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DEFINING SUICIDE

Suicide is a voluntary act of intentionally causing one's own death. People who commit suicide deliberately kill themselves because they do not want to continue living. It is seen as a “way out” of a current stressful or unbearable situation. Suicide is an attempt to solve a problem of intense emotional pain utilizing impaired problem solving skills and techniques. Suicide is a permanent solution to a temporary situation/problem.

Suicide is a major public health concern, even amongst our youth. Over 40,000 people die by suicide each year in the United States; it is the 10th leading cause of death overall. Suicide is complicated and tragic but it is often preventable. Knowing the warning signs for suicide and how to get help can help save lives.

ADDRESSING SUICIDE IN OUR DISTRICT

Cleveland ISD has committed to taking action to prevent the horrific tragedy of suicide because of their care and concern for THEIR students in the district and the betterment of the learning environment of their schools. Cleveland ISD’s overall mission is to provide and maintain a safe school environment for all students. There is an acknowledgement that student’s mental health issues can negatively impact academic performance.

The goals of Cleveland ISD include:

- Provide mental health supportive service to our students, to promote and enhance overall personal well being
- Maintain a safe and secure school environment
- Promote the behavioral health of students which will enhance their academic performance
- Provide protection against liability related to suicides or suicide attempts by students

As a result of our goals we will be prepared for:

- Assist at risk students preserve their safety and access behavioral health services
- Respond to the infrequent events in which a student tries to take his/her own life on a district campus
- Plan for the return/reentry of a student after an absence related to a suicide risk, (to include a suicide attempt or hospitalization for treatment of a mental health issues related to a suicide risk)
MYTHS vs TRUTHS

M: Talking to a person with depression about suicide often makes them more likely to commit suicide.

T: Talking about suicide reduces the stigma and makes a person more likely to get HELP!

M: Suicide attempts are completed without warning.

T: Most individuals who commit suicide communicate their intentions to others. As a result, we have an opportunity to HELP!

M: Students who talk a lot about suicide almost never attempt or commit suicide.

T: Talking about suicide is highly associated with considerably greater risk of suicide. As a result, ACT now!

M: Students who threaten suicide are just seeking attention.

T: Although attention seeking motivates some suicidal behaviors, most suicide acts stems from severe depression and hopelessness. Genuinely RESPOND!

M: Once an individual is suicidal, he or she will always remain suicidal.

T: Active suicidal ideation is often short-term and situation-specific. PROVIDE support!

M: Suicide only affects individuals with a mental health condition.

T: Relationship problems and other life stressors are also associated with suicidal thoughts and attempts. BE compassion!

M: People who die by suicide are selfish and take the easy way out.

T: Typically, people do not die by suicide because they do not want to live—people die by suicide because they want to end their suffering. SHOW empathy!
RISK FACTORS

Risk factors for suicide refer to characteristics that are associated with suicide. Students impacted by one or more factors may have a great probability of suicidal behaviors. Although there is no single, agreed upon list of risk factors, the following list presents the most common factors in research studies.

Bio-psychosocial Risk Factors

The biopsychosocial perspective is a method of understanding health and mental illness through biological, psychological, and social factors. The principle of the biopsychosocial model states that all issues relating to health are products of a complex interplay of these three factors. Bio-psychosocial risk factors to consider include:

- Mental illnesses or disorders, especially mood disorders: depression, anxiety disorders, schizophrenia, and certain personality disorders
- Major physical illnesses and/or pain or chronic health problems
- History of traumatic exposure: (abuse, natural disasters, accidents, war)
- Alcohol and substance use
- Previous suicide attempt or self-injurious behaviors
- Family history of suicide
- Impulsive or aggressive tendencies
- Feelings of hopelessness

Environmental Risk Factors

- Loss of a loved one, significant other, pet or a cherished item,
- Drop out of school, removed from an organized sport/team/group
- Loss of a job or financial stability
- Homelessness
- Access to lethal means: firearms or drugs
- Local cluster of suicides that have a contagious influence (copy cats)

Socio-cultural Risk Factor

- Lack of social support and sense of isolation
- Negative stigma associated with seeking mental health
- Barriers to accessing health care to include mental health treatment and substance abuse treatment
- Certain cultural and religious beliefs
- Exposure and influence of others who have died by suicide
Youth Specific

- School crisis (academic: failing course, exams or disciplinary)
- Mental health concerns/issues
- Significant learning difficulties, cognitive delays
- Harassment by peers to include bullying, peer isolation, alienation
- Low self-esteem and self-worth
- Self-discovery and identification conflict
- Sexual orientation or gender identity crisis
- Family crisis (separation, divorce, family reconfiguration, violence, relationship conflict, death)
- End of a relationship/breakup
- Pressure of launching into adulthood (college selection, job, responsibilities)
- Unplanned pregnancy, abortion, teen parenting
- Sexually transmitted diseases (STD’s)
- Barriers to receiving mental health treatment (stigma, affordability, availability, accessibility)
- Exposure to violence (real and vicarious, video gaming)
- Peer pressure and sense of NOT belonging
- Ineffective coping techniques, problem solving skills, socialization skills, communication skills, and interpersonal personal skills
- Sense of being a burden
- Self-imposed perfectionist
- Death of a loved one
- Stress resulting from prejudice or discrimination
- History of untreated trauma
- Social isolation
WARNING SIGNS & SYMPTOMS

The behaviors listed below may be signs that someone is thinking about suicide.

- Talking or writing about wanting to die or wanting to kill themselves
- Threatening to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Making a plan or looking for a way to kill themselves, such as searching online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing attendance patterns at school or work
- Withdrawing from family and friends
- Struggling with gender identity or sexual orientation
- Changing eating habits
- Changing sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly or dramatic changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Neglecting personal self-care & grooming
STATISTICS & TRENDS

The suicide trends with young children and young adults are disturbing. Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups; and in all parts of the country. The emotional toll on those left behind remains long after the event. Suicide is the second leading cause of death among teenagers in the United States.

About 2,877 young people ages 13 to 19 die by suicide annually.

1 in 6 high school students seriously consider attempting suicide and 1 in 13 high school students attempt suicide one or more times.

Nearly 20% of teens self-report experiencing a mental health struggle. That breaks down to 6 students in a class of 30 students are STRUGGLING today!

The CDC reports that there is a 25:1 ratio of youth suicide ATTEMPTS to YOUTH SUICIDE!

Alarming statistic support that there were 47,173 deaths by suicide in the US in 2017. Of that number, 3,778 deaths by suicide occurred in Texas. On average, one person dies by suicide every two hours in Texas. Suicide is the 11th leading cause of death overall in Texas.

• 2nd leading cause of death for ages 15 to 34
• 4th leading cause of death for ages 35 to 44
• 5th leading cause of death for ages 45 to 54
• 9th leading cause of death for ages 55 to 64
• 17th leading cause of death for ages 65 & older

Reports indicate that suicide rates increased 30% in Texas from 1999 to 2016. More than twice as many people died by suicide in Texas in 2017 than in alcohol related motor vehicle accidents.

These statics and trends are alarming; however, suicide is PREVENTABLE! When individuals, schools, and communities join forces to address suicide, together WE can save LIVES!
REFERRAL PROCESS

When you interact with a student that is presenting any type of self-injurious behaviors or suicidal thoughts/ideations/behaviors you should respond immediately. Take all of the student’s thoughts and behaviors seriously, every time!

The following steps should be taken:

1. NEVER leave the student alone
   a. Continuous adult supervision is required
   b. Remain with the student at all time
2. Speak calmly with the student and attentively listen without judgement
3. Take away any potential method of harm (if applicable)
4. Immediately get assistance for Cleveland ISD Personnel
   a. Contact the counselor / social worker
   b. If that campus counselor is not available, contact the principal, assistant principal, another campus counselor, nurse, or campus officer
5. Collaborate and share your concerns privately with Cleveland ISD selected personnel
6. Document the facts supporting your concerns
   a. Including statements and conversations with the student
   b. Include behavioral observation
   c. Elimination your emotional conclusion, just report FACTS and observations
7. Keep the situation confidential
ACTION PLAN

The counselor, social worker, or selected Cleveland ISD personnel will engage and intervene once the referral has been made. During this intervention, the identified student will never be left alone. The counselor, social worker, or selected Cleveland ISD will implement the ASK Process which includes: “A” – Ask about suicide, “S” - Seek additional information, make an assessment, conduct parental conference and “K” - Know referral resources.

The following steps are included in the intervention by the counselor, social worker or selected Cleveland ISD personnel:

1. Conduct clarification of intent and assess the situation
2. Complete a Suicide Severity Rating Scale
3. Notify the parent/legal guardian
4. Conduct meeting and involve the parent/legal guardian
5. Complete Notification of Emergency Conference form
6. Provide community referrals to mental health resources to the family
7. Obtain signatures that referral resources were provided
8. Obtain signatures on the Release of Confidential Information form
9. Provide student with lifeline/hotline contact numbers (create contact in phone/hard copy)
10. Contact CPS (if required) @ 1-800-252-5400
11. Send email to student including lifeline/hotline contact numbers
   a. Local 9-1-1 Emergency Line
   b. National Suicide Prevention Lifeline: 1.800.273 TALK [8255]
   c. Harris Center for Mental Health & IDD: 866-970-4770
12. Notify and brief necessary Cleveland ISD personnel
13. Obtain Referral Form from referral source/teacher/staff member
14. Document all course of action
15. Follow-up with the student upon their return/re-entry to school
SUICIDE RISK ASSESSMENT

The risk of suicide will be completed by the school counselor, social worker or selected CISD personnel.

Columbia-Suicide Severity Rating Scale

The Columbia-Suicide Severity Rating Scale (C-SSRS) is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality.

The Risk Assessment version is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. The C-SSRS Risk Assessment is intended to help establish a person’s immediate risk of suicide and is used in acute care settings.

Training is available and recommended (though not required for clinical or center practice) before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by a question-answer session or using a DVD of the presentation. Those completing the training are then certified to administer the C-SSRS and can receive a certificate, which is valid for two years.

To complete the C-SSRS Training for Clinical Practice, visit http://c-ssrs.trainingcampus.net.
FOLLOW-UP / RE-ENTRY PROCESS

Cleveland ISD understands that the transition back to school requires considerable coordination, communication and care. To accomplish this, transitions must include a system of care that involves collaboration among the student, school, family, releasing hospital and/or mental health provider. The immediate goals include:

- Provide emotional support to the student
- Improve stabilization of the student during the re-entry process
- Enhance adjustment back to school

Counselors will be assigned to be the “Contact Person” at the schools who will monitor the transition process/plan upon the student’s return. The protocol will include the following steps:

1. Request and conduct a parent meeting / conference
   a. Discuss re-entry process
   b. Discuss assessment findings, diagnostic results, discharge summary, medication regime, and prescribed follow-up procedure
2. Request a copy of the assessment and/or discharge summary completed by the community mental health provider
   a. The parent should receive an assessment/discharge summary at the time of discharge if hospitalized
   b. Or have parent sign the “Release of Confidential Information/Records form and submit it to the community mental health provider
3. Counselors will debrief their Principals and Assistant Principals
4. Counselors will notify the student’s teachers (via email) of the students return and encourage the teacher to immediately report any adjustment issues (if noted).
5. The counselor will meet with the student twice a week for the first 2 weeks (4 total times) of the student’s return. During this time, the counselor will monitor the student’s overall well-being, mental stability and adjustment back to school.
   a. If there are concerns, the counselor will contact the parent and make additional referrals.
PROTECTIVE FACTORS FOR YOUTH SUICIDE

Protective factors are personal or environmental characteristics that help protect people from suicide.

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close adult mentors, a caring adult, and social support
- Positive peer group, a sense of belonging and “fitting in” with a group
- Positive school experiences
- Part of a close school community
- Safe environment at school
- Sense of connectedness to the school
- Restricted access to firearms (guns locked, unloaded, ammunition stored or locked)
- Restricted access to alcohol and medications (over the counter and prescriptions)
- Effective behavioral health care
- Positive life skills (including problem solving skills & coping skills and ability to adapt to change)
- Positive self-esteem and a sense of purpose or meaning in life
- Cultural religious, or personal beliefs that discourages suicide
RESOURCES

Jason Foundation (www.jasonfoundation.com)
  • Information regarding awareness and prevention of youth suicide.

Local 9-1-1 Emergency Line: (911)
  • Utilized to communicate with law enforcement authorizes or medical emergency responders when situations could, or does, pose a danger to life, property or both.

National Suicide Prevention Lifeline: (1-800-273-TALK [8255])
  • United States-based suicide prevention network of 161 crisis centers that provides a 24/7, toll-free hotline available to anyone in suicidal crisis or emotional distress. After dialing 1-800-273-TALK (8255), the caller is routed to their nearest crisis center to receive immediate counseling and local mental health referrals. The deaf or hard of hearing can contact the Lifeline via TTY @ 1-800-799-4889.

Harris Center for Mental Health & IDD: (www.mhmraharris.org)
  • Main Line: 713-970-7000 & Crisis Line: 866-970-4770

Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov)
  • SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) is the lead Federal government agency for behavioral health data and research.

Suicide Prevention Resource Center (SPRC) (www.sprc.org)
  • The Suicide Prevention Resource Center (SPRC) is the only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention.

Texas Health & Human Services: (https://www.dhs.texas.gov/transition/mhsa.aspx)
SUICIDE PROTOCOL
Cleveland ISD Directive for All Employees Intervening with a Potential Suicidal Student

If a student threatens suicide, self-injurious behavior or manifests signs of intent...

When an employee becomes aware of a suicide threat...

- Remain with the student. Student should NEVER be left alone. Continuous adult supervision is required.
- Secure immediate assistance from designated staff.

Contact School Counselor/District Social Worker
If the counselor is unavailable, contact the Principal or Assistant Principal

Intervention by the School Counselor/District Social Worker

- Conduct clarification of suicide intent and assess the risk situation
- Complete Suicide Severity Rating Scale
- Contact additional personnel if necessary (SW, Nurse, Principal, AP)
- Contact the parent/legal guardian
- Conduct meeting with parent & complete Notification of Emergency Conference form
- Provide mental health providers/community resources to the family
- Obtain signatures acknowledging that referral resources were provided
- Obtain signatures on Release of Confidential Information form
- Contact CPS (if required)
- Contact necessary Huffman ISD personnel
- Document the process
- Follow-up with student upon their return/reentry to school
FORMS

Please utilize the link to access the desired google form.

- Course of Action Documentation (add link)
- Mental Health Providers/Community Resources (add link)
- Notification of Emergency Conference (add link)
- Referral Form (add link)
- Release of Confidential Information /Records (add link)
- Release Authorization (add link)
- Student Life Pack (add link)
- Student Questionnaire (add link)
TEACHER/STAFF TRAINING

CISD ISD is committed to training all of our teachers and staff members. Increasing staff awareness about suicide and training staff to take ACTION, that prevents suicide are important key components that demonstrates the district’s commitment to adopt a suicide prevention program.

Training Include:

Mental Health First Aid Training for Counselors:

- Course is designed to teach people methods of assisting a young person who maybe in the early stages of developing a mental health problem or in a mental health crisis.
- The program is great because it provides teachers, coaches, staff an opportunity to better understand what mental health is, what hat some of the common diagnosis are, and how to respond to a youth who might be experiencing a mental health crisis.
- Teaches the skills to identify and report a crisis in a nonjudgmental, safe manner
- Teaches the skills to also inspire hope for individuals experiencing a crisis.
- Teaches about the mental health challenges and disorders in students
- Teaches communication skills necessary when addressing students
- Addresses cultural competence and outlines risk factors
- Teaches roles and responsibilities of adults when helping a student
- Introduces helpful resources
# CAMPUS CONTACT

**Cleveland High School: 281-592-8752**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Glenn Barnes</td>
<td>Principal</td>
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<tr>
<td>Wilhemina Bagsby</td>
<td>Counselor</td>
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<tr>
<td>Jamie Youngblood</td>
<td>Counselor</td>
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<tr>
<td>Vandi Nall</td>
<td>Counselor</td>
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<tr>
<td>Karla King</td>
<td>Counselor</td>
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<tr>
<td>Skye Hamilton</td>
<td>Counselor</td>
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<tr>
<td>Gena McClatchy</td>
<td>Assistant Principal</td>
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<tr>
<td>Erica Lewis</td>
<td>Assistant Principal</td>
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<tr>
<td>Bryan Brooks</td>
<td>Assistant Principal</td>
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<td>Mark Rodriguez</td>
<td>Assistant Principal</td>
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**Cleveland Middle School: 281-593-1148**

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Ashlee Boothe</td>
<td>Principal</td>
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<tr>
<td>Latoya Simmons</td>
<td>Counselor</td>
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<tr>
<td>Pearl Bankston</td>
<td>Counselor</td>
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<tr>
<td>Cheryl Sterrett</td>
<td>Counselor</td>
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<tr>
<td>Andrea Simer</td>
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<tr>
<td>Tim Johnson</td>
<td>Assistant Principal</td>
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<tr>
<td>Anastasia Mackey</td>
<td>Assistant Principal</td>
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<tr>
<td>Christopher Price</td>
<td>Assistant Principal</td>
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<tr>
<td>Mr. Wright</td>
<td>Assistant Principal</td>
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**Southside Elementary: 281-592-0594**

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Rebecca Smith</td>
<td>Principal</td>
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<tr>
<td>Lauren Posey</td>
<td>Counselor</td>
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<tr>
<td>Sarah L’Esperance</td>
<td>Counselor</td>
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<tr>
<td>Dennis Jamison</td>
<td>Assistant Principal</td>
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<tr>
<td>Kelli Jimenez</td>
<td>Assistant Principal</td>
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<tr>
<td>Alyson Wilkins</td>
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**Northside Elementary: 281-592-4628**

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<tr>
<td>Pete Armstrong</td>
<td>Principal</td>
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<tr>
<td>Kelly Wolf</td>
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<tr>
<td>Lindsay Duke</td>
<td>Counselor</td>
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<tr>
<td>Joseph Green</td>
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<tr>
<td>Jennifer Anderson</td>
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**Eastside Elementary School: 281-592-0125**

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<tr>
<th>Name</th>
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<tr>
<td>Lanie Smith</td>
<td>Principal</td>
<td>281-592-1801</td>
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<tr>
<td>Eli Ramke</td>
<td>Counselor</td>
<td>281-592-1807</td>
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<tr>
<td>Leslie Garcia</td>
<td>Counselor</td>
<td>281-592-1806</td>
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<tr>
<td>Javian Johnson</td>
<td>Assistant Principal</td>
<td>281-592-1805</td>
</tr>
<tr>
<td>Sabrina Cordova</td>
<td>Assistant Principal</td>
<td>281-592-1804</td>
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<tr>
<td>Timeka Davis</td>
<td>Assistant Principal</td>
<td>281-592-1803</td>
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**Douglass Learning Academy: 281-592-7595**

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>John Fritts</td>
<td>Principal</td>
<td>281-592-1502</td>
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**Cleveland DAEP: 281-432-0487**

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Steven Sherrouse</td>
<td>Principal</td>
<td>281-432-1402</td>
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REFERENCES


