



Tradition. Excellence. Innovation.

Threat Risk Assessment and Response Manual

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2021-2022

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*The Initial Assessment paperwork should be easily accessible in the event that it will be needed quickly.

What is the Purpose of a Risk Assessment

The purpose of the Spartanburg School District 7 Risk Assessment and Response Manual, along with the accompanying training, is to provide schools and school personnel with information about students that are at risk of harming themselves or other individuals. In addition, the Spartanburg School District 7 Risk Assessment and Response Manual can assist schools in responding appropriately when a student is considered to be at risk, as well as aid in how to implement subsequent interventions and post interventions as needed. The procedures and recommendations in this manual should be adhered to by all district and school personnel.

Threat to Self

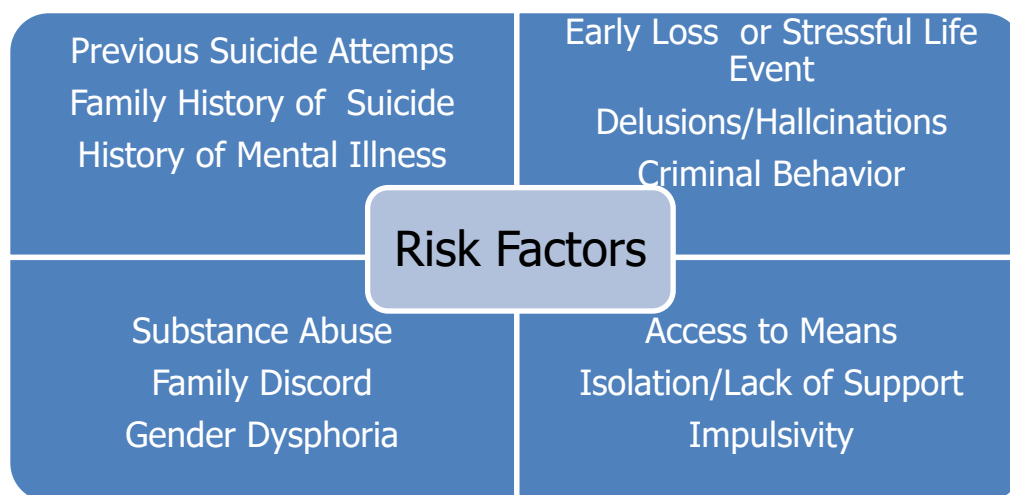
Statistics

Suicide is a rapidly growing epidemic in our society today. According to the Centers for Disease Control and Prevention (CDC) (2015), there was a total of 41,149 suicide related deaths in 2013, making suicide the 10th leading cause of death across all age groups. Staggeringly, this statistic is equivalent to 113 people dying by suicide each day or one suicide occurring every 13 minutes. In relation to gender, men are more likely to die by suicide, as there are 3.5 reported male suicides for every female suicide. Contributing to this statistic is the fact that men tend to use more lethal means, such as firearms, while women tend to use less lethal means, such as prescription medications. Even more frightening is the fact that children and adolescents are not immune to this public health issue. According to the CDC (2015), suicide is the 3rd leading cause of death among 10-14 year olds and the 2nd leading cause of death among 15-19 year olds. In addition, the Youth Risk Behavior Surveillance, conducted in 2013, examined self-directed violence among high school students in grades 9-12 in both public and private schools. The survey found that 17% of students reported seriously considering suicide as an option while 13.6% actually created a plan to carry out the act. Lastly, 8% of high school students attempted to die by suicide with 2.7% requiring medical attention due to the severity of the attempt.

Threat to Self-Risk Factors and Warning Signs

There are several factors that put children and adolescents at risk for suicide. There are also certain variables that signal the possible presence of suicidal ideation or intent to harm oneself. The combination of risk factors and suicide warning signs signal the need to conduct a risk assessment; however, the presence of such variables does not always mean suicide is imminent or will occur.

Some, but not all of the suicide risk factors and warning signs are depicted below:



Threat to Others

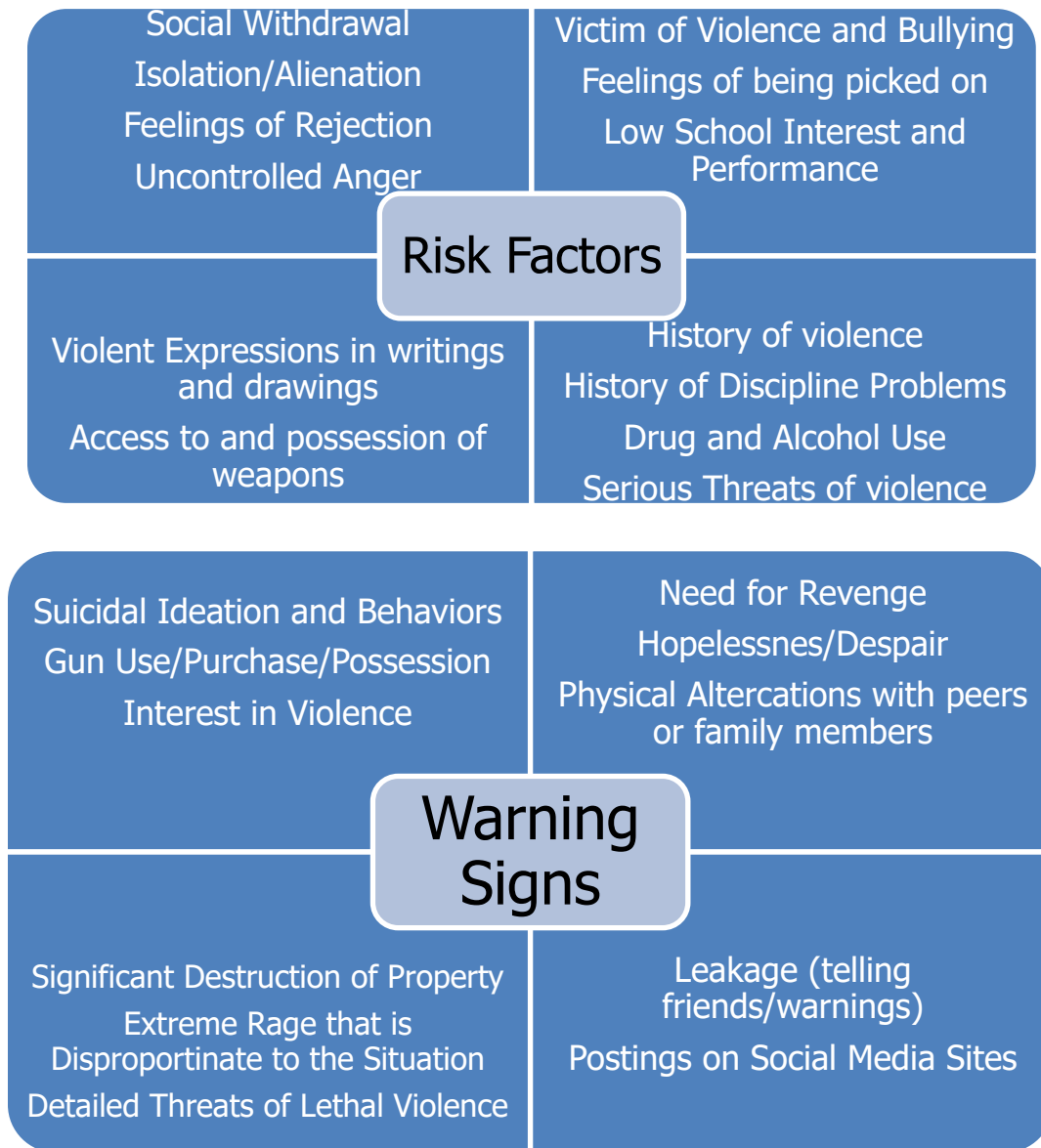
Statistics

Another troubling phenomenon in society is the prevalence of youth violence. According to the CDC (2015), homicide is the 2nd leading cause of death of young people ages 15-24. In 2010, 4,828, young people, ages 10-24, were victims of homicide, which is an average of 13 per day. While youth violence statistics are staggering, school associated violent deaths are extremely rare. The CDC (2015) reports that less than 1% of youth homicides take place at school, on the way to or from school, or at a school sponsored event. From 2010-2011, there were a total of 11 school related homicides, as compared to 1325 that occurred away from school. Statistics demonstrate that schools are safer today than they were a decade ago. From 1992 to 2001 there were a total of 246 school associated homicides (an average of 27 per year), as compared to 2001 to 2010, when there were a total of 187 school associated homicides (an average of 21 deaths per year). While school related homicides have decreased over the years, there are some common factors when youth violence does occur at school. Most school associated homicides involve a firearm and a single victim and offender, with 80% of the school associated firearm related homicides involving a weapon that was obtained from the home or from a friend or relative. In other words, access to potentially lethal means is a prominent variable in the carrying out of school related homicides.

Youth Violence Risk Factors and Warning Signs

There are several factors that put children and adolescents at risk for harming others, in addition to themselves. There are also certain warning signs that *MAY* signal that a youth is considering acting on thoughts of violence. The combination of risk factors and warning signs signal the need to conduct a risk assessment; however, the presence of such variables does not always mean violence is imminent or will occur.

Some, but not all of the youth violence risk factors and warning signs are depicted below:



Training

Spartanburg School District 7 requires that Risk Assessment Team Members provide annual training to staff members at their respective schools. This training is to include information related to the knowledge of stressors, risk factors, and warning signs associated with students who are at risk for harming themselves or others. Clear reporting procedures should be communicated to school staff members as immediate and appropriate action is required if a student is suspected of possible suicidal or homicidal behavior. Risk Assessment Team Members should be identified and made known to the staff at each school. Lastly, lists of each school's Risk Assessment Team Members should be posted in an easily visible and accessible location.

Who Conducts the Threat Risk Assessment

Conducting threat risk assessments, assigning the level of risk, and determining appropriate interventions for students found to be a threat to self or others is considered to be a *team process*. To most effectively intervene with students determined to be at risk for suicide or homicide, a multi-disciplinary team must be appropriately trained and prepared to act. Spartanburg School District 7 recommends each school form a Threat Risk Assessment Team. The following guidelines are offered to schools in an effort to assist in creating a Threat Risk Assessment Team that can appropriately and effectively assess student risk levels.

Threat Risk Assessment Team members should include individuals who have:

- General knowledge of normal developmental stages of children and adolescents
- General knowledge of crisis intervention
- The ability to access and secure community resources
- Received training in the recognition of risk factors, warning signs, and stressors related to possible suicidal and homicidal behavior
- Knowledge of the Spartanburg School District 7 Risk Assessment and Response Manual

District Office Contact:

- Regular Education Students- Director of student Services (Office 864-594-4400x6197/ Cell 864-205-2000)
- Special Education and 504 Students-Director of Special Services (Office 864-594-4493 ext. 4/ Cell 864-285-5396)

School Threat Risk Assessment Team members (minimum of 2):

- Principal, Assistant Principal or Guidance Counselor (Team Leader)
- RBHS Counselor (If applicable)
- School Psychologist

Expanded team members, as needed:

- Teacher(s)
- School Resource Officer/ Law Enforcement
- School Nurse
- Community agencies involved (e.g. DSS case worker, Mental Health, etc.)
- Parent/Guardian

Responsibilities of Threat Risk Assessment Team Members

- The Principal will keep all records on file and a copy of this file will be given to the Director of Special Services. A system will be implemented which will provide Principals information on these students as they move through the district.
- All Threat Risk Assessment Team Members must be trained by Spartanburg School District 7 in the Threat Risk Assessment and Response Protocol.
- Selected Threat Risk Assessment Team Members must provide annual training to school staff members, teachers, and other school personnel as deemed necessary.
- Threat Risk Assessment Team Members will assemble, discuss, and assess reported threats made by students who are at risk to harm themselves or others.
- Threat Risk Assessment Team Members will determine the identified student's level of risk and implement appropriate interventions.
- Threat Risk Assessment Team Members will provide referral information and/or help identified students and families access the appropriate community resources.
- Threat Risk Assessment Team Members will monitor and follow up with identified students and their families, as well as provide updates, as needed, to the school's Threat Risk Assessment Team.
- Threat Risk Assessment Team Members will assist students with transitions in and out of the school setting.
- Threat Risk Assessment Team Members will document reported threats, student, staff, and family contact, agreed upon interventions, follow up information, and other information deemed necessary.

How to Respond to Threats

- When responding to threats, it is important to:
 - Control or contain the situation in a way that keeps everyone safe,
 - Protect and assist potential victims to keep them safe in so far as is possible,
 - Provide support, guidance, and intervention to the student who made the threat.
- Use the Spartanburg School District 7 Suicide Risk Assessment and Response Checklist as a guide to conduct the assessment.
- Do not leave the student alone.
- Contact the parent/guardian and inform them of the situation.
- Explain confidentiality and the limits of confidentiality to the student. Confidentiality is an essential part of any relationship. In most cases, written and signed authorization is required before information concerning students can be disclosed to other individuals. If the team believes that the student is likely to hurt themselves or someone else, the law dictates that signed authorization is not required in order to release information. The statement below should be shared with the student:

“If the team believes that you are likely to harm yourself and/or another person, we may take action necessary to protect you or others by contacting outside resources in order to keep you and/or victim as safe as possible.”
- When the team conducts a Threat Risk Assessment use a Friendly, Frank and Firm Approach: Friendly (compassionate, warm, concerned, supportive, client-centered), Frank (direct, candid, unafraid to ask or talk about risks plainly), and Firm (asking in a confident tone and insisting that this discussion is essential, imperative, and necessary). These help establish therapeutic trust, clear expectations, and relational honesty.
- Once the team determines the level of risk and creates a required action plan for student and (victim, if applicable), document outcome and share with all involved.
- Notify parent/guardian of outcome.

Spartanburg School District 7
Threat Risk Assessment and Response Checklist

- If a staff member becomes aware of a student making a threat to harm self or others, the staff member immediately informs the team leader (guidance counselor and/or administrator).
- **Do not leave the student alone.**
- Team leader initiates risk assessment report on report form.
- Contact parent/guardian
- Explain confidentiality and the limits of confidentiality to the student.
- Convene risk assessment team (2 staff members).
- Meet with the student to assess presence of risk factors.
- Assess levels of suicide/homicide risk
- Determine level of risk and create a required action plan for student and (victim, if applicable).
- Have student and parent/guardian sign applicable forms.
- If student transfers within the district, Principal communicates threat risk with the new Principal.

THREAT RISK ASSESSMENT REPORT

Complete this form for every student assessed to be at-risk for harming self or others. (Low, Medium, or High Level of Risk)

Date: _____ School: _____

Student's Name: _____ Date of Birth: _____

Grade: _____ Gender: _____ Race: _____

Date of Incident/Referral: _____ Referred by: _____

Referral Type: ☐ Threat to Self ☐ Threat to Others

Limits of Confidentiality Explained to Student: ☐ Yes ☐ No If yes, date/time: _____ Student Initial _____

Parent Notified: ☐ Yes ☐ No If yes, date/time: _____ Parent Response: _____

Brief Summary of Assessment: _____

Risk Level: ☐ Low ☐ Moderate ☐ High

Outcome: _____ Parent of student making threat notified Date/Time: _____ Conference Form Provided _____
 _____ Parent of potential victim notified Date/Time: _____
 _____ Referral information provided (list) _____
 _____ Follow-Up Appointment date and provider (Moderate) _____
 _____ Parent/Guardian transport student to hospital (Name of Parent/Guardian): _____
 _____ School personnel involved in transport to hospital _____
 _____ EMS Transported to Hospital _____
 _____ Other _____

Assessment Team:

Member Name

Member Position

Team Leader's Signature: _____ Date: _____

THE RISK ASSESSMENT REPORT AND ALL SUPPORTING DOCUMENTATION WILL BE KEPT IN A FILE WITH THE SCHOOL PRINCIPAL

COLUMBIA-SUICIDE SEVERITY RATING SCALE

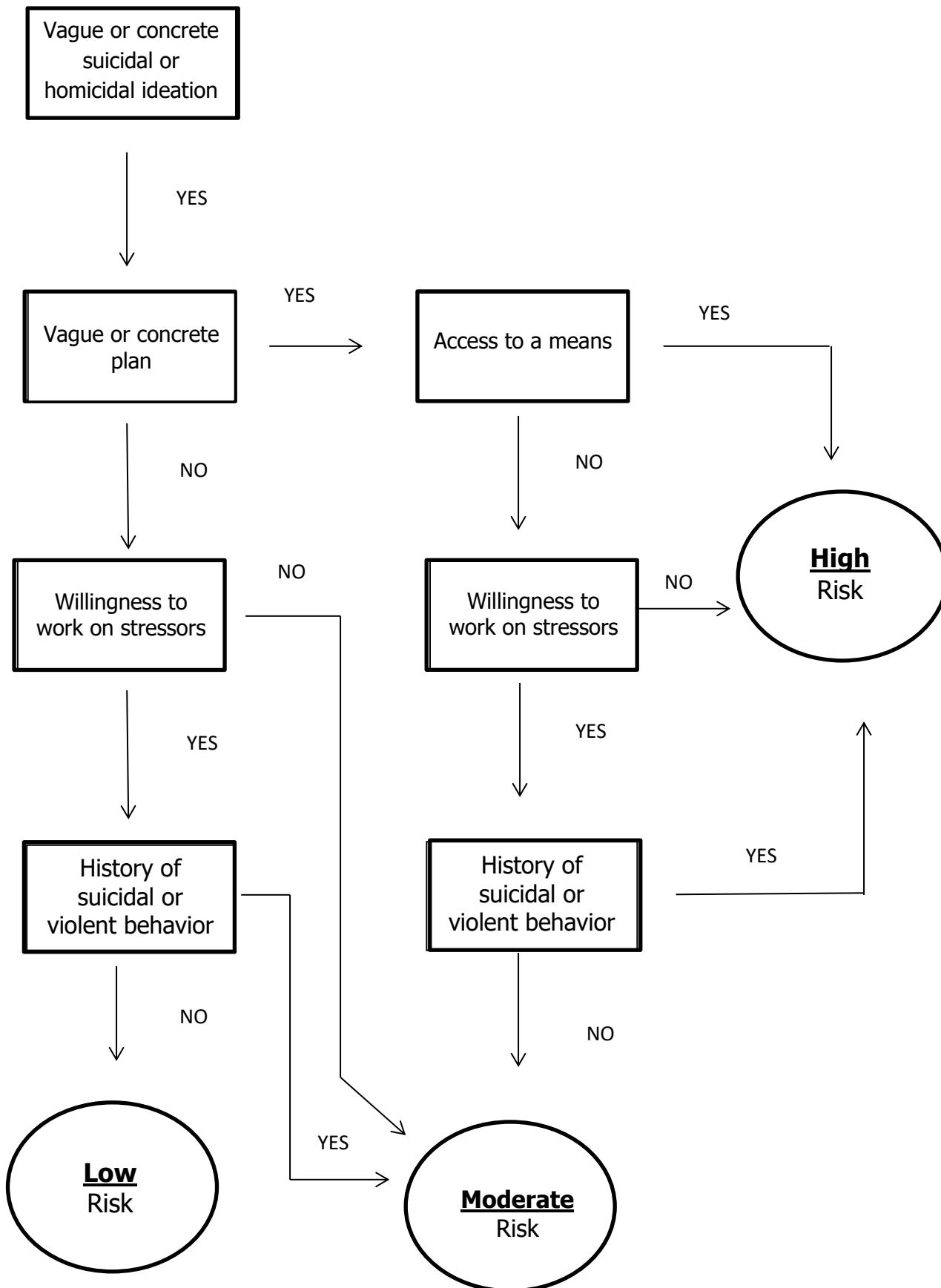
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SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
Ask questions that are bolded and <u>underlined</u> .		YES	NO
Ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you 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> E.g. "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> 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 intend to carry out this plan?</u>			
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</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. If YES, ask: <u>Was this within the past 3 months?</u>		Lifetime	
		Past 3 Months	

- Low Risk
- Moderate Risk
- High Risk

For inquiries and training information contact: Kelly Posner, Ph.D.
 New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
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Threat Risk Assessment Flow Chart



LOW RISK LEVEL

- Look for:**
1. No serious consideration of suicide/violence.
 2. Student has no plan.
 3. Seems to be suffering a brief reactive episode in regards to defined situational stressors.
 4. Suicidal/Homicidal thoughts are brief and fleeing.
 5. Open and willing to work on the stressors/problems. (A student who is unwilling becomes Moderate Risk).
 6. A student who has a history of suicide/homicide attempts or has become violent towards others verbally or physically becomes a Moderate Risk.
- Action:**
1. Risk Assessment Team conducts assessment with student and determines “Low Level Risk.”
 2. A copy of the “Student Resource Information” form needs to be provided to the student.
 3. Inform parent/guardian that you have talked to the student and you are making them aware of the information you have. Give the parent/guardian the option of picking the student up from school or receive permission for the student to go home via their regular daily transportation. Document the conversation that you have with the parent/guardian (phone conversation or conference if they pick up the student) on the “Parent Notification and Agreement Document.” Provide the parent/guardian with the copies of the “Parent Notification and Agreement Document”, the “Safety Precautions for the Home Environment”, and the “Mental Health Resources for Children and Families.” Notify the parent that the student has been provided a copy of the “Student Resource Information.”
 4. If the parent/guardian cannot be reached, hand deliver the “Parent Notification and Agreement Document”, the “Safety Precautions for the Home Environment”, and the “Mental Health Resources for Children and Families” forms to the home as soon as possible. As a last resort, you may send it through certified mail to the home.
 5. Confer with Risk Assessment Team members (remember to include the Director of Student Services and or the Director of Special Services to determine what, if any additional actions are needed.
 6. Set up a CHECK-IN session within 24 hours (or next school day) to check on the student.
- Follow-up:**
1. Monitor for 30 days – to include:
 - A. Face to face contact with student by designated team member once a week for four weeks.
 - B. Team meets after 30 days to consider “discontinuing” the student from monitoring.
 2. Complete Documentation Form after each CHECK-IN and FOLLOW-UP MEETING.

THE RISK ASSESSMENT REPORT AND ALL SUPPORTING DOCUMENTATION WILL BE KEPT IN A FILE WITH THE SCHOOL PRINCIPAL

MODERATE RISK LEVEL

- Look for:**
1. Some suicidal ideation and/or some verbal threats of violence.
 2. A vague plan.
 3. No access to method.
 4. Willingness to work on the stressors/problems. (A student who is unwilling becomes High Risk)
 5. No history of suicidal/homicidal behavior. (Student with a history of attempts becomes High Risk)
- Action:**
1. Risk Assessment Team conducts assessment with student and determines “Moderate Level Risk.”
 2. Do not leave the student alone. Provide student with “Student Resource Information.”
 3. Inform the student that the parent/guardian must be contacted.
 4. Principal contacts the parents/guardians and asks them to come to the school.
If the parents/guardians cannot be reached, detain the student at school and contact the emergency persons listed on the school information form. The student cannot be released until the parent or responsible adult comes to the school. The list of community resources and the “Safety Precautions for the Home Environment”, and the “Mental Health Resources for Children and Families” will be given to the parent or responsible adult.
 5. If the parent/guardian cannot be reached, hand deliver the “PARENT NOTIFICATION AND AGREEMENT DOCUMENT”, “Mental Health Resources for Children and Families”, and the “Safety Precautions for the Home Environment” to the home as soon as possible. As a last resort, you may send it through certified mail to the home.
 6. Provide the “Safety Precautions for the Home Environment” and “Mental Health Resources for Children and Families” to the parent during conference or home visit. The “Authorization to Release Information” form will be given to the parent with the request for it to be returned to the school following the appointment with a professional healthcare provider. Notify parent the student was provided with the “Student Resource Information.”
 7. Parent must notify the designated school official of the scheduled medical appointment for the student within 48 hours.
 8. Confer with Risk Assessment Team members (remember to include the Director of Student Services and or the Director of Special Services) to determine what, if any, additional actions are needed.
 9. Set up a RE-ENTRY MEETING/PLAN with parent/guardian, prior to the students’ return to school.
 10. Upon return to the school, following the medical appointment, the parent/guardian is required to present the “Authorization to Release Information” documents to the designated school official.
- At the parent conference:**
1. Share your concern and stress the gravity of the situation.
 2. Stress the need for a professional assessment and provide the parent/guardian with names and addresses of hospitals and therapists. Offer to assist in making contact.
 3. Set up a support system for the student and parent/guardian so they will have someone to contact in the case of emergency.
 4. Review “Safety Precautions for the Home Environment” and the “Mental Health Resources for Children and Families.”
 5. Schedule a date for the parent to contact you with the medical appointment time.
 6. Provide an “Authorization to Release Information” Form to the parent/guardian.
 7. Complete Notification and Agreement Document.
- Follow-up:**
1. Principal or School Administrator contacts the student the next day in person or by phone. If unable to make contact, make a home visit.
 2. Contact the parent/guardian to discuss their follow-through with the referrals to the community and appointment with physician, mental health professional or psychologist.
 3. Consider referral to Student Intervention Team or 504 Team if not in special education.
 4. Monitor for 30 days – to include:
 - A. Face to face contact with student by designated team member twice a week for four weeks.
 - B. Team meets after 30 days to consider “discontinuing” the student from monitoring.
 5. Complete Documentation Form after each CHECK-IN and FOLLOW-UP MEETING.

HIGH RISK LEVEL

- Look for:**
1. Has stated intent to harm self or others.
 2. Student has plan for dying by suicide or other violent behaviors.
 3. Has access to the method stated in the plan.
 4. Student is unwilling to accept help. If the student is willing to accept help but has met criteria 1-3 above, the student remains at High Risk.
- Action:**
1. Risk Assessment Team conducts assessment with student and determines “High Level of Risk.”
 2. Detain the student and provide student with “Student Resource Information.”
 3. Do not leave the student alone and provide constant one-to-one supervision.
 4. Principal contacts the parent/guardian immediately.
 5. Recommend to parent/guardian immediate transport and assessment at a mental health or medical facility. Provide the parent/guardian with the list of resources. If the parent/guardian is planning to go to Spartanburg Regional, call the ER to alert them of the situation and the referral of the parent/guardian.
 6. If parent/guardian are not cooperative about bringing student to Spartanburg Regional Emergency Room, then contact EMS to have the student transported.
 7. Provide the parent/guardian the following forms: “PARENT NOTIFICATION AND AGREEMENT DOCUMENT”, “Mental Health Resources for Children and Families”, “Student Release to Return to School”, “Authorization to Release Information,” and “Safety Precautions for the Home Environment.” Notify parent the student was provided with the “Student Resource Information.”
 8. Conference with the Risk Assessment Team to debrief and include the Director of Student Services and or the Director of Special Services.
 9. Set up a RE-ENTRY MEETING/PLAN with parent/guardian, prior to the students’ return to school.
 10. Upon return to the school, the parent/guardian is required to present the “Student Release to Return to School” and “Authorization to Release Information” completed documents for the student to be able to return.
- If a parent or guardian cannot be reached:**
1. Notify the Resource Officer to be on stand-by.
 2. Call EMS for transport.
 3. A Risk Assessment Team member will follow the student to Spartanburg Regional to support the student.
- Follow-up:**
1. Principal or School Administrator contacts the student the next day in person or by phone. If unable to make contact, make a home visit.
 2. Contact the parent/guardian to discuss their follow-through with the referrals to the community and appointment with physician, mental health professional or psychologist.
 3. Consider referral to Student Intervention Team or 504 Team if not in special education. Monitor for 30 days – to include:
 - A. Face to face contact with student by designated team member twice a week for four weeks.
 - B. Team meets after 30 days to consider adjusting progress monitoring plan.
 4. Complete Documentation Form after each CHECK-IN and FOLLOW-UP MEETING.

****In situations where the student is at imminent risk, call 911 immediately.****

THE RISK ASSESSMENT REPORT AND ALL SUPPORTING DOCUMENTATION WILL BE KEPT IN A FILE WITH THE SCHOOL PRINCIPAL



Keeping Myself Safe

Name: _____

Date: _____

A safety plan can help keep you safe if you are feeling overwhelmed and/or having thoughts of not being alive anymore. Making a plan like this will help you understand yourself better, keeping you safer. This plan should be shared with your caregivers and people close to you, so that they can support you. If your needs or worries change, we can revise your safety plan as often as needed. Some students like to get creative with their safety plan! Use art, music, scrapbooking or writing __ whatever helps you to express yourself!

What makes me feel upset, sad, or worried?

What can I do to get away from or deal with these things?

Warning Signs:

What am I thinking? _____

How does my heart feel? _____

How does my body feel? _____

How can Caregivers help if they notice my warning signs?



Keeping Myself Safe

Name: _____

Date: _____

Think of somethings that you can do on your own that can help you feel better or distract you when you're feeling that life is too much. Sometimes, that's all we need to stay alive until we feel better. This is Called COPING. Then think of people that make you HAPPY to be alive like family, friends, or pets! Maybe there are still things you want to become like a doctor or a basketball star!

5 things that keep me busy:

1. _____
2. _____
3. _____
4. _____
5. _____

Things that make me want to live?



My 5 Safety Stars



- Their Name: _____
How I know them: _____

BEST PHONE NUMBER: _____

- Their Name: _____
How I know them: _____

BEST PHONE NUMBER: _____

- Their Name: _____
How I know them: _____

BEST PHONE NUMBER: _____

- Their Name: _____
How I know them: _____

BEST PHONE NUMBER: _____

- Their Name: _____
How I know them: _____

BEST PHONE NUMBER: _____

National Suicide Prevention Lifeline:

1-800-273-8255

SPARTANBURG SCHOOL DISTRICT SEVEN PARENT NOTIFICATION & AGREEMENT - THREAT RISK ASSESSMENT

STUDENT: _____ SCHOOL: _____

PARENTS/GUARDIANS : _____ DATE: _____

The parent/guardian of the student, noted above, has been contacted to discuss a threat made by their child. In an effort to keep all students safe, the parent/guardian has been advised of the following:

☐ I have been advised that my child has expressed a threat.

After assessing identified threat, it was determined by the assessment team the level of risk is/was:

☐ LOW ☐ MODERATE ☐ HIGH

☐ The threat assessment process and the Intervention and Monitoring Plan to be implemented has been explained to me/us.

☐ I have been advised of home safety and the need for supervision.

☐ I have been given a provider list of available community supports.

☐ I have been advised to seek an evaluation for my child:

☐ Immediately ☐ Appointment made within 48 hours ☐ Other: _____

☐ I agree to provide Spartanburg School District Seven with a release of information for the purpose of consulting with medical personnel regarding the safety of my child. Release of Information Provided: ☐ Yes ☐ No

☐ I understand that Spartanburg School District Seven is not financially responsible for community-based evaluation. Spartanburg School District Seven is notifying me of this situation as it relates to my child's health concern.

☐ School-Based mental health professional was consulted. Name: _____

☐ School disciplinary action: _____

☐ Law enforcement Involvement: Name of Agency: _____

Name of Officer: _____ Date: _____ Time: _____

☐ I understand that upon further investigation additional action may be taken by the school or law enforcement

☐ I understand that if level or risk is MODERATE or HIGH, the school requires a RE-ENTRY meeting.

☐ Recommendations by Threat Assessment Team:

Note: (Interventions are required to help ensure safety in the school environment and may be implemented regardless of agreement.)

☐ I agree to follow the recommendations of the Threat Assessment Team understanding that fulfilling those recommendations comes at my expense, unless otherwise identified through the Intervention and Monitoring Plan.

☐ I accept the recommendations of the Threat Assessment Team with the following exceptions:

☐ I do not agree to follow the recommendations of the Threat Assessment Team.

Parent or Guardian

Date

Parent or Guardian

Date

Student

Date

School Administrator Designee Date

SPARTANBURG SCHOOL DISTRICT SEVEN DOCUMENTATION FORM
(RE-ENTRY MEETING/PLAN, FOLLOW-UP MEETING, CHECK-IN)

Today's Date: _____ Date of Threat Assessment: _____

Student: _____ Date of Birth: _____

School: _____ Grade: _____

Risk Level (Low, Moderate, High): _____ Type of Threat (Self/To Others): _____

☐ **RE-ENTRY MEETING/PLAN:**

Medical Updates, Documentation Provided, Return to School Form, Release of Information, etc.

Date and Time of Scheduled Mental Health Appointment: _____

Discussion notes to include Safety Plan, Re-Entry, and Accommodations (Consideration for 504 eligibility Plan)

Signatures of Team Members:

(Print) _____ (Print) _____ (Print)

(Sign) _____ (Sign) _____ (Sign)

(Print) _____ (Print) _____ (Print)

(Sign) _____ (Sign) _____ (Sign)

(Print) _____ (Print) _____ (Print)

(Sign) _____ (Sign) _____ (Sign)

☐ FOLLOW-UP MEETING TO ASSESS PROGRESS

Date: _____

(Print)

(Print)

(Print)

(Sign)

(Sign)

(Sign)

☐ Implement/continue to implement *Intervention, Monitoring Plan, and School Safety Plan*.

☐ Adjust the *Intervention and Monitoring Plan*. **Specify:**

☐ Discontinue Intervention and Monitoring Plan as satisfactory progress has been made. Student will continue to be supported through other means (e.g., informal monitoring, 504/IEP, counseling services), as appropriate. **Date:** _____

☐ Date of Follow-Up to Review Progress (if applicable): _____

Name of parent and date notified of follow-up meeting/progress: _____

☐ CHECK-IN WITH STUDENT:

Date(s)	Notes:



STUDENT RELEASE TO RETURN TO SCHOOL

To the Attending Physician, Mental Health Professional or Psychiatrist:

For _____ to be able to return to school, the Parent/Guardian must return this completed form to school officials. This student has been referred to you for a mental health assessment.

Student's Name: _____ Date of visit: _____

The student was seen on this date for _____
_____.

The student was accompanied by _____.

Physician's recommendation for school officials:

Physicians Signature: _____ Date: _____

Contact Information: _____



AUTHORIZATION TO RELEASE INFORMATION

Student's Name: _____ Date of Birth: _____

Student's Address: _____

I hereby authorize Spartanburg School District Seven to obtain information from the following:

_____ located at _____
Physician or Mental Health Professional Name Office Location

The documents/information from the records pertaining to services received on:

Date of Service

I understand that my authorization will remain effective from the date of my signature until a period of 120 days. I understand the information will be handled confidentially in compliance with all applicable federal laws.

I have read and understand the nature of this release.

Signature of Parent/Guardian

Date

Signature of Student (if not a minor)

Date

Witness

Date

PARENT PACKET

Safety Precautions for the Home Environment

Suicide is a serious concern in the United States. Many times, parents are unaware of the risk of suicide among youth. The best thing that a parent/guardian can do is to take any signs of depression and suicide seriously. Always have an open discussion with your child about suicide, depression, substance abuse, and so on.

Risk Factors

- Depression, bipolar disorder, or other mental illness
- Significant loss (divorce, death, loss of health, separation, loss of respect)
- Pressure to succeed
- Family problems
- Friend problems
- Being bullied
- Family history of suicidal behavior
- Family violence, including physical or sexual abuse
- Feeling of hopeless and worthless

Warning Signs

- Your child tells you they want to die by suicide.
- Your child talks about their "plan" for dying by suicide, or makes a will.
- Your child starts giving or throwing away their favorite things.
- Your child becomes suddenly very happy and cheerful after a time of depression and sadness.
- Your child has tried harming themselves before.
- Your child cuts themselves, bangs their head against walls, or does other things to hurt themselves.
- Your child acts in reckless ways that are dangerous and could kill themselves.
- Your child says things to you that they would not normally say. Your child may say things like: "I won't see you again." They may say "Soon I won't be a problem for you," or "I have no reason for living." If your child talks about voices telling them to kill themselves, this is a warning sign.
- Your child is constantly sad and blue and they act different than usual. Different things may be the way your child normally eats, sleeps, or dresses. Also gaining or losing weight or having a lower energy level than usual. Also if your child loses interest in doing the things they usually like to do such as sports, hobbies, or seeing friends.
- Your child begins to joke, read, or write often about suicide, killing, and death.

What to do

- TAKE ALL SUICIDE THREATS SERIOUSLY.
- Remove the objects that your child might use to harm themselves.
 - **Firearms-** The most lethal among suicide methods, it is particularly important that you remove them until things improve at home, or, second best, lock them very securely.
 - **Medication-** Don't keep lethal doses at home. Your doctor, pharmacist, or the poison control center (1-800-222-1222) may be able to help you determine safe quantities for the medicines you need to keep on hand.
 - **Alcohol** - Alcohol can both increase the chance that a person makes an unwise choice, like attempting suicide, and increase the lethality of a drug overdose. Keep only small quantities at home.
 - **Razors, knives and other harmful objects-** Walk around your home and look for objects that can be hurtful and can do harm to your child. Put all objects away in a secure place.
- Talk openly with your child and express concern, support and love. If your child does not feel comfortable talking to you, suggest that s/he talk to another trusted adult such as a family member, a pastor, a coach, a school counselor or a family doctor.
- Be vigilant.
- **TAKE ACTION!** Get your child connected with professional help.

What NOT to do

- Do **NOT** keep it a secret.
- Do **NOT** leave the person alone.
- Do **NOT** "call their bluff."
- Do **NOT** judge, their pain is real and serious to them.
- Do **NOT** try to be a therapist. Get professional help.

How can I help if my child says they want to die by suicide?

- Let your child do the talking. Listen VERY carefully. Let your child know that you take his feelings and thoughts very seriously. Try to find out (focus on) what is causing his personal pain and sadness.
- Ask direct questions. Do not be afraid to ask direct questions. Ask "Are you thinking of harming yourself?" or "Are you thinking of ending your life?" You may also ask questions like "Do you have a plan for hurting or killing yourself?" Also, "What would you use to kill yourself? Do you have item(s) your child would use to kill themselves)?"
- **Stay with your child.** Do not leave your child alone if he says they want to die by suicide. By staying with them, you may be saving their life.
- **Get or call help immediately.**
- Call 1-800-SUICIDE. This phone number is open all the time to help people who are thinking about suicide. You may also call the National Crisis Hotline at 1-800-273-8255.
- Tell the caregiver about your child's thoughts and feelings of suicide. Ask for the name of a qualified person like a psychologist, psychiatrist, or mental health counselor. Make an appointment with a therapist or counselor who can talk to your child about his problems and ways to cope. It is very important to take your child to a specially-trained caregiver if your child talks about harming themselves.

Questions and Answers

Who should be notified when a child is in the custody of Department of Social Services (DSS)?

When a student has been interviewed to assess suicide risk, the DSS Caseworker and the foster parent/physical custodian both should be notified. If the Case Manager is not available, ask for the supervisor. In situations of medium or high risk level, a representative of DSS must come to the school.

What actions should be taken if a parent/guardian does not take steps to seek assessment or treatment for a student after being notified that the student is at a moderate or high level risk for possible suicide or homicidal behavior?

A referral should be made to DSS by the Risk Assessment Team for possible neglect investigation.

What actions should be taken if the parent/guardian cannot be reached and the student is assessed to be at high level of risk?

If the parent/guardian cannot be reached, an administrator should contact the School Resource Officer and EMS. A member of the Prevention Intervention Team will accompany the student to Spartanburg Regional Hospital and stay until a parent or guardian arrives.

Mental Health Resources for Children and Families

Updated January 2018

Providers Accepting Medicaid and Private Insurance:

Gateway Children's Mental Health Services
397 Serpentine Dr., Suite B, Spartanburg, SC 29303
(864) 406-6041
<https://www.gatewaychildrens.com/>

Healing Solutions, LLC
340 East Main St., Spartanburg, SC 29302
(864) 707-2167
<https://www.healingsolutionscounseling.com>

H&W Enterprises, LLC
1524 John B White Sr. Blvd, Spartanburg, SC 29301
(864) 586-3300
<http://hwenterprisesofnc.com/>

In-Step Counseling Services – Debbie Guilfoyle
175 Magnolia Street, Suite 106, Spartanburg, SC 2930
(864) 310-6776

Next Generation Counseling – Anna Kelly
101 N Pine Str. Suite 315, Spartanburg, SC 29302
(864) 580-6777
<http://nextgenerationcounseling.com/>

ReGenesis Health Care - Community Health Centers (Current clients only)
750 S. Church St., Spartanburg, SC 2936
(864) 582-2411
<https://www.myrhc.org/>

Spartanburg Department of Mental Health
250 Dewey Ave., Spartanburg, SC 2933
(864) 585-0366
<http://www.sparmhmc.org/>

Providers Accepting Private Insurance Only

Magnolia Counseling Associates
811 E Main St. Suite B, Spartanburg, SC 29302
(864) 583-5969
<https://www.magnoliacounseling.net/>

Turning Leaves for Children
601 W. Main St., Spartanburg, SC 29301
(864) 598-9461
<http://www.turningleavesforchildren.com/>



Provider on Sliding Scale / Income-Based:

Emerge Family Therapy Center

(Formally known as Westgate Family Therapy)

138 Dillon Dr., Spartanburg, SC 29307

(864) 583-1010

<http://westgatefti.org/>

Equine Therapy:

Equine assisted therapy is a collaborative approach to therapy between a licensed therapist and a horse professional who works with the client and horse to address treatment goals. Equine therapy may assist with the following: Trauma resolution, Marriage & family counseling; Behavioral diagnosis: ADHD, ADD, Oppositional Defiant Disorder; Anxiety; Depression; Addiction, and Resilience training.

Hope Remains Ranch

1771 John Dodd Road, Wellford, SC 29385

(864) 249-3532

<https://hopereains.org/>

Halter

1400 Carolina Country Club Rd. Spartanburg, 29302

(864) 586-1671

<https://www.haltersc.org>

Additional Hotlines and Services:

National Suicide Prevention Lifeline

1-80-273-TALK (8255)

<https://suicidepreventionlifeline.org/>

National Suicide Prevention Chat

<https://suicidepreventionlifeline.org/chat/>

Crisis Text Line

Text CONNECT to 741741

<https://www.crisistextline.org/>

The Trevor Project

1-866-4-U-TREVOR

Crisis and suicide prevention among LGBT youth

<https://www.thetrevorproject.org/>

American Foundation for Suicide Prevention

<https://afsp.org/>

Suicide Prevention Resource Center (SPRC)

<http://www.sprc.org/>

National Alliance on Mental Illness

1850 Old Furnace Rd, Boiling Springs, SC 29316

(864) 707-2814

<https://www.nami.org/>

Mental Health America of South Carolina

1823 Gadsden St, Columbia, SC 29201

(803) 779-5363

<http://www.mha-sc.org/>

The Carolina Behavioral Center for Mental Health - Community Resource Directory

A comprehensive resource list of mental health providers (therapists and psychiatrists, insurances accepted, and area of specialty)

<https://www.thecarolinacenter.com/mydocuments/CCBHResourceDirectory8.17.pdf>

References

- Centers for Disease Control and Prevention (CDC). (2015). Suicide: Facts at a Glance. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>
- Centers for Disease Control and Prevention (CDC). (2015). Understanding Youth Violence: Fact Sheet. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/yv-factsheet-a.pdf>
- Reeves, M.A. (2015). Threat and Suicide Risk Assessment: Developing a Proactive and Consistent Approach to Evaluating Risk. Rock Hill, SC.