



# 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) <b>Wish to be dead</b> <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>		
2) <b>Current suicidal thoughts</b> <i>Have you actually had any thoughts of killing yourself?</i>		
3) <b>Suicidal thoughts w/ Method</b> (w/no specific Plan or Intent or act) <i>Have you been thinking about how you might kill yourself?</i>		
4) <b>Suicidal Intent without Specific Plan</b> <i>Have you had these thoughts and had some intention of acting on them?</i>		
5) <b>Intent with Plan</b> <i>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</i>		
<b>C-SSRS Suicidal Behavior:</b> "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.		
<b>Activating Events:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Recent losses or other significant negative event(s) (legal, financial, relationship, etc.)</li><li><input type="checkbox"/> Pending incarceration or homelessness</li><li><input type="checkbox"/> Current or pending isolation or feeling alone</li></ul> <b>Treatment History:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Previous psychiatric diagnosis and treatments</li><li><input type="checkbox"/> Hopeless or dissatisfied with treatment</li><li><input type="checkbox"/> Non-compliant with treatment</li><li><input type="checkbox"/> Not receiving treatment</li><li><input type="checkbox"/> Insomnia</li></ul> <b>Other:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li></ul>	<b>Clinical Status:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Hopelessness</li><li><input type="checkbox"/> Major depressive episode</li><li><input type="checkbox"/> Mixed affect episode (e.g. Bipolar)</li><li><input type="checkbox"/> Command Hallucinations to hurt self</li><li><input type="checkbox"/> Chronic physical pain or other acute medical problem (e.g. CNS disorders)</li><li><input type="checkbox"/> Highly impulsive behavior</li><li><input type="checkbox"/> Substance abuse or dependence</li><li><input type="checkbox"/> Agitation or severe anxiety</li><li><input type="checkbox"/> Perceived burden on family or others</li><li><input type="checkbox"/> Homicidal Ideation<ul style="list-style-type: none"><li><input type="checkbox"/> Aggressive behavior towards others</li></ul></li><li><input type="checkbox"/> Refuses or feels unable to agree to safety plan</li><li><input type="checkbox"/> Sexual abuse (lifetime)</li><li><input type="checkbox"/> Family history of suicide</li></ul>	
<input type="checkbox"/> <b>Access to lethal methods:</b> Ask <u>specifically</u> about presence or absence of a firearm in the home or workplace or ease of accessing		



#### Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

"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

Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior)

Or

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

☐ 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

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

--