or guardian, when aware, to determine student's on-going needs and prepare for student's return to campus. If possible, a pre-discharge meeting will be established to determine re-entry plans and safety plan.
Returning Day	❑ Have parent/guardian escort the student on the first day back. Develop a re-entry communication and safety plan in the event of future emergencies, if not previously arranged.
Hospital Discharge Documents/ Release of Information	❑ Request discharge documents from the treatment center from parent/guardian ❑ Obtain consent by the parent/guardian to discuss student information with outside providers

Meeting with Parent/guardian	❑ Engage parent/guardian, school support staff, teachers, and the student, as appropriate in the Re-Entry Planning Meeting. ❑ Identify ongoing mental health resources in school and/or in the community. ❑ Modify academic programming, as appropriate. ❑ Consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from their educational program. ❑ If the student is prescribed medication, have the nurse monitor with parent/guardian consent. ❑ Notify student's teachers, as appropriate ***ONLY** as needed to maintain confidentiality
Identify Supports	❑ Assist the student in identifying adults they trust and can go to for assistance at school and at home.
Address Bullying, Harassment, Discrimination	❑ As needed, ensure that any bullying, harassment, discrimination is being addressed.
Designate Staff/ Monitor Student	❑ Designate staff to check in with the student during the first few weeks, and as needed. ❑ Case management and monitoring to ensure the student is receiving and accessing the proper mental health and educational services needed.

SUICIDE PREVENTION

CUERO ISD will undertake the following tasks in order to promote conditions that reduce the risk of possible youth suicide:

- Conduct, and encourage others to conduct, activities designed to raise student, parent, staff, and community awareness about the problem of youth suicide.
- Work collaboratively with community agencies for the purpose of fostering healthy youth development within the community and also facilitating appropriate student referrals.
- Provide developmentally-based curricula to foster positive self-esteem, and the abilities to effectively cope with loss, to identify and utilize appropriate support systems, and to recognize and respond appropriately to the warning signs of suicide.
- Identification: While no one risk factor, in itself, proves suicidal intent, the presence of a combination of factors may indicate a need for further assistance. In order to promote good mental health, CISD agrees to respond to students who are experiencing stressful life conditions, and who are demonstrating an inability to cope with these stressors.
- High risk students include those who have made a suicide attempt, as well as those who are exhibiting the commonly recognized warning signs of suicide as listed in this document.
- Staff are encouraged to be sensitive to other signs they believe may indicate a student is suicidal.

STAFF PROFESSIONAL DEVELOPMENT

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals, school counselors, administration, nurses and those who are a part of the behavioral threat assessment team.

YOUTH SUICIDE PREVENTION PROGRAMMING

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include:

- The importance of safe and healthy choices and coping strategies
- How to recognize risk factors and warning signs of mental disorders and suicide in oneself and other help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small-group suicide prevention programming for students.

POSTVENTION

1. **Development and Implementation of an Action Plan**

   The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps.

   a) **Verify the death.** The principal will contact the parent/guardian and/or police in order to verify the death.

   b) **Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for postvention activities may be reduced.

   c) **Share information.** The principal, counselor or designated employee will contact the family of the deceased. Siblings attending other campuses in the school district should be offered support from the counselor at each respective campus. The principal should obtain permission to release the cause of death from the parents. The school representative to the family will explain to parents that when students are told the truth about the cause of death, classmates are helped the most as it is the best opportunity to prevent other suicides. If the parents do not give permission to release the cause of death, respect for their wishes is maintained. The crisis team should convene to determine next steps for communicating with students.

   d) **Avoid suicide contagion.** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

   e) **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

2. **External Communication** The Superintendent or Central Office administrator will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

   a) Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.

   b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

   c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide and not to use the phrase “suicide epidemic”- as this may elevated the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for

suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

CUERO ISD SUICIDE PROTOCOL AT-A-GLANCE

Student is identified as potentially at-risk for suicide:
- Comments
- Social media posts
- writings/drawings

→

Student is referred immediately to a Suicide Risk Coordinator:
- Counselor
- School Mental Health Professional
- Administrator

↓

Suicide Risk Response Coordinator:
- Speaks with student regarding concerns
- Completes the Suicide Intervention Interview
- Completes the Columbia-Suicide Severity Rating Scale (CSSRS)
- Documents discussion and student's risk level according to CSSRS and professional judgment

↓

Low Risk (Non-specific Suicidal Ideation only or denies all suicidal ideation)	**Moderate Risk** (Current ideation with non-specific plan, no access to method, and little/no intent)	**High Risk** (Current Ideation with some intent, a specific plan, or an accessible method)
● Complete Safety Plan with the student ● Call Student's parent/guardian for conference ● Have parent/guardian sign Acknowledgment form (or refusal form) ● Provide crisis line phone numbers, mental health resources/referrals, and tips for a suicide safer home ● Counselor follows up with the student as needed	● Complete Safety Plan with the student ● If unable to complete safety plan, contact Gulf Bend Mobile Crisis Team ● Conference with the parent/guardian ● Have parent sign Acknowledgment form (or refusal form) ● Provide crisis line phone numbers, mental health resources/referrals ● Student is referred to follow up with mental health professionals as soon as possible ● Counselor follows up with the student the next day, and as needed	● Emergency conference with Parents/Guardians ● Immediately contact Gulf Bend Mobile Crisis Team or refer to ER for immediate crisis intervention ● Have parent sign acknowledgment form (or refusal form) ● Provide crisis line phone numbers, mental health resources/referrals, and tips for a suicide safer home ● Inform administrators of outcome ● Counselor follows up with the student the next day, and as needed

SUICIDE INTERVENTION FORM

*****Confidential*****

School_____Principal_____Date _____

Student's Name_____DOB _____Age _____ Sex _____

Parent's Name _____

Address_____Phone: (H)_____(W)_____

Parent's Name (non-custodial if divorced) _____

Address_____Phone:_____

Student referred by _____

Assessed by _____

Staff consulted _____

1. State reason for referral:

2. Describe level of possible suicide risk and indicators below: (i.e. risk factors, warning signs, behaviors, feelings, plan, method, etc.):

3. Describe actions taken, recommendations, and follow-up:

Action	Date/Time	Person Responsible

COLUMBIA-SUICIDE SEVERITY RATING SCALE

2016, The Columbia Lighthouse Project

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Past Month**	
Ask questions that are bolded and u nderlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: **Have you wished you were dead or wished you could go to sleep and not wake up?** Person endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up.	*Low Risk*	
2) Suicidal Thoughts: **Have you actually had any thoughts of killing yourself?** General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.	*Low Risk*	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): **Have you been thinking about how you might kill yourself?** Person endorses thoughts of suicide and has thought of a 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."	*Moderate*	
4) Suicidal Intent (without Specific Plan): **Have you had these thoughts and had some intention of acting on them?** Active suicidal thoughts of killing oneself and patient reports having s some intent to act on such thoughts, as opposed to "I have the thoughts, but I definitely will not do anything about them."	*High Risk*	
5) Suicide Intent with Specific Plan: **Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?** Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.	*High Risk*	
6) Suicide Behavior Question: **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** Examples: 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?	*High Risk*	

COLUMBIA-SUICIDE SEVERITY RATING SCALE with Response Protocol

2016, The Columbia Lighthouse Project

Response Protocol to C-SSRS Screening (Use Highest Level of Criteria Met)

Instructions: "YES" responses to any question on the C-SSRS should be taken seriously and family contact should be required. Choose the appropriate response protocol based on the last question answered "YES."

A "NO" response to questions 1, 2, and 6 (Lifetime) should be followed up as a Protocol 1 to ensure overall safety of the student.

A "YES" response ONLY to question 6 (Lifetime) should be followed up as a Protocol 1 to ensure overall safety of the student.

Protocol 1 Item 1 and/or 2 Answered "YES"	**Protocol 2** Item 3 and/or 6(Lifetime)	**Protocol 3** Item 4 and/or 5 and/or 6 (Past 3

My Safety Plan

I _____agree to make a commitment to staying safe.

- Warning signs, (thoughts, ideas, images, behaviors, moods and feelings) that would let me know that I need to use my safety plan:
  1. _____
  2. _____
  3. _____

- Things I can do, on my own, to take my mind off my problems (relaxation techniques, physical activities):
  1. _____
  2. _____
  3. _____

- Family members or friends I could talk to when I am in a crisis and need help:
  Name:_____Phone:_____
  Name:_____Phone:_____
  Name:_____Phone:_____

- Professionals and agencies I can contact during a crisis:

Emergency Number/ Cuero Police Dept.:	**911 / 361-277-3552**
National Suicide Prevention Lifeline:	**988**
Gulf Bend Center Crisis Hotline:	**361-575-0611**
Crisis Text Line:	**Text TX to 741741**

- Steps to keep my environment safe:

_____
_____

The one thing that is most important to me and worth living for:

_____

Community Resources

Gulf Bend Center
6502 Nursery Drive
Victoria, TX 77904
(361) 575- 0611
24 hour hotline 1-877-723-3422

Texas Department of Protective and Regulatory Services
106 E. French
Cuero, TX 77954
(361) 275- 5737

Cuero Community Hospital
2550 N. Esplanade
Cuero, TX 77954
(361) 275-6191

The Trevor Lifeline
1-866-488-7386
www.thetrevorproject.org

National Suicide Prevention Lifeline
1-800-273-8255 (TALK)
www.suicidepreventionlifeline.org

Crisis Text Line
Text "HOME" to 741741

Hope of South Texas
605 E. Locust
Victoria, TX 77904
(361) 572- 4300

South Texas Children's Home – Ministries
303 E. Airline St., Suite 3
Victoria, TX 77901
(361) 575-5151
8:00-5:00 pm Monday - Thursday
8:00-3:00 pm Friday
Call anytime and leave voicemail; Not for emergencies
www.stchm.org

First Baptist Church-Cuero
408 N. Gonzales St.
Cuero, TX 77954
361-575-5151

Billy T. Cattan Recovery Outreach, Inc.
802 E. Crestwood
Victoria, TX 77901
(361) 576-4673 (Telehealth Services Available)
8:00-7:00 pm Monday - Thursday
www.btcro.org

Texas Mental Health Resources Database
https://schoolmentalhealthtxdatabase.org/

Texas Suicide Prevention
www.texassuicideprevention.org

Texas Health and Human Services
https://hhs.texas.gov/services/mental-health-substance-use

Texas Health and Human Services – Suicide Prevention
https://hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services/suicide-prevention

Texas Department of State Health Services
www.dshs.state.tx.us/mhsa

TCHATT

Texas Child Health Access Through Telemedicine

TCHATT Provides FREE Mental Health Services to Students Year-Round!

Texas Child Health Access Through Telemedicine is a partnership between UT Health San Antonio and the State of Texas.

TCHATT is a **telemedicine program** for identifying/assessing **mental health needs** and providing access to mental health services in schools.

Students will receive short-term medication management and/or therapy interventions. Referrals will be made if long-term services are needed.

Enroll your Child:

Please contact your child's school counselor or another TCHATT referral coordinator at their school.

Who is TCHATT for?

The most common type of referrals for TCHATT include:

Mood changes or anxiety: family stressors, caring less about school, friends, or activities, changes in overall mood: more sad or angry, self-esteem issues.

Thoughts of Suicide or Self-Injury: making statements about not wanting to live, not wanting to wake up, non-accidental injuries or injuries they struggle to explain, statements about being a burden to others.

Behavior problems in class: trouble focusing or paying attention, disruptive behavior, peer problems, school refusal or separation anxiety.

TCHATT does NOT provide:

Emergency Mental Health Services
Psychological Testing
Disability Evaluations
Long-term treatment/therapy

CONTACT US

Office: 210-567-5460

Fax: 210-450-2450

Email: TCHATT@uthscsa.edu

tcmhcc
Texas Child Mental Health Care Consortium

UT Health San Antonio

Teen Suicide

What is suicidal behavior?

Suicidal behavior is defined as a preoccupation or act that is focused on causing one's own death voluntarily. An intent to cause one's death is essential in the definition. Suicidal ideation refers to thoughts of suicide or wanting to take one's own life. Suicidal behavior refers to actions taken by one who is considering or preparing to cause his/her own death. Suicide attempt usually refers to an act focused on causing one's own death that is unsuccessful in causing death. Suicide refers to having intentionally caused one's own death.

What causes adolescents to attempt suicide?

Adolescence is a stressful developmental period filled with major changes-body changes, changes in thoughts, and changes in feelings. Strong feelings or stress, confusion, fear, and uncertainty, as well as pressure to succeed, and the ability to think about things in new ways influence a teenager's problem solving and decision making abilities.

For some teenagers, normal developmental changes, when compounded by other events or changes in their families such as divorce or moving to a new community, changes in friendships, difficulties in school, or other losses can be very upsetting and can become overwhelming. Problems may appear too difficult or embarrassing to overcome. For some, suicide may seem like a solution.

As many as 12 to 25 percent of older children and adolescents experience some form of thoughts about suicide (suicidal ideation) at one time or another. When feelings or thoughts become more persistent are accompanied by changes in behavior or specific plans for suicide, the risk of a suicide attempt increases.

What is known about teen suicide?

Suicide is the third leading cause of death in 15 to 24 year olds, and the third leading cause of death in 10 to 14 year olds. According to the National Institute of Mental Health (NIMH), reliable scientific research has found the following:

- There are as many as 8 to 25 attempted suicides to one completed suicide with the ratio even higher in youth.
- The strongest risk factors for attempted suicide in youth are depression, substance abuse, and aggressive or disruptive behaviors.

The Centers for Disease Control and Prevention (CDC) reports the following:

- Males are 4 times more likely to die from suicide than females.
- Females are more likely to attempt suicide than males.
- Firearms are used in over half of youth suicides.

Tips for Supporting your Child and Creating a Suicide Safe Home

Support:

When someone is at an increased risk of suicide, it is crucial to have increased support from family and friends. When people are having thoughts of suicide, they often feel like a burden to their loved ones, so ongoing expressions of care and concern are vital.

- Listen non-judgmentally
    - Do not get angry
- Provide emotional support
- Talk to them about tomorrow, help them be future-oriented
- Look up/Learn about their specific symptoms/diagnosis (if they have one)
- Help them access mental health services (psychiatry, counseling, etc.)

Keep the environment safe:

- Provide additional supervision, do not leave the person alone

SECURE ACCESS TO LETHAL MEANS:

Remove access to things that someone could use to cause harm or kill oneself:

- Secure ALL firearms and ammunition
    - *Best practice is to remove guns entirely from the home*
    - *Change your lock codes and where you hide your keys for safes and cabinets*
    - *Do not store ammunition and guns in the same location*
- Secure ALL sharps: knives, shaving razors (these are used often for self-harm), hunting blades, etc.
- Secure ALL medications: prescription and over the counter
- Secure ropes, cords, etc.

Coping Strategies for Self-harm and Suicidal Ideation

Having the urge to self-harm or end your life is a terrible feeling. It is important to remind yourself that the feeling will not last forever. The best way to get through the intense urges is to distract yourself. Distracting yourself from the urges will help you to pass the time and stay safe. Below is a list of ideas to help distract you:

- Go for a walk
- Take a shower
- Cuddle with a pet
- Help out a family member with something
- Watch some videos
- Listen to music
- Call a friend
- Snap rubber bands/hair ties on your wrists
- Hold ice cubes
- Tear up paper
- Ground yourself to the present:
  Find 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, 1 thing you can taste.
- Go for a run
- Lift weights, or heavy things around your room
- Rearrange your furniture
- Squeeze a stress ball
- Hit a pillow
- Scream into a pillow
- Scribble onto a piece of paper
- Write down all of the thoughts racing through your head
- Color
- **Call 877-723-3422 (Gulf Bend Crisis hotline)**
- **Text 741741 (Crisis Text Line)**
- Make something out of clay or Play-Doh and then smash it
- Pop bubble wrap
- Take a nap
- Read a book
- Read a book backwards
- Drink your favorite drink (Avoid caffeine if you are feeling anxious)
- Take deep breaths to calm down (*Inhale for 4 counts, exhale for 6*)
- Make a list (*your favorite songs, favorite movies, favorite pet names, animals that start with 'A', etc.)*
- Listen to a Podcast (*Meditation Minis, The Anxiety Coaches Podcast, Victims and Villains, The Happiness Lab, Therapy for Black Girls, etc*.)
- Write a letter to the person bothering you
- Clean something
- Take something apart and put it back together
- Draw on your skin with pen or marker
- Learn something new
- Finish your homework
- Do laundry
- Get on Pinterest
- Pray
- Watch a documentary
- Blow up balloons and then pop them
- Play a game on your phone
- Download a wellness app *(try Mood Mission, Happify, 7 Cups, Youper, Super Better, Calm)*
- Write in a journal
- Choose an object near you. Study it, and then write down every detail about it.
- Count backwards from 100 by 7
- Put glue on your hands and then peel it off
- Ball up pieces of paper and throw it
- Go through your closet and remove things you no longer wear
- Paint your fingernails/toenails
- Try a yoga class on Youtube *(Yoga with Adrienne, Body Positive Yoga, Bad Yogi Yoga, Cosmic Kids Yoga)*

Warning Signs for Suicide

Warning signs indicate that someone may be in danger of suicide, either immediately or in the near future. Warning signs can differ by age, group, culture, and individual. The American Association of Suicidology has compiled the following lists of common warning signs and risk factors for suicide.

- Someone threatening to hurt or kill themselves
    - Threats can be made in person, via text, social media, writing, etc.
- Someone looking for ways to kill themselves
    - Seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person
- Someone giving away all of their belongings, or making plans for a future without them in it (i.e. securing someone to take a pet if they are gone)
- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life

Risk Factors for Suicide

- **Behavioral Health Issues/Disorders**
    - Pre-existing mental health disorders (depressive disorders, anxiety disorders, conduct/behavior disorders, etc.)
    - Substance use or misuse (alcohol and other drugs)
    - Previous suicide attempts or NSSI
- **Personal Characteristics**
    - Hopelessness
    - Low self-esteem
    - Loneliness
    - Social alienation and isolation, lack of belonging
    - Low stress and frustration tolerance
    - Impulsivity, risk taking, recklessness
    - Poor problem-solving or coping skills
    - Perception of being a burden (e.g., to family and friends)
    - Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
    - Disciplinary or legal problems
    - Bullying, either as victim or perpetrator
    - School or work problems
    - Physical, sexual, and/or psychological abuse
    - Chronic physical illness or disability
- **Adverse/Stressful Life Circumstances**

Myths about Suicide

Many myths have developed about suicide and those who engage in suicidal behaviors. The following are the most common myths and are NOT TRUE:

1. People who talk about suicide usually don't go through with it.
   FALSE. Many people who die by suicide have given definite warnings to family and friends of their intentions. Always take any comment about suicide seriously.

2. Suicidal people are fully intent on dying.
   FALSE. Most suicidal people are undecided about living or dying. This is called "suicidal ambivalence." While a part of them wants to live, death seems like the only way out of their pain and suffering. They sometimes "gamble with death," leaving it up to others to save them.

3. Sometimes a bad event can push a person to complete suicide.
   FALSE. Suicide results from serious psychiatric disorders rather than from any single event.

4. Thinking about suicide is rare.
   FALSE. According to a recent study, one in five high school students considered ending his or her life in the past year.

5. Everyone who dies by suicide is depressed.
   FALSE. Although depression is often associated with suicidal feelings, not all individuals who kill themselves are depressed. Many want to escape their situation seeing no other options. Adolescents, in particular, are very impulsive, and fail to think through alternative solutions to their life's problems.

6. You have to be "crazy" to die by suicide.
   FALSE. The majority of individuals who commit suicide do not have a diagnosable mental illness. They are people just like you and me who at a particular time are feeling isolated, desperately unhappy and alone. Suicidal thoughts and actions may be the result of not being able to cope with life's stresses and losses.

7. You can't stop someone who really wants to die by suicide
   FALSE. Know the warning signs. If you see these signs, be willing to talk about suicide with the person in danger. Ask questions in a non-threatening way. Let the person know you hear what they are saying, and make it clear that you intend to be there for them. Try to stall them. Say if they've made up their mind, they can always do it later. Get help. Love and instinct may not be enough.

8. Most people who attempt suicide have gotten it out of their systems and won't try it again.
   FALSE. If a person attempts suicide once, it is likely that they will try again. Any attempt is regarded as an indicator of further attempts. It is likely that the level of danger will increase with each attempt. If their situation does not change, the pain is still there and

they will most likely try again.

9. Talking to someone about suicide will put the idea into his/ her head.
   FALSE. If a person is not suicidal, they will reject the idea. If a person has been thinking about suicide and you ask, most welcome the chance to talk about their feelings. Talking to teens about suicide will NOT put the idea in their head. For too many students, suicide is already something they've considered. Bringing up the subject and discussing it openly is one of the most important things you can do.

If you are concerned that you or someone you know may be at risk for suicide, we strongly encourage you to do one or more of the following:

- Contact a mental health provider on your campus or in your community
- Call 1-800-273-8255(TALK), the National Suicide Prevention Hotline, for a referral
- Call your school or school district emergency number
- Call 911

CUERO ISD
Student Risk Notice and Acknowledgement

I am the parent, guardian, or custodian of the student: _____ and I acknowledge that I have been informed by _____ on _____ (date) that my student may be experiencing a mental health crisis and is at risk for the following (check/circle one):

- ❑ Risk for suicide
- ❑ Risk of non-suicidal self-injury
- ❑ Other: _____

I acknowledge that Cuero ISD staff explained the incident that led to this notification and recommended that I monitor my child for safety, and seek assistance from a mental health agency, or therapist as soon as possible. I understand that if my child is at a ***Moderate/High risk level*** for suicide that I am recommended to seek an **immediate crisis assessment** by a physician or a qualified mental health professional. I have been provided with resources/information for such and I will follow up with the school if I have any questions or concerns. I understand that _____ (name of staff member) will follow up with me and my student the next school day from this date and at other times as necessary. Finally, I acknowledge that any referral information provided to me by Cuero ISD that identifies medical, mental health, or related agency providers is simply information for me to consider. I am not bound to use such providers in the evaluation and treatment of my student and I may select other providers of my own choosing. Unless otherwise required by law, Cuero ISD is not responsible for any medical treatment or evaluation expenses whether I use the referred providers or use others of my own choosing.

Parent/guardian Signature: _____Date:_____

Parent/guardian name (printed):_____ Phone:_____

School Representative Signature:_____Date:_____

Copy for student's Parent/guardian, Suicide Risk Response Coordinator, and administrator

CUERO ISD
Refusal of Student Risk Notice

I am a parent/guardian of the student whose name appears below. I have been provided the Cuero ISD Student Risk Notice and Acknowledgement form as well as Mental Health Crisis Resources and information. I acknowledge that I have been informed that my student is at risk for one or more of the behaviors listed in that notice. Having been fully informed of the risks and dangers associated with my student's behavior and having been advised that my student should be taken immediately to the appropriate medical and/or mental health providers for immediate evaluation and treatment, I respectfully decline such referrals. I acknowledge that Cuero ISD has timely and properly informed me of my student's situation and that Cuero ISD is not responsible for the actions that I may choose to take or not take in response to the notice. I further understand that choosing not to seek help for my child may result in a referral to Child Protective Services and/or law enforcement as required by law.

_____
Student Name

_____
Campus

_____
Printed Parent/guardian name

_____
Signature and Date of Parent/guardian

_____
School Representative printed name

_____
Signature and Date of School Representative

Copy for student's Parent/guardian, Suicide Risk Response Coordinator, and administrator