	Standard Operating Policies	
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	Effective Date **31 August 2020**	**Revision Date** **15 July 2021**
Title: Suicide/Homicide Intervention and Prevention	**SOP Number** **20.017**	**Superintendent Approval** **M. Ryan, Ph.D.**

POLICY:

In order to reduce student risk of suicide and/or homicide, mental health staff will ask specific questions to assess suicidal and/or homicidal ideation and take specific steps to manage students in crisis. Mental health staff will also ensure that there is a viable immediate plan for the student to remain safe before breaking contact with the student, and a viable safety plan for the student to remain safe before the student returns to class (once the student is medically cleared to do so).

PROCEDURE:

A. If a student is seriously injured, is threatening a suicidal or homicidal action with means that are available or in their possession, or makes a suicide attempt, please follow emergency procedures.

B. If a student reports suicidal ideation to a teacher or staff member, contact the student in person or via teleconference to screen using the CSSRS and/or CHSRS screener. If student is unable or unwilling to complete screening, call PMRT and provide information that is available.

C. Screen the student verbally using the CSSRS and/or CHSRS screener. Teleconference via google meet is the best available way to complete a screening when in person screening is not possible. Phone may be used if teleconference is unavailable.

   a. If the student endorses question 1 only (passive ideation 'wanting to die, or wanting to fall asleep and not wake up' for suicidal ideation, or 'wishing someone would die, or wishing someone would go away'), and denies any thoughts of actually doing harm, provide emergency numbers, and complete a safety plan with the student, and inform parent of the ideation. If the student endorses question 2 or 3, please consider consulting with another counselor, discuss ideation with a parent/guardian, and inform parent/guardian of the need for increased supervision and limitation of access to objects that can be used to cause harm (weapons, pills, rope, cords, etc.), provide referral information for community based services addressed in an envelope for student's guardian, and ensure that the student agrees to safety plan.

   b. If the student endorses questions 4, 5, or 6 on the CSSRS/CHSRS (current or recent 'moderate' or "severe" suicidal or homicidal ideation), or if in your clinical judgment the client is in danger of suicide or homicide, please do the following:

      i. Stay with (or on the phone with) the student for the rest of this process.

      ii. Contact another mental health staff member (by email or text), and ask them to contact the emergency contact for (or who is with) the student, or ask emergency contact to go to

student's location if not at NVMI. Provide detail sufficient to provide emergency contact with scope of the threat and ask emergency contact to supervise the student (or arrange adult supervision by an informed responsible person) until PMRT evaluation is complete.

iii. Call PMRT at (800) 854-7771, and inform the clinician you are calling from North Valley Military Institute, located at 12105 Allegheny St, Sun Valley, CA 91352. Describe the crisis, and provide required information to the triage worker (which may include: student name, age, address, guardian's name, current stressors, current school performance, and other information reasonably necessary to assess for safety).

iv. If needed, PMRT will come to student's location and complete an in-person assessment with the student and guardian.

v. If the decision is made that a student will be hospitalized, ensure that the student's insurance carrier information is communicated to PMRT or the medical transport staff by the guardian.

vi. Inform the guardian that when the student is discharged from the hospital, they will require a "letter of safety clearance" from the treating physician at the hospital that states the child is safe to return to school.

vii. Schedule a meeting with the mental health team to review the safety clearance and create a safety plan with the student and guardian to ensure that the student is safe on campus. **A LETTER OF SAFETY CLEARANCE FROM THE TREATING PHYSICIAN MUST BE ON FILE, AND A SAFETY PLANNING MEETING MUST BE COMPLETED BEFORE THE STUDENT RETURNS TO SCHOOL.**

viii. Following a hospital discharge, contact the guardian to ensure that follow-up appointments are attended, the child is connected with a therapist in the community, and any barriers to service are addressed.

D. Regardless of severity, if a student discloses current or recent suicidal or homicidal ideation and is not hospitalized, mental health staff must complete a safety plan with the student and parent/guardian (or ensure that the other agency (PMRT) has completed a satisfactory safety plan that the student and parent/guardian understands) **and review the plan with the student and parent before allowing them to return to campus or end the call.**

a. As part of the safety plan, mental health staff will ask the guardian whether there are guns, medications, poisons, sharp objects and other objects that could be used to cause harm in the student's environment, and mental health staff will make a plan with the guardian to increase supervision and restrict access to the above items (by locking them up, putting them in a locked vehicle, or leaving these items with a family member or neighbor) until the student is no longer a risk to themselves or others.

b. If the student has disclosed a particular means or plan, mental health staff will inform the parent of that information and ensure that those means are not available to the student.

c. Mental health staff will also provide referral information and encourage the guardian and student to seek outside therapy services.

A. C-SSRS (Columbia Suicide Severity Rating Scale)

SUICIDAL IDEATION		
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.	**Lifetime: Time He/She Felt Most Suicidal**	**Past 1 month**
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. ***Have you actually had any thoughts of killing yourself?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, *"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it."* ***Have you been thinking about how you might do this?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
INTENSITY OF IDEATION		
The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal. Lifetime - ***Most Severe Ideation:*** ____ (***Type # (1-5)***) ____ (***Description of Ideation***) Recent - ***Most Severe Ideation:*** ____ (***Type # (1-5)***) ____ (***Description of Ideation***)	Most Severe	Most Severe
Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	____	____
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	____	____
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	____	____
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	____	____
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply	____	____

B.

SUICIDAL BEHAVIOR *(Check all that apply, so long as these are separate events; must ask about all types)*	**Lifetime**	**Past 3 months**
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. ***Have you made a suicide attempt?*** ***Have you done anything to harm yourself?*** ***Have you done anything dangerous where you could have died?*** ***What did you do?*** ***Did you_____as a way to end your life?*** ***Did you want to die (even a little) when you*** ***?Were you trying to end your life when you*** ***?*** ***Or Did you think it was possible you could have died from_____?*** ***Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?*** (Self-Injurious Behavior without suicidal intent) If yes, describe:	**Yes** ☐ **No** ☐ Total # of Attempts	**Yes** ☐ **No** ☐ Total # of Attempts
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred).* Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. ***Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?*** If yes, describe:	**Yes** ☐ **No** ☐ Total # of interrupted	**Yes** ☐ **No** ☐ Total # of interrupted
Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. ***Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?*** If yes, describe:	**Yes** ☐ **No** ☐ Total # of aborted or self-interrupted	**Yes** ☐ **No** ☐ Total # of aborted or self-interrupted
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). ***Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?*** If yes, describe:	**Yes** ☐ **No** ☐ Total # of preparatory acts	**Yes** ☐ **No** ☐ Total # of preparatory acts

	Most Recent Attempt Date:	Most Lethal Attempt Date:	Initial/First Attempt Date:
Actual Lethality/Medical Damage: (4) No physical damage or very minor physical damage (e.g., surface scratches). (5) Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). (6) Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). (7) Moderately severe physical damage; *medical* hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). (8) Severe physical damage; *medical* hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). (9) Death	*Enter Code*	*Enter Code*	*Enter Code*
Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over). 0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care	*Enter Code*	*Enter Code*	*Enter Code*

C. C-SSRS (Columbia Suicide Severity Rating Scale) Spanish Version

IDEACIÓN SUICIDA		
Haga las preguntas 1 y 2. Si ambas respuestas son negativas, pase a la sección de "Comportamiento suicida". Si la respuesta a la pregunta 2 es "sí", haga las preguntas 3, 4 y 5. Si la respuesta a la pregunta 1 y/o 2 es "sí", complete la sección "Intensidad de la ideación" más abajo.	**Considerando toda la vida - (cuando la persona sintió más ganas de suicidarse)**	**1 mes pasado**
1. Deseos de morir El/la participante reconoce tener pensamientos sobre su deseo de morir o dejar de vivir o de quedarse dormido/a y no despertar. ***¿Ha deseado estar muerto/a o quedarse dormido/a y no despertar?*** Si la respuesta es "sí", describa:	**Sí No**	**Sí No**
2. Pensamientos suicidas activos no específicos Pensamientos no específicos de querer terminar con su vida/suicidarse (p. ej., *"He pensado en suicidarme"*)sin pensamientos sobre las maneras de matarse, métodos relacionados, intenciones o plandurante el período de evaluación. ***¿Ha pensado realmente en matarse?*** Si la respuesta es "sí", describa:	**Sí No**	**Sí No**
3. Ideación suicida activa con cualquier método (no un plan) sin intención de actuar El/la participante reconoce tener pensamientos suicidas y ha pensado en al menos un método durante el período de evaluación. Esto es diferente a un plan específico con hora, lugar o detalles del método elaborado (p. ej., ha pensado en el método para suicidarse pero no en un plan específico). Incluye a las personas que digan: *"He pensado en tomar una sobredosis pero nunca he ideado un plan específico de cuándo, dónde o cómo lo haría… y nunca lo llevaría a cabo"*. ***¿Ha pensado en cómo podría hacerlo?*** Si la respuesta es "sí", describa:	**Sí No**	**Sí No**
4. Ideación suicida activa con cierta intención de actuar, sin un plan específico El/la participante tiene pensamientos suicidas activos e informa tener cierta intención de llevarlos a cabo, a diferencia de que dijera *"Tengo esos pensamientos pero definitivamente no los voy a llevar a cabo"*. ***¿Ha tenido estos pensamientos y alguna intención de llevarlos a cabo?*** Si la respuesta es "sí", describa:	**Sí No**	**Sí No**
5. Ideación suicida activa con plan específico e intención Pensamientos de suicidio con detalles elaborados completa o parcialmente y el/la participante tiene cierta intención de llevarlos a cabo. ***¿Ha empezado a elaborar o ya tiene elaborados los detalles de cómo se va a matar? ¿Tiene la intención de llevar a cabo este plan?*** Si la respuesta es "sí", describa:	**Sí No**	**Sí No**

INTENSIDAD DE LA IDEACIÓN		
Las siguientes características deben ser evaluadas con respecto al tipo más severo de ideación (p. ej., 1-5 de arriba, con 1 siendo el menos severo y 5 siendo el más severo).Pregunte sobre cuando la persona sintió más deseos de suicidarse. Considerando toda la vida - ***Ideación más seria:*** _____ _____ ***Tipo Nº (1-5)*** ***Descripción de la ideación*** 1 mes pasado - ***Ideación más seria:*** _____ _____ ***Tipo Nº (1-5)*** ***Descripción de la ideación***	Más seria	Más seria
Frecuencia ***¿Cuántas veces ha tenido estos pensamientos?*** (1) Menos de una vez por semana (2) Una vez por semana (3) De 2 a 5 veces por semana (4) Diariamente o casi diariamente (5) Muchas veces al día	____	____
Duración ***Cuando tiene esos pensamientos, ¿cuánto tiempo duran?*** (10) Fugaces/pocos segundos o minutos (11) Menos de 1 hora/algo de tiempo (12) De 1 a 4 horas/mucho tiempo (4) De 4 a 8 horas/la mayor parte del día (5) Más de 8 horas/persistentes o continuos	____	____
Control ***¿Podría/puede dejar de pensar en matarse o en querer morirse si lo desea?*** (4) Puede controlar los pensamientos fácilmente (5) Puede controlar los pensamientos con muy poca dificultad (6) Puede controlar los pensamientos con alguna dificultad (4) Puede controlar los pensamientos con mucha dificultad (5) No puede controlar los pensamientos (0) No intenta controlar los pensamientos	____	____
Impedimentos ***¿Hay cosas - alguien o algo (p. ej., la familia, la religión, el dolor al morir) - que hayan evitado que quisiera morir o que se dejara llevar por los pensamientos suicidas?*** (4) Los impedimentos definitivamente detuvieron sus intentos de suicidio (5) Los impedimentos probablemente lo/la detuvieron (6) No está seguro/a de que los impedimentos lo/la hayan detenido (4) Los impedimentos probablemente no lo/la detuvieron (5) Los impedimentos definitivamente no lo/la detuvieron (0) No corresponde	____	____
Razones para la ideación ***¿Qué razones ha tenido para pensar en querer morirse o matarse? ¿Puede que haya sido para terminar con el dolor o con la manera en que se sentía (es decir, no podía seguir viviendo con ese dolor o con la manera en que se sentía) o para llamar la atención, vengarse u obtener una reacción de los demás? ¿O ambas posibilidades?*** (1) Absolutamente para llamar la atención, vengarse u obtener una con reacción de los demás (2) Mayormente para llamar la atención, vengarse u obtener una viviendo reacción de los demás (3) Igualmente para llamar la atención, vengarse u obtener una reacción de los demás y para terminar con el dolor (4) Mayormente para terminar con el dolor (no podía seguir viviendo el dolor o con la manera en que se sentía) (5) Absolutamente para terminar con el dolor (no podía seguir con el dolor o con la manera en que se sentía) (0) No corresponde	____	____

COMPORTAMIENTO SUICIDA *(Marque todos los que correspondan, con tal de que sean eventos diferentes; debe preguntar sobre todos los tipos)*	**Considerando toda la vida**	**3 meses pasados**
Intento real: Un acto potencialmente autodestructivo cometido por lo menos con un cierto deseo de morir *como resultado del mismo*. El comportamiento fue concebido en parte como un método para matarse. La intención no necesita ser al 100%. Si hay ***cierta*** intención o deseo de morirse asociado al acto, puede considerarse un intento suicida real. ***No es necesario que haya alguna herida o daño***, sólo el potencial de herirse o dañarse. Si la persona aprieta el gatillo con una pistola en la boca pero la pistola no funciona y no se hiere, esto se considera un intento. Intención inferida: aunque una persona niegue la intención o los deseos de morir, ésta puede inferirse clínicamente por medio de la conducta o de las circunstancias. Por ejemplo, un acto letal muy grave que claramente no es un accidente, solamente puede inferirse que fue con intención de suicidio (p. ej., un balazo en la cabeza, saltar de una ventana de un piso alto). También, si alguien niega la intención de morir, pero pensó que lo que hizo podría ser letal, se puede inferir la intención. ***¿Ha intentado suicidarse?*** ***¿Ha hecho algo para hacerse daño?*** ***¿Ha hecho algo peligroso por lo cual podría haberse muerto?*** ***¿Qué hizo?*** ***¿Usted_____como una manera de terminar con su vida?*** ***¿Quería morirse (aunque fuera un poco) cuando usted_____?*** ***¿Estaba tratando de terminar con su vida cuando usted_____?*** ***¿O pensó que era posible que podría haber muerto por_____?***	**Sí** ☐ **No** ☐ Nº total de intentos _____	**Sí** ☐ **No** ☐ Nº total de intentos _____
¿O lo hizo sólo por otras razones o sin NINGUNA intención de suicidarse (como aliviar el estrés, sentirse mejor, obtener empatía o para que pasara otra cosa)? (Comportamiento autodestructivo sin intención suicida) Si la respuesta es "sí", describa:	**Sí** ☐ **No** ☐	**Sí** ☐ **No** ☐
¿Ha tenido la persona un comportamiento autodestructivo no suicida?		
Intento interrumpido: Cuando la persona es interrumpida (por una circunstancia ajena a su voluntad) al empezar un acto potencialmente autodestructivo *(si no fuera por eso, el intento habría ocurrido)*. Sobredosis: la persona tiene las pastillas en la mano pero no las ingiere. Una vez que se ingiere cualquier pastilla, esto se convierte en un intento real más que en un intento interrumpido. Dispararse: la persona tiene una pistola apuntándosehacia sí misma, otra persona le quita la pistola o evita de algún modo que la persona apriete el gatillo. Una vez que la persona aprieta el gatillo, aunque la pistola falle, es un intento. Saltar: la persona está por saltar, la sujetan y la retiran del borde. Ahorcarse: la persona tiene la soga en el cuello pero no ha empezado a ahorcarse y algo la detiene. ***¿Ha habido algún momento en que empezó a hacer algo para terminar con su vida pero alguien o algo lo/la detuvo antes de que lo hiciera?*** Si la respuesta es "sí", describa:	**Sí** ☐ **No** ☐ N° total de intentos interrumpidos	**Sí** ☐ **No** ☐ N° total de intentos interrumpidos
Intento abortado: Cuando la persona empieza a prepararse para un intento de suicidio pero se detiene antes de tener un comportamiento autodestructivo. Los ejemplos se parecen a los del intento interrumpido, excepto que la persona se detiene por sí misma en lugar de ser detenida por otra cosa. ***¿Ha habido algún momento en que empezó a hacer algo para tratar de terminar con su vida pero se detuvo antes de hacerlo?*** Si la respuesta es "sí", describa:	**Sí** ☐ **No** ☐ N° total de intentos abortados	**Sí** ☐ **No** ☐ N° total de intentos abortados
Actos o comportamiento preparatorios: Actos o preparativos para llevar a cabo un inminente intento de suicidio. Esto incluye algo más allá de las palabras o de los pensamientos, como estructurar un método específico (p. ej., comprar pastillas, comprar una pistola) o prepararse para su muerte por suicidio (p. ej., regalar sus cosas, escribir una nota suicida). ***¿Ha hecho algún preparativo para un intento suicida o para matarse (como juntar pastillas, comprar una pistola, regalar posesiones valiosas o escribir una nota suicida)?*** Si la respuesta es "sí", describa:	**Sí** **No**	**Sí** **No**

Responda solamente por intentos reales	Fecha del intento más reciente:	Fecha del intentomás letal:	Fecha del primer intento:
Grado de letalidad y lesiones: (13) No hay daño físico o muy poco daño físico (p. ej., rasguños superficiales). (14) Daño físico menor (p. ej., habla aletargada, quemaduras de primer grado, sangrado ligero, esguinces). (15) Daño físico moderado: necesita atención médica (p. ej., está consciente pero somnoliento/a, responde un poco, quemaduras de segundo grado, sangrado de conducto sanguíneo principal). (16) Daño físico moderadamente grave: necesita hospitalización y probable cuidado intensivo (p. ej., está en coma con reflejos intactos, quemaduras de tercer grado en menos del 20% del cuerpo, pérdida de sangre considerable pero puede recuperarse, fracturas graves). (17) Daño físico grave: necesita hospitalización con cuidado intensivo (p. ej., está en coma sin reflejos, quemaduras de tercer grado en más del 20% del cuerpo, pérdida de sangre considerable con signos vitales inestables, daño grave en un área vital). (18) Muerte	*Ingrese código*	*Ingrese código*	*Ingrese código*
Letalidad potencial: conteste solamente si hay causa de muerte real = 0 Muerte probable en el intento real aunque sin lesiones (los siguientes ejemplos, aunque no provocaran lesiones, tuvieron gran potencial letal: se puso una pistola dentro de laboca y apretó el gatillo pero la pistola falló por lo que no hubo lesiones que requirieran atención médica; se acostó en las vías de un tren que estaba a punto de pasar pero se retiró antes de que el tren lo/la arrollara). 0 = Comportamiento con poca probabilidad de lesiones 1 = Comportamiento con probabilidad de lesiones pero no de muerte 2 = Comportamiento con probabilidad de muerte a pesar de atención médica disponible	*Ingrese código*	*Ingrese código*	*Ingrese código*

D. C-HSRS (Columbia Homicide Severity Rating Scale)

Homicide / Harm to Others Risk Assessment

I. HOMICIDAL IDEATION	**Past Month**	
Ask questions that are in bolded and underlined	**Yes**	**NO**
Ask Questions 1 and 2		
1) Wish to Hurt Another Person: Person endorses thoughts about a wish to hurt another person or that the person was not around anymore. ***Have you wished someone was dead or just not around anymore?***		
2) Homicidal Thoughts: General non-specific thoughts of wanting to end someone's life/commit homicide, "*I've thought about killing _____" without general thoughts of ways to kill someone else/associated methods, intent, or plan*." ***Have you actually had any thoughts of killing someone?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Homicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of homicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about stabbing him/her but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" ***Have you been thinking about how you might do this?***		
4) Homicidal Intent (without Specific Plan): Active homicidal thoughts of killing someone and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them*." ***Have you had these thoughts and had some intention of acting on them?*** ***On a scale of 1 to 5, where 1 represents "not likely" and 5 represents "extremely likely" how likely are you to act upon your thoughts and feelings at this time?***	**Yes**	**No**
5) Homicidal Intent with Specific Plan: Thoughts of killing someone with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill this person? Do you intend to carry out this plan?***		
6) Homicide Behavior Question: ***Have you ever done anything, started to do anything, or prepared to do anything to take someone's life?*** Examples: Obtained a gun or other weapon (knife, bat, etc.); made a verbal or written threat; held a gun or other weapon but changed your mind or it was grabbed from your hand; went to the person's home or workplace; or actually tried to shoot or cut someone, etc. **If YES, ask:** ***How long ago did you do any of these?*** · Over a year ago? · Between three months and a year ago? · Within the last three months?		

E. Safety Plan

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

(19) Name_____ Phone_____

(20) Name_____ Phone_____

(21) Place_____ 4. Place_____

Step 4: People whom I can ask for help:

(6) Name_____ Phone_____

(7) Name_____ Phone_____

(8) Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

(7) Clinician Name_____ Phone_____

Clinician Pager or Emergency Contact # _____

(8) Local Urgent Care Services: **Olive View Community Mental Health Urgent Care Center**

Urgent Care Services Address: **14659 Olive View Dr Sylmar, CA**

Urgent Care Services Phone: **818-485-0888**

(9) Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

F. Safety Plan (Spanish)

Plan deseguridad

Paso 1: Señales de advertencia (pensamientos, imágenes, estado de ánimo, situación, comportamiento) de que se puede desarrollar una crisis:

1. _____
2. _____
3. _____

Paso 2: Estrategias de afrontamiento internas: cosas que puedo hacer para distraerme de mis problemas sin contactar otra persona (técnica de relajación, actividad física):

1. _____
2. _____
3. _____

Paso 3: Personas y entornos sociales que proporcionan distracción:

(1) Nombre_____ Teléfono_____

(2) Nombre_____ Teléfono_____

(3) Lugar_____ 4. Lugar_____

Paso 4: Personas a las que puedo pedir ayuda:

(1) Nombre_____ Teléfono_____

(2) Nombre_____ Teléfono_____

(3) Nombre_____ Teléfono_____

Paso 5: Profesionales o agencias con las que puedo contactar durante una crisis:

(1) **Nombre del médico**_____ **Teléfono**_____
Localizador del médico o número de contacto de emergencia _____

(2) **Servicios locales de atención de urgencia:** Olive View Community Mental Health Urgent Care Center
Dirección de Servicios de Atención Urgente: 14659 Olive View Drive, Sylmar, CA, 91342
Servicios de atención urgente Teléfono: 818-485-0888

(3) **Teléfono de Lifeline para la prevención del suicidio:** 1-800-273-TALK (8255)

Paso 6: Como hacer el medio ambiente mas seguro:

1. _____
2. _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)
RISK ASSESSMENT VERSION

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Suicidal and Self-Injury Behavior (Past week)			Clinical Status (Recent)	
☐	Actual suicide attempt	☐ Lifetime	☐	Hopelessness
☐	Interrupted attempt	☐ Lifetime	☐	Helplessness*
☐	Aborted attempt	☐ Lifetime	☐	Feeling Trapped*
☐	Other preparatory acts to kill self	☐ Lifetime	☐	Major depressive episode
☐	Self-injury behavior w/o suicide intent	☐ Lifetime	☐	Mixed affective episode
Suicide Ideation (Most Severe in Past Week)			☐	Command hallucinations to hurt self
☐	Wish to be dead		☐	Highly impulsive behavior
☐	Suicidal thoughts		☐	Substance abuse or dependence
☐	Suicidal thoughts with method (but without specific plan or intent to act)		☐	Agitation or severe anxiety
☐	Suicidal intent (without specific plan)		☐	Perceived burden on family or others
☐	Suicidal intent with specific plan		☐	Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
Activating Events (Recent)			☐	Homicidal ideation
☐	Recent loss or other significant negative event		☐	Aggressive behavior towards others
	Describe:		☐	Method for suicide available (gun, pills, etc.)
			☐	Refuses or feels unable to agree to safety plan
☐	Pending incarceration or homelessness		☐	Sexual abuse (lifetime)
☐	Current or pending isolation or feeling alone		☐	Family history of suicide (lifetime)
Treatment History			Protective Factors (Recent)	
☐	Previous psychiatric diagnoses and treatments		☐	Identifies reasons for living
☐	Hopeless or dissatisfied with treatment		☐	Responsibility to family or others; living with family
☐	Noncompliant with treatment		☐	Supportive social network or family
☐	Not receiving treatment		☐	Fear of death or dying due to pain and suffering
Other Risk Factors			☐	Belief that suicide is immoral, high spirituality
☐			☐	Engaged in work or school
			☐	Engaged with Phone Worker *
			Other Protective Factors	
			☐	

Describe any suicidal, self-injury or aggressive behavior (include dates):

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