



CAPE GIRARDEAU

PUBLIC SCHOOLS

**Cape Girardeau
Public Schools**

**District Suicide
Awareness and
Prevention
Procedures and
Plan**

6/1/2018

The following individuals contributed to the creation and development of the Cape Girardeau School District Suicide Awareness and Prevention Procedures.

Micquanita DuBose	Counselor - CHS
Dusha Cecil	School Social Worker - CHS
Danyne Ring	Assistant Superintendent of Special Services
Stephanie Small	Assistant Principal - Cape Central High School
Christina Limbach	Nurse - CHS
Kelli Ross	Transition Teacher - Central Academy
Mandy Keys	Special Education Teacher/Inclusion Specialist
Natalie Ries	Counselor - CHS
Angela Mueller	Counselor - CHS
Carolyn Thomas	School Social Worker - District Social Worker
Becky Wright	Counselor - CMS

Purpose

According to the Missouri Institute of Mental Health, suicide is the leading cause of death in children ages 10-24. The purpose of this plan is to prevent, assess the risk of, intervene, and respond to reported suicide thoughts and/or actions to provide the most support to the students of the Cape Girardeau School District. The Suicide Prevention Procedures corresponds with and supports local school policy and other federal, state, and local laws. It is designed to provide youth with prevention education, early identification and intervention, and access to all local resources to promote the health and well being of students. It will also serve to outline procedures for this district in educating our staff on the appropriate actions and resources available to prevent suicide and support our students' well-being.

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.

Development of District Crisis Response Team

Those working on this crisis plan have served as the start of the district Crisis Response Team. At the beginning of each year, each building will recommend an individual to serve on the district Crisis Response Team. Typically these representatives will be building counselors or social workers but will be determined by the building administrator. The district Crisis Response Team will meet periodically with the Assistant Superintendent of Special Services. The purpose and function of this team is to serve as a liaison to their building and share information regarding this plan. In the event there is a suicide, the team will convene to support the building(s) in need.

Each building may form their own crisis team to be available to share information and develop procedures for their building that reflect information found in this plan. For buildings with larger enrollment, a team may be helpful in assisting with the volume of needs.

Prevention Education for Students

Starting no later than fifth grade, students will receive age appropriate lessons in their classroom through health education, advisory, or other curricular class on the importance of safe and healthy

choices, as well as help seeking strategies for self or others. Lessons will contain information on comprehensive health and wellness including emotional, behavioral and social skills development. Lessons are taught by current school staff including teachers, counselors, or administrators, Community Counseling Center staff, or other recognized counseling organization/approved community resource. Students will also be taught not to make promises of confidence when they are concerned about a peer, or family member and where to go for help when they are concerned about safety.

Duty to Warn: Staff Training and Responsibilities

All staff are responsible for safeguarding the health and safety of students and are expected to exercise sound professional judgment while using the highest level of caution, and demonstrate extreme sensitivity throughout any crisis situation. All school personnel will be informed of the typical signs of youth depression/suicide. Any staff member who is made aware of any threat or witnesses any attempt towards self-harm, that is written, drawn, spoken or transmitted electronically, will immediately notify the school counselor, social worker or principal. A threat in any form will be treated as real and dealt with immediately. No student should be left alone, nor confidences promised while staff is investigating the situation. In cases of life threatening situations a student's confidentiality is waived and the district's suicide crisis response procedures will be implemented.

Review

During the school year, the Assistant Superintendent of Special Services will convene a representative from each building to serve on the district Crisis Response Team. The purpose of this team is to review this plan, make any changes necessary 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:

- 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

Prevention

District Plan Implementation - The Assistant Superintendent of Special Services will serve as the district suicide prevention coordinator and will be responsible for planning and coordinating implementation of this plan for the school district.

In addition, each school principal or designee will serve as the point of contact in each school for

issues relating to suicide prevention and implementation of the crisis response procedures listed in this plan. All staff members shall immediately report students believed to be at elevated risk for suicide to the building administrator, school counselor or social worker as soon as the risk is known. SUICIDE THREATS SHOULD NOT BE COMMUNICATED VIA E-MAIL BUT SHOULD BE COMMUNICATED FACE TO FACE OR THROUGH A PHONE CALL. ALL THREATS AND SUICIDE REFERENCES WILL BE TAKEN SERIOUSLY AND WILL FOLLOW THE CRISIS RESPONSE PROCEDURES.

Publication and Distribution - This plan will be distributed and shared with staff at the beginning of each school year. The principal will review this plan and will answer any questions related to this plan. The plan will also be included in student and staff handbooks, and posted on the district website.

For Staff - All district employees will receive information regarding Policy JHDF and the district's suicide prevention plan 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.

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.

For Students' Families - Families are encouraged to contact the building administrator, counselor, or social worker where their child attends for any questions or to convey a concern regarding their specific child. A list of additional community resources are available at each building and are posted on the district website.

Crisis Response Procedures

The following process should be used by district employees when a student has referenced or threatened suicide.

If the **information comes directly from the student to a member of the school staff**, expressed either verbally, behaviorally, or written, the staff member will:

- Do not leave the student alone or unattended.
- Contact principal, counselor, or social worker.
- Obtain basic information from the student(s) about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.

If the **information comes to a staff member from another person**, such as a peer or a parent, the staff member will:

- Obtain the student's name and basic information about the crisis, such as what stressors the student is facing and what they are struggling with and doing in response.
- Immediately refer the situation to the student's school counselor or social worker so that they can meet with the student before the end of the school day.
- If the information is shared outside school hours and the staff member believes it should not wait until the next school day, contact should immediately be made with a building administrator.

Upon receiving **information or a referral related to an emotional or behavioral crisis**, the school counselor and/or social worker will:

- School staff will contact the student immediately and assess the situation.
- If the risk appears to be minimal, the staff member will contact parents and make them aware of the situation and encourage them to consider counseling. Building administrator will arrange with staff member a schedule of student follow up.
- If the student appears to be in crisis and staff is moderately or substantially concerned, parents will be notified immediately.
- The school-based therapist will be contacted immediately to complete a risk assessment. Please refer to detailed procedures listed below.

Assessment & Referral

For youth at risk and in need of a risk assessment by school based therapist:

1. School staff will continuously supervise the student to ensure their safety.
2. Contact school based therapist to come immediately to conduct a risk assessment. School based therapist will come immediately or will contact their supervisor at Community Counseling Center to send another qualified individual to conduct the risk assessment.
3. The school counselor/social worker/principal will contact the student's parent or guardian, as soon as practical and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to

the local Emergency Department, but in most cases will involve assistance with setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate. An Authorization to Release Information Form should be signed by parents/guardians.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. Staff will immediately notify the principal or designee as soon as able.
5. If appropriate, staff will immediately request a mental health assessment for the youth.
6. The school counselor/social worker/principal will contact the student's parent or guardian, as possible.

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school counselor, social worker and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (in person, online, or on the phone). The staff member should then enlist the assistance of another person/school staff to contact the police, parent/guardian, and school administration while maintaining verbal engagement with the student.

Re-Entry Procedures

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school counselor, the social worker, and/or principal will meet with the student's parent or guardian, and if appropriate, the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school. During this process, a school re-entry plan should be completed. (Refer to re-entry form)

- A school counselor or social worker will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

- Prior to the student being able to re-enter the school, the parent or guardian will, if possible, provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others. This document should be reviewed for any suggestions or considerations made for this student. This information should be printed and placed in students' confidential file.
- The school counselor or social worker will periodically check in with student to help the student readjust to the school community and address any ongoing concerns and document evidence of meeting dates.

During this process of re-entry to school, the following are important:

- If possible, remain in touch with the family and the provider during the student's absence.
- If possible, get notification of the student's return to school one to two days ahead of time.
- If the student needs medical or psychiatric clearance to return to school or to participate in normal school activities upon return, obtain these documents as soon as possible after being notified of the student's plans to return.
- If the student's care is being transferred to an outpatient care provider, work with the guardian and provider to obtain a release of information so that the school can communicate with this provider.
- Whenever possible, schedule a re-entry planning meeting prior to the student's return date.
 - The re-entry meeting will be attended by the student's guardian(s), appropriate support team members, the building administrator and, for at least part of the meeting, the student.
 - During the meeting, the team will discuss how to support the student in phasing back into normal school life. Depending on the student's situation, this could include accommodations such as beginning with a lighter course load or workload.
 - Decisions will be made in this meeting, with the input of the student and, if applicable, the student's guardian, what should be shared with teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need.
- Depending on the student, other re-entry accommodations may be appropriate. These could include exemption from classes with potentially triggering content, adjustments in assignments/examination schedules, or other accommodations.
- Depending on the situation, it could be appropriate to engage the student's friends in helping with the transition.
- Necessary accommodations may not be clear until the student has returned to school. During the student's first several days at school, the school counselor should check in with the student and remain in contact, if appropriate, with the student's guardian and care providers.
- A follow up meeting with the student and/or guardian should be conducted no less than two weeks after return or as concerns arise to review accommodations and safety plan content and make necessary adjustments.

Parental Notification & Involvement

In situations of suicide threats and possible attempts, student safety and welfare is the foremost concern of the district. While we recognize the vital role parents/guardians play, the student's parent or guardian will be informed as soon as is safely possible by the principal, social worker, school counselor, or mental health professional. Staff will be available to talk to parents and will also have a school based therapist or personnel from Community Counseling Center available. Parents will be given a list of community resources to assist in supporting their student. Staff will also seek parental permission to communicate with outside mental health care providers regarding the child through a signed "Release of Information" form.

Through discussion and screening with the student, the principal and school counselor will assess whether there is further risk of harm due to parent or guardian notification. If the principal, social worker, or school counselor, in their professional capacity, believe that contacting the parent or 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 contact is delayed, the reasons for the delay should be documented.

Postvention

1. If a student has committed suicide and the district is aware the student has died as a result, the following procedures will be observed:

- a) **Verify the death.** Staff will confirm the death and determine the cause of death through communication with the student's parent or guardian, or police department. Personal contact will be made directly to the building administrator, Superintendent, or designee. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death due to confidentiality.
- b) **Assess the Situation.** The building team will consult with district administration to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- c) **Determine and schedule support needed for staff and students.** When the building administrator, in consultation with building staff, contacts district administration, a determination will be made regarding the needs of the building. District administration will also determine if other buildings will be affected by this loss. The Assistant Superintendent will reach out to community mental health resources, faith based resources, and other schools for

counseling services as needed and develop a schedule. If needed, parent meetings to provide resources or after school support services will be scheduled by building administration and district administration. Public relations coordinator will work with administration to draft notifications and ways to distribute information.

- d) **Share Information.** Before the death is officially classified as a suicide, the death can and should be reported to staff with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. If students or parents contact the school, the school can confirm a death but is not able to release the student's name or manner of death unless it has been released publicly. The building administration, district administration, and public relations coordinator will determine the appropriate and necessary information to disseminate by writing a statement for staff members to share with students and parents who contact the school. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief as appropriate. Public address system announcements and school-wide assemblies should not be done. The building administration, district administration, and public relations department may prepare a letter (with the input and permission from the student's parent/guardian) to send home with students that includes the facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. Safe room for counseling of staff and students should be secured within the building. District crisis and building crisis team should meet to review the agenda before meeting with the staff.

The staff meeting agenda may include the following;

- Verifiable facts about the death and information about the family's needs and preferences. Reminder that information not known to be factual should not be shared or discussed.
- Time for staff to ask questions and express feelings.
- Information about grief counseling and support available..
- Review of the district postvention plans.
- Identification of crisis team members and introductions if they are not known to staff.
- Dissemination of statement to be read by teachers during the first period of the day.
- Location of a safe room for students and staff to visit if counseling is needed.
- Reminder to pass along any students expressing any suicide thoughts or ideations.
- Discussion of roles:
 - Safe room staffing and counseling support until the end of the day.
 - Which support team member will follow the deceased student's schedule for the day? (This person's role will help facilitate

discussions in the classroom and provide 1:1 support for any student in crisis)

- District media contact, what staff and students should do if approached by media.
 - Discussion of procedures:
 - How to refer a student affected by the crisis to the safe room.
 - Whom to notify and how if a student is behaving suspiciously, or attempting to leave.
- e) **Avoid Suicide Contagion.** In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern, for the purpose of trying to identify and give services to other high risk students to prevent any possible student crisis. The crisis team may work with teachers to identify students who are most likely to be significantly affected by the death. School counselors may reach out to each student on the list for a one-on-one meeting and needs assessment within one to two school days after the crisis. Intervention procedures will be followed in these meetings. The use of a school based therapist and possible referrals for mental health counseling will also be considered for students.
- The following students should be considered:
- Students who are having an unusually strong reaction to the death.
 - The deceased student's friends.
 - Students related to the deceased.
 - The deceased student's dating partners.
 - Teammates, members of the same clubs, and other associates.
 - Other students with a history of suicidal thoughts and behaviors.
 - Students experiencing mental health problems or other vulnerabilities.
 - Where possible, parents with concerns may be encouraged to add their children to the list.
- f) **Initiate Support Services.** Students identified as being more likely to be affected by the death will be referred to and assessed by a school based mental health professional to determine the level of support needed. In concert with parents or guardians, crisis team members, school based therapist, or other school staff may refer parents and/or students to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
- g) **Develop Memorial Plans.** The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g. small gatherings) will include a focus on how to prevent future suicides and prevention resources available. Any school based memorials or service will be approved through administration in consultation with the crisis team and mental health professionals as well as the parents of the student.

2. External Communication:

The superintendent or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the public relations coordinator. The spokesperson will:

- a) Keep the district administration informed of school actions relating to the death.
- b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information
- c) Answer all media inquiries and the spokesperson should encourage reporters not to make it a front-page story, use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic" - as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

Cape Girardeau Public School District Documentation and Information Sheet

Maintain adult supervision of the student at all times. Do not allow the student to leave the building until incident has been documented and resolution has begun. Student should not leave the building without parent notification. This documentation should be completed by the school counselor, social worker, or administrator. If a student is exhibiting crisis behavior, a referral to the school based therapist should be made immediately. If the student has a medical crisis or staff believes the student is in need of medical intervention, call 911 and/or resource officer.

Student: _____ School: _____ Date: _____

DOB: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Step 1: Keep the Student Safe

- Maintain adult supervision at all times.
- Notify the building administrator
- Refer to school based therapist as appropriate
- If there is imminent danger call 911 and notify a school resource officer

Step 2: Interview and Assess the Student

- Get the following information during your assessment:

- *What warning signs initiated the referral?* _____

- *Does the child take any medication?* _____ *If so, what kind?* _____
 - *Are they taking it as prescribed?* _____
 - *Is the child currently receiving counseling services?* _____ *If so, with whom?* _____
 - *When was their last appointment?* _____
 - *Has the child received counseling in the past?* _____ *If so, how long ago?* _____
 - *With whom?* _____

Questions That May Help the Child Talk With You

- *How are things going for you right now?* _____
- *What problems are you going through right now?* _____
- *Has someone hurt you or hurt your feelings in some way?* _____
- *Do you feel like things can get better?* _____

Questions to Assess Coping and Supports

- What would it take for things to get better? _____
- What have you tried to do to make things better? _____
- Do you talk to family or friends about how you are feeling? _____
- Who have you told about how you are feeling? _____
- Would you be willing to talk to someone about how you're feeling (e.g., a therapist or counselor)? _____

Step 3: Notify the Student's Parent(s) or Guardian(s)

___ Parents/Guardians have been notified of the situation and that you are talking to and assessing their child.

___ Parents/Guardians have been asked to come to the school to discuss their child's needs.

___ Parents/Guardians have been informed that their child must be picked up by an adult or transported by emergency personnel.

___ Parents/Guardians have NOT been notified because: _____

Step 4: Seek Information to Clarify Concerns

As needed, clarify current concerns by actively seeking information from:

___ Teachers or other school staff

___ School counselors or counselor records

___ Social worker, psychologist, counselor

___ Parents or guardians

Step 5: Discuss Current Concerns with Parent(s) and/or Guardian(s)

Share findings from the assessment with parent(s) or guardian(s) and get their input. Based on the information presented and gathered, make a decision about the current level of risk. Information listed below is based upon school counselor/social worker's opinion and is not necessarily reflective of the school based therapist or mental health professional.

Low Level of Risk _____	The student appears to be at low risk for harming himself/herself. The student is in distress but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.
Medium Level of Risk _____	Information suggests medium risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming himself/herself. The problem situation can be resolved and the student appears able to use some healthy coping skills. The student is not expressing a clear intent to harm himself/herself. The student is open and responsive to support, or already has sufficient support.
High Level of Risk _____	Information suggests high risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or attempting suicide. There is a need for immediate intervention: refer to the school based therapist.

Step 6: Provide Intervention and Support

___ In **all** cases you must provide referral information for supportive services to parents. A list of providers are available on our website and can be printed.

___ **Emergency Conference Notice** must be completed with parent/guardian when they come to the school to take responsibility for their child when there is medium or high risk.

Possible Interventions for Low to Medium Risk	Possible Interventions for High Risk
Counselor to address with parent by phone (very low risk)	Parent to come to school and take their child for immediate intervention at an area hospital.
Parent to come to school and take their child for timely intervention with a health care and/or mental health provider	Contact the school resource officer or call Cape Girardeau Police Department
Referral to outpatient mental health services/school based therapist	

Step 7: Check with parent to see what follow up care has been done and if a specific plan has been developed for the student

___ Develop in partnership with the student and parent(s)/guardian(s).

___ *Emergency Conference Notice* is explained to parent and signed by parent(s) or guardian(s).

___ Discuss safety and home supervision with parent(s)/guardian(s). This includes:

- o Keeping an adult present at all times
- o Eliminating access to means (guns, knives, medications)

___ Encourage parent(s)/guardian(s) to sign release of information. Contact agency as often as needed.

___ Principal is notified. Teachers and staff are notified on a need-to-know basis only.

___ Plan may have to be developed upon student return if transported for immediate intervention.

Step 8: Follow-Up

- Complete one week & one month following intervention.
- Check to see if child was evaluated by medical or mental health provider.
- Determine if the child is receiving outpatient counseling or mental health services (Describe who, where and frequency of visits).

- One month follow-up report on counseling outpatient services.

Cape Girardeau Public School District

Mental Health Wellness Plan

This plan is developed with the participation of the student identified as at-risk and the parent(s) and/or guardian(s). This plan identifies the follow-up that will be provided by Cape Girardeau Public Schools staff. If there is a wellness plan from a mental health agency or therapist, it will be followed and take the place of this plan.

Student Name: _____

School Counselor/Social Worker: _____

School Counselor/Social Worker will check in with the student:

___ **Daily:** for the time period of _____

___ **Weekly:** for the time period of _____

___ **Other adults** at school that the student can talk to for support:

Triggers at School: what are some precipitating/aggravating circumstances and interventions to alleviate the resulting stress?

Other Action(s) to be taken: _____

Signature of Counselor/Social Worker

Signature of Parent or Guardian

Cape Girardeau Public School District

Parent/Guardian Emergency Conference Notice

I have been informed that my child has been identified as high risk and is believed to be in imminent danger of inflicting self-harm or attempting suicide. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe. I have been encouraged to take the following steps:

- **Provide supervision for my child at all times.**
- **Have my child evaluated by a mental health provider or hospital immediately.**
- **Remove access to lethal means (firearms, knives, medications, etc.).**
- **Help the school staff create a School-Based Suicide Prevention Plan or provide a copy of one developed by the mental health professional currently working with student.**
- **Share with the school the names of other professionals helping my child.**
- **Sign a Release of Information form so that school staff and other professionals may share information to best help my child.**
- **Contact professionals that can assist me and my child on a private basis.**

Possible resources are identified on the back of this page.

- **In case of an emergency, I should:**
 - 1. Call 911.**
 - 2. Take my child to a hospital emergency room.**
 - 3. Call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255)**

You are requested to contact your child's counselor, social worker, or building administrator to inform them of your decided course of action by the end of the school day tomorrow. School counselors are available to assist in developing a safety plan.

Parent/Guardian Signature *Date*

School Staff Signature *Date*

Student Name: _____ Date of Birth: _____

School: _____ Grade _____

Parent(s)/Guardian(s) Names: _____

Provide copy to Parent/Guardian, Retain Original

I, _____ hereby grant permission for
(Name of Parent/Guardian)
information regarding _____,
(Name of Student) (Date of Birth)
to be shared between Cape Girardeau Public Schools and _____

- Academic records
- Attendance records
- Discipline records
- Health records
- Suicide risk assessments
- Discharge Summary/planning
- Aftercare services

Date

Provide copy to Parent/Guardian, Retain Original

Cape Girardeau Public School District
Suicide Intervention Incident Report

In case of a suicide attempt, this document is to be completed and placed in a confidential file. Notification of completion should be provided to the building principal within 24 hours.

Student Name: _____

School _____

Concern: (*What, When, Where*)

What occurred: _____

Resolution: _____

Suicide Risk Documentation Completed By: _____

Parent/Guardian Contacted By: _____

Response by Parent/Guardian: _____

Signature of Person Completing Report

Date

Signature of School Counselor/Social Worker

Date

Signature of Principal Notified About Incident Date

Date

This document should be kept in a confidential file by the school counselor

Cape Girardeau Public School

School Re-Entry Plan Checklist

Student Name: _____

Date: _____

School: _____

Grade: _____

Directions: This tool is intended to help guide teams in thinking through a successful school re-entry plan following extended absence from school and/or psychiatric hospitalization. Plans will vary based on each student's needs.

Staff member designated as Case Manager: _____		
Indicate people involved in process, including titles:		
Student: _____	School Psychologist: _____	
Parent(s): _____	School Counselor: _____	
Case Manager: _____	Classroom Teacher(s): _____	
School Administrator: _____	School Nurse: _____	
Outpatient Therapist: _____	Other as appropriate (please specify): _____	
Time/Date/Location of Re-entry Meeting: _____		
PRIOR TO SCHOOL RE-ENTRY		
Case Manager contacts inpatient staff & parent(s)	Date Completed	Summary of contact:
Assess Student Re-Entry Needs		
Does student have academic needs?	Yes ____ No ____	What are they?
Does student have social/emotional needs?	Yes ____ No ____	What are they?
Does student have physical needs?	Yes ____ No ____	What are they?
Assess Family Reentry Needs		
Help link to outpatient therapist	Date Completed	Notes:
Help link to social support	Date Completed	Notes:
Help student develop plan for answering questions/comments by staff and peers about absence	Date Completed	Notes:
Help student develop plan for possible "rough" situations; determine whether school crisis plan needs to be adopted	Date Completed	Notes:

Contact inpatient staff to determine interventions needed to promote student adjustment, stress management (If release is signed)	Date Completed -	Notes:
Determine policy for missed work, grading	Date Completed -	Notes:
Inform teacher(s) about absence	Date Completed	Notes:
Inform teacher(s) about symptomatology (as appropriate/necessary)	Date Completed _____	Notes:
Inform teacher(s) of behavioral strategies/accommodations to promote student transition	Date Completed _____	Notes:
ID supportive adults at school	Date Completed _____	Notes:
ID supportive peers	Date Completed _____	Notes:
<i>FOLLOWING SCHOOL RE-ENTRY</i>		
Check in with student on a daily basis. Duration: _____	Start Date: _____	Notes:
Implement academic interventions, if needed	Start Date: _____	Notes:
Implement social/emotional interventions, if needed	Start Date: _____	Notes:
Implement physical interventions, if needed	Start Date: _____	Notes:
Monitor student progress	Start Date: _____	Notes:
Maintain ongoing contact with parents	Start Date: _____	Notes:
Maintain ongoing contact with outpatient therapist	Start Date: _____	Notes:
Schedule team meeting to review student's progress	Start Date: _____	Notes:

Case Manager Signature:

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

1. ADHD Support Group

(573) 200-6585 or (888) 774-0404

www.capeadhd.wordpress.com

2. Associated Counseling Services (Jeffrey Johnston, PhD)

1021 Kingshighway Dr.

Cape Girardeau, MO

(573) 335-7929

3. Beacon Health Center

73 Sheridan Dr.

Cape Girardeau, MO

(573) 332-1900

4. Bootheel Counseling Services & Family Medical Clinic

760 Plantation Blvd.

Sikeston, MO

(573) 471-0800

5. Brad Robinson, MD; Gloria Miller, MA; Debra Unterreiner, MA; Jane McLain, APRN FNP

106 S. Farrar Dr., Suite 109

Cape Girardeau, MO

(573) 334-7055

6. Catholic Charities

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

7. Community Counseling Center

402 S. Silver Springs
Cape Girardeau, MO
(573) 334-1100
(573) 651-3642 or (877) 626-0638 TLC Line (4-10 PM & weekends)

8. Cross Trails Medical Center

408 S. Broadview St.
Cape Girardeau, MO
(573) 332-0808

9. Denise Essner & Associates

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

10. Ferguson Medical Group

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

11. Lutheran Family and Children's Services

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

12. Jay Musgrave, PhD

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

13. Jerrell Driver, PhD

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

14. New Vision Counseling

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

15. Safe House for Women

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

16. Sikeston Regional Office

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

17. Tender Hearts Child Therapy

2909 Independence St.
Cape Girardeau, MO
(573) 803-1402

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.

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.

Suicide loss survivors—See bereaved by suicide.

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

Additional Prevention and Postvention Resources

6_Addressing 13 Reasons Why Resources.pdf

<https://drive.google.com/drive/u/0/folders/1703HjvNWOpqW2TwIqp8MB8PBq23kDy8>

After Rural Suicide: A guide for Coordinated Community Postvention Response

<https://drive.google.com/drive/u/0/folders/1703HjvNWOpqW2TwIqp8MB8PBq23kDy8>

1_AFSP After a Suicide - A Toolkit for Schools.pdf

<https://drive.google.com/drive/u/0/folders/1703HjvNWOpqW2TwIqp8MB8PBq23kDy8>

DESE Youth Suicide Awareness and Prevention Model Policy.pdf

<https://drive.google.com/drive/u/0/my-drive>

MSCA Crisis Manual 2017.pdf

<https://drive.google.com/drive/u/0/search?q=suicide>

9_Missouri Ask Listen Refer.pdf

<https://drive.google.com/drive/u/0/search?q=suicide>

4_Memorials_Special_Considerations_When_Memorializing_an_Incident.pdf

<https://drive.google.com/drive/u/0/folders/1703HjvNWOpqW2TwIqp8MB8PBq23kDy8>

3_SAMHSA Preventing Suicide Toolkit for High Schools.pdf

<https://drive.google.com/drive/u/0/folders/1703HjvNWOpqW2TwIqp8MB8PBq23kDy8>

School Integration following Psychiatric Hospitalization

<https://drive.google.com/drive/u/0/folders/1u0f2iOk9UWMv89wefMyvJYP5Kb-tQYhO>

Strategies to ensure your child's Successful Transition Back to High School after Hospitalization.

<https://drive.google.com/drive/u/0/folders/1u0f2iOk9UWMv89wefMyvJYP5Kb-tQYhO>

Supporting the Transition from Inpatient Hospitalization to School

<https://drive.google.com/drive/u/0/folders/1u0f2iOk9UWMv89wefMyvJYP5Kb-tQYhO>

Transitioning from Psychiatric Hospitalization to Schools

<https://drive.google.com/drive/u/0/folders/1u0f2iOk9UWMv89wefMyvJYP5Kb-tQYhO>

5_Social Media Crisis_Parent_Teacher_Tips_FINAL.pdf

<https://drive.google.com/drive/u/0/folders/1703HjvNWOpqW2TwIqp8MB8PBq23kDy8>

12_Talking about Suicide.pdf

<https://drive.google.com/drive/u/0/search?q=suicide>

4_Community Mental Health Liaison Description.pdf

<https://drive.google.com/drive/u/0/search?q=suicide>