

Suicide Prevention Protocol for School-Based Threat Assessment Teams

Santa Rosa County School District
Student Services Department

Revised 09/07/21

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Questions regarding this protocol may be directed to:
Student Services Department
Michele Barlow, Director, 850-983-5052
Autumn Wright, Coordinator of Mental Health Services, 850-983-5568

You can locate documents at <https://srcstuserv.wixsite.com/sssite>

INTRODUCTION

The primary focus of this protocol is to establish a process for schools that is aligned with state requirements and is systematic in the event a student is at-risk of harming him/herself. The goal of this process is to help the student stay safe while providing the care and support that may be needed in order to meet the various needs of the student. This process is broken down into three critical components:

- **Prevention:** How schools can promote resiliency and reduce the potential for youth suicide.
- **Intervention:** How school staff should intervene with students at risk for suicidal behavior.
- **Follow-Up Intervention:** How schools should respond to students returning from a crisis center or after a threat has been made or attempted.

The school-based Threat Assessment Team (TAT) plays a vital role in suicide prevention, intervention, and follow-up intervention, and will be tasked with specifically addressing the Potential Suicide Threat Flowchart when handling students who are in crisis or potential crisis.

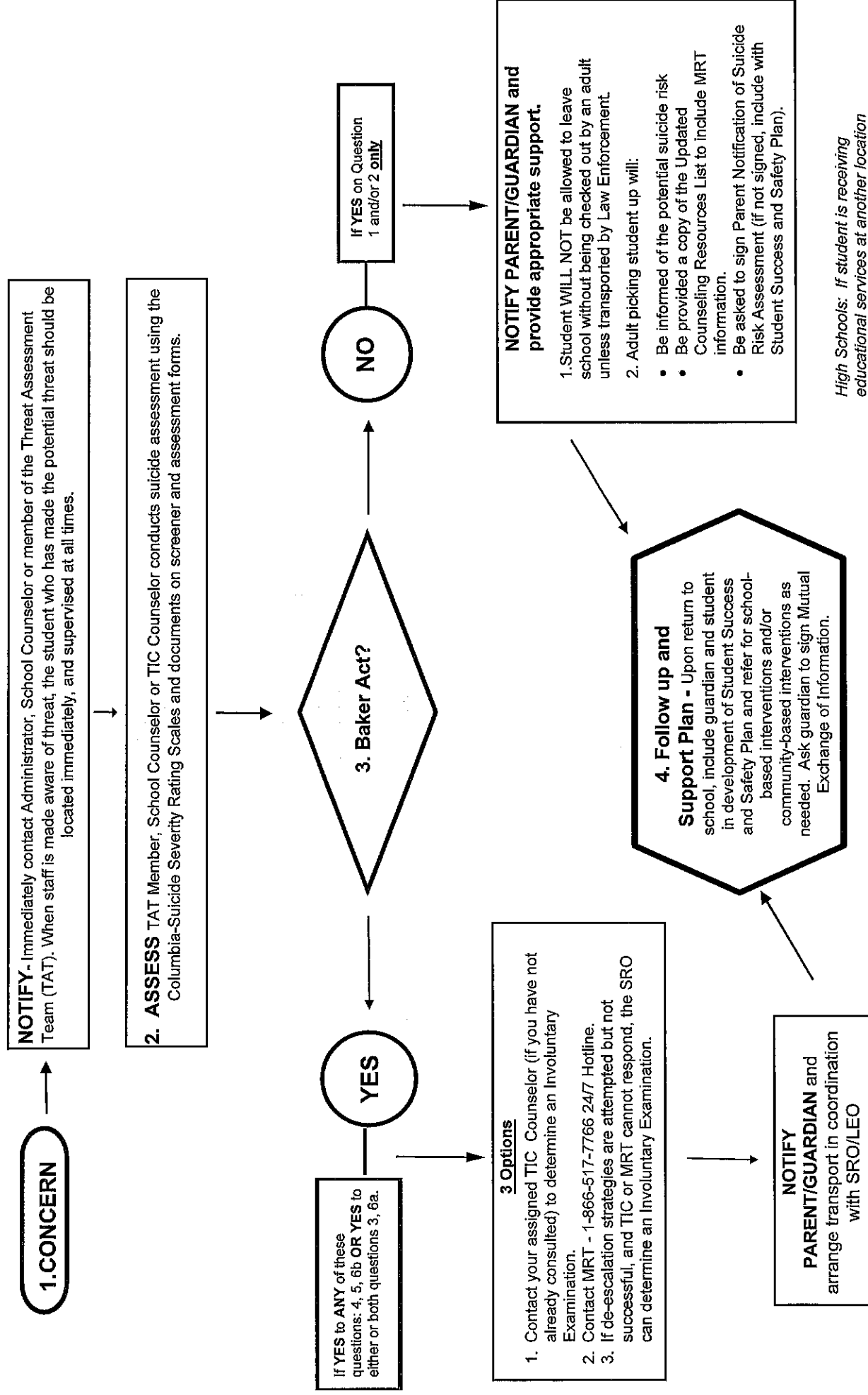
Everyone has a role in suicide prevention. A comprehensive approach to suicide prevention involves students, school personnel, parents, and community agencies. Collaboration and communication are key to promoting positive mental health in the school setting.

School administrators have a critical role in suicide prevention and will ensure that school staff and personnel are made aware of these processes.

Potential Suicide Threat - Flowchart

Santa Rosa County School District

Threats may be verbal, written, or behavioral



High Schools: If student is receiving educational services at another location (Locklin, SR Adult, Virtual, etc.), they must be notified and provided copy of all documentation.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screening Version – Recent

This assessment is used by Santa Rosa County Schools and is part the district's Suicide Prevention Protocol.
2021-22 School Year

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
Ask questions that are bold and <u>underlined</u>	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wishes to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: 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. <u>Have you actually had any thoughts of killing yourself?</u>		
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): 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." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts, but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself and did you intend to carry out this plan?</u>		
6) Suicide Behavior <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> 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: <u>Was this in the last three months?</u>		

- Low Risk
- Moderate Risk
- High Risk

For inquiries and training information contact: Kelly Posner, Ph.D.
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COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

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RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

*Indicators of High Risk from the C-SSRS

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
<input type="checkbox"/> *	Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/> Hopelessness
<input type="checkbox"/> *	Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/> Major depressive episode
<input type="checkbox"/> *	Aborted or Self-Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/> Mixed affective episode (e.g. Bipolar)
<input type="checkbox"/> *	Other preparatory acts to kill self	<input type="checkbox"/>	<input type="checkbox"/> Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent	<input type="checkbox"/>	<input type="checkbox"/> Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			<input type="checkbox"/> Substance abuse or dependence
<input type="checkbox"/>	Wish to be dead		<input type="checkbox"/> Agitation or severe anxiety (panic symptoms)
<input type="checkbox"/>	Suicidal thoughts		<input type="checkbox"/> Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/> Chronic physical pain or other acute medical problem
<input type="checkbox"/> *	Suicidal intent (without specific plan)		<input type="checkbox"/> Homicidal ideation
<input type="checkbox"/> *	Suicidal intent with specific plan		<input type="checkbox"/> Aggressive behavior towards others
Activating Events (Recent)			<input type="checkbox"/> Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		<input type="checkbox"/> Refuses or feels unable to agree to safety plan
Describe event:			<input type="checkbox"/> History of sexual abuse, physical abuse, dating violence
			<input type="checkbox"/> Family history of suicide
<input type="checkbox"/>	Pending incarceration or homelessness		Protective Factors (Recent)
<input type="checkbox"/>	Current or pending isolation or feeling alone		<input type="checkbox"/> Identifies reasons for living
Treatment History			<input type="checkbox"/> Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments		<input type="checkbox"/> Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment		<input type="checkbox"/> Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Non-compliant with treatment		<input type="checkbox"/> Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment		<input type="checkbox"/> Engaged in work or school
<input type="checkbox"/>	Other		<input type="checkbox"/> High academic achievement
Other Risk Factors			Other Protective Factors
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
Describe any suicidal, self-injurious or aggressive behavior (include dates)			

This assessment is used by Santa Rosa County Schools and is part the district's Suicide Prevention Protocol.
This form should be completed by a Trauma Informed Counselor.

2021-22 School Year

The following questions are optional and not required. They are simply here to help guide if discussing risk and protective factors and establishing rapport.

Establish Rapport/Limits of Confidentiality

- Ask about interests (e.g., clubs, music pets, sports, video games) and explain limits of confidentiality.

Affective/Behavioral Factors

- How is school? _____
- How is your life at home? _____
- How are things going with your friends? _____
- How are you sleeping? _____
- How are you eating? _____

Transition and Focus on Concern / Intent

- Some people here at school are really concerned about you.
- How are you feeling today? _____
- Are you feeling sad/depressed/angry? _____
- Have you thought about wanting to kill yourself? How often? How long ago?

Risk Factors / Coping / Protective Factors

- What is happening in your life now? (e.g., academics, relationships, conflicts, family issues)

- How does that make you feel? (e.g., angry, frustrated, helpless, hopeless)

- When you are upset, who do you talk to? What do you do? How do you cope?

- What plans do you have for tomorrow? The future?

- Do you have medical concerns? Any medications? Any problems with impulse control?

- Which substances do you use? (e.g., alcohol, drugs) How often? Recently?



Parent Notification of Suicide Risk Assessment

Santa Rosa County School District personnel take student safety very seriously; consequently, it is important that concerns are shared with parents so that they monitor their child for safety and take appropriate safeguards.

Mr./Ms. _____ parent/guardian of _____

- ☐ Participated in a conference via phone ____ or in person ____ (check one) on (date) _____.
- ☐ Could not be reached. Please see bottom of this page for attempt information.
- ☐ Social Work referral submitted for delivery of this form.
- ☐ SRO contacted
- ☐ Licensed Trauma Informed Counselor Contacted (responding counselor _____)
- ☐ MRT called

During this conference, the parents/guardians were informed that their child expressed suicidal ideation. Parents/guardians were encouraged to do the following after today:

If child is not in imminent danger, parents/guardians were encouraged to:

- Consult primary care physician and/or mental health provider
- Other _____

If child is in imminent danger parents/guardians should take one of the following actions:

- Call 9-1-1
- Take the child to the local Emergency Room
- _____

Required Signatures:

Parent or Legal Guardian Date

School Administrator or Designee Date

Unsuccessful attempts to contact parent were made via phone on (date and time) _____:

Name of Parent/Guardian/Emergency Contact Phone Number

Name of Parent/Guardian/Emergency Contact Phone Number

A copy of this letter was provided to the parent (indicate method) _____ on
(date) _____.

Additional Information: _____



Santa Rosa County District Schools Student Success and Safety Plan

Date: _____ School: _____

Name: _____ Grade: _____

Reason for Follow-up (briefly summarize situation, date, level of threat, etc.):

- ☐ Baker Act: _____
- ☐ Threat Assessment: _____
- ☐ Suicide Assessment: _____
- ☐ Other: _____
- ☐ MRT (Attach plan if applicable): _____

Actions to take:

Support Team members informed of Safety Plan:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> SRO | <input type="checkbox"/> Outside Agency | |
| <input type="checkbox"/> Other: _____ | | |

Specific Interventions Developed by Threat Assessment Team (referrals to community-based mental health agencies needed for Moderate/High Suicide Risk Assessment or Serious/Very Serious Substantive threat):

- | | | |
|---|--|--|
| <input type="checkbox"/> Change of class/schedule | <input type="checkbox"/> Supervision | <input type="checkbox"/> Change of seating |
| <input type="checkbox"/> Modified transitions | <input type="checkbox"/> Search student belongings | <input type="checkbox"/> After-school activities |
| <input type="checkbox"/> Other: _____ | | |

**The Threat Assessment Report and Student Success and Safety Plan will be maintained in Student Records and shared with receiving schools should student transfer. (s.1003.25, F.S.) Revised September 9, 2021

OTHER CONSIDERATIONS TO BE DISCUSSED:

- | | |
|---|---|
| <input type="checkbox"/> Technology support (cyberbullying) | <input type="checkbox"/> Counseling (School or Community Based) |
| <input type="checkbox"/> FBA/BIP | <input type="checkbox"/> 504 evaluation/eligibility meeting |
| <input type="checkbox"/> Mental Health Screening | <input type="checkbox"/> MTSS for possible behavioral interventions |
| <input type="checkbox"/> Additional academic supports? | <input type="checkbox"/> Consideration of ESE evaluation |
| <input type="checkbox"/> Outside Agencies: _____ | |

Specific Information:

Student will seek support from the following individuals (3 trusting adults student can go to for help):

- 1.) _____
- 2.) _____
- 3.) _____

ADDITIONAL INPUT FROM STUDENT OR PARENT/GUARDIAN

Parent Goal: _____

Student Goal: _____

MONITORING:

☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly

Is student receiving academic services in another setting? (Locklin College, Online, Santa Rosa Adult, Dual Enrollment) If yes, notify and provide documents to administrator and counselor.

☐ Yes or ☐ No

**The Threat Assessment Report and Student Success and Safety Plan will be maintained in Student Records and shared with receiving schools should student transfer. (s.1003.25, F.S.) Revised September 9, 2021

Was a Consent Form for Mutual Exchange of Information signed?

☐

Yes

☐

No

SUPPORT TEAM MEMBER SIGNATURES -including student and parent/guardian

COPIES TO:

Cumulative record (black folder)
Parent
Student
Support Team members
Certified School Counselor
CDAC or Community-Based agency (if applicable)
Mental Health Coordinator, District Office
Other schools providing services if applicable
All classroom teachers and personnel who need to be informed

TAT team has determined that student is progressing and no longer needs to be monitored with this SSSP. If at any time there is an indication that this plan needs to become active again, the team will meet and make that determination.

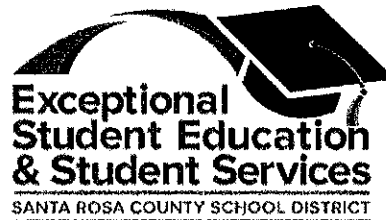
Date SSSP discontinued:_____

Administrative

Signature:_____

Debbie S. Anderson
Director
Exceptional Student Education

Dustin Coleman
Deputy Director
Exceptional Student Education



Michele Barlow
Director
Student Services

CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

Date: _____ Student Name: _____

DOB: _____ School: _____

I hereby authorize the mutual exchange of records (per HIPAA legislation 45.C.F.R., §164.508(A)(3)(ii), (c)(1) and (c)(2) and FERPA) regarding the above named student between Santa Rosa School District and any or all of the agencies that are listed below. I also understand that all information will be confidential and will be used only for the purpose of aiding my child.

INFORMATION TO BE DISCLOSED: (to include but not limited to)

- Health/Medical Records
- Individual Education Plans
- Psychological Tests
- Occupational/Physical Therapy Plans
- School Records
- Social/Development History
- Speech/Language Reports
- SSI/Social Security Records
- Written Policy Plans
- Staffing Reports
- Other Significant information and records

Strike through any exclusions

AGENCIES AUTHORIZED TO EXCHANGE INFORMATION: (to include but not limited to)

- Agency For Persons with Disabilities
- Autism Pensacola
- Baptist Health Care
- CDAC Behavioral Healthcare
- Center for Autism & Related Disabilities (CARD)
- Center for Independent Living
- Children's Home Society
- Children's Medical Services
- Children's Services Clinical Team
- Community Action Team (CAT)
- Community Colleges
- Department of Children & Families
- Department of Juvenile Justice
- Developmental Services
- Division of Blind Services
- Division of Vocational Rehabilitation
- Families First Network
- Florida Department of Health
- FDLRS
- Lakeview Center, Inc.
- Lutheran Services
- Medicaid
- Mobile Response Team
- Santa Rosa District Schools
- Social Security Administration
- Spectrum House
- The Arc Gateway
- The Arc of the Emerald Coast
- United Cerebral Palsy
- Vocational Schools
- Other agencies, schools, hospitals, clinics, physicians, psychologists, etc.

Strike through any exclusions

PURPOSE OF DISCLOSURE:

- ☐ Continuity of Educational Services
- ☐ Mental Health Services
- ☐ Other (specify) _____

EXPIRATION DATE: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date on which it was signed.

REDISCLOSURE: I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign this form.

REVOCATION: I understand that I have the right to revoke this authorization at any time. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid and Medicare.

REPRESENTATIVE AGENCIES: Prior consent for participation of agency representatives is necessary to address issues of confidentiality of student information. To protect the student's privacy, this consent must come from the parents or student whose rights have transferred at age of majority.

- ☐ I DO give permission to invite representative agency/ies to meetings.

☐ I DO NOT give permission to invite representative agency/ies to meetings.

I hereby certify that I am the parent or legal guardian of the child named, or that I am the student of majority age and have authority to sign the release.

Parent/Guardian Signature and/or Student Signature (Age 18 or older)

Relationship to student

Date

Parent/Guardian Signature and/or Student Signature (Age 18 or older)

Relationship to student

Date

Witness (Optional)

Date

School-Based Resources Available to Students

Certified School Counselors/Guidance Counselors - Our Certified School Counselors can assist with linking resources and supports to families.

CDAC Services – CDAC Counselors are available to provide ongoing support for students who are currently receiving services at school in a group and/or individual setting.

MFLC Services – Military Family Life Counselors can provide a wide range of support to military children and youth and their families.

Trauma Informed Counselors - TIC Counselors provide crisis support for students and short term counseling until students are linked with other ongoing services and supports. They provide support to schools for Suicide Risk Assessments and Targeted School Violence Threat Assessments.

Contact your school for more detailed information about these supports.

Community-Based Resources

Mobile Response Team (MRT): Provides around-the-clock intervention and support to all individuals in Escambia, Santa Rosa, Okaloosa and Walton Counties dealing with a behavioral or mental health crisis. It is a mobile unit, so it comes to you if needed. They also provide help over the phone. **24/7 Hotline – 1-866-517-7766**

Crisis Text Line: 24/7, confidential crisis support by text (Text **GULF** to **741741**)

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

Children's Home Society: Free 24/7 counseling through the Family Support Warm Line **1-888-733-6303** (Telehealth Services available).

namipensacola@gmail.com. They are currently providing online support groups through Zoom. Visit www.namipensacola.com for more information.

2-1-1 Northwest Florida: is a program of the [United Way of West Florida](#) and [United Way of Northwest Florida](#) **dial 211 on your phone** -- They work to make service and resource searching easy - to help you, your neighbor or the social service professional. Staff is also trained to stimulate the development of individual problem-solving concepts and educate the public on alternatives to the crisis response.

Cornerstone Counseling Group, LLC: 8750 Ortega Park Drive, Navarre, FL 32566 Phone: [\(850\) 710-3306](tel:8507103306) Fax: (850) 396 – 0920 www.cornerstonecounselinggroupllc.com

Resources Continued

Avalon Center/Lakeview Center: 6024 Spikes Way, Milton, FL 32583 (850)-437-8900
www.elakeviewcenter.org

Adult and Child Mental Health Care: Santa Rosa Office – Pace 850-466-3200 4622 Summerdale
Dr. Pace, FL 32571 www.acmhc-fl.org

Santa Rosa Counseling Center: 5441 Berryhill Road Milton, FL 32570 (850)626-7779
www.santarosacounseling.org

This is not an exhaustive list of resources. If you have any other questions related to mental health resources or supports contact Autumn Wright, Coordinator of Mental Health Services at 850-983-5568 or email at wrighta@santarosa.k12.fl.us.

WHEN SHOULD I CALL?

CALL MRT IF:

- An individual is experiencing out of control behaviors that place him at risk of harming self or others.
- An individual is expressing thoughts of suicide.
- An individual is experiencing severe stress that results in a significant decline in daily and/or family functioning.
- When you just don't know what else to do.

CALL 911 IF:

- An individual has attempted or is in immediate risk of attempting or completing suicide.
- An individual is at immediate risk for aggression, violence or has committed a crime.
- An individual is in need of medical attention.

IMPORTANT REMINDERS:

- MRT will respond within 60 minutes.
- Basic demographic and history information is needed for dispatch of team.

Lakeview Center



BAPTIST HEALTH CARE

Mobile Response Team

1304 West Avery St • Pensacola, FL 32501

24/7 Mobile Response Team Line: **866.517.7766**

Fax: **850.469.3876**

Counties served:

Escambia / Santa Rosa / Okaloosa / Walton

LAKEVIEW CENTER

MOBILE RESPONSE TEAM

*Serving Adults, Children and Families in Escambia,
Santa Rosa, Okaloosa and Walton Counties*



Help for you on the phone or in-person

24 HOURS A DAY, 7 DAYS A WEEK

866.517.7766

eLAKEVIEWCENTER.ORG

19-0028/0419

Lakeview Center



BAPTIST HEALTH CARE

WHO WE ARE

The Mobile Response Team (MRT) provides around-the-clock intervention and support to all individuals in Escambia, Santa Rosa, Okaloosa and Walton Counties dealing with a behavioral or mental health crisis. We're mobile, so we come to you. We also provide help over the phone.

We partner with local law enforcement, schools, emergency rooms and providers to support individuals in need during traumatic events. Our goal is to respond quickly with needed services in order to:

- Reduce Trauma
- Prevent unnecessary hospitalizations
- Divert individuals from emergency departments or the juvenile justice/criminal system

HOW WE HELP

The MRT supports youth, adults and families showing signs of mental health issues that pose a threat to stability within the home, school or community, including but not limited to:

- Anger
- Self-injury
- School problems
- Suicidal or homicidal thoughts or behavior
- Extreme parent/child conflict
- Seeing or hearing things
- Depression/anxiety



WHAT WE DO

MRT responds by phone or in-person in order to quickly offer effective interventions that meet individual needs.

Telephone Triage – Trained mental health professionals are available to evaluate, prevent or resolve a crisis and decide if a referral will be made to a community resource or qualified specialist.

Crisis Response – If care is needed beyond a phone call, a face-to-face response team will go to the home, school or community setting and work to resolve the situation.

After-Care – Follow-up and referral care is available. MRT is here to ensure a smooth transition to any support services that may be necessary.