

Monroe County School District Crisis Intervention Interview

School: _____ Date: _____ Time: _____

Student Name: _____ Grade: _____ Age: _____

Description of circumstances or statements that prompted concern - Use student's own words when possible.

Columbia – Suicide Severity Rating Scale (C-SSRS)

SUICIDE IDEATION DEFINITIONS AND PROMPTS			
	YES	NO	
Ask questions 1 and 2 first. Questions are bold and <u>underlined</u>.			
1. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2. <u>Have you actually had any thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3. <u>Have you been thinking about how you might do this?</u> “Did you think about ways you could kill yourself?” Example: “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.”			
4. <u>Have you had these thoughts and had some intention of acting on them?</u> “Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something. Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?” As opposed to “I have the thoughts but I definitely will not do anything about them.”			
5. <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Do you or did you intend to carry out this plan?</u> “Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?”			
6. <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> “Have you EVER tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself?” If YES, ask when: <u>Was this in the past 3 months?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.			

***A student in crisis must remain under the care and supervision of an adult.**

Possible Response Protocol to C-SSRS Screening

Q. 1 - Behavioral Health Referral
 Q. 2 - Behavioral Health Referral
 Q. 3 - Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
 Q. 4 - Student Safety Precautions and psychiatric evaluation by crisis team/MRT/EMT/Emergency room
 Q. 5 - Student Safety Precautions and psychiatric evaluation by crisis team/MRT/EMT/Emergency room
 Q. 6 - Throughout Lifetime (over 3 months ago): Behavioral Health Referral
 Q. 6 - 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/MRT/EMT/Emergency room

Does the student state he/she wants to hurt self or others? Refer to Q. 2. ☐ Yes ☐ No

If yes, please state here using student's own words.

Does the student have a plan? Refer to Q.'s 3 & 4. ☐ Yes ☐ No

If yes, please state here using student's own words.

Does the student have means to carry out this plan? Refer to Q.'s 5 & 6. ☐ Yes ☐ No

If yes, please identify.

Initial Actions Taken: (*Mandatory)

Name of Individual Notified:

- ☐ *Notify Mobile Response Team (MRT) 305-434-7660 option 8
if Response Protocol is Q4, Q5, or Q6

- ☐ *Notify SBTMT Chairperson/Administrator.
(SBTMT = School-Based Threat Management Team)

- ☐ *Notify parent or guardian.

- ☐ *Contact SRO if Response Protocol is Q4, Q5, or Q6

- ☐ Other school support (Specify title:

)

(For example: Behavior Specialist, School Social Worker, School Counselor, School Nurse, or other support personnel already working with the student)
- ☐ Contact known support person at local agency.

Name of local agency currently supporting student:

(Obtain current release of information, if necessary, for collaborative student support.)
- ☐ Other:

Notes:

Documentation of Parent Contact

Pursuant to sections 1002.20 and 1002.33, Florida Statutes (F.S.), all public schools, including charter schools, are to make a reasonable attempt to notify the parent of a minor student before that student is removed from school, school transportation or a school-sponsored activity for an involuntary mental health examination. Additionally, the principal or the principal's designee must: (a) Use all available methods of communication to contact the student's parent, guardian or known emergency contact, including phone calls, text messages, email, voicemail, and other available method of communication provided by the parent, and (b) Document the method and number of attempts made to contact the student's parent, guardian or other known emergency contact and the outcome of each attempt.

Date of Parent Notification: _____ School: _____

Student: _____ Principal/Designee: _____

Name of Person Contacted	Date/Time	Relationship to Student	Type of Contact Made/Attempted				Outcome
			Phone Call (H, W, or C)	Text	E-Mail	Other	

Notes: _____

A delay of notification is only allowed if it is necessary to avoid jeopardizing the health and safety of the student.

**As per s. 39.201, F.S., if rationale for the delay in notification was that it was in the "best interest" of the student, a report to the central abuse hotline must be made upon knowledge or suspicion of abuse, abandonment, or neglect.*

☐ Check if the 24-hour delay was used in this incident.

Rationale for the delay:

- ☐ Delay necessary to avoid jeopardizing the health and safety of the student
- ☐ Delay deemed to be in the student's best interest*

Date of submitted report to the central abuse hotline: _____

Time of submitted report to the central abuse hotline: _____

 Signature of Principal or Designee

Crisis Intervention Results

Student Name: _____

Check all that apply.

- ☐ Review student's schedule and school supports
- ☐ Initiate or revise interventions or strategies for student safety and wellbeing.
- ☐ Consult student's teachers and support staff as appropriate.
- ☐ Student referred to school counselor for Tier 2 support
- ☐ Student referred to school social worker for Tier 3 support
- ☐ Other action/result (please specify): _____
- ☐ Other action/result (please specify): _____
- ☐ Police or first responder involvement necessary to ensure safety of student and/or others
- ☐ Student referred to local agency or physician for support
 - ☐ Referred to: _____
 - ☐ Release of Information obtained and signed by parent/guardian
- ☐ Student was released to parent to return to school on: _____

Mobile Response Team (MRT)

- ☐ Assessment conducted by MRT:
 - ☐ MRT assessment took place at school
 - ☐ MRT assessment took place at the GCC office
 - ☐ Student was transported to GCC by _____ (name/relationship to student).
 - ☐ Student's arrival to GCC was confirmed by _____ (school staff).

MRT Assessment Result:

- ☐ **No**, this assessment did not result in a Baker Act/involuntary examination.
- ☐ **Yes**, a Baker Act/involuntary examination (IE) was initiated:
 - ☐ at Guidance/Care Center offices
 - ☐ at school, on school transportation, or at a school-sponsored activity (If so, Administrator notifies the district office, and IE must be reported by the school to the State **within 24 hours of incident or the next school day.**)
 - ☐ _____: Name of the qualified professional (s.394.463[2], F.S.) who initiated the Involuntary Examination process

Additional Notes:

Name of staff member completing this form: _____

Name(s) of additional staff member(s) consulted: _____

Administrator Signature/Date

Staff Signature/Date

Upload Paperwork to Focus and Notify District

***A student in crisis must remain under the care and supervision of an adult.**

Monroe County School District Safety and/or Re-Entry Plan

This plan is being created to support student success and to identify an agreed upon appropriate course of action to support this student's needs combined with any additional services and community support following a crisis intervention or critical event. School personnel involved in the initial incident should complete this safety/re-entry plan.

School: _____ Date: _____ Time: _____

Student Name: _____ Grade: _____ Age: _____

- ☐ Review hospital or agency discharge/follow-up information (if applicable).
- ☐ Obtain Release(s) of Information to collaborate with outside agencies supporting student (if applicable).
- ☐ Review student's school schedule and school supports.
- ☐ Working proactively, list below actions to support student at school and maintain student, staff and building safety:

School Level Supports/Actions	Person Responsible

Additional notes regarding support at school: _____

<p>When student needs responsive school support, he/she may request to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use calming techniques such as breathing and counting strategies. <input type="checkbox"/> Utilize a time out in identified visible area _____ <input type="checkbox"/> Be escorted to see support person. Specify who: _____ <input type="checkbox"/> Be escorted to office to contact parent/guardian. <input type="checkbox"/> Other (please specify): _____ 	<p>If student feels unsafe or needs responsive support outside of school, the student will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Call 911 if there is imminent danger <input type="checkbox"/> Call or text 988- Crisis Lifeline <input type="checkbox"/> Contact Guidance Care Center's Mobile Response Team at 305-434-7660 option 8
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Additional Notes: _____

- ☐ Set appointment time to check in with student for plan success review.

Date: _____ Time: _____ Location: _____

Student Signature/Date

Parent/Guardian Signature/Date

Administrator Signature/Date

School Counselor Signature/Date

Additional School Staff Signature/Date

School Social Worker Signature/Date

Agency Support Staff Signature/Date

Re-Entry Supports and Follow-Up after CI, BTA, or Critical Event

Check all that apply. (*Mandatory)

- ☐ *MRT staff will follow up with the school within 72 hours for additional support and/or re-entry support if there was MRT assistance with student of concern.
- ☐ *Call parent/guardian within 48 hours of absence(s) resulting from incident (for continued collaboration and/or re-entry support).
- ☐ Review student's schedule and school supports, including strategies for student safety and wellbeing.
- ☐ Consult student's teachers and support staff as appropriate.
- ☐ Obtain Release(s) of Information to collaborate with outside agencies supporting student.
- ☐ Schedule Re-Entry Meeting date and time.
Date: _____ Time: _____
 - 1) *Notify/Invite parent/guardian to meeting.
 - 2) *Notify/Invite the local agency already supporting the student (release of information on file).
- ☐ *Complete School Safety/Re-Entry Plan.
- ☐ *On re-entry day, email student's teachers: "__ (student's initials) is re-entering today. Contact me with any concerns." Within 48 hours, contact all of the student's teachers to provide appropriate information to support the student. This can be done via phone or in person, as individual or group teacher conferences.
- ☐ Complete any follow-up tasks acquired in re-entry meeting.
- ☐ Identify student resources and make additional referrals (as necessary).
- ☐ *Upload re-entry forms to Focus (attach to initial incident forms) and notify district
- ☐ Other (please specify): _____

Please note: As defined in s. 394.455, F.S., the district superintendent must annually report to FDOE the number of involuntary examinations (IE) which are initiated at a school, on school transportation, or at a school-sponsored activity and the number of children for whom an examination was initiated.

- ☐ Check if this IE was initiated at school, on school transportation, or at a school-sponsored activity.
- ☐ *If yes, school administrator must complete and submit IE report in the Involuntary Examinations and Restraint/Seclusion (IERS) system located in FLDOE Single Sign-On within 24 hours of incident (or the next school day).
- ☐ *Notify district of IERS submission of an involuntary examination which was initiated at school, school transportation, or school-sponsored activity.

Additional Notes:

Name of staff member completing this form: _____

Upload Safety/Re-Entry Paperwork to Focus (attach to initial incident forms) and Notify District



Guidance/Care Center Inc. and Monroe County School District

Parent/Guardian Acknowledgment and Permission for Student Transport

School: _____ Date: _____ Time: _____

Student Name: _____ Grade: _____ Age: _____

Parent/Legal Guardian Name (Please print.): _____

I have been informed that my child has expressed thoughts of suicide or harm to others or has engaged in self-injurious behavior that has resulted in the immediate need of referral for an assessment by the Guidance Care Center Mobile Response Team (MRT). I acknowledge that I have been informed that MRT is made up of educational professionals who are trained in crisis intervention skills. I understand that MRT will work with my child and my family to identify and develop strategies for effectively dealing with behavioral health crises that my child may experience in the future, including but not limited to development of safety or crisis plans, offering supportive crisis counseling, and assisting with the development of coping skills.

In order to assist my child, I agree to immediately take him/her to a qualified mental health professional for assistance and evaluation rather than receiving the assessment at school. I will transport my child to the Guidance/Care Center office without any stops or delays and will request emergency response support by calling 911 immediately, if needed.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Provide a copy to the parent/guardian.

Retain original and upload to Focus with any supporting documents.



Monroe County School District Information Exchange Authorization - Educational / Medical / Health

Information security and confidentiality are matters of serious concern for all persons who have access to student education, health, and medical records. The information contained in a student's "educational records" is protected by the Family Educational Rights and Privacy Act (FERPA of 1974(20U.S.C. 123g(a)). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (Code of Federal Regulations, Title 45, Part 164) governs how "covered entities" may use and disclose "protected health information". The Federal Family Rights and Privacy Act does not require parent permission for sending records to a school to which a student is transferring. In such case no parent authorization may appear here.

Sec. I School Information					
School Name:			Phone :		
School Address:		City	State	FL	Zip
School Contact:		Title:			
Email:		Fax:			
Sec. II Student Information					
Student Name:					
Date of Birth:					
Sec. III Provider/Agency to Receive or Release Information					
Name of Provider/Agency:					
Profession:					
Address :		City	State	Zip	
Phone:		ext.	Fax:		
Email:					
Sec. IV Information to be Exchanged (Indicate the exchange: Release Info., Receive Info., Release and Receive)					
Academic Records	Receive	Release	Physical Therapy Evaluations	Receive	Release
IEP -Education Plan (Gifted)	Receive	Release	Positive Behavior Intervention Plan	Receive	Release
Functional Behavior Assessment	Receive	Release	Psychological Reports	Receive	Release
IEP-Individual Education Plan (ESE)	Receive	Release	Section 504 Records	Receive	Release
IHP-Individual Health Plan	Receive	Release	Standardized Test Scores	Receive	Release
Immunization Records	Receive	Release	Speech Language Evaluations	Receive	Release
Medical/Health*Specified below	Receive	Release	Teacher Ratings/Observations	Receive	Release
Occupational Therapy Report	Receive	Release	Other * Specified Below	Receive	Release
Official School Transcript	Receive	Release			
Other*Specify					
Sec. V Parent Guardian Information					
Parent/Guardian Name:			Relationship:		
Address:		City	State	Zip	
Cell Phone:		Phone (other):			
<p>I, _____, authorize Monroe County School District to exchange my child's educational, health, and/or medical information as designated in Sec (IV). I am aware that the information will be held in strict confidence and will be used to evaluate and plan for my child's educational, medical, and/or health services and interventions.</p>					
Signature			Date		
This consent expires one year from the date signed above.					

MCSD/MRT RESPONSE

Follow the flow chart when crisis interventions and/or behavior threat assessments warrant MRT involvement

- The entire team must remain in tact for the entire process
- Team must include administrator, SRO, school counselor and/or school social worker
- KWPD and MCSO available to support school and MRT efforts to ensure safety
- All CI and BTA paperwork must be documented into Focus
- Alfredo Vasquez (x53391) & Daliana Goins (x53353) must be notified same day of all BTA's
- Daliana Goins (x53353) and Christina McPherson (x53307) must be notified same day of all CI's
- School originated Baker Acts must be entered into the state system (IERS)



MRT: Mobile Response Team

CI: Crisis Intervention

BTA: Behavior Threat Assessment

