Suicide Risk Assessment: Team Planning Guide and Checklist

The following checklist is meant to serve as a planning guide and reference for school teams. This list is an overview of best practices, but please note that in certain situations, there may be additional steps or supports needed that are not included below. Teams are encouraged to review the 2020 Suicide Prevention Guidelines and/or visit the Virginia Department of Education’s [Suicide Prevention webpage](http://www.doe.virginia.gov/support/prevention/suicide/index.shtml) for detailed procedures.

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| **Name of Trained Suicide Risk Assessment**  **Staff Member** | **Position** | **Cell Phone and/or Office Number** |
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| **Child Protective Services:** | Phone Number: |
| **Community Service Board:** | Phone Number: |
| **CSB Crisis/Emergency:** | Phone Number: |
| **Non-Emergency Police Phone Line:** | Phone Number: |
| **Other:** | Phone Number: |
| **Location of Suicide Risk Assessment Blank Forms** | Location: |
| **Location of Completed Suicide Risk Assessment Paperwork** | Location:  *While confidentiality must be maintained when selecting a location for completed suicide risk assessment paperwork, it should* ***not*** *be stored in a student’s cumulative file.* |
| **Initial Steps** | |
| 1. **Student is escorted to designated first point of contact for assessment. (Direct supervision is maintained).** | |
| *What will this look like in our school?* | |
| 1. **Relevant suicide risk assessment team members are notified (confidentially) that a suicide risk assessment is needed.** | |
| *Who will need to be notified and how will information be communicated?* | |
| 1. **Designated school mental health professionals (e.g. school counselors, school psychologist, school social worker, or school nurse, if trained) meet with student to conduct interview. *Questions are to help determine the student’s risk factors, intent, planning, and history of attempts. This may include use of the Columbia-SSRS or other suicide risk questionnaire.*** | |
| *Which mental health professional(s) will conduct the student?* | |
| 1. **If needed, suicide risk assessment team members interview relevant staff and/or students to obtain additional information.** | |
| *If additional information is necessary who will conduct additional interviews?* | |
| 1. **Suicide risk assessment team members review cumulative file and clinic record for any relevant information.** | |
| *Who will gather this information?* | |
| 1. **Trained suicide risk assessment team member(s) (preferably the mental health professional conducting the student interview) contacts parent/guardian to inform and obtain additional information. *\*If suicide risk is related to parental abuse or neglect, do not notify parent and instead contact the local department of social services.*** | |
| *Who will make the call?* *How will supervision be maintained?* | |
| 1. **Debrief with staff involved.** | |
| *What will this look like in our school?* | |
| 1. **Document steps taken.** | |
| *How will we document? What forms will we use?* | |
| 1. **If any students were directly involved in the situation the team *should* consider the need to contact those parents/guardians to share relevant information as it pertains to their child, the name(s) of the other student(s) involved should not be shared.** | |
| *What will this look like in our school?* | |

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| **Safety Plan Development** |  |
| 1. **If risk level warrants, ensure that the student is referred for immediate crisis intervention and/or community mental health services.** | |
| *What will this look like in our school?* | |
| 1. **Assign a case manager to monitor any plans created by the team (must be a school mental health professional)** |  |
| *How will we determine case manager?* |  |
| 1. **Determine who will be present during the safety plan meeting (preferably prior to the student’s return to school).** |  |
| *What will this look like in our school?* |  |
| 1. **Determine if follow-up dates are necessary to review student’s progress and implement the plan.** |  |
| *What will this look like in our school?* |  |
| 1. **Connect with staff members that interact with the student regularly to share relevant information about the safety plan (including the school nurse).** |  |
| *What will this look like in our school?* |  |
| 1. **Get release of information paperwork signed with outside provider(s).** |  |
| *What will this look like in our school?* |  |