

# HISD | Student Support Services

PERSONAL ATTENTION. UNIVERSAL SUCCESS.

## SUICIDE RISK ASSESSMENT GUIDE

The purpose of this guide is provide school personnel the information necessary to effectively implement district procedures regarding the handling of potentially suicidal students. A goal of the Houston Independent School District (HISD) is to foster the emotional safety of students by reducing the risk of suicide attempts and completions, to help school personnel recognize the signs of potentially dangerous behavior to students themselves or others, and to respond appropriately.

## PROCEDURES

### SUICIDE THREAT

Every campus shall have individuals who are designated as the campus Suicide Prevention liaison and the Mental Health liaison. The liaisons may be counselors, social workers, nurses, or administrators. Every campus shall send representatives to attend the HISD Campus Crisis Team training, which is offered several times throughout the school year.

A suicide threat is *defined as any spoken, written, or behavioral indication of self-destructive tendencies with the intent of taking one's own life*. No suicide threat shall be ignored. School personnel shall take all threats seriously and shall implement the following procedures:

1. Any person on a campus who becomes aware of a suicide threat by a student contacts the Suicide Prevention liaison on the campus to request immediate assistance. The building administrator should be notified immediately.
2. Staff shall speak calmly to the student and protect the student's privacy by speaking to the student privately. The student is "handed off" to the Suicide Prevention liaison. The student is NEVER left alone for any reason.
3. All dangerous substances or items are immediately removed from the student and the area. Secure the area for safety.
4. A parent, guardian or relative is notified of the student's threat by the Suicide Prevention liaison or other designated campus personnel. Notification of Emergency Conference is completed (See Appendix A). No student is released from the school prior to notification and consent of an adult family member, preferably a parent or guardian, unless the student is an adult.
5. The Suicide Prevention liaison administers the Columbia-Suicide Severity Rating Scale (CSSRS- Screener) to the student (See Appendix B). The Suicide Prevention liaison contacts a Psychologist at Crisis Intervention (713-923-8597) to consult regarding the results of the CSSRS- Screener.

6. If the results of the CSSRS-Screener are *low*, the student shall be asked to complete a safety plan (Appendix C) with the assistance of the Suicide Prevention liaison, the parent/guardian will be provided community referrals and resources (Appendix D), and the school's Suicide Liaison should provide guidance in problem solving and supporting the immediate needs of the student.
7. If the results of the CSSRS-Screener are *moderate or high*, HISD Crisis Intervention will dispatch a Licensed Psychologist or Psychology Intern supervised by a Licensed Psychologist to complete a full risk assessment and determine the next appropriate steps.

**TIPS FOR PREVENTION:** For a variety of reasons, some children may recant or deny their suicidal ideation after they report it. However, the threat must still be taken seriously. At a minimum, a suicide threat suggests poor coping skills and it is not a "normal" reaction. Look for any of the following warning signs and follow the procedures above:

- Change in mood: sadness, anxiety, irritability
- Change in behavior
- Increase in aggression or impulsivity
- Drop in Grades
- Feeling ashamed, humiliated, hopeless or worthless

#### **SUICIDE ATTEMPT**

All attempted suicides shall be treated initially as medical emergencies. *A suicide attempt is defined as any life-threatening behavior or gesture on the part of a student with the intent of ending his or her life.* NO discretion should be applied by school personnel to determine the seriousness of the attempt. The procedures for handling suicide attempts (either on campus or off campus) shall follow the procedures for suicide threats and include the following:

1. The Crisis Intervention Psychologist (713-923-8597), student's parent, guardian, or relative shall be contacted immediately and the principal or designee shall strongly recommend that the student receive medical treatment from a physician and/or psychological counseling from a community mental health professional.
2. If the student has ingested medication, chemicals, or has incurred serious physical injury, secure the scene for safety and contact HISD police or 911 and follow the below directions regarding procedure for high risk students. Document the incident report for administration and Health and Medical Services (Appendix E).
3. Upon the student's return to school, the Suicide Prevention liaison shall convene a meeting with the parents or guardian, administrator and nurse to make recommendations regarding in-school supportive counseling and follow-up services.
4. If the Suicide Prevention liaison, Psychologist, and administrator have strongly suggested that the student receive psychiatric treatment and/or psychological

counseling and the student returns to school without obtaining those services, the school personnel may determine if the lack of treatment constitutes abuse or neglect. If so, report the abuse or neglect to: Child Protective Services (800-252-5400) or online at [www.txabusehotline.org](http://www.txabusehotline.org).

#### PROCEDURE FOR REFERRING A HIGH RISK STUDENT TO BEN TAUB NEUROPSYCHIATRIC CENTER (NPC) OR HARRIS COUNTY PSYCHIATRIC CENTER (HCPC)

1. School personnel completes the Columbia Suicide Severity Rating Scale, Screen Version with the student. That individual then contacts a Crisis Intervention Psychologist (713-923-8597) for a consultation regarding the student with suicidal ideation and reviews the responses to the screener. The Psychologist, Resident, or Intern will assess and make a determination of risk. Also, school staff such as counselors, social workers and nurses may conduct the risk assessment and then consult with a Crisis Intervention psychologist.
2. If student is at serious and imminent risk and needs to be transported to Neuropsychiatric Center (NPC) or Harris County Psychiatric Center (HCPC), attempts will be made to contact the parent. Judgement applied by the Crisis Intervention Psychologist should be used as to how, and at what point, the parent is involved if such involvement might increase risk to the student.
3. If the parent is able and willing to transport the student, skip to step eight and give a summary to the parent.
4. If the parent cannot be reached or is unable or unwilling to take the student, call HISD Police (713-892-7777) to provide a transport unit to NPC or HCPC. The school must provide a staff person to be ready to accompany the student to the hospital when the officer arrives.
5. The officer will be given information about the need for transport, which will be documented on the *Application for Emergency Detention*. A Crisis Intervention psychologist or other school personnel will assist the officer by completing questions *two* (Type of risk & behavioral evidence) and *four* (Summary of current risk and prior mental health history), and will carry blank copies of the Application (where is this application found?) with them when performing risk assessments.

6. Documentation of the risk and need for hospitalization may be provided by a Crisis Intervention psychologist or school staff in the form of a separate summary that will be taken by the officer or the school staff person to give to NPC or HCPC personnel; A Crisis Intervention psychologist will also call NPC (713-970-7070 or 970-4600) or HCPC (713-741-5000) to alert their staff and referral information. The name of the person at NPC with whom the psychologist spoke to will be given to the officer.
7. If the student is in need of *full restraint*, the officer will call Emergency Medical Services (EMS) to determine if EMS is more appropriate mode of transportation.
8. The officer will not handcuff a child who is under age ten, but will handcuff students they transport who are age ten and over, according to HISD Police Department (PD) policy.
9. Upon arrival at the hospital, the officer will leave after releasing the student into the custody of the school's staff, who will be responsible for the student until a parent can be reached. If a parent cannot be reached or the parent is uncooperative, the hospital will contact Child Protective Services (CPS).

### HISD POLICE OFFICER'S CHECKLIST

- ✓ Determine if student's parent or legal guardian has been contacted.
- ✓ Speak to school counselor or administrator and ensure that a Crisis Intervention psychologist has been contacted.
- ✓ Get a written summary of the student's behavior from the Crisis Intervention Psychologist, counselor, Suicide Liaison or social worker.
- ✓ Take the student and parent/guardian to NPC, go to the back door. Please do not confuse the NPC back door with the Ben Taub Emergency Room, they are two separate entities. If NPC is on "drive by" or if the student already has an attending psychologist the students may be taken to other facilities such as Ben Taub, West Oaks, and Bellaire, St. Josephs, and Kingwood Pines or any other local hospital that may be requested by the attending psychologist. Crisis Intervention (713-923-8597) should be contacted in the event that there are questions regarding the student's admission to the hospital.

- ✓ If the student is volunteering to be admitted, and the parent or guardian is present, then the officer's obligations are complete. However, officer should enter the facility with the student and parent/guardian to ensure that the facility accepts the student and that the student remains calm and in-control during the admission process.
- ✓ If the admission into the system is involuntary, the officer will complete the intake form that is required by the facility. The probable cause for the admission should come from the information provided by the school counselor or psychologist or social worker.

## CONTACTS

- Dr. Goonan in the Crisis Intervention Department, (Questions pertaining to the transport of a student to NPC) 281-701-6405.
- Dr. Daryl Knox, NPC, (Questions pertaining to the admission into hospital) 713-970-4625.
- NPC: Betty Nissen, Director of Emergency Services 713-970-4677.

**PLEASE NOTE: It may not be necessary or physically possible for a Crisis Intervention psychologist to be on site to conduct the risk assessment. Nonetheless, the police transport to the hospital can still take place. Officers have the legal authority to detain/transport any individual who poses imminent danger to self or others.**

Harris County Psychiatric Center

2800 S. McGregor Way

Houston, TX 77021

Neuropsychiatric Center next to Ben Taub

1502 Taub Loop

Houston, TX 77030

APPENDIX A

Crisis Intervention Office: 713-923-8597

Crisis Intervention FAX: 713-967-5217

AVISO PARA CONFERENCIA DE EMERGENCIA

FECHA: \_\_\_\_\_

Yo, \_\_\_\_\_, padre/madre/guardián legal de \_\_\_\_\_  
participe en una conferencia con el personal de la escuela \_\_\_\_\_.

Se me ha informado que mi hijo (a) parece estar en una condición de emergencia psicológica, ( \_\_\_\_\_ ).

Además se me ha aconsejado que deba hacer una consulta psicológica o siquiátrica inmediatamente. He recibido nombres de agencias, números de emergencia y de profesionales.

The Harris Center for Mental Health and IDD

713-970-9700

Neuropsychiatric Center

(NPC)

713-970-7070 or

713-970-4600

Harris County Psychiatric

Center (HCPC)

713-741-5000

\_\_\_\_\_  
Padre o Guardián Legal

\_\_\_\_\_  
Padre o Guardián Legal

\_\_\_\_\_  
Director

\_\_\_\_\_  
Consejera(o)/Psicólogo

\_\_\_\_\_  
Otra Persona

Crisis Intervention Office: 713-923-8597

FAX: 713-967-5217

NOTIFICATION OF EMERGENCY CONFERENCE

DATE: \_\_\_\_\_

i, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ participated in a conference with personnel at (name of school) \_\_\_\_\_.

I have been advised that my child appears to be in a state of psychological emergency, ( \_\_\_\_\_ ).

I have been further advised that we should seek some psychological or psychiatric consultation immediately. We have been provided with names of agencies, emergency numbers and private practitioners.

The Harris Center for Mental Health and IDD  
713-970-9700  
Neuropsychiatric Center (NPC)  
713-970-7070 or  
713-970-4600  
Harris County Psychiatric Center (HCPC)  
713-741-5000

\_\_\_\_\_  
Parent or Legal Guardian  
\_\_\_\_\_  
Parent or Legal Guardian  
\_\_\_\_\_  
Principal  
\_\_\_\_\_  
Counselor/Psychologist  
\_\_\_\_\_

## APPENDIX B

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version

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

For inquiries and training information contact: Kelly Posner, Ph.D.

New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

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APPENDIX C

Office: 713-923-8597

FAX: 713-967-5217

HISD CRISIS INTERVENTION DEPARTMENT SAFETY PLAN

I, \_\_\_\_\_, a student at \_\_\_\_\_, will do my best to stay safe and healthy. I agree not to hurt myself or others at this time. If I do feel like hurting myself or others in the future, I will talk to an adult.

The people I can talk with are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

These are some things I will do to help myself:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

These are some places my parent(s)/guardian(s) or I can call if we need help:

- Crisis Intervention of Houston                      713-228-1505
- Teen Hotline    713-529-8336
- Spanish (available MWF 6pm-10pm)              713-526-8088

My parent(s) or guardian(s) will be told how I am feeling and how they can help.

Someone from the school will talk with me later to see how I am doing.

\_\_\_\_\_

\_\_\_\_\_

Student

Campus Representative

**APPENDIX D**  
**MENTAL HEALTH RESOURCES**

**Community Youth Services:**

<http://www.harriscountytexas.gov/CmpDocuments/107/Youth/CYS%20Directory%202010.pdf>

**United Way:**

<http://referral.unitedwayhouston.org/MatchList.aspx?k;;0;;;0;0;Adolescent/Youth%20Counseling;TopServices;Al>  
[1](#)

**Mental Health America of Houston**

[http://www.mhahouston.org/media/files/files/ce74590c/The\\_Guide\\_\\_2015-17\\_FINAL\\_PDF\\_Rotated.pdf](http://www.mhahouston.org/media/files/files/ce74590c/The_Guide__2015-17_FINAL_PDF_Rotated.pdf)

APPENDIX E



HOUSTON INDEPENDENT SCHOOL DISTRICT  
**INCIDENT REPORT**

**HISD SCHOOLS OFFICE**

Report Date:

Incident Date:  Incident Time:

School:

Principal:

Phone Number:

SSO:

Board Member:

**INCIDENT:**

**ACTION TAKEN:**

**FOLLOW-UP:**  
(if applicable)

**INFORMATION TAKEN BY:**

APPENDIX F

A22 Application - Emergency Detention - Sec 26(b) NO. \_\_\_\_\_

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
AND PROTECTION OF:

APPLICATION FOR EMERGENCY DETENTION

Now comes \_\_\_\_\_, a peace officer with \_\_\_\_\_  
of the State of Texas, and states as follows:

- 1. That I have reason to believe and do believe that \_\_\_\_\_ evidences mental illness;
  - 2. That I have reason to believe and do believe that the above named person evidences a substantial risk of serious harm to himself/herself or others based upon the following:
- 
- 3. That I have reason to believe and do believe that the above risk of harm is imminent unless the above named person is immediately restrained.
  - 4. That my beliefs are based upon the following recent behavior, overt acts, attempts or threats observed by me or reliably reported to me:

5. (If applicable) the names, addresses and relationship of those persons who reported or observed recent behavior, acts attempts or threats of the above named person are:

6. That the proposed patient is not charged with a criminal offense. \_\_\_\_\_

WHEREFORE, premises considered, I hereby seek temporary admission to the \_\_\_\_\_ in-patient mental health facility for the detention of \_\_\_\_\_ on an emergency basis.

PEACE OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing, and who being by me first duly sworn on his/her oath made the above and foregoing statements upon information and belief, evidencing the same by his/her signature, to certify which I have affixed my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_.

Notary Public in and for the State of Texas

