

# Bloomfield School District

Response to Suicidal Behaviors/Statements Policy & Protocol

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DRAFT

## Response to Suicidal Behavior/Statements Policy

If school personnel are notified by any means that a student might be suicidal, they are to take the situation serious and follow these steps- **Never leave the student alone and ensure the student is secure.** An administrator of the school building should be notified immediately so they can begin the suicidal behavior/statement protocol. The administrator will designate a lead school employee for the student who will begin by gathering information from the student and make contact with the student's parent/guardian. If parents are the reason for the student's suicidal ideation, the school designee shall contact Children Youth and Families Department and make a SCI report. The next steps will be determined by the parent, student and designated school staff. Follow up will be provided by a district assigned mental health provider the next school day or upon the student's return to school. If the student has been seen by an outside mental health provider the District will request a copy of any documentation regarding the outside providers work with the student. All staff- including School Resource Officers- will be trained on the Bloomfield School Districts Policy regarding Response to Suicidal Behaviors and Statements on a yearly basis; additional training will be provided to staff involved in the Response to Suicidal Statements/Behaviors protocol. A district Response to Suicidal Statements/Behaviors review committee will be established and will meet quarterly to review completed protocols, make recommendations for changes to the Response to Suicidal Statements and Behaviors Protocol and assist with training new staff.

School designee will document the dates and times of the parent and student contact and send all pertinent information to the Behavioral Health Coordinator and Director of Data, Operations and Assessment. Student shall be released only to those individuals identified in the contact information and in no event to anyone under the age of majority. Student shall not be sent home alone.

# Response to Suicidal Statements/Behaviors

## Protocol Draft

### Step 1: Stabilization

When a student is alleged to have made a suicidal statement, gesture or any act that creates a concern a student is contemplating self-harm or suicide, school staff should always take it seriously and never leave the student alone. The school staff should then alert the schools administration team so a designated school mental health professional (please see flow chart for determination of school mental health professional) can intervene with the student. The administrator who is first identified and who helps identify the mental health lead should be the administrator who assists the mental health lead throughout this process for the student. The student should be moved to a non-threatening location away from other students such as an office, this location should have a phone and access to another adult nearby. The school mental health lead will speak with the student calmly to determine if the student has access to means at hand to harm themselves or if they have ingested anything to harm themselves. If the student has ingested anything to harm themselves, the situation has escalated into a medical emergency and nurse and/or 911 should be called. If student has any method of harm, speak calmly to the student and do your best to get student to hand over the means of harm. If the student refuses, remain calm and contact the SRO or local police.

### Step 2: Determination of Next Steps

The school employee designated as the mental health professional in the current situation will take the lead role for the next steps with the student. If the student is involved in Special Education Services and they have positive rapport built with a staff member, efforts should be made to include the staff member in the Response to Suicidal Statements/Behaviors process. The mental health lead should first confirm with the student they have no immediate access to means of self-harming and have not ingested anything to harm themselves. The lead will then follow these steps:

1. Provide informed consent to the student and complete the Columbia Screening Tool
  - a. If there is indication of active suicidal thinking based on the Columbia screen, the provider may also complete the self-harm checklist with the student.
  - b. *If there is no indication of active suicidal thinking based on the Columbia Screen, the student's statement and AFTER consultation with Behavioral Health Coordinator, please skip to Step 4A.*
2. After information gathering is completed, every effort should be made to consult with the Behavioral Health Coordinator or another equal level or higher licensed provider to finalize or confirm the best response based on the information provided by the student.
3. If the student's distress is the result of abuse, neglect or exploitation by a parent or guardian, contact CYFD or law enforcement to determine next steps.

### Step 3: Parent/Guardian Notification: Active Suicidal Thinking

If the student's distress is not the result of abuse, neglect or exploitation by the parent or guardian, contact parents and provide them with the facts and request them come to the school. School lead will meet with parent and administrator and:

1. Provide Parent Statement of Understanding/Release of Liability and obtain signatures

2. Review Action Plan/ Follow up for student's return to school
3. Provide community resources sheet and assist parent with appropriate referrals if needed
4. Review Counseling for Access to Lethal Means
5. Have parents complete the Bloomfield Schools Release of Information

#### **Step 4A: Next Steps: No Indication of Active Suicidal Thinking**

1. Inform student you will need to notify their parent/guardian of the incident
2. Inform administration of the results of the risk screening and planned actions
3. Contact parents/guardians and advise on the situation. Assist with next steps (referral for counseling) if appropriate
4. Permit student to return to class
5. Complete documentation including Threat Risk Assessment Google Reporting Form and Powerschool Counselor Note. All paper documentation of the incident will be given to the Behavioral Health Coordinator for review and to be stored in a confidential and secure area

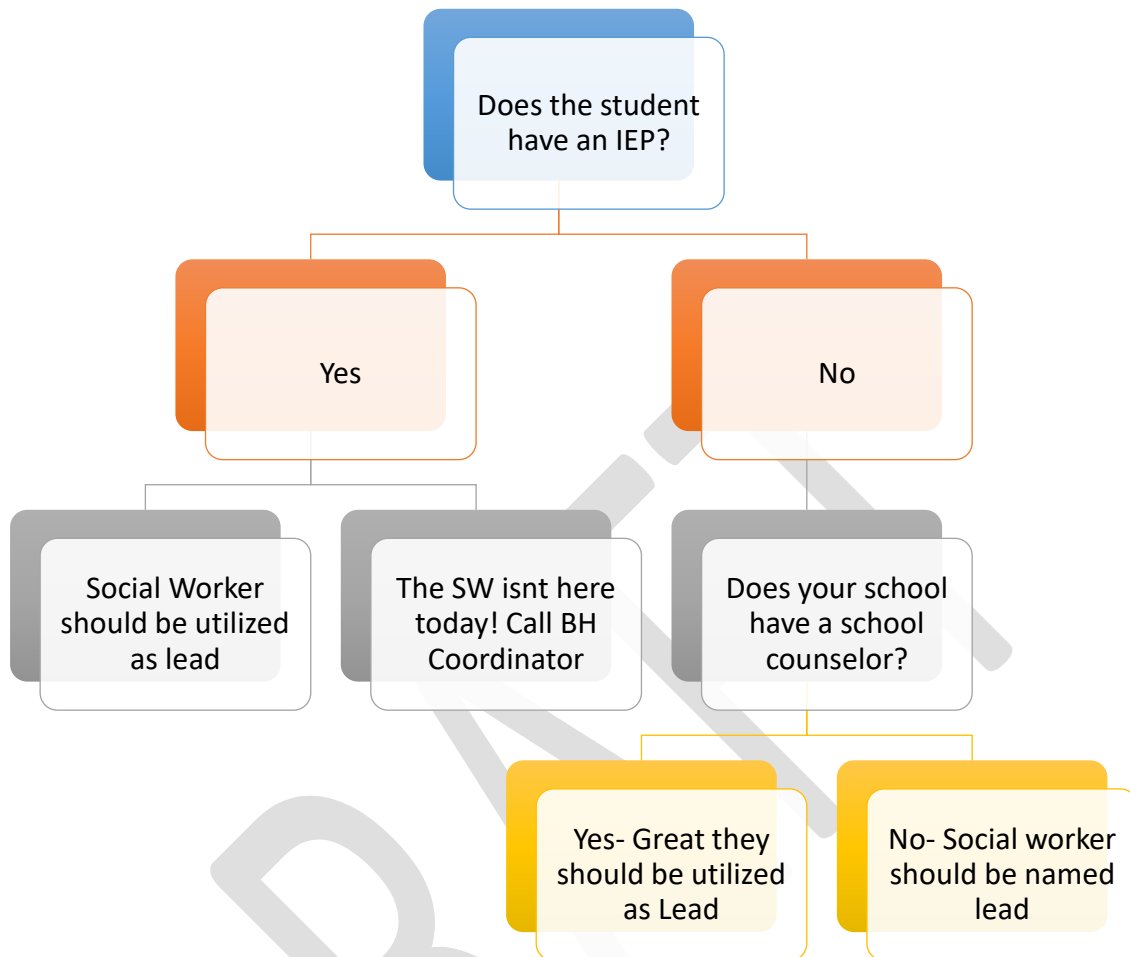
#### **Step 4B: Next Steps: Active Suicidal Thinking**

1. If any other students were involved with the incident, reassure them that appropriate actions have been taken
2. Complete documentation including Threat Risk Assessment Google Reporting Form and Powerschool Counselor Note
3. Determine if emergency or short term interventions have been completed
4. Determine if long term services have been arranged
5. If emergency, short term or long term services have not been satisfactorily pursued, make referral to CYFD
6. School mental health staff will follow up with student when they return to school to complete all follow up paperwork
7. Screening documentation will be sent to the Behavioral Health Coordinator and stored in a confidential and secure area

#### **Step 5: Follow Up- Active Suicidal Thinking**

1. The day after a student is sent home due to active suicidal thinking, the Behavioral Health Coordinator will reach out to the parent/guardian to follow up on the student's current status.
  - a. Did they see a mental health provider?
  - b. Were they referred elsewhere?
  - c. When will the student return to school?
  - d. Does the parent need any other assistance?
2. 2 weeks after the initial follow up, the Behavioral Health Coordinator will again reach out the parent and insure the families/student's needs are being met within the mental health realm. At this time the Behavioral Health Coordinator will assess if future follow up is necessary.
3. If emergency responders are called to assist with the situation, the Behavioral Health Coordinator will lead a debriefing meeting within one week of the incident with all staff involved.

## Determination of Mental Health Lead



\*If at any time your social worker or counselors are unavailable to complete the Response to Suicidal Statements/Behaviors protocol, please contact the Behavioral Health Coordinator to assist.

## Response to Suicidal Statements/Behaviors Checklist

School: \_\_\_\_\_ Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ Id #: \_\_\_\_\_

- Student is safe and has not ingested anything/does not have a means of hurting themselves on their body
- Columbia Suicide Severity Rating Scale completed
- Low Risk determination:
  - Contact parent/guardian
  - Provide Resources
  - Encourage parent/guardian to follow up with a therapist/doctor
- Medium/High Risk Determination:
  - Complete Self Harm Checklist
  - Complete Student Information Sheet
  - Consult with administrator and behavioral health coordinator (if no answer, consult with a SW)
  - In conjunction with admin, call parent/guardian and ask to come to the school for a meeting
  - Meet with parent/guardian and explain the screenings and situation
  - Have parent complete Parent Statement of Understanding/Release of Liability
  - Have parent sign Release of Information
  - Go over the Guidelines for Counseling against Lethal Means sheet and provide to family
  - Provide local resources sheet
  - Complete Action Plan with student and parent/guardian
  - Release student to parent/guardian
  - Print only this sheet of packet and place in student's file for future reference
  - Save copy of completed packet on google drive
  - Admin completes google form on threat risk assessment
  - Brief note entered in Powerschool log entries
- Follow Up
  - Check in with student upon their return to school
  - Continue to provide resources/information to student
  - Follow up on action plan created with student and update as necessary

## Response to Suicidal Statements/Behaviors

### STUDENT INFORMATION:

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School Screener: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Best Contact #: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

### REFERRAL INFORMATION:

Student self-referred     School Staff:     Parent:     Friend:     Other:  
What information was shared regarding potential Suicidal Statements of Behaviors of the student?

### INTERVIEW WITH STUDENT:

Complete CSSRS with student:     high risk     medium risk     low risk  
 Complete Self Harming Checklist with student (if medium or high risk per the CSSRS)  
Is the student currently receiving mental health care?     No     Yes  
If Yes, who is the student's therapist?  
If No, has the student received mental health care in the past?     No     Yes  
Does the student have a trusted support system they can turn to when upset?     Yes     No  
Please describe why or why not and whom:

Does the student have a current plan to hurt themselves?     No     Yes  
If Yes, please describe plan:

### PARENT/GUARDIAN CONTACT:

Name: \_\_\_\_\_ Time: \_\_\_\_\_ Parent/Guardian could not be reached   
Administrator Present: \_\_\_\_\_

Was parent aware of student's suicidal thoughts/plans?     No     Yes

Have parent complete Parent Statement of Understanding/Release of Liability

Have parent sign Release of Information

\*If parent is unwilling, they will need to provide a note from student's mental health provider stating student has been seen for services on or after today's date.

Give parent list of Community Providers

Assist with referrals if appropriate

Complete Action Plan with student and parent

### NEXT STEPS FOR MENTAL HEALTH LEAD:

Notify Behavioral Health Coordinator

Complete Google Form for Risk Assessment

Lead Print Name

Lead Signature

Date

Consult Print Name

Consult Signature



## Parent Statement of Understanding/Release of Liability

School: \_\_\_\_\_ Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ Id #: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Check all that apply:

I am the parent or legal guardian for the student listed above and I have legal authority (legal custody) to make decisions for the student listed above.

I understand it has been encouraged that I take my child for a same-day emergency suicide assessment.

My student is currently a patient of \_\_\_\_\_ and I will contact them today for an appointment for my child.

I acknowledge I was given a list of mental health options in San Juan County

I understand Bloomfield School District and its staff are a mandatory reporter of Child Abuse and Neglect and my refusal to seek treatment may result in a referral to CYFD.

I agree to sign a release of information between Bloomfield Schools and my child's provider for the purpose of a same day referral.

I acknowledge I have had a conversation with school staff regarding access to lethal means in my home.

I do not agree my child needs a same day emergency suicide appointment and will not authorize an assessment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Name (school employee)

\_\_\_\_\_  
Date

Release of Information

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ authorize the use or disclosure of my son/daughter's protected health information by Bloomfield Schools to \_\_\_\_\_ regarding the suicide assessment conducted today. I understand that signing this authorization is voluntary. I understand that I have the right to revoke this authorization at any time by providing a written notice of such revocation to Bloomfield Schools. I understand a description of my right to revoke my authorization and any exceptions are set forth in Bloomfield Schools Notice of Privacy Practices. I recognize health records, one received by the school district, may no longer be protected by HIPAA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if over the age of 14)

\_\_\_\_\_  
Date

# Self-Harm Indicators Checklist

\*For use by school counselor or social worker\*

Student: \_\_\_\_\_ Grade/DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_  
 Referral from: \_\_\_\_\_ CSSRS Score: \_\_\_\_\_

\*Interviewer will use professional discretion in determining which questions/areas to pursue with student, and/or parent/guardian to gather information regarding potential risk.\*

**INTENT:**

- | Yes                      | No                       | ?                        |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verbalization of self-harm _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Responses indicating hopelessness _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is a plan _____                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are means available _____                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Person is sure that he/she really wants to do this _____ |

**HISTORY:**

- | Yes                      | No                       | ?                        |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous threats/verbalization of self-harm _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous self-harm attempts    Method: _____ When: _____<br># : _____ Why: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Self-harm behavior in family, relatives or friends _____                         |

**STRESSORS:**

- | Yes                      | No                       | ?                        |                                 |
|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Death, loss or separation _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Girl/Boyfriend break up _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parent/Child conflict _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | School Pressures _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Long term illness or pain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                    |

**SUPPORT:**

- | Yes                      | No                       | ?                        |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Student feels he/she has support at school    From whom: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Student feels he/she has support at home    From whom: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate adult supervision before & after school _____      |

**SYMPTOMATIC BEHAVIOR:**

- | Yes                      | No                       | ?                        |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Changes in eating or sleeping habits (eating disorder)? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neglect of personal appearance _____                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neglect of school _____                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Decline in interest in daily tasks _____                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problems internalized/self-blaming _____                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawn/unwillingness to communicate _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Crying _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Abuse _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Increased risk taking _____                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sexual acting out or rebellious behavior _____                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tying up loose ends or giving away important items _____      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unusual thoughts or perceptions _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____   |

**OTHER OBSERVATIONS:**

\_\_\_\_\_  
 \_\_\_\_\_

# Guidelines for Counseling against Lethal Means

For use with Same Day Suicide Assessment Referral

A discussion on access to lethal means should be conducted for all students, and their parent/legal guardians who are referred for a same-day assessment for suicide risk.

## **Who:**

Individual students may be asked about their access to lethal means, but it is important to also discuss this with their parent/legal guardians.

## **What:**

### Firearms:

- The most effective means for reducing suicide with a firearm is to remove all firearms from the home/environment.
- Do not believe the location of guns in the home is unknown to the person at risk.
- Locking up guns and ammunition only provides a degree of safety/security and does not guarantee safety.
- It is not unusual for people to have firearms that others are unaware of.

### Medications:

- Prescription medications should be limited to non-lethal doses.
- Keep poison control number easily accessible (1-800-222-1222).
- Any medications or poisons not being used should be disposed of.
- Any other potential lethal products (such as over the counter medications) should be removed from the home or locked.

### Limit Access to Other Means:

- Vehicles, ropes or ligatures (hanging is the leading means of suicide for those under 15), alcohol and drugs.

## **How:**

- If removing firearms to another's home, think about how and when the firearms will be removed and to whom?
- Police Department:
  - Most will accept firearms you want to be destroyed.
  - Some will accept firearms on a temporary basis to put in secure storage.
  - Never bring a firearm to the police department without calling first.
- If firearm removal is not an option, consider the following suggestions:
  - Store all firearms unloaded and locked
  - Store and lock up all ammunition separate from firearms.
  - Trigger locks can be purchased (many police departments provide them for free)
  - Maintain close supervision of the individual.

## Action Plan

The action plan is required for students who were identified as having active suicidal thinking. Please complete with the student and parent/guardian as applicable.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

This plan starts at the above date and will be reviewed in 6 months (or earlier if needed) on: \_\_\_\_\_

### Warning signs I might be having a crisis:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Coping Strategies I can use when I am struggling:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### People and Activities that provide a positive distraction to me when I am struggling:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### People who I can ask for help:

Name: _____	Phone #: _____
Name: _____	Phone #: _____
Name: _____	Phone #: _____

### Professionals/Agencies I can contact during a crisis:

Clinician's Name: _____	Phone #: _____
Emergency Contact: _____	Phone #: _____
AGORA Crisis Line: 866-HELP-1-NM	
NM Crisis and Access Line: 1-855-NMCRISIS	Website: <a href="https://nmcrisisline.com/">https://nmcrisisline.com/</a>
National Crisis Hotline: 1-800-273-8255	Website: <a href="https://suicidepreventionlifeline.org/">https://suicidepreventionlifeline.org/</a>

**If you need immediate care because you have already harmed yourself, please call 911 immediately.**

### Things my parent/guardian can do to help me be safe:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Student Signature: _____	Date: _____
Parent Signature(s): _____	Date: _____
School Staff: _____	Position: _____
	Date: _____

Copies to  Parent/Guardian  Student  Student File  Behavioral Health Coordinator

## Response to Suicidal Statements/Behaviors Protocol Cheat Sheet

