Miami-Dade County Public Schools SAFE-T Protocol with C-SSRS (Columbia Risk and Protective Factors) Lifetime/Recent

Step 1: Identify Risk Factors					
C-SSCS Suicidal Ideation Severity		Month	Lifetime (Worst)		
1) Wish to be dead Have you wished you were dead or wished you could go to sleep and not wake up?					
2) Current suicidal thoughts Have you actually had any thoughts of killing yourself?					
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) Have you been thinking about how you might kill yourself?					
4) Suicidal Intent without Specific Plan Have you had these thoughts and had some intention of acting on them?					
5) Intent with Plan Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?					
C-SSRS Suicidal Behavior: "Have you ever done anything, started to do anything, or prepared to do anything to end your life?"		3 Months	Lifetime		
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.					
Access to lethal methods: Ask specifically about presence or abser	Clinical Status: Hopelessness Major depressive episode Mixed affect episode (e.g. Bipolar) Command Hallucinations to hurt self Chronic physical pain or other acute medical problem (e.g. CNS disorders) Highly impulsive behavior Substance abuse or dependence Agitation or severe anxiety Perceived burden on family or others Homicidal Ideation Aggressive behavior towards others Refuses or feels unable to agree to safety plan Sexual abuse (lifetime) Family history of suicide				

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)						
Internal: □ Fear of death or dying due to pain and suffering □ Identifies reasons for living □ □	External: □ Belief that suicide is immoral, high spirituality □ Responsibility to family or others; living with to supportive social network of family or friends □ Engaged in work or school	family				
Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)						
C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation identified above)		Month	Lifetime (Worst)			
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?						
(2) Less than 1 hour/some of the time (5) N (3) 1-4 hours/a lot of time	ting - few seconds or minutes (4) 4-8 hours/most of day than 1 hour/some of the time (5) More than 8 hours/persistent or continuous hours/a lot of time					
Controllability Could/can you stop thinking about killing yourself or wanting to die if you want to? (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (5) Unable to control thoughts (3) Can control thoughts with some difficulty (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 determine stopped you (4) Deterrents definitely did not stop you (5) Deterrents definitely did not stop you						
(3) Uncertain that deterrents stopped you 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) (6) Does not apply						
	Total Score					
Notes: Behaviors: Preparatory Acts (e.g., buying pills, purchasing a gun, giving things away, writing a suicide note) Aborted/self-interrupted attempts, Interrupted attempts and Actual attempts Assess for the presence of non-suicidal self-injurious behavior (e.g. cutting, hair pulling, cuticle biting, skin picking) particularly among adolescents and young adults, and especially among those with a history of mood or externalizing disorders For Youths: ask parents/guardian about evidence of suicidal thoughts, plans or behaviors and changes in mood, behaviors or disposition Assess for homicidal ideation, plan behavior and intent particularly in: character disordered males dealing with separation, especially if paranoid, or impulsivity disorders						

"The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential clinical judgment, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior." From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.				
RISK STRATIFICATION				
High Risk Suicidal ideation with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5)				
Or Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior)				
Moderate Risk Suicidal ideation with method WITHOUT plan, intent or behavior				
in past month (C-SSRS screen #3)				
Or Control of the Con				
Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior)				
Multiple risk factors and few protective factors				
Low Risk				
Wish to die or suicidal thoughts (C-SSRS Suicidal Ideation #1 and/or #2) no method, plan, intent or behavior Or				
Suicidal ideation more than 1 month ago (C-SSRS screen #1-5)				
Or				
Modifiable risk factors and strong protective factors				
Or Control of the Con				
□ No reported history of Suicidal Ideation or Behavior				
Step 5: Document Level of Risk, Rationale for Risk Assignment, Intervention and Structured Follow Up Plan (to be developed)				
Risk Level:				
[] High Risk [] Moderate Risk [] Low Risk Suicidal				
Clinical Note:				
 ☐ Your Clinical Observation ☐ Relevant Mental Status Information 				
☐ Methods of Suicide Risk Evaluation				
□ Brief Evaluation Summary □ Warning Signs □ Risk Indicators □ Protective Factors □ Access to Lethal Means □ Collateral Sources Used and Relevant Information Obtained □ Specific Assessment Data to Support Risk Determination □ Rationale for Actions Taken and Not Taken				
 □ Provision of Crisis Line: 988 □ Implementation of Safety Plan (If Applicable) 				

Evaluation Summary

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	Student Name:	ID#		
	School Name: Assessment Conducted by:			
	Title:	Date:		

Threat Assessment Team Meeting Convening Date: _____ **Threat Assessment Team Members** Name Signature School Site Administrator School Mental Health Professional Law Enforcement Officer Other Outcome