Suicide Prevention Protocol:
Manual for Administrators and
Student Services Professionals

(2017 Revision)
Contributors

Marsha Alcorn, Coordinator, Psychological Services
Elizabeth Cabrera, School Social Worker
George Gaffney, Retired Assistant Superintendent, Former Division of Student Services
Ken Gaughan, Retired Supervisor, School Social Work Services
Hope Gonzalez, Coordinator, Psychological Services
Lourdes Hernandez-Gonzalez, Coordinator, School Social Work Services
Myrna Hogue, Supervisor, School Social Work Services
Michael Kelleher, Coordinator, Psychological Services
Flossie Parsley, Coordinator, School Social Work Services
Shelley Ochs, School Psychologist
Robert Pepe, School Psychologist
Shanshera Quinn, Supervisor, Guidance Services
Vito Ricciardi, School Psychologist
Holly Saia, Director, Student Services
Anne Townsend, Supervisor, Psychological Services
Cindi Wright, School Social Worker

Special thanks to:

Scott Poland, Ed.D., Nova Southeastern University
Stephen Roggenbaum, University of South Florida

Questions regarding this protocol may be directed to:

Division of Academic Supports and Federal Programs
Psychological Services, School Guidance Services, School Social Work Services
(813) 273-7095, (813) 273-7346, or (813) 273-7090
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Suicide was reported as the second leading cause of death for youth ages 10-24 in 2014, per the Centers for Disease Control and Prevention (CDC). The CDC surveys ninth to twelfth grade students across the nation on six categories of priority health behaviors, including suicide. A report detailing the 2015 results of the Youth Risk Behavior Surveillance System yielded striking results. Approximately 17.7% of high school students surveyed reported that they had seriously considered suicide, 14.6% of students surveyed indicated that they had made a plan of how they would attempt suicide, and 8.6% of students surveyed reported that they had attempted suicide one or more times during the 12 months prior to the survey. Results from a sampling of students in five large urban school districts in Florida (excluding HCPS, which did not participate that year), provided the following percentages on the Youth Risk Behavior Survey, 2015: 13.8% seriously considered attempting suicide, 11.1% made a plan, and 7.6% attempted suicide.

In an effort to assist students who are at risk for suicidal behavior, a multidisciplinary Suicide Prevention Committee was formed in 2006 and subsequently developed a Suicide Prevention Protocol. This protocol revision (2017) is being completed in order to include current research methods and updated demographic information, to integrate Youth Mental Health First Aid (YMHFA) training, and to address 2016 Florida Statute 1012.583 and State Board of Education initiatives to address youth suicide awareness and prevention for instructional personnel. Furthermore, the revised protocol supports the HCPS Strategic Plan Goals of Student Learning and Culture & Relationships.

The committee was charged with revising the protocol to focus on:

- **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 or Postvention:** How schools should respond to students returning from the crisis center or during the aftermath of a completed suicide.

Therefore, it is imperative that each school has a plan in place to appropriately respond when a student is at risk or has engaged in suicidal behaviors. Everyone within a school plays a role in suicide prevention, intervention, and follow-up intervention or postvention. The professionals below are considered to have specific training and knowledge about how to help a student who is at risk for suicide:

<table>
<thead>
<tr>
<th>Student Services Professionals</th>
<th>Additional Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>• School Counselors</td>
<td>• School Resource Deputies/Officers (SRDs/SROs)</td>
</tr>
<tr>
<td>• School Psychologists</td>
<td>• School Nurses</td>
</tr>
<tr>
<td>• School Social Workers</td>
<td>• Administrators</td>
</tr>
<tr>
<td></td>
<td>• Staff with YMHFA certification</td>
</tr>
</tbody>
</table>

This manual specifically addresses the district protocol for suicide prevention. A separate protocol is currently in development to address non-suicidal self-injury (NSSI).
Individuals certified in Youth Mental Health First Aid must follow the district practice for suicide prevention and defer to Student Services Professionals to implement the Suicide Prevention Protocol described in this manual.
Everyone has a role in suicide prevention.

A comprehensive approach to suicide prevention involves students, school personnel, parents, and community agencies. The focus of a prevention program should be on all students, not just those at risk. A prevention program should address awareness of the problem of youth suicide, facilitate both peer and self-identification, and teach coping skills.

School administrators have a critical role in suicide prevention. Administrators will:

- Meet with Student Services Professionals to review this protocol and determine responsibilities at the school site.
- Ensure that key personnel are made aware of these processes, including office staff, the school nurse, and the SRD/SRO. Student Services Professionals may assist in this regard.
- Arrange for faculty to be trained by Student Services Professionals in this protocol on an annual basis.
- Collaborate with school staff to promote positive mental health.
- Ensure that the following prevention-focused activities are implemented at school sites:
  - Student Services Presentation of Suicide Prevention (versions for school personnel)
  - ACT Now! Student Pledge
  - ACT Now! Student Rally
- Consult Student Services (Psychological Services or Project Prevent) to schedule staff, parent, or community partner training in Youth Mental Health First Aid
- Strive for state of Florida designation as a “Suicide Prevention Certified School” by having 100% of instructional personnel at the site complete a minimum of two hours of training in suicide prevention. In addition to completing training in the district’s protocol, teachers and other personnel will need to complete additional training via:
  - Jason Foundation
  - ACT on FACTS
  - or other programs provided on the Florida Department of Education Approved Inservice training list (provided on pp. 28-30)

School personnel should be trained annually by Student Services Professionals to recognize warning signs associated with students who are at risk for suicide. In addition, school personnel should be aware of the positive conditions (i.e., protective factors) that promote resiliency and reduce the potential for suicide. All school personnel should be aware of this protocol and follow the steps outlined in the Suicide Intervention Process flowchart. School personnel training should focus on:

- Risk Factors and Warning Signs
- Appropriate response to potentially suicidal students
- Bullying Prevention
- School Resources
Student training should focus on:
- Protective Factors
- Social Skills Training
- Bullying Prevention

Parent/community education may focus on:
- Risk Factors and Warning Signs
- Protective Factors (e.g., gun safety, resiliency, skills in problem solving)
- School Resources
- Community Resources

Myths and Facts About Suicide

<table>
<thead>
<tr>
<th>Myths about Suicide</th>
<th>Facts about Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Asking someone if they feel suicidal will put the idea in their head</td>
<td>• Asking someone if they feel suicidal is the first step in getting them help</td>
</tr>
<tr>
<td>• Suicide often happens without warning</td>
<td>• Most individuals considering suicide give warning signs regarding their intentions</td>
</tr>
<tr>
<td>• Improvement after a suicidal crisis means that the risk of suicide is over</td>
<td>• Almost half of the people that survive a suicide attempt make another attempt within five years</td>
</tr>
<tr>
<td>• Suicide only strikes people of certain gender, race, financial status, age, etc.</td>
<td>• Suicide has no boundaries and can impact anyone</td>
</tr>
</tbody>
</table>

Adapted from:
Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare. (2012). National Council for Youth mental health first aid USA for adults assisting young people. Lutherville, MD: Mental Health Association of Maryland, Inc.
Suicide Prevention: Factors to Consider

Educators, parents, and students need to be aware of these factors. The list below should not be considered exhaustive.

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Close family bonds</td>
<td>• Preexisting medical conditions/hormonal changes</td>
</tr>
<tr>
<td>• Strong sense of self-esteem</td>
<td>• Efforts to hurt oneself or displays of non-suicidal self-injurious behavior</td>
</tr>
<tr>
<td>• A sense of personal control</td>
<td>• Delinquency</td>
</tr>
<tr>
<td>• A supportive home environment</td>
<td>• Death of a loved one or significant loss</td>
</tr>
<tr>
<td>• Responsibilities/duties to others</td>
<td>• Bullying/victimization</td>
</tr>
<tr>
<td>• Best friends</td>
<td>• Family dysfunction</td>
</tr>
<tr>
<td>• Cultural and religious beliefs</td>
<td>• Academic crisis</td>
</tr>
<tr>
<td>• Opportunities to participate in projects/activities/constructive recreation</td>
<td>• Exposure to stigma and discrimination based on sexual orientation or gender identity</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Warning Signs</th>
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</thead>
<tbody>
<tr>
<td>• Suicide notes</td>
</tr>
<tr>
<td>• Threats</td>
</tr>
<tr>
<td>• Final arrangements</td>
</tr>
<tr>
<td>• Inability to concentrate or think rationally</td>
</tr>
<tr>
<td>• Changes in physical habits and appearance</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• Sudden changes in personality, friends, behaviors</td>
</tr>
<tr>
<td>• Death and suicidal themes</td>
</tr>
<tr>
<td>• Plan/method/access</td>
</tr>
</tbody>
</table>

Sources: National Association of School Psychologists, National Council for Behavioral Health, Substance Abuse and Mental Health Services Administration & the University of South Florida Youth Suicide Prevention School-Based Guide
The following steps provide details related to the Suicide Prevention Protocol Flowchart (p. 5).

STOP!!! IF CHILD IS IN IMMEDIATE DANGER (I.E., ACTIVELY ENGAGING IN BEHAVIOR TO END LIFE), CALL 9-1-1 AND REPORT TO ADMINISTRATOR. STUDENT SHOULD NOT BE LEFT ALONE.

The administrator at the site will involve the following Student Services Professionals in the implementation of the Suicide Prevention Protocol:

- School Counselor
- School Psychologist
- School Social Worker

Once the concern has been reported (actions may not be conducted in a linear order):
- Verify location of student and ensure supervision and safety.
- Student Services Professional(s) will make sure an administrator is notified of the concern or the administrative staff will contact a Student Services Professional.
- In the unlikely event that a Student Services Professional is not available, administrator(s) should immediately contact their SRD/SRO and/or HCPS Chief of Security at (813) 840-7215.
- Student should be supervised by an adult. Do not leave the student alone.
- School personnel must escort the student to the office. Parent volunteers and students must not be used.
- Obtain the student’s emergency contact information.
Conduct Suicide Assessment

- School Counselors, School Psychologists, and School Social Workers have training in suicide prevention and should follow the protocol outlined in this manual to assist a student who has been thinking about suicide.
- In the unlikely event one of the above professionals is not available, an administrator(s) should immediately contact their School Resource Deputy/Officer or HCPS Chief of Security at (813) 840-7215.
- Student Services Professionals, SRDs/SROs will:
  - conduct a suicide assessment interview of the student (see Suicide Assessment Interview Guide)
  - review appropriate school records
  - gather additional information from parent(s)/guardian(s) and relevant school personnel as part of the assessment.
- During the assessment, an administrator should ensure that the Student Services Professional(s) is not interrupted.
- If necessary, administrator(s) should assist the Student Services Professional in locating and speaking with the parent.
- The team will assess the level of risk as low, moderate/high, or extreme (see Suicide Risk Assessment Factors Guide).
- For charter school sites, Student Services Professionals will implement the protocol if they are on campus at the time of the suicidal expression. If trained Student Services Professionals are not on the charter school campus, local law enforcement and parents will be notified by the site administrator.

Practices for Conducting the Suicide Assessment

How to ask the tough question:
Inappropriate: “You’re not thinking of hurting yourself!”
  “Are you thinking of hurting yourself?”
Appropriate: “Are you thinking of killing yourself?”

Tips on asking the “suicide” question:
- Talk to the student in a private setting.
- Acknowledge that the student is in distress.
- Allow the student to talk freely.
- Stay with the student at all times.
- Take suicide statements seriously.
- Do not act shocked.
- Do not agree to keep the student’s suicidal intentions a secret.
- Do not offer simple solutions to serious problems.

Use information gleaned from the Suicide Assessment Interview Guide (p.11), standardized assessment (if available and age appropriate), consultation with others, and the Suicide Risk Assessment Factors Guide (p. 12), to estimate the level of risk and required actions.
Suicide Assessment Interview Guide

Document interview on *Summary of Student/Parent Contact* form (p. 16). The following questions are suggested, not required. Presentation may not be in a linear fashion.

**Establish Rapport / Limits of Confidentiality**
Ask about interests (e.g., clubs, music, pets, sports, video games)

**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?

**Plan / Lethality**
Do you have a plan? What is your plan?
Do you have access to the “means”? (e.g., gun, pills, knife)
When did you plan to kill yourself? What would stop you from killing or hurting yourself?
Why not now?
Have you told anyone about your plan? What was their response?

**History of Suicide Attempts**
Have you previously tried to kill yourself? When? How? Did you tell anyone?
Did you get help? (e.g., medical attention, crisis center, counseling)
Do you know anyone who has attempted suicide? (e.g., family, friends, neighbors)

**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?

**Prepare Student for Next Steps**
I’m really concerned about you.
Here’s what we need to do to keep you safe. (Summarize what will happen.)
We need to contact your parents now. (MANDATORY STATEMENT)
The following table provides guidance to determine the level of intervention for a student who may be in distress and contemplating suicide. Although factors are presented within specific columns of the table, such factors are fluid and may be applicable to any level of risk.

There is no single factor indicating low, moderate, or high risk. Rather, consideration should be given to several factors and multiple sources of data when completing the assessment.

A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements and having experienced a critical, recent loss.

### Suicide Risk Assessment Factors Guide

Document interview on *Summary of Student/Parent Contact* form (p. 16).

The following table provides guidance to determine the level of intervention for a student who may be in distress and contemplating suicide. Although factors are presented within specific columns of the table, such factors are fluid and may be applicable to any level of risk.

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<table>
<thead>
<tr>
<th>Assessment Factors</th>
<th>Probable Risk</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suicide Plan</strong></td>
<td></td>
<td>• Vague details</td>
<td>• Some specific details</td>
<td>• Defined plan (when, where, how)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No availability of means</td>
<td>• Potential availability of means</td>
<td>• Easy access or readily available means</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No specific time frame</td>
<td>• Time frame identified</td>
<td>• Immediate time frame</td>
</tr>
<tr>
<td><strong>Previous Suicide Attempts</strong></td>
<td></td>
<td>• None</td>
<td>• Any history</td>
<td>• One high lethality or multiple attempts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Few stressors</td>
<td>• Multiple stressors</td>
<td>• Multiple stressors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Appropriate coping skills identified</td>
<td>• Limited coping skills identified</td>
<td>• Inappropriate or lack of coping skills identified</td>
</tr>
<tr>
<td><strong>Reaction to Stress</strong></td>
<td></td>
<td>• Daily activities continue as usual with little change</td>
<td>• Some daily activities disrupted</td>
<td>• Gross disturbances in daily functioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No significant changes in personality or behavior</td>
<td>• Disturbance in eating, sleeping, school performance</td>
<td>• Sudden, extreme changes in personality or behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Presence of stable relationships</td>
<td>• Some changes in personality or behavior</td>
<td>• Isolation, limited relationships, or recent change(s) in relationships</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td></td>
<td>• No significant medical issues</td>
<td>• Limited relationships or recent change(s) in relationships</td>
<td>• Chronic, debilitating, or acute catastrophic illness</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td></td>
<td>• Multiple protective factors</td>
<td>• Limited protective factors</td>
<td>• Few or limited protective factors</td>
</tr>
<tr>
<td><strong>Medical Status</strong></td>
<td></td>
<td>• No significant medical issues</td>
<td>• Mild chronic or acute psychological or medical issues</td>
<td>• Chronic, debilitating, or acute catastrophic illness</td>
</tr>
</tbody>
</table>

**Extreme Risk - Student is in imminent danger. Call 9-1-1.**
Determine and Implement Next Step(s)

Student Services Professional(s) will collaborate with a team, which may consist of administrators, teachers, SRD/SRO, non-instructional support personnel, bus drivers, parents, and others to determine and implement next steps. An administrator should make himself/herself available to the Student Services Professional(s), as needed.

- For all circumstances in which a student expresses suicidal ideation, the parent(s)/guardian(s) must be notified.
- If the Student Services Professional(s) feels it is necessary to involve an SRD/SRO and none is available, the administrator(s) will contact HCPS Chief of Security at (813) 840-7215.
- As appropriate, Student Services Professionals will share concerns with the local law enforcement agency (e.g., Hillsborough County Sheriff’s Office, Tampa Police Department, Temple Terrace Police Department, Plant City Police Department) regarding the student’s well-being. The local law enforcement agent/officer will implement their own protocol to determine if the student should be Baker Acted.

The probable level of risk should be considered by the team when determining next steps:

Low Probable Risk
- Reassure and supervise the student.
- Notify and assist parent in connecting with school and community resources. Encourage parent to monitor for safety and suicide-proof the environment. Help parent and student identify caring adults, coping skills, and resources.
- Complete the following:
  - Parent Notification of Suicide Risk Assessment form (p. 15)*
  - Summary of Student/Parent Contact form (p. 16)
- Prepare safety plan that establishes a circle of care among the family, school personnel, and community mental health providers.

Moderate/High Probable Risk
- Supervise student at all times.
- Meet with SRD/SRO to discuss current situation.
- If there is no SRD/SRO available, administrator will contact Chief of Security at (813) 840-7215.
- Consult administrators about checking backpack and/or locker.
- Ensure that parents are informed of the actions being taken.
- Encourage parent to monitor for safety and suicide-proof the environment.
- ONLY release student to:
  - Parent(s)/guardian(s) or law enforcement
- If the parent(s) is unable or unwilling to assist with the potentially suicidal crisis, notify administrator(s) and the SRD/SRO, who will proceed accordingly.
- Complete the following:
  - Parent Notification of Suicide Risk Assessment form (p. 15)*
  - Summary of Student/Parent Contact form (p. 16)
• Prepare safety plan that establishes a circle of care among the family, school personnel, and community mental health providers.

****Extreme Risk - Student is in imminent danger.****

• Call 9-1-1.
• Supervise student at all times. Calm the student by talking and reassuring him/her until police arrive.
• Ensure that parent(s) is informed of the actions being taken.
• Protect the privacy of the student and family.
• Complete the following:
  o Parent Notification of Suicide Risk Assessment form (p. 15)*
  o Summary of Student/Parent Contact form (p. 16)
• Prepare safety plan that establishes a circle of care among the family, school personnel, and community mental health providers.

*Continued attempts to reach parent must be made.

Distribution and Storage of Assessment Documents

• The Student Services Professional will complete the appropriate documentation and provide original forms to the Principal. The Principal will store the forms in a secure location that protects confidentiality.
• The Student Services Professional will maintain a copy in their files.
• Distribution of assessment documents:
  o Parent Notification of Suicide Risk Assessment (Original: Principal; Copies: Student Services Professional, Parent)
  o Summary of Student/Parent Contact (Original: Principal; Copies: Student Services Professional, Parent)
• These forms are NOT TO BE PLACED IN THE CUMULATIVE RECORD.
• When the student withdraws from the school and enrolls in another HCPS site the Principal must forward the forms to the receiving school’s Principal.
• These records should be destroyed consistent with district protocol.
Parent Notification of Suicide Risk Assessment

Hillsborough County Public Schools’ 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 __ on (date) _____________________.
☐ could not be reached. Please see bottom of this page for attempt information.

During this conference, the parents(s)/guardian(s) was informed that their child expressed suicidal ideation. School personnel explained the school district’s role in providing support to their child in conjunction with services available through the community.

Parents were encouraged to continue communication with school personnel, who may be able to offer additional support or assist parents in accessing community resources. If the student is not in imminent danger, parent(s)/guardian(s) may:
- Consult primary care physician and/or mental health provider
- Call 2-1-1 (Tampa Bay Cares) for local community resources
- Other ________________________________

If the student is in imminent danger, parents should take one of the following actions:
- Call 9-1-1
- Contact the Children’s Crisis Stabilization Unit (813-272-2882)

Required Signatures:

<table>
<thead>
<tr>
<th>Parent or Legal Guardian</th>
<th>Date</th>
<th>Student Services Professional</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Administrator or Designee</th>
<th>Date</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

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

DISTRIBUTION: ORIGINAL to Principal  COPIES to Parent and Student Services Professional(s)
Do not place in cumulative folder
Summary of Student/Parent Contact

Student: ___________________________  Student Number: __________________

School: ___________________________  Date: ________________

Summary of Session:

Summary of Parent Contact:

Actions: (Check all that apply and list names)

___ Contact parent/guardian (MANDATORY):

___ Inform school administrator (MANDATORY):

___ Consult with school resource officer/law enforcement:

___ Consult with appropriate school staff:

___ Refer to community agency:

___ Refer to crisis center:

___ Other action: ____________________________

________________________________________

Signature of Student Services Professional  Signature of School Administrator or Designee

DISTRIBUTION: ORIGINAL to Principal  COPIES to Parent and Student Services Professional(s)

Do not place in cumulative folder
Follow-up may vary depending upon the needs of the student. In some cases, the student may have expressed suicidal ideation, but the protocol suggested that involuntary evaluation (i.e., Baker Act implementation) was not necessary. At other times, involuntary evaluation was necessary and initiated by the local law enforcement or the parent. In rarer cases, the student may have died by suicide.

**Protocol Implemented but No Involuntary Evaluation (i.e., Baker Act not implemented)**

- The Student Services Professional should follow up with the student and parent following the initial assessment.
- The Student Services Team should convene to determine appropriate next steps, which may include but are not limited to:
  - Check in with Student Services Professional (daily or as needed)
  - Development of a safety plan, including parents and teachers as participants
  - Referral to MTSS-RtI Team for behavioral/emotional supports
  - Additions/Modifications to the 504 Plan, as applicable
  - Referral to CST for a multidisciplinary team evaluation for special education consideration
  - Referral to IEP team for reevaluation or revisions of the IEP, as applicable
- After follow-up, the completed Suicide Prevention: Student Follow-Up form (p. 19) should be provided to the parent and principal or designee. A copy should be retained by the Student Services Professional.

**Involuntary Evaluation (i.e., Baker Act implemented/Hospitalization)**

- The Student Services Professional should notify appropriate school personnel (e.g., classroom teacher) that the student may be experiencing challenging circumstances that might involve hopelessness or depression. Students should be monitored closely for distress. Encourage staff to refer the student to Student Services Professionals as needed.
- The Student Services Professional should follow up with the student and parent after the student’s return to school.
- The Student Services Team should convene to determine appropriate next steps, which may include but are not limited to:
  - Check in with Student Services Professional (daily or as needed)
  - Development of a safety plan, including parents and teachers as participants
  - Referral to MTSS-RtI Team for behavioral/emotional supports
  - Additions/Modifications to the 504 Plan, as applicable
  - Referral to CST for a multidisciplinary team evaluation for special education consideration
  - Referral to IEP team for reevaluation or revisions of the IEP, as applicable
- After follow up, the completed Suicide Prevention: Student Follow-Up form (p. 19) should be provided to the parent and principal or designee. A copy should be retained by the Student Services Professional.
- If a Student Services Professional is notified of the student’s discharge from the Gracepoint Children’s Crisis Stabilization Unit (CCSU) by the Division of Student Services, the Protocol for Facilitating Return to School from Crisis Center should be followed (see pp. 20-22).
• If a Student Services Professional is notified of the student’s discharge from any crisis center by the parent/guardian or agency, the information should be used by the Student Services Team and parent(s)/guardian(s) for educational planning purposes.

• Attempts should be made to obtain the parent’s written consent (and student’s consent, when required) for reciprocal exchange of information between the agency and the school. Care should be given so that any highly sensitive information is not placed in the cumulative folder but is retained by the school administrator.

General Considerations upon a Student’s Return to School

• Be Supportive
  o Ask in private how the student is doing, but do not ask any specific details about their experience; let them decide if they wish to share with you.
  o Let the student know you care about them.
  o Do not make jokes about their situation.
  o Consider being flexible and compassionate with completion of school assignments, tests, etc.

• Be Observant
  o Be aware of changes in behavior that may indicate the student is in need of further help.
  o In the event the student needs more support, contact a Student Services Professional.
  o Maintain the student’s confidentiality.

• Be Consistent
  o Routine is important for students.
  o Assist the student in resuming typical schedules and school activities.
  o Be alert to any needs or supports that the student may require (e.g., extra time on an assignment, delayed testing).
Student: ___________________________        Student Number: ________________

School: ___________________________        Date: ________________

The Student Services Team convenes to determine appropriate next steps, which may include one or more of the following:

☐ Check in with Student Services personnel (daily or as needed)
☐ Development of a safety plan, including parents and teachers as participants
☐ Referral to MTSS-RtI Team for behavioral/emotional supports
☐ Referral to MTSS-RtI Team for behavioral/emotional supports
☐ Referral to MTSS-RtI Team for behavioral/emotional supports
☐ Referral to CST for a multidisciplinary team evaluation for special education consideration
☐ Referral to IEP Team for reevaluation and/or modifications to the IEP, as applicable
☐ Completion of Children’s Crisis Stabilization Unit School Follow-Up Form
☐ Other: ____________________________________________________________

Additional Comments:


Signatures of Team Participants:

______________________________        ______________________________
Signature/Title                      Signature/Title

______________________________        ______________________________
Signature/Title                      Signature/Title

Signature/Parent or Guardian        Signature/Title

DISTRIBUTION: ORIGINAL to Principal    COPIES to Parent and Student Services Professional(s)
Do not place in cumulative folder.
Implementation Procedure for
Students Returning to School after Crisis Discharge

1. Student is discharged from Children’s Crisis Stabilization Unit (CCSU) and consent for release of information has been signed by both the parent/guardian and student. Within 2-5 business days, CCSU staff will fax the following information to the HCPS designee:
   - Gracepoint Release of Information form
   - Children’s Crisis Services CCSU Discharge and Summary Report
   - Forms will include the student name, DOB, school name, date of CCSU admission/discharge, and follow up recommendations

2. The HCPS designee will email the Discharge and Summary Report and the Release of Information form to the school-assigned Student Services Professionals with request to initiate appropriate follow-up with the student and family. The Principal will be included in the email to inform him/her of the student’s discharge. Student confidentiality shall be protected throughout this process and this information should not be placed in student records.

3. If needed, Student Services Professionals may request additional information by contacting Gracepoint’s medical records department at (813) 239-8279. Additional available information includes an Intake Assessment, Psychiatric Evaluation, and Discharge Summary. These additional reports should not be included in student records.

4. Student Services Professionals will develop a collaborative plan to determine who will contact the student and family.

5. The school team should discuss flexibility in the amount and due dates of assignments, tests (when appropriate), etc.

6. Student Services Professionals will follow up with student, family and school staff, as needed, documenting these contacts/interventions on the Children’s Crisis Stabilization Unit (CCSU) Student Follow-Up form (p. 22).

7. Student Services Professionals will select an individual to send an electronic version of the completed Children’s Crisis Stabilization Unit (CCSU) Student Follow-Up form to the HCPS designee within two weeks of receiving original email notification of student discharge from the CCSU. A copy should be maintained by the Student Services Professional completing the form and a hard copy should be provided to the site administrator.
Protocol for Facilitating Student’s Return to School from Crisis Center(s)

Student discharged from Children’s Crisis Stabilization Unit (CCSU)

CCSU Discharge Planner notifies HCPS designee via fax or e-mail of student’s discharge (if appropriate releases have been obtained)

HCPS designee shares information with Student Services Professionals and Principal

Student Services Professional(s) may request additional information from CCSU, if needed

Student Services Professionals develop a collaborative plan to determine who contacts student and family

Student Services Professionals share appropriate information with relevant school staff (nurse, SRD/SRO, teacher) on ‘need to know’ basis

Student Services Professional(s) follows up with student, family and other school staff, as needed, documenting contacts on the Children’s Crisis Stabilization Unit (CCSU) Student Follow-Up form

Student Services Professional forwards the form to the HCPS Student Services designee to document that follow-up with student/family has been completed

Student confidentiality shall be protected.

Source: Integrating Schools and Mental Health Systems Grant, July 2011
Hillsborough County Public Schools, Tampa, Florida
Division of Student Services
# Children’s Crisis Stabilization Unit (CCSU) Student Follow-Up

Student: _______________________  School: _______________________

School Psychologist: _______________________  School Social Worker: _______________________

## Follow-up Activities: (Check all that apply and list names)

<table>
<thead>
<tr>
<th>Check</th>
<th>Intervention</th>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Record(s) Review</td>
<td>Click here to enter a date.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Student Interview (MANDATORY)</td>
<td>Click here to enter a date.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Parent Contact (MANDATORY) Name:__________________________</td>
<td>Click here to enter a date.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Administrator Consultation (MANDATORY) Name:__________________________</td>
<td>Click here to enter a date.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Consultation with Student Services Professionals Name:__________________________</td>
<td>Click here to enter a date.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Consultation with Appropriate School Personnel Name:__________________________</td>
<td>Click here to enter a date.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Additional Contacts Name:__________________________</td>
<td>Click here to enter a date.</td>
<td>Name:__________________________</td>
</tr>
<tr>
<td></td>
<td>Additional Information: (as needed)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Student Services Professional Completing Form

Date: Click here to enter a date.

DISTRIBUTION: Electronic version to CCSU follow-up storage
Hard copy to Principal
Electronic or hard copy to Student Services Professional(s)
Do not place in cumulative folder
POSTVENTION

Student Death by Suicide

- Administrators and Student Services Professionals will collaborate to complete the following activities:
  - Verify that a death has occurred and what information can be shared.
  - Assess impact and estimated level of postvention response. If the Principal wishes to have district level support, he/she must contact the district Crisis Intervention Team [Psychological Services Supervisor at (813) 273-7095].
  - Notify other involved school personnel.
  - Contact the family of the student who died by suicide and offer condolences.
  - Conduct a faculty planning session.
  - The Crisis Intervention Team, along with the school’s Student Services Professionals, will provide school-wide support. Consider providing support individually, in small groups, or in impacted classrooms.
  - Debrief the staff following the school’s response to the crisis.
  - Strive to treat all deaths the same. Honor the life of the student and avoid providing attention to the manner of death. For example, if the school practice is to place flowers in an empty chair during graduation for students who have passed, this should be done for all deceased students, regardless of the manner of death.

- Memorials
  
  Do . . .
  - encourage discussions and/or implement programs to prevent other suicides.
  - contact the family, apprise them of the school’s intervention efforts, and offer support to siblings.
  - respect wishes of the family members regarding services for the deceased.
  - allow students, with parental permission, to attend the funeral.
  - consider excusing absences of students to attend the funeral.
  - have a moment of silence via a school-wide assembly or public announcement to honor the loss of life; refrain from excessive attention that might reinforce the manner of death.

  Do not . . .
  - stop classes for a funeral.
  - conduct a funeral service at school.
  - dedicate yearbooks, songs, or sporting events to the suicide victim.
  - fly the flag at half-staff.
  - conduct large assemblies focusing on suicide in response to the suicide.

HCPS district administrators and Crisis Intervention Team members can contact Psychological Services for additional postvention information:

- HCPS Crisis Intervention Team Manual
- Appendixes M1 and M2 of the Texas Suicide Safer Schools Toolkit (Poland & Poland, 2015)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should the team’s decision regarding the specific risk level (low, medium, high) be documented on the form?</td>
<td>No. The risk level should not be documented on the summary form. The risk level is a guide used by the team to determine next steps in the protocol.</td>
</tr>
<tr>
<td>Should the assessment interview be done with other professionals present?</td>
<td>The student should feel comfortable so they will honestly disclose to the site-based mental health professional. It may be helpful to have one additional, appropriate adult in the room. However, having too many people present may cause the student to shut down.</td>
</tr>
<tr>
<td>Do we complete the protocol and use the Student Follow-Up form every time a student blurts out a statement impulsively, even when follow-up suggests that the student was not suicidal?</td>
<td>The suicide protocol should be used when there is any form of suicidal expression. The risk level will depend on the credibility of the threat. For repeated threats of the same nature, review the action plan, revise as necessary, and document next steps if modified. If the student has an IEP, consider meeting as a team with parents to address needs and revise the IEP.</td>
</tr>
<tr>
<td>Do we conduct the protocol if there are a lot of signs/risk factors but the student has not stated or written anything about suicide?</td>
<td>If, in your professional opinion, you believe the student is in danger, contact the administrator and parent(s) to share your concerns and proceed accordingly.</td>
</tr>
<tr>
<td>What if there is a disagreement between the Student Services team and the SRD/SRO about the risk level. To whom do we release the student?</td>
<td>As a team, notify the site-based administrator about your concerns. The administrator will determine if it is appropriate to contact the area superintendent or HCPS Chief of Security.</td>
</tr>
<tr>
<td>If the parent arrives at the school during the assessment and wants to sign out the student, should the student be released?</td>
<td>This decision should be made by the site-based administrator in collaboration with the SRD/SRO, area superintendent, and/or HCPS Chief of Security. If the SRD/SRO determines that the child needs to be Baker Acted, then the SRD/SRO must follow their protocol to ensure the child’s safety.</td>
</tr>
<tr>
<td>Can we mail the Parent Notification of Suicide Risk Assessment or the Student Follow-Up form home for parent signatures?</td>
<td>The parent must always be involved throughout the process, including follow-up intervention. If the parent is unable to attend the meeting(s), make every effort to include them (e.g., phone conference with witness), document that on the form, obtain the signature of a witness, and email/fax/USPS mail a copy to the parent.</td>
</tr>
<tr>
<td>What are acceptable ways to provide the parent/guardian notification if they cannot be reached?</td>
<td>Continue attempts to notify the parent/guardian. If they cannot be reached, consult with the site-based administrator to develop a plan (e.g., call others on the emergency card, home visit).</td>
</tr>
<tr>
<td>Do we put information in EdConnect about the incident?</td>
<td>No.</td>
</tr>
</tbody>
</table>
REFERENCES

American School Counselor Association (ASCA)
http://www.schoolcounselor.org/

Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare. (2012). *National Council for youth mental health first aid USA for adults assisting young people.* Lutherville, MD: Mental Health Association of Maryland, Inc.

National Association of School Psychologists
http://www.nasponline.org/

National Association of Social Workers:
http://socialworkers.org
http://www.helpstartshere.org

National Council for Behavioral Health
https://www.thenationalcouncil.org/


Substance Abuse and Mental Health Services Administration (SAMHSA)
Preventing Suicide: A Toolkit for High Schools (2012)
http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

U.S. Department of Health and Human Services Centers for Disease Control and Prevention
http://www.cdc.gov/healthyyouth/data/yrbs/index.htm

SUICIDE PREVENTION RESOURCES

Crisis Text Line
http://www.crisistextline.org/how-it-works/
Text CONNECT or HOME to 741741

Florida Department of Children and Families – Office of Suicide Prevention
http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention

Florida Suicide Prevention Coalition
http://www.floridasuicideprevention.org/

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
1-800-799-4889 (TTY)

Student Support Services Project Suicide Awareness and Prevention Resources
http://sss.usf.edu/resources/topic/suicide/index.html

Suicide Prevention Program at the Crisis Center of Tampa Bay
2-1-1

Suicide Safe: The Suicide Prevention App for Health Care Providers
Free from SAMHSA
http://store.samhsa.gov/apps/suicidesafe/
The 2016 Florida Statutes

Title XVIII
K-20 EDUCATION CODE

Chapter 1012
PERSONNEL

1012.583 Continuing education and inservice training for youth suicide awareness and prevention.—

(1) Beginning with the 2016-2017 school year, the Department of Education, in consultation with the Statewide Office for Suicide Prevention and suicide prevention experts, shall develop a list of approved youth suicide awareness and prevention training materials that may be used for training in youth suicide awareness and prevention for instructional personnel in elementary school, middle school, and high school. The approved list of materials:

(a) Must include training on how to identify appropriate mental health services and how to refer youth and their families to those services.

(b) May include materials currently being used by a school district if such materials meet any criteria established by the department.

(c) May include programs that instructional personnel can complete through a self-review of approved youth suicide awareness and prevention materials.

(2) A school that chooses to incorporate 2 hours of training offered pursuant to this section shall be considered a “Suicide Prevention Certified School.” The training must be included in the existing continuing education or inservice training requirements for Instructional personnel and may not add to the total hours currently required by the department. A school that chooses to participate in the training must require all instructional personnel to participate.

(3) A school that participates in the suicide awareness and prevention training pursuant to this section must report its participation to the department. The department shall keep an updated record of all Suicide Prevention Certified Schools.

(4) A person has no cause of action for any loss or damage caused by an act or omission resulting from the implementation of this section or resulting from any training required by this section unless the loss or damage was caused by willful or wanton misconduct. This section does not create any new duty of care or basis of liability.

(5) The State Board of Education may adopt rules to implement this section.

History.--s. 32, ch. 2016-237.
Youth Suicide Awareness and Prevention for Instructional Personnel
Florida Department of Education Approved Inservice Training
(December 2016)

ACT on FACTS – 2016-17 National Version http://sptsuniversity.org
   Description: Updated version of the online training, Making Educators Partners in Youth Suicide Prevention. Online training designed to help educators understand their role in listening to vulnerable youth, observing warning signs for suicide, and referring and connecting students to appropriate resources.
   Format: Online
   Length: 2 hours
   Cost: FREE
   Target audience: Middle and High School faculty and staff
   National Registry of Evidence-based Programs: Best Practices Registry III

At-Risk for High School Educators https://www.kognito.com/products/pk12/
   Description: Interactive, simulation-based professional development program that uses virtual role-play to help high school faculty, staff and administrators learn common signs of psychological distress and how to approach an at-risk student for referral to a Student Services Professional.
   Format: Online with on-site follow-up
   Length: 2 hours with group Discussion Guide
   Cost: Varies based on number of participants
   Target audience: High School faculty and staff
   National Registry of Evidence-based Programs: National Registry of Evidence-based Programs and Practices (NREPP) & Best Practices Registry I

At-Risk for Middle School Educators https://www.kognito.com/products/pk12/
   Description: Interactive, simulation-based professional development program that uses educational gaming technology to prepare educators to identify, approach, and refer at-risk middle school-aged students. In the simulation, users learn signs of psychological distress including depression, anxiety, and thoughts of suicide.
   Format: Online with on-site follow-up
   Length: 2 hours with group Discussion Guide
   Cost: Varies based on number of participants
   Target audience: Middle School faculty and staff
   National Registry of Evidence-based Programs: Not currently listed in NREPP or Best Practices Registry; listed on Section III of the Suicide Prevention Resource Center/American Foundation for Suicide Prevention (SPRC/AFSP) Best Practices Registry
Jason Foundation Professional Development Series – Module 5, “Youth Suicide: A Silent Epidemic”  

**Description:** Introduction to the national health issue of youth suicide. Provides information about warning signs, elevated risk factors and other important supporting materials/resources to enable participants to help recognize and respond to at-risk students. Jason Foundation also provides curriculum for students and resources for parents.

**Format:** On-site or Online

**Length:** 2 hours

**Cost:** FREE

**Target audience:** Middle and High School faculty and staff

**National Registry of Evidence-based Programs:** Not currently listed in NREPP or Best Practices Registry; evaluated using the Association for Supervision and Curriculum Development (ASCD) educational standards and Vanderbilt University.

Jason Foundation Professional Development Series – Module 2, Mental Health Issues Surrounding Suicidal Ideation  

**Description:** In-depth study of the problem of youth suicide and tools and resources for teachers and other youth workers to help an at-risk student. Includes a discussion of the mental health issues surrounding suicidal ideation. May be used to in conjunction with Module 5, “Youth Suicide: A Silent Epidemic”.

**Format:** On-site or Online

**Length:** 2 hours

**Cost:** FREE

**Target audience:** Middle and High School faculty and staff

**National Registry of Evidence-based Programs:** Not currently listed in NREPP or Best Practices Registry; evaluated using ASCD educational standards and Vanderbilt University.

Making Educators Partners in Youth Suicide Prevention  
[http://www.sptsusa.org/training-programs/](http://www.sptsusa.org/training-programs/)

**Description:** Inservice workshop that provides basic information about youth suicide for school personnel, outlines the role of faculty and staff in identifying and responding to suicidal behavior, and identifies in-school referral sources. Training is one component of Lifelines, which is a comprehensive suicide prevention that targets the entire school community including youth and parents.

**Format:** On-site

**Length:** 2 hours

**Cost:** $35 for training materials plus completion of Train-the-Trainer for presenter(s)

**Target audience:** Middle and High School faculty and staff

**National Registry of Evidence-based Programs:** Best Practices Registry III
Response: High School Suicide Awareness Program [http://www.sptsusa.org/training-programs/](http://www.sptsusa.org/training-programs/)

**Description:** Inservice training to heighten awareness of depression and suicide among school staff and provide staff with steps to respond and refer a student at risk for suicide. Training is one component of a comprehensive suicide prevention program that includes awareness components for youth and parents.

**Format:** On-site  
**Length:** 2 hours  
**Cost:** $425 per kit  
**Target audience:** High School faculty and staff  
**National Registry of Evidence-based Programs:** Best Practices Registry III


**Description:** Presents information on youth suicide including risk and protective factors for youth suicide, the most common behavioral presentations expressed by at risk youth, and recommendations for school personnel roles, support, and referral.

**Format:** Online  
**Length:** 2 hours  
**Cost:** $35 for individual; group rates vary based on number of participants  
**Target audience:** K12 faculty and staff  
**National Registry of Evidence-based Programs:** Not currently listed in NREPP or Best Practices Registry; developed by the AFSP