

Cape Girardeau Public Schools



District Suicide Awareness and Prevention Plan

Updated June 2021

Youth Suicide Prevention and Awareness

Pursuant to Section 170.048, RSMo:

1. By July 1, 2018, each district shall adopt a policy for youth suicide awareness and prevention, including plans for how the district will provide for the training and education of its district employees.
2. Each district's policy shall address, but not be limited to, the following:
 - (1) Strategies that can help identify students who are at possible risk of suicide;
 - (2) Strategies and protocols for helping students at possible risk of suicide; and
 - (3) Protocols for responding to a suicide death.

District Policy JHDF Suicide Awareness and Prevention

Purpose

Suicide is a leading cause of death among youths in Missouri and is a public health concern impacting all Missouri citizens. The Cape Girardeau School District No. 63 is committed to maintaining a safe environment to protect the health, safety and welfare of students.

This policy will outline key protocols and procedures the district will use to educate employees and students on the resources and actions necessary to promote suicide awareness and prevent suicide. The goal of the district is to help students who may be at risk of suicide without stigmatizing or excluding students from school. No student will be excluded from school based solely on the district's belief that the student is at risk of suicide.

Definitions

- Crisis Response Team (CRT) – A team of district employees trained in suicide awareness and prevention.
- Student at Risk of Suicide – A student who is demonstrating individual, relationship, community or societal factors that are associated with suicide and that in combination indicate that an individual might be contemplating suicide.
- Suicide Crisis – A situation in which a person is attempting to kill him- or herself or is seriously contemplating or planning suicide. Planning may include, but is not limited to, a timeframe and method for attempting suicide or obtaining or attempting to obtain the means to attempt suicide. A suicide crisis is considered a medical emergency requiring immediate intervention.

Crisis Response Team

The district will establish a district-level CRT and, if practical, a team in each building. CRT members will include administrators, counselors and the school nurse and may also include school social workers, school resource officers, teachers and community members as appropriate. The CRT will be responsible for implementation of the district's response plan.

The district will use an evidence-based/informed tool for determining whether a student is at risk of suicide or is having a suicide crisis. The CRT members, the building administrator and a designee will receive training and coaching in using this tool to assist in making these determinations and appropriately responding.

Response Plan

District employees will respond immediately in situations where they have a reasonable belief that a student may be at risk of suicide or may be having a suicide crisis.

Students Who May Be at Risk of Suicide

Any district employee who has a reasonable belief that a student may be at risk of suicide, even though the student is not having a suicide crisis as defined in this policy, will take the following steps:

1. Make every effort to locate the student immediately, and do not leave the student alone.
2. Notify a CRT member or the building administrator or designee. If the employee cannot reach the building administrator, designee or any of the CRT members, the employee will contact the student's parent/guardian. If the parent/guardian is also unavailable, or at the parent's/guardian's request, the employee will contact emergency services.

When a CRT member or the building administrator or designee receives notification that a student may be at risk of suicide, he or she will take the following steps:

1. If the student cannot be located or leaves after being located, a CRT member or the building administrator or designee will contact the parent/guardian to explain the district's concern.
2. If the student has been located, a CRT member or the building administrator or designee will use an evidence-based/informed tool to determine whether the student is at risk of suicide and the appropriate response. Regardless of the determination, the building administrator or designee will contact the student's parent/guardian to discuss the concern.
3. If it is determined that the student may be at risk of suicide, a school counselor and a CRT member will meet with the student and his or her parents/guardians to discuss support and safety systems, available resources, coping skills and collaborative ways to support the student.

Students Who May Be Having a Suicide Crisis

If an employee reasonably believes that a student is having a suicide crisis, the employee will take the following steps:

1. Make every effort to locate the student immediately, and do not leave the student alone.
2. Immediately report the situation to a CRT member or the building administrator or designee. If the employee cannot reach the building administrator, designee or any of the CRT members, the employee will notify the student's parent/guardian and contact emergency services. The employee may also contact the National Suicide Prevention Lifeline (800-273-8255) for assistance. As soon as practical, the employee will notify the building administrator or designee.

When a CRT member or the building administrator or designee receives notification that a student is believed to be having a suicide crisis, he or she will take the following steps:

1. If the student cannot be located or leaves after being located, a CRT member or the building administrator or designee will contact the parent/guardian to explain the district's concern.
2. If the student has been located, the CRT member or the building administrator or designee will, based on his or her training and an assessment of the student, determine the appropriate action, including whether to call emergency services, and implement the appropriate response.
3. At an appropriate time after the crisis has passed, a school counselor and a CRT member will meet with the student and his or her parents/guardians to discuss support and safety systems, available resources, coping skills and collaborative ways to support the student.

Confidentiality

Employees are required to share with the CRT and administrators or their designees any information that may be relevant in determining whether a student is at risk of suicide, is having a suicide crisis or is otherwise at risk of harm. Employees are prohibited from promising students that information shared by the student will be kept secret when the information is relevant to the student's safety or the safety of another person.

Release of a student's individually identifiable education records will be made in accordance with the Family Educational Rights and Privacy Act (FERPA). In accordance with FERPA, information contained in a student's education records may be revealed at any time to the student's parents/guardians and school personnel who have a legitimate interest in the information. Education records may be shared with other appropriate persons when necessary to protect the health or safety of the student or others.

Abuse and Neglect

If any employee of the district has reasonable cause to believe a student has been or may be subjected to abuse or neglect or observes the student being subjected to conditions or circumstances that would reasonably result in abuse or neglect, the employee will contact the Child Abuse and Neglect Hotline in accordance with law and Board policy.

Accommodating a Disability

If at any time a parent/guardian informs the district that a student has a medical condition or impairment that could require accommodation, district employees will contact the district's compliance coordinator to determine whether the student has a disability.

School and Community Resources

The district will, in collaboration with local organizations and the Missouri Department of Mental Health, identify local, state and national resources and organizations that can provide information or support to students and families. Copies of or links to resources will be available to all students and families on the district's website and in all district schools.

A school counselor or a CRT member will periodically follow up with students and parents/guardians of students who have been identified as being at risk of suicide or who have had a suicide crisis to offer additional assistance.

Response to Incidents Impacting the School

When the school community is impacted by the attempted suicide or death by suicide of a student, staff member or other person in the school community, the superintendent or designee will confer with the district-level CRT and, when appropriate, confer with local community resources and professionals to identify and make available supports that may help the school community understand and process the behavior or death.

The CRT and the superintendent or designee will determine appropriate procedures for informing the school community of an attempted suicide or death by suicide and the supports that will be offered. Staff and students who need immediate attention following an attempted suicide or death by suicide will be provided support and resources available through the district and will be given information about other resources.

Staff Education on Suicide Prevention and Response Protocol

All district employees will receive information regarding this policy and the district's protocol for suicide awareness, prevention and response. This information will be provided to current employees and each new employee hired. The information will focus on the importance of suicide prevention, recognition of suicide risk factors, strategies to strengthen school connectedness, and response procedures.

The district will also provide opportunities for district staff to participate in professional development regarding suicide awareness and prevention. Opportunities may include district-led training, access to web-based training, or training provided in other school districts or by local organizations or health professionals.

Suicide Prevention Education for Students

Starting no later than fifth grade, students will receive age-appropriate information and instruction on suicide awareness and prevention. Information and instruction may be offered in health education, by the counseling staff or in other curricula as may be appropriate.

Policy Publication

The district will notify employees, students and parents/guardians of this policy by posting this policy on the district's website and providing information about the policy to district employees. The district may also include information about the policy in appropriate district publications and student handbooks.

Purpose:

According to the Missouri Institute of Mental Health, suicide is a leading cause of death in youth ages 10-24 in Missouri and is a public health concern impacting all Missouri citizens. This school district is committed to maintaining a safe environment to protect the health, safety and welfare of students.

This policy will outline key protocol and procedures for this district in educating employees and students on the actions and resources necessary to prevent suicide and to promote student well-being. This policy is being adopted pursuant to Section 170.048, RSMo.

The district will address suicide awareness and prevention through the following policy components:

1. Crisis response team
 2. Crisis response procedures
 3. Procedures for parent involvement
 4. Community resources available to students, parents, patrons and employees
 5. Responding to suicidal behavior or death by suicide in the school community
 6. Suicide prevention and response protocol education for staff
 7. Suicide prevention education for students
 8. Publication of policy
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Scope:

This plan covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles, at bus stops, and at school sponsored out-of-school events at which school staff are present. This plan applies to the entire school community including educators, school and district staff, students, parents/guardians, and volunteers. This plan will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

1. Crisis Response Team

The district will include suicide awareness and prevention in already established district or building crisis response teams or will establish such team(s) if not already in existence. Crisis response team members will include administrators, counselors and the school nurse, and may also include school social workers, school resource officers, teachers and/or community resources as appropriate.

The crisis response team will be responsible for implementation of crisis response procedures. The district has adopted an evidence based/informed tool for assessing suicide risk (Insert Name of Tool). The crisis response team, the building administrator, or his/her designee will receive training and coaching in using this tool to collect and document student suicidal behaviors and safety planning strategies. In addition, the district works with Community Counseling Center in Cape Girardeau, Missouri, to provide a trained Crisis Counselor to come to the schools to assess students in crisis.

Current District Level Crisis Response Team Members:

<p>Mandy Keys - Assistant Superintendent of Special Services District Suicide Prevention Coordinator Josh Crowel - Assistant Superintendent of Support Services Lauren Brewer - School Psychologist Carolyn Thomas - District Social Worker Rebecca Wright - Counselor Dana Deisher - Lead Nurse School Resource Officer Crisis Counselor - Community Counseling Center</p>
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Current Building Level Crisis Response Team Members:

School:	Alma Schrader		School:	Blanchard
Julia Unnerstall	Principal		Barbara Kohlfeld	Principal
Kim Hanebrink	Nurse		Holly Hall	Nurse
Susan Owen	Counselor		Katie Knaup	Counselor
Stephanie Craft	Psychological Examiner		Dana Dickerson	Psychological Examiner
Carolyn Thomas	District Social Worker		Carolyn Thomas	District Social Worker

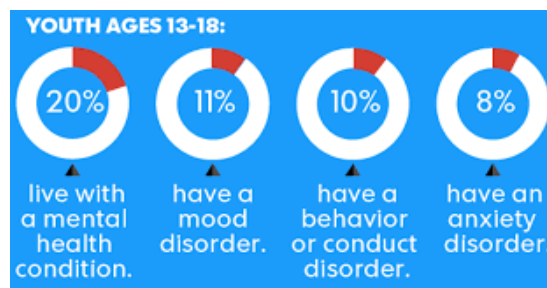
School:	Clippard		School:	Franklin
Amy Emmenderfer	Principal		April Garner	Principal
Ashley Bowers	Nurse		Julie Pastrick	Nurse
Ellen Roberts	Counselor		Michelle Beard	Counselor
Eileen Miesner	Psychological Examiner		Amy Jansen	Psychological Examiner
Antoinette Pearson	Student Support		Antoinette Pearson	Student Support

School:	Jefferson		School:	CMS
Amber Walker Roanne Dean	Principal Assistant Principal		Rex Crosnoe Sandra Rhinehart	Principal Assistant Principal
Brittany Thomas	Nurse		Paige Wilson	Nurse
Chelsie Huskey	Counselor		Rebecca Wright Melissa Kinder	Counselor Counselor
Nancy Townsend	Psychological Examiner		Angie Graviett	Psychological Examiner
Carolyn Thomas	District Social Worker		Antoinette Pearson	Student Support



School:	TWKJH	School:	CHS
Garett Cook Alan Bruns	Principal Assistant Principal	Nancy Scheller Drew Church	Principal Assistant Principal
Dana Deisher	Nurse	Heather Bartels Kimberly Schlosser	Nurse Nurse
Julie Janzow Kelly Bright	Counselor Counselor	Angela Mueller Nita Dubose	Counselor Counselor
Amy Jansen	Psychological Examiner	Lauren Brewer	School Psychologist
Carolyn Thomas	District Social Worker	Jessica Belanger	Social Worker

School:	Central Academy	School:	Early Childhood
Zech Payne Andrea Beggs	Principal Assistant Principal	Sydney Herbst Garett Cook	Principal TWKJH Principal
Heather Bartels or Dana Deisher	Nurse Nurse	Heather Dickerson Dana Deisher	Nurse TWKJH Nurse
Nancy Randol	Counselor	Angie Schott	Psychological Examiner
Ron Coleman	Student Support	Mandy Keys	Assistant Superintendent
Carolyn Thomas	District Social Worker	Carolyn Thomas	District Social Worker



NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

RED NACIONAL
de
PREVENCIÓN
del
SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org

2. Crisis Response Procedures

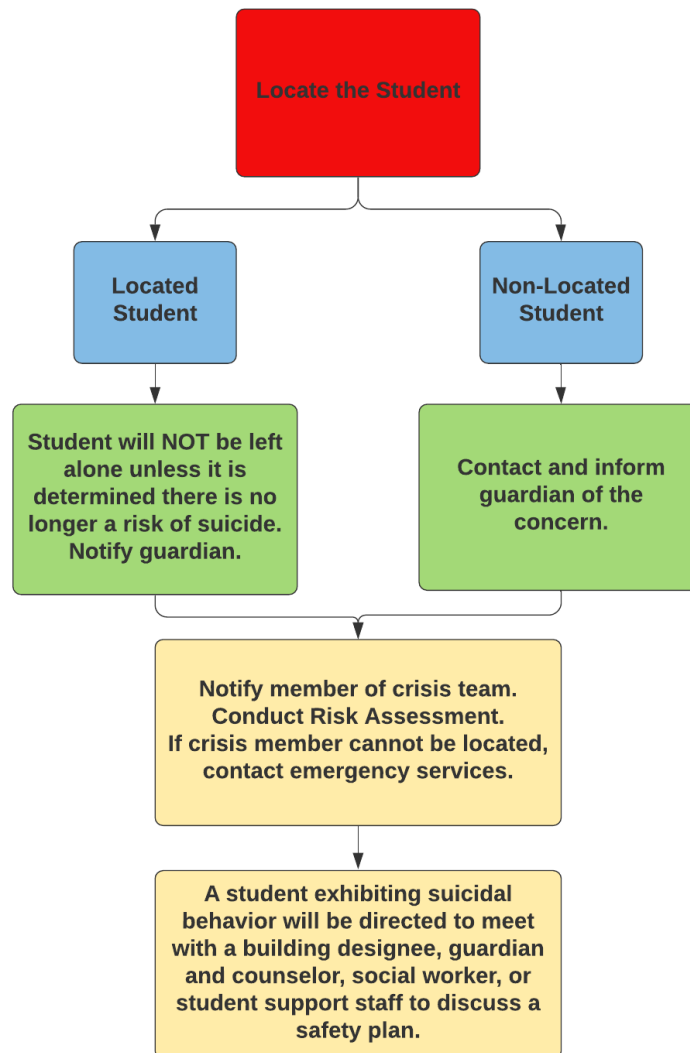
Student suicidal behaviors are not confidential and may be revealed to the student's parents, guardians, school personnel or other appropriate authority when the health, welfare or safety of the student is at risk. 1 Missouri Institute of Mental Health, July 2015 - Any school employee who has a reasonable belief that a student may be at risk for suicide or witnesses any attempt towards self-injury will notify **in person** a member of the crisis response team, the building administrator or his/her designee.

If a student suicide behavior is made known to any school employee and a member of the crisis response team, the building administrator or his/her designee is not available, the employee will notify the student's parent/guardian, the National Suicide Prevention Lifeline (800-273-8255) or local law enforcement in an emergency situation. As soon as practical, the employee will notify the building designee or principal.

The following steps will be employed in response to any risk of student suicide:

Crisis Response Procedures Diagram

keysm | June 15, 2021



3. Procedures for Parental Involvement

A member of the crisis response team, the building administrator or his/her designee shall reach out to the parents/guardians of a student identified as being at risk of suicide to consult with them about the risk assessment of their student, to make them aware of community resources, and to discuss how to best support the student's mental well-being and safety. If the crisis team believes contacting the parent/guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If there is suspected abuse or neglect by the parent/guardian, the appropriate agency will be contacted. **If parent/guardian contact is delayed for any reason, this should be documented in writing.

If the parent refuses to cooperate or if there is any doubt regarding the student's safety, local mental service providers and/or law enforcement may need to be engaged, and a report may need to be made to the Child Abuse and Neglect Hotline.

Contact with a parent concerning risk of suicide will be documented in writing. Staff will seek a "release of information" from the parent/guardian to communicate with outside mental health care providers regarding the student involved.

4. School and Community Resources

A student exhibiting suicidal behavior will be directed to meet with the building designee, their parent/guardian and counselor to discuss support and safety systems, available resources, coping skills and a safety plan as necessary.

The district will, in collaboration with local organizations and the Missouri Department of Mental Health, identify local, state and national resources and organizations that can provide information or support to students and families. A basic list of resources can be found on the Department of Mental Health website and the district will strive to develop its own list of local resources to be made readily available. (See Appendix A)

<https://dmh.mo.gov/mental-illness/suicide/links>

5. Responding to Suicidal Behavior

When the school community is impacted by suicidal behavior or a death by suicide, the district will confer with their crisis response teams and, when appropriate, confer with local community resources and professionals to identify and make available supports that may help the school community understand and process the behavior and/or death.

The crisis response team, the building administrator or his/her designee will determine appropriate procedures for informing the school community of a death by suicide and the supports that will be offered. Staff and students who need immediate attention following a death by suicide will be provided support and resources as determined necessary.

6. Suicide Prevention and Response Protocol Education for Staff

All district employees will receive information annually regarding this policy and the district's protocol for suicide awareness, prevention and response. The importance of suicide prevention, recognition of suicide protective and risk factors, strategies to strengthen school connectedness and building specific response procedures will be highlighted.

Note: Staff should take ALL threats of suicide seriously and act accordingly.

Such information shall include the following:

1. Current trends in youth mental health, wellbeing and suicide prevention and awareness
2. Strategies to encourage students to seek help for themselves and other students
3. Warning signs that indicate a student may be at risk of suicide
4. The impact of mental health issues and substance abuse
5. Communication to students regarding concerns about safety and that asking for help can save a life
6. Understanding limitations and boundaries for giving help and techniques to practice self-care
7. Identification of key school personnel who are comfortable, confident and competent to help students at risk of escalated distress and suicide

All district staff will participate in professional development regarding suicide awareness and prevention. Opportunities may include district-led training, access to web-based training, or training provided in other school districts or by local organizations or health professionals.

7. Suicide Prevention Education for Students

Starting no later than fifth grade, students will receive age appropriate information and instruction on suicide awareness and prevention. Information and instruction may be offered in health education, by the counseling staff or in other curricula as may be appropriate.

Student education will include the following:

1. Information about mental health, well-being and suicide prevention and awareness
2. Promotion of a climate that encourages peer referral and which emphasizes school connectedness
3. Recognition of the signs that they or peers are at risk for suicide
4. Identification of issues that may lead to suicide including depression, anxiety, anger, and drug/alcohol dependency
5. Directive to not make promises of confidence when they are concerned about peer suicide
6. Identification of a trusted adult on campus with whom students can discuss concerns about suicide

Students will receive this information **at minimal** in 5th grade, 8th grade, and 10th grades.

8. Publication of Policy

The district will notify employees, students and parents of this policy by posting the policy and related procedures and documents on the district's website and discussing this policy during employee training as detailed herein.

9. Review of Policy

During the school year, the Assistant Superintendent of Special Services will convene the District Crisis Response Team and members of Building Level Crisis Response Teams to review this plan, make any necessary changes and to provide information to their building crisis prevention team, as well as, assist in district professional development.

The following tasks should be completed as part of the review and revision process yearly:

- Update contact and community resources lists to confirm accuracy.
- Update any Memoranda of Understanding between Cape Girardeau Public School District and local agencies.
- Update school demographic information to ensure accuracy.
- Make any changes to this plan.
- Update contact information in all print and electronic copies of this plan.
- Update contact information in all communication and educational materials, including the school website, student handbook, resource guides, parent education materials, procedure manuals, student ID cards, and other forms of publications

Appendix A:

Cape Girardeau Public Schools List of Mental Health Resources

Hotlines

AIDS Hotline.....	1-800-342-2437
Adult & Elder Abuse.....	1-800-392-0210
Adult Rape Crisis Line.....	1-877-820-6278
Alanon and Alateen Information.....	1-800-356-9996
Alcoholics Anonymous.....	1-800-486-1047
Alcohol & Drug Facility Referral.....	1-800-821-4357 (English) 1-800-662-4357 (Spanish)
Child Abuse & Neglect.....	1-800-392-3738
Community Counseling Crisis Hotline.....	1-800-356-5395
Depression and Bipolar Support Alliance.....	1-800-784-2433
Mental Health Crisis.....	1-800-356-5395
Missing Children.....	1-800-843-5678
National Domestic Violence Hotline.....	1-800-799-7233
National Sexual Assault Hotline.....	1-800-656-4673
Poison Control.....	1-800-366-8888
Runaway Hotline.....	1-800-448-4663 or 1-800-621-4000

Mental Health

ADHD Support Group

(573) 200-6585 or (888) 774-0404
www.capeadhd.wordpress.com

Brad Robinson, MD & Associates

106 S. Farrar Dr., Suite 109
Cape Girardeau, MO
(573) 334-7055

Associated Counseling Services (Jeffrey Johnston, PhD)

1021 Kingshighway Dr.
Cape Girardeau, MO
(573) 335-7929

Catholic Charities

937 Broadway, Suite 304
Cape Girardeau, MO
(573) 335-0134

Beacon Health Center

73 Sheridan Dr.
Cape Girardeau, MO
(573) 332-1900

Community Counseling Center

402 S. Silver Springs
Cape Girardeau, MO
(573) 334-1100 or (573) 651-3642

Bootheel Counseling Services & Family Medical Clinic

760 Plantation Blvd.
Sikeston, MO
(573) 471-0800

Tender Hearts Child Therapy

408 S. Broadview St.
Cape Girardeau, MO
(573) 803-1402

Cross Trails Medical Center

2909 Independence St.
Cape Girardeau, MO
(573) 332-0808

Denise Essner & Associates

615 N. Broadview St., Suite 102
Cape Girardeau, MO
(573) 334-2889

The Dale & Hancock Center

528 Helena Ave
Cape Girardeau, MO
(573) 388-2246

Jerrell Driver, PhD

2387 W. Jackson Blvd.
Jackson, MO
(573) 204-7771

Ferguson Medical Group

100 E. Outer Road
Scott City, MO
(573) 264-2211

New Vision Counseling

619 N. Broadview St.
Cape Girardeau, MO
(573) 334-3486

Lutheran Family and Children's Services

3178 Blattner Dr.
Cape Girardeau, MO
(573) 334-5866

Safe House for Women

230 N. Spring Ave.
Cape Girardeau, MO
(573) 335-7745

Jay Musgrave, PhD

1221 Kingsway Dr.
Cape Girardeau, MO
(573) 651-4206

Sikeston Regional Office

112 Plaza Drive
Sikeston, MO
(573) 472-5300 or (800) 497-4647

Additional Prevention and Postvention Resources (LIVE LINKS)

[6 Addressing 13 Reasons Why Resources.pdf](#)

[After Rural Suicide: A guide for Coordinated Community PostVention Response](#)

[1 AFSP After a Suicide - A Toolkit for Schools.pdf](#)

[DESE Youth Suicide Awareness and Prevention Model Policy.pdf](#)

[9_Missouri Ask Listen Refer.pdf](#)

[4_Memorials_Special_Considerations_When_Memorializing_an_Incident.pdf](#)

[3_SAMHSA Preventing Suicide Toolkit for High Schools.pdf](#)

[School Integration following Psychiatric Hospitalization](#)

[Strategies to ensure your child's Successful Transition Back to High School after Hospitalization](#)

[Supporting the Transition from Inpatient Hospitalization to School](#)

[Transitioning from Psychiatric Hospitalization to Schools](#)

[5 Social Media Crisis Parent Teacher Tips FINAL.pdf](#)

[12 Talking about Suicide.pdf](#)

[4 Community Mental Health Liaison Description.pdf](#)

Appendix B:

Definitions of terms associated with suicide:**

Behavioral health—A state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.

Bereaved by suicide—Family members, friends and others affected by the suicide of a loved one (also referred to as survivors of suicide loss). **Best practices**—Activities or programs that are in keeping with the best available evidence regarding what is effective. **(Also known as Suicide Loss Survivors)**

Community—A group of individuals residing in the same locality or sharing a common interest.

Comprehensive suicide prevention plans—Plans that use a multifaceted approach to addressing the problem: for example, including interventions targeting biopsychosocial, social, and environmental factors.

Connectedness—Closeness to an individual, group, or individuals within a specific organization; perceived caring by others; satisfaction with relationship to others; or feeling loved and wanted by others.

Contagion—A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person's suicidal acts.

Evidence-based programs—Programs that have undergone scientific evaluation and have proven to be effective.

Gatekeepers—Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers and those employed in institutional settings, such as schools, prisons and the military.

Intervention—A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorders, educating providers about suicide prevention, or reducing access to lethal means among individuals with suicide risk).

Means—The instrument or object used to carry out a self-destructive act (e.g., chemicals, medications, illicit drugs).

Means restriction—Techniques, policies and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

Methods—Actions or techniques that result in an individual inflicting self-directed injurious behavior (e.g., overdose).

Mental health—The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective, and relational).

Mental health services—Health services that are specifically designed for the care and treatment of persons with mental health problems, including mental illness. Mental health services include hospitals and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services and other intensive outreach approaches to the care of individuals with severe disorders.

Non-suicidal self-injury—Self-injury with no suicidal intent. Same as non-suicidal self-directed violence.

Postvention—Response to and care for individuals affected in the aftermath of a suicide attempt or

suicide death.

Prevention—A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.

Protective factors—Factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family and environment.

Resilience—Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Risk factors—Factors that make it more likely that individuals will develop a disorder. Risk factors may encompass biological, psychological or social factors in the individual, family and environment.

Safety plan—Written list of warning signs, coping responses and support sources that an individual may use to avert or manage a suicide crisis.

Screening—Administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment. Screening tools—Instruments and techniques (e.g., questionnaires, check lists, self-assessment forms) used to evaluate individuals for increased risk of certain health problems.

Social support—Assistance that may include companionship, emotional backing, cognitive guidance, material aid, and special services and resources focused on specific aspects of psychological or behavioral well-being.

Stakeholders—Entities including organizations, groups, and individuals that are affected by and contribute to decisions, consultations, and policies.

Suicidal self-directed violence—Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.

Suicidal ideation—Thoughts of engaging in suicide-related behavior.

Suicidal intent—There is evidence (explicit and/or implicit) that at the time of injury the individual intended to kill him or herself or wished to die and that the individual understood the probable consequences of his or her actions.

Suicidal plan—A thought regarding a self-initiated action that facilitates self-harm behavior or a suicide attempt often including an organized manner of engaging in suicidal behavior such as a description of a time frame and method.

Suicide—Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide attempt—A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal behavior - Acts and/or preparation toward making a suicide attempt, suicide attempts, and deaths by suicide.

Suicide crisis—A suicide crisis, suicidal crisis, or potential suicide is a situation in which a person is attempting to kill him or herself or is seriously contemplating or planning to do so. It is considered a medical emergency requiring immediate suicide intervention and emergency medical treatment.

Suicide attempt survivors—Individuals who have survived a prior suicide attempt.

**Edited from Appendix F - 2012 National Strategy for Suicide Prevention

**Cape Girardeau Public Schools Suicide Prevention Intervention Procedures document can be requested from any school administrator.*